

6160 205 71

UV - UFS  
BLOEMFONTEIN  
BIBLIOTEK - LIBRARY

HIERDIE EKSEMPLAAR MAG ONDER  
GEEN OMSTANDIGHEDE UIT DIE  
BIBLIOTEK VERWYDER WORD NIE

University Free State



34300004430546

Universiteit Vrystaat

Universiteit van die  
Vrystaat  
BLOEMFONTEIN  
30 AUG 2010  
UV SABOL BIBLIOTEK

**THE ETHICS OF REPORTING ON HIV/AIDS IN THREE MAJOR  
SOUTH AFRICAN NEWSPAPERS**

**Oluwatoyin Adeola Ajibola**

**THE ETHICS OF REPORTING ON HIV/AIDS IN THREE MAJOR  
SOUTH AFRICAN NEWSPAPERS**

**Oluwatoyin Adeola Ajibola  
Student number: 2005026543**

**A dissertation submitted in accordance with the requirements for the Magister  
Artium Degree in the Faculty of the Humanities, Department of Communication  
Science, at the University of the Free State, Bloemfontein, South Africa.**

**Supervisor: Dr Elsabé Pepler  
Co-supervisor: Ms Willemien Marais**

**May 2009**

## ABSTRACT

In the study, the researcher explores the issue of ethics of reporting on HIV/Aids in three major South African newspapers, namely *Mail & Guardian*, *The Star* and *Daily Sun*. The researcher argues that deontological and social responsibility ethical approaches are the necessary foundation upon which ethical decisions ought to be based, regarding the coverage of the pandemic in the media.

The researcher establishes that journalists have to be bound by duty, which is a key concept within the ethical paradigms which are being proposed. The position that the researcher maintains is premised on the fact that journalists have a responsibility to society, especially because HIV/Aids is killing millions of Africans. And since there is no known cure for the disease, the media have a powerful role to play in ensuring that issues relating to the disease are reported consistently and regularly, since the media have an enormous influence (Retief 2002: 5).

Using quantitative and qualitative content analysis as a research design, the researcher examined specifically four main ethical violations levelled against the media. It was found that in the newspapers studied, they had, on average, one story per issue; there is a gross dearth of stories which were humanised; the language of reporting, especially the use of some metaphors, had negative connotations, some positive, and one was political. Regarding sensationalist headlines and text, very few examples were found.

One of the major recommendations is that stories on HIV/Aids ought to be humanised, and the narrative genre of news writing offers a solution.

**Keywords:** Ethics, HIV/Aids, newspaper reporting, deontology, normative ethics, social responsibility, metaphors, discourse analysis, content analysis, South African journalists.

## ABSTRAK

In hierdie studie ondersoek die navorser die kwessie van die etiek rakende verslaggewing oor MIV/Vigs in drie groot Suid-Afrikaanse koerante, naamlik *Mail & Guardian*, *The Star* en *Daily Sun*. Die navorser argumenteer dat die etiese benaderings van die deontologie en sosiale verantwoordelikheid die noodsaaklike grondslag bied waarop etiese besluite rakende die nuusdekking van die pandemie in die media gebaseer moet word.

Die navorser stel dit dat joernaliste 'n verpligting het, wat 'n sleutelkonsep is binne die etiese paradigma wat voorgestel word. Die posisie wat die navorser inneem, berus op die feit dat joernaliste 'n verantwoordelikheid teenoor die samelewing het, veral aangesien MIV/Vigs reeds tot die dood van miljoene mense in Afrika gelei het en aangesien daar geen kuur vir die siekte is nie. Die media vervul 'n kragtige rol om toe te sien dat daar voortdurend en konsekwent berig word oor kwessies wat met die siekte verband hou aangesien die media 'n enorme invloed het (Retief 2002: 5).

Deur middel van kwantitatiewe en kwalitatiewe inhoudsanalise het die navorser ondersoek ingestel na die vier belangrikste etiese oortredings wat voor die deur van die media gelê word. In die koerante wat bestudeer is, was daar gemiddeld een berig per uitgawe; daar is 'n oormaat stories wat verpersoonlik is; die taal van die beriggewing, veral die gebruik van sommige metafore, het negatiewe konnotasies, sommige positief, en een was polities van aard. Min voorbeelde van hoofskrifte en teks is gevind waar sensasie 'n rol gespeel het.

Een van die belangrikste aanbevelings is dat stories oor MIV/Vigs 'n menslike gesig gegee moet word, en dat die narratiewe genre van nuus 'n oplossing bied.

**Sleuteltermes:** Etiek, MIV/Vigs, koerantverslaggewing, deontologie, normatiewe etiek, sosiale verantwoordelikheid, metafore, diskoersanalise, inhoudsanalise, Suid-Afrikaanse joernaliste.

## DECLARATION

I declare that *The ethics of reporting on HIV/Aids in three major South African newspapers* is my own work, that it has not been submitted before at any other university, and that all the sources I have used or quoted have been indicated and acknowledged as complete references.

OLUWATOYIN AJIBOLA

May 2009

Signed:

## ACKNOWLEDGEMENTS

I thank the Holy Spirit, my friend, my teacher, who teaches me all things. I acknowledge my husband, Engr. Gboyega Ajibola, for his total support, morally, financially, and even spiritually. May God reward you bountifully.

I thank my university, Olabisi Onabanjo University, Ago-Iwoye, Ogun State, Nigeria, for partly sponsoring this programme, especially the contributions of the former VC, Prof. Afolabi Soyode, and the former HOD, Mass Communication, Dr Gbenga Dalley, who was the prime motivator in my coming to study in South Africa. Thank you, sirs.

I appreciate my brethren in Bloemfontein, Pastor Olu Oyewumi, Dr and Mrs Femi Olusola-Awobode as well as a most wonderful person, Abiodun Ogundeji, thank you ever so much for your untiring assistance towards me always. I wish you good success in your Ph.D.

I wish to express my profound gratitude to Ms Willemien Marais, for her supervision, her most useful suggestions and in particular, for coming to my rescue at a time I felt my whole world was about to collapse. God bless you.

I recognise the contributions of the following people in my life, in one way or the other, Dr Pepler – thanks Ma'am, Prof. De Wet, Mrs Coetzee and all the good staff of the Department of Communication Science.

Finally, I appreciate my children, Tolu, Tobi and Opemipo. Mummy was away from home for two years, and God helped you to cope beautifully. God bless you all. Amen.

## CONTENTS

Title page	
Abstract	
Abstrak	
Declaration	
Acknowledgements	
CHAPTER 1	13
1.1	<b>Introduction to the study</b> 13
1.2	Purpose of study 14
1.3	Background of Study 15
1.3.1	The need to apply an ethical approach 19
1.4	Relevance of the Topic 23
1.5	Relationship of topic to discipline of communication 23
1.6	Research Paradigm 24
1.6.1	Postpositive Knowledge Claims 24
1.6.2	Socially Constructed knowledge Claims 25
1.6.3	Advocacy/Participatory Knowledge 25
1.6.4	Pragmatic Knowledge Claims 26
1.6.4.1	Adopting the Pragmatic Knowledge Claims
	As a point of departure 26
1.7	Basic or Applied Research 27
1.8	Quantitative & Qualitative Research 27
1.9	Research Problem 29
1.10	Formulation of Research Questions 32
1.11	Research Aim 33
1.12	Unit of Analysis 34
1.13	Population & Sampling 35
1.14	Research Design 36
1.14.1	Content Analysis 38
1.15	Collection, Analysis & Interpretation of Data 39

1.15.1	Primary Data	39
1.15.2	Secondary Data	39
1.15.3	Interpretation of Data	40
1.16	Feasibility of Study	41
1.16.1	Validity & Reliability	41
1.16.2	Time Frame	43
1.16.3	Budget	44
1.17	Definition of Key Concepts	44
1.18	Value of the study to researcher's homeland	46
1.19	Structure of the dissertation	47
CHAPTER 2		48
2.	<b>Literature review</b>	48
2.1	Introduction	48
2.2	Why HIV/Aids is an important story to tell	49
2.2.1	The impact of HIV/Aids	50
2.3	The media's role and functions in a society	52
2.3.1	If the media have these roles and functions, what about reporting on HIV/Aids?	53
2.4	Major constraints faced by the media in reporting HIV/Aids	57
2.4.1	The news selection process	57
2.4.2	Commercial pressure	61
2.4.3	Cultural and political constraints	62
2.5	How HIV/Aids has been reported, reactive rather than proactive	63
2.6	Conclusion	68
CHAPTER 3		70
3.	<b>The ethical dimensions of HIV/Aids reporting</b>	70
3.1	Introduction	70
3.2	Understanding the concept of ethics	71
3.3	Philosophical ethical theories	75
3.3.1	Motivation for a deontological approach to reporting	

	HIV/Aids	77
3.3.2	Immanuel Kant's categorical imperative	78
3.4	Normative ethics	80
3.4.1	Motivation for social responsibility theory	83
3.4.2	The audience, its needs and the influence on media ethics	85
3.4.3	To whom is an ethical duty owed?	89
3.5	Selected ethical issues that the media face in reporting HIV/Aids	90
3.5.1	Ethics and sensationalism	90
3.5.2	Impact of the violation of sensationalism	92
3.6	Ethics and language	94
3.6.1	The impact of the violation of language used in reporting HIV/Aids	98
3.7	The impact of metaphors used in Aids reports	105
3.8	The ethics regarding humanising HIV/Aids	114
3.9	Ethics and the frequency of reporting on HIV/Aids	119
3.10	Conclusion	124
	CHAPTER 4	126
4.	<b>Research design and methodology</b>	126
4.1	Introduction	126
4.2	The research design	126
4.2.1	Content analysis as a research design	127
4.2.2	Population of the universe/study	129
4.2.3	Selection of the newspapers	130
4.2.3.1	Motivation for the selection of the newspapers	131
4.2.4	Selection of newspaper stories	132
4.2.5	Sampling procedure and sample size	133
4.2.6	Unit of analysis	133
4.2.7	Collection of data	134
4.2.7.1	Interview technique with Rachel May	134
4.2.7.2	Personal interview - Question & Answer session	135

4.2.8	Data analysis	138
4.2.9	Construction and operationalisation of categories	138
4.2.10	Quantification system	140
4.3	Conclusion	140
CHAPTER 5		142
5.	<b>Data analysis and discussion of findings</b>	142
5.1	Introduction	142
5.2	An overview of the general distribution of stories in different categories as emerged from the data	143
5.3	Analysing each of the research questions	148
5.3.1	Research question 1 – What is the frequency of reporting on HIV/Aids in <i>Mail &amp; Guardian, The Star</i> and <i>Daily Sun</i> ?	148
5.3.2	Research question 2 – To what extent are stories on HIV/Aids humanised or non-humanised?	149
5.3.3	Research question 3 – How ethical is the language used in reporting HIV/Aids?	151
5.3.3.1	Analysis of each metaphor as they emerged from the data	152
5.3.3.2	The war metaphor	152
5.3.3.3	The military metaphor	155
5.3.3.4	The boxing metaphor	157
5.3.3.5	Human characteristics metaphor	158
5.3.3.6	Meteorological metaphor	160
5.3.3.7	Sports metaphor	161
5.3.3.8	Food metaphor	162
5.3.3.9	Cloth metaphor	163
5.3.3.10	Road metaphor	164
5.3.3.11	Fire metaphor	166
5.3.3.12	Killer metaphor	167
5.3.4	Other metaphors that emerged in the HIV/Aids discourse	169
5.3.4.1	Aids is 'suffering' metaphor	169
5.3.4.2	Aids is an 'affliction' metaphor	170
5.3.4.3	Aids is a 'pestilence' metaphor	170

5.3.4.4	Aids and 'its victim'	170
5.4	Research question 4 – How are the reports presented in terms of sensationalist headlines and text?	170
5.5	Research question 5 – What is the nature of HIV/Aids reporting in terms of deontological and social responsibility ethical values?	174
5.6	Conclusion	175
CHAPTER 6		177
6.	<b>Summary of findings, recommendations and suggestions</b>	177
6.1	Summary of findings	177
6.1.1	Significant findings	178
6.2	Recommendations	186
6.2.1	To the editor	186
6.2.2	To the media	187
6.3	Suggestions for further research	189
Appendix 1		191
An example of a WAR metaphor		
Appendix 2		193
An example of a MILITARY metaphor		
Appendix 3		195
An example of a BOXING metaphor		
Appendix 4		197
An example of a HUMAN CHARACTERISTICS metaphor		
Appendix 5		199
An example of a METEOROLOGICAL metaphor		
Appendix 6		199
An example of a KILLER metaphor		
Appendix 7		201
An example of a SPORTS metaphor		
Appendix 8		203

An example of a FOOD metaphor	
Appendix 9	205
An example of a CLOTH metaphor	
Appendix 10	207
An example of a ROAD metaphor	
Appendix 11	209
An example of a FIRE metaphor	
Appendix 12 Semi -Structured Interview guide	211
(Conducted with a person living with HIV/Aids, on 10th December, 2007)	
List of references	212

## CHAPTER 1

### 1.1 Introduction to the study

Recent statistics released by UNAIDS show that 39.5 million people are living with the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (Aids) globally, while Southern Africa remains the epicentre of the global HIV/Aids epidemic, which shows no evidence of a decline (UNAIDS 2007).

More alarming trends show that:

- Every six and a half seconds, another person is infected with HIV
- Every ten seconds, one person dies of an Aids related illness
- There are an estimated 11 200 new HIV infections and nearly 8 000 deaths every day (ibid)

The Actuarial Society of South Africa also presented the ASSA2003 model (Journ-aids 2007) which projects Aids infection, mortality and a range of indicators. In the report, South Africa, which has a population of 48,218,200, has about 5,511,749 (approximately 5.5 million) people living with the disease. Prevalence rate is 11.4 % of the population; while incidence rate is 512,931 (prevalence refers to the estimated percentage of the adult population living with HIV at a specific time, regardless of when infection occurs. It is expressed in percentages of the population. Incidence describes the number of new cases of HIV/Aids in a population in a certain amount of time, usually a year).

This figure gives an indication of the fact that HIV/Aids is not abating, in actual fact, the disease has devastated and continues to devastate many homes, communities and countries of the world, leaving behind a trail of widows, widowers and thereby creating a generation of orphans, who now head their families.

So far, an estimated 32 million people have died as a result of HIV/Aids since the beginning of the pandemic, which was identified in 1981, and one of the continents which appears to be the worst affected is Africa. Sub-Saharan Africa is the region of the world that has been most severely affected by HIV (in terms of the percentage of the region's population that is infected). This is followed by the Caribbean. Though only one tenth of the world's population lives in Sub-Saharan Africa, almost 64% of those infected with HIV live in this region (UNAIDS 2006). This shows that Africa cannot afford to be complacent about the disease. HIV/Aids has to be given all the attention it deserves. A multi-sectoral response to HIV/Aids is now being proffered in reaction to the escalation in the incidence of the disease and what this means is that communities, government and principally the media, have a huge role to play in curtailing the spread of the disease.

Against this background, whereby Africans are dying at an alarming rate, it is expected that stories on HIV/Aids ought to be permanently on the media agenda. This, however, is not the case. For this reason, it is pertinent to hold the media up for scrutiny, to highlight what their roles ought to be in a crisis situation, which presents itself in the form of HIV/Aids.

## **1.2 Purpose of study**

According to Babbie (cited in Pepler 2003: 8), the purposes of social research can be three-fold:

- Exploration (to explore a topic or provide a basic familiarity with a topic);
- description (to indicate a situation, event or process); and
- explanation (to indicate causality between variables or events).

This study will basically focus on the first two identified purposes, but more attention will be focused on the descriptive nature of the phenomenon under investigation.

According to Pepler (2003:18) the goal and objective of a dissertation is directly related to answering the primary and secondary research questions. Therefore, the goal of this study is based on the primary research question, which in essence addresses the stated research problem directly. Against the above explanation, the goal of this study is presented thus:

To explore and describe the ethical reporting of HIV/Aids in three South Africa newspapers, with emphasis on deontological and social responsibility ethical approaches (which addresses the primary research question).

Pepler (ibid) says that the objectives of a dissertation are in turn related to the answering of the secondary research questions. These objectives are presented thus:

- to evaluate the frequency of reporting on HIV/Aids in *Mail & Guardian, The Star* and *Daily Sun*;
- to evaluate to what extent stories on HIV/Aids are humanised or non-humanised;
- to describe how ethical is the language used in reporting HIV/Aids in the newspapers;
- to explore how reports on HIV/Aids are presented in terms of sensationalist headlines and text; and
- to examine the nature of the reports on HIV/Aids in terms of deontological and social responsibility ethical values.

### **1.3 Background of study**

The Pulitzer prize-winning journalist for *Newsday*, Laurie Garret had this to say about HIV/Aids and media coverage or lack thereof:

The questions must be asked. Most important: What is the strategy? How can we slow this plague in the absence of a vaccine or cure? I know of no more important question for journalists to be asking at this moment. After all, there is no other force on Earth, no wars, no famines, no genocides that is killing as many millions of people today as this damnable microbe (Cullinan 2003).

Garrett's statement captures the pivotal role the media or journalists can play in stemming the tide of HIV/Aids. But it seems not all media practitioners are asking this question. Garrett's statement is also significant because, being a journalist herself, her concerns obviously emanate from an understanding of the crucial roles the media ought to be playing at this period of the world's history.

HIV/Aids is unique. It is not just a health issue; rather, it is an issue whose effects permeate all strata of society. That is, affecting both old and young, but mostly the young. This fact was underscored by Poku and Whiteside (2004:128) who observe that "to understand HIV/Aids pandemic, one must proceed from the fact that it is complex, multifaceted and influenced by many medical, social, economic and cultural factors".

Brown (2005: 291) also lends his voice to the issue by saying that "the perceived impact of HIV/Aids has shifted from one of a disease affecting individuals to a disease which potentially affects the development of nations". This makes HIV/Aids a developmental issue. This has implications for developing nations, such as Africa. Africa has several problems to overcome in order to join the First World nations and the HIV/Aids issue is extra baggage. The earlier there is a concerted effort by all concerned to halt the spread of the disease, the better, in order that Africa may develop. As Mattes, Willan & Manning (2004: 127) point out – HIV/Aids is so important that it was the "first disease to be debated at the security council; the first disease to have a special session at the United Nations General Assembly and so on."

All the above scenarios point to one thing – HIV/Aids remains an important story for the media to tell. Because a cure for the disease has not yet been found, something else has to be done. This is why the media's potential roles in fighting the disease must be clearly identified and highlighted. Pepler (2003: 2) captures the essence of the media when she says:

It is literally impossible to conjecture a picture of any modern society without the ubiquitous presence of the mass media in all its diversity and formats. The term

"mass media" refers to all those channels, instruments and equipments by means of which mass communication occurs, and serves as a broad term to encapsulate newspapers, magazines, television, radio, film, video, compact discs and digital video/versatile discs, tapes, the internet, posters, billboards, publicity material and many outdoor carriers of mass messages.

Citing Biagi 2003 and Marris and Thornham 1996, Pepler (ibid) adds that "these media know no geographical borders and can reach enormous audiences on a 24-hour basis across the world". This underscores how useful the media can be in getting information on HIV/Aids to every part of every nation.

Many scholars have written on the role of the media in relation to HIV/Aids. Shepperson and Parker (2000: 5) observe that:

The role of the media in reporting and framing HIV/Aids issues within the context of a growing epidemic is well recognized. Press reporting and analysis play an important role in developing public understanding of key elements of the epidemic, and also promotes understanding amongst professional, working in the field. Health workers, for example often cite newspapers as their main source of regular information on HIV/Aids research. In addition, the press also plays an important role in mediating response to HIV/Aids, policy issues, and provides a forum for discourse.

The media are the purveyors of information, which is why ordinary citizens and health care professionals source news in the media. Likewise, the International Women's Media Foundation (IWFM) in their online manual on HIV/Aids, agree that "the media can be a tremendous force in the war on HIV/Aids. As with other pressing issues, as much in Africa as the other regions of the world, the media are "an essential part of the solutions". They add that this is so because "news coverage is the first source of new information available on an issue" (IWFM 2006).

Similarly, Reardon and Richardson (1991: 64) recognise that for "millions of people infected with HIV, for the "worried well" in high risk groups, and for the heterosexual population, mass media can play a vital role in persuading people to use precautions against Aids infection".

The role of the media outlined above support the view that the information that people need in order to make informed decisions about their lives can be readily provided for by newspapers, radio and television.

In a research report by the Panos Institute (2004: 12), it was explained that the "public's reliance on the media for HIV/Aids information is unquestionable. As one NGO respondent in Zambia, Edna Bumba, observes "We only have the media to inform us. They are the bridge between the individual and the outside world. If there is anything we need to know about Aids, it is through the media".

Bumba's views sums up the fact that people do not necessarily get their health information from medical journals or doctors and nurses at clinics alone, but rather find the media readily available.

The media should be at the forefront of tackling HIV/Aids, most especially because of the nature of the disease. Journalists can write stories that will explain the characteristics of the disease. Natrass (2004: 23) explains that Aids is not only diabolical, in that it affects mainly prime age adults, but because it has a "long incubation period between stage 1 (no symptoms) and stage 4 (full blown Aids)". And this "relatively long time lag between HIV infection and Aids related illness and death, during which the epidemic is largely invisible, is only one of several reasons why citizens may not accurately recognize and appraise the nature and extent of the disease".

What this means is that a relatively healthy looking individual may indeed be living with the disease, and may subsequently pass on the virus to unsuspecting others. The function of the media or journalists in this situation is to call attention to the fact that HIV/Aids can be invisible for a certain period of time.

Perloff (2001: 2) adds that the "best hope for Aids prevention lies in education, communication and persuasion, in teaching people how HIV is transmitted, counseling

them on steps they can take to protect themselves from contacting the virus, and convincing them that they must change their attitudes towards drugs and alluring, but dangerous romantic liaisons”.

The media remain the best institution to pass on this information because they have multiplicity of forms (such as radio, television, the internet, posters, billboards, etc.), which means the same messages on HIV/Aids can be presented on different channels at the same time. This increases the likelihood that the message will be seen, heard or read by members of the public.

### **1.3.1 The need to apply an ethical approach to HIV/Aids reporting**

In the previous sub-section (1.1.1), the importance of the media were highlighted, yet there are observable shortcomings in the reportage of the disease. For example, the consulted literature reveals that an ethical approach has not been implemented in reporting HIV/Aids in South African media. Cullinan (2001: 37), for instance, says that there are many complicated ethical questions that journalists confront when trying to report on the pandemic. She adds that, “ethical journalism does not have a strong tradition in this country, and there are few media forums that discuss the question of ethics”.

The above argument lends credence to the necessity for undertaking a study on ethics in the South African media. Even more worrisome is the view of Bardhan, (2001 cited in Swain 2005: 260) who argues that the decline of Aids coverage has coincided with a decline in research in mass media representations. Against this scenario, it is necessary to understand what is meant by ethics and its relationship with the reporting of HIV/Aids.

Ethics, according to Retief (2002: 4), is not an "exercise for the elite. In fact, everything that a journalist does has ethical dimensions, to a lesser or greater degree... Because everything a journalist writes or says, or neglects to write or to

say, in some or other way, has an influence on people. And influences can be good or bad”.

This statement is even truer within the context of HIV/Aids. If journalists refuse to write on the disease, people will think HIV/Aids is not important and therefore they can become careless. When journalists do write and they use inappropriate words, or they play up some aspects of the story unnecessarily, this may influence people's perception and can lead to negative connotations of the disease and the people affected by it. Therefore, whatever the media do in reporting HIV/Aids, or does not do, will influence people.

Shedding more light on the necessity for media ethics, Christians, Rotzoll and Fackler (1995 cited in Retief 2002: 4) say that “journalists must be careful how they do their job, and be mindful of their obligations”. To exercise this care, however, a system of ethics must guide the conduct of journalists. The media have an obligation toward society in terms of information and education.

Retief (2002: 5) notes that this responsibility lies in the fact that the media have enormous influence. He argues that it is of vital importance that journalism be practiced in an accountable and responsible way. When the media act irresponsibly, several things happen:

- Unnecessary harm is done to people
- The media lose credibility
- This weakens the media's vital role as watchdog
- The well-being of democracy suffers.

When one relates the above views to HIV/Aids, it clearly shows that a system of ethics must be adopted and practiced by journalists so that they do not cause harm to people, weaken people's trust in them, or generally affect the well-being of the masses. Since journalists hold freedom of expression (that is the ability to seek information and publish) in trust for the people, this freedom must be judiciously used

in the provision of timely, relevant and immediate information which people need to have regarding HIV/Aids.

What then is the desired ethical approach to be used by the media in South Africa in reporting HIV/Aids?

The literature offers several ethical guidelines to assist journalists in reporting HIV/Aids. For example, there is an online resource manual for journalists, entitled 'Aids and the media' (Journ-aids 2006), which is produced by Soul City for Health and Development Communication in partnership with SANEF, Health-e and the Department of Health. The manual provides guidelines on how journalists should handle ethical issues such as sensationalism, relating to subjects, confidentiality, language/terminology, myths and misconceptions, and sources.

Another set of guidelines used in South Africa is a trio of principles which was developed in the United States (US) in the early 1990's by the Poynter Institute. These are:

- Seek truth and report it as fully as possible
- Act independently
- Minimise harm
- And a fourth, accountability, is sometimes added. (Kruger 2006)

Kruger, himself an experienced journalist, developed nine principles in covering HIV/Aids, which he said will become official Southern African Editors' Forum's (SANEF) policy.

However, a careful review of these guidelines shows there is no specific ethical paradigm upon which they are based. They appear to be a mixed bag of various ethical principles, bits and pieces of ethical guides, codes of conduct, or those principles based on the personal experiences of the journalists.

To help address this seeming limitation in the existing guidelines, the researcher's argument is thus premised on the fact that both deontological and social responsibility ethical theories provide a basis for journalists in carrying out their duties responsibly and ethically.

A look at deontological ethics shows that it is one of the two approaches or paradigms used in studying ethics, and is classified under meta-ethics. Deontologists are sometimes referred to as 'non-consequentialists' because of their emphasis on acting on principle or according to certain moral duties without regard to the good or bad consequences of their actions (Day 2006: 61). The other approach is teleological ethics. And the teleologists who are dubbed 'consequentialists' are those who judge the ethical implications of the journalists' actions by the expected consequences that these actions can have (Retief 2002: 7).

Social responsibility media theory, on the other hand, falls under normative ethics. Normative ethics consists of what people and institutions ought to do or how they should conduct themselves (Retief 2002: 11). This is the second ethical paradigm proposed as an ethical guide to reporting HIV/Aids in the South African media. In deontology, decisions are made according to duty. Deontology is derived from the Greek word *deon*, which means 'duty'. When applied to journalism, the duty, that is, the ethical imperative, is the matter of distributing truthful information.

Thus, when journalists adopt the deontological approach to HIV/Aids reporting, they then become duty bound in ensuring that stories on the disease remain on the media agenda. That way, they will be acting responsibly.

The second ethical paradigm proposed in this dissertation is social responsibility. It stems from normative ethics which builds on meta-ethics. The social responsibility media theory emanates from the work of the Hutchins Commission of 1948.

The commission's report identified five essential requirements of the media in society, and the summation of this requirement is that the press should be responsible to

society by providing relevant information so that people can have adequate access to information which will shape their destinies. Thus, if the media in South Africa adopt social responsibility theory as an ethical guide, it will become easier for them to willingly provide the necessary information on HIV/Aids at all times.

#### **1.4 Relevance of the topic**

The ethics of reporting on HIV/Aids in three major South African newspapers is relevant in today's South Africa. For example, the statistics from the Actuarial society of South Africa (Journ-aids 2007), has revealed that about 5.5 million South Africans are living with the disease. Prevalence rate is about 11.4% of the population, while incidence rate is 512, 931.

Likewise, HIV/Aids is causing devastation in many homes and communities, not only socially, but in diverse areas of life, such as economic, political, health, school, work and so on. And more importantly, since no cure has yet been found for the disease, it becomes crucial to try and identify other ways of stemming the tide of the disease, hence an examination of the positive ways the media can be used as a solution.

The media are a powerful force in the areas of news dissemination. Whatever, the media do, or fail to do, is believed to have ethical implications for the audience.

Therefore, whichever way the media report, or fail to report on HIV/Aids, is a matter of grave importance. It is this interchange between ethics, the devastation caused by HIV/Aids and the media coverage of it, that makes this study a relevant one.

#### **1.5 Relationship of topic to discipline of communication.**

The field of communication is broad, especially when one considers communication in terms of the mass audience. The discipline include Media Studies, that is the study of Print, Radio or television; Advertising; Public relations; Communication Science; Corporate Communication; Film and Cinematography, and Publishing. But the present study, which is the ethics of reporting on HIV/Aids in three major South African

newspapers, can be situated under Media Studies, especially because it focuses attention on how journalists in the print medium report on the pandemic.

The Study examines issues such as the roles and functions of the media in society; constraints usually faced by the media in reporting the disease, with emphasis on the news selection process in newspapers, commercial pressure, cultural and political constraints. Other peculiar aspects of the study that are closely associated with the print medium, are discussions on the inverted pyramid structure of news writing; the concept of the 5ws and H, and sensationalism in headlines and text. As a result of all the above reasons, one can safely situate the study within the Print Journalism discipline of communication.

## **1.6 Research Paradigm**

Cresswell (2003) explains that in order to state a knowledge claim, the researchers start a project with certain assumptions about how they will learn and what they will learn during their inquiry. These claims, he says, might be called paradigms. He goes further by saying that philosophically, researchers make claims about what is knowledge (ontology), how we know it (epistemology); what values go into it (axiology); how we write about it (rhetoric); and the process for studying it (methodology).

Subsequently, four schools of thought about knowledge claims have emerged, and they are postpositivism, constructivism, advocacy/participatory and pragmatism.

A brief explanation will thus be given of each school of thought, while the particular school thought that is relevant to this study will be highlighted as the point of departure.

### **1.6.1 Postpositive knowledge claims**

According to Cresswell (2003), post positivism reflects a deterministic philosophy in which causes probably determine effects or outcomes. Thus, the problems studied by

postpositivists reflect a need to examine causes that influence outcomes, such as issues examined in experiments.

Cresswell (ibid) explains further that the knowledge that develops through a post positivist lens is based on careful observation and measurement of the objective reality that exists 'out there' in the world. Thus, developing numeric measures of observations and studying the behaviour of individuals becomes paramount for a postpositivist. Thus, the accepted approach to research by postpositivist – an individual begins with a theory, collects data that either supports or refutes the theory, and then makes necessary revisions before additional tests are conducted.

### **1.6.2 Socially constructed knowledge claims**

According to Cresswell (ibid) social constructivism (often combined with interpretivism) is another perspective to knowledge claims. The ideas came from Mannheim and from works such as Berger and Luckmann's *The social construction of reality (1967)*

Assumptions identified in these works hold that individuals seek understanding of the world in which they live and work. They develop subjective meanings of their experiences – meanings directed toward certain objects or things. Often, these subjective meanings are negotiated socially and historically. In other words, they are not simply imprinted on individuals but are formed through interaction with others (hence social constructivism) and through historical and cultural norms that operate in individuals' lives.

### **1.6.3 Advocacy/Participatory knowledge claims**

Writers in this category have drawn on the works of Marx, Adorno, Habermas etc, and in the main, these inquirers felt that the constructivist stance did not go far enough in advocating for an action agenda to help marginalized peoples. The researchers believe that inquiry needs to be intertwined with politics and a political agenda. Thus, the research should contain an action agenda for reform that many change the lives of

the participants, the institution in which individuals work or live, and the researcher's life. This advocacy may mean providing a voice for these participants, raising their consciousness, or advancing an agenda for change to improve the lives of the participants (Cresswell 2003).

#### **1.6.4 Pragmatic knowledge claims**

This is another position about claims on knowledge which comes from the pragmatists. This derives from the work of Peirce, James, Mead and Dewey. For this set of writers, knowledge claims arise out of actions, situations and consequences rather than antecedent conditions (such as postpositivism). There is a certain concern with applications - what works – and solutions to the problems.

Instead of methods being important, the problem is most important and researchers use all approaches to understand the problem.

As a philosophical underpinning for mixed methods studies, Tashakkori and Teddlie and Patton, convey the importance for focusing attention on the research problem in social science research and then using pluralistic approaches to derive knowledge about the problem.

##### **1.6.4.1 *Adopting the pragmatic knowledge claims as a point of departure***

This present study is situated within the pragmatic knowledge claims. As was discussed earlier in 1.6.4, the researcher has based this choice on assumptions about the pragmatic approach, because it focuses on what works and attempts to find solutions to problems. In this study, the intention is to examine what is the desired ethical approach to apply to reporting a problem of pandemic proportion, which HIV/Aids has become. The researcher will propose two ethical approaches, namely, deontology and the social responsibility, as possible ways of reporting the disease.

Also, the design to be used is Content Analysis. The choice is premised on the fact that, the design offers a pluralistic approach to derive knowledge claims about

HIV/Aids, since collection of data can be done both quantitatively and qualitatively. The strength of pragmatism lies in its pluralistic approach to problem solving.

### **1.7 Basic or applied research**

The goal of a research can be described in terms of whether it is basic or applied research. According to Du Plooy (2002: 48), the "goal is pure or basic communication research, when a study investigates and develops theories to help explain particular communication phenomena. In so doing, the knowledge base of communication as a science is expanded".

Likewise, the author (ibid) explains that the "goal is applied communication research when a study investigates practical issues, often to find solutions for problems that can be applied in practice." Applied research is undertaken to explore solutions for communication problems; to describe and assess communication needs; to describe current policies and practices, to make decisions for change; and to evaluate current practices.

In this study, the goal of the research is applied communication research. The researcher hopes to evaluate and describe the current practices of media reporting on HIV/Aids in three major South African newspapers; to examine whether the reporting is ethical and to proffer a possible way out.

### **1.8 Quantitative and qualitative research**

Pepler (2003: 19) clearly identified the dilemma one is likely to face in classifying a particular research design as either qualitative or quantitative. She opines that the exact meaning of these terms and the distinction between these two research approaches are not always clear or formally delineated. This is because some theorists argue, for example, that a 'typical' quantitative study may also include qualitative elements when the researcher interprets and generalises his or her findings (Mouton & Marais 1989 cited in Pepler 2003:19). On the other hand, a 'typical'

qualitative study may in turn also include qualitative notions simply when the words "more" or "less" are used in its findings (Ibid).

Cresswell (2003: 4) confirms this dilemma when he says that the "situation today is less quantitative versus qualitative, moreover research practices lie somewhere on a continuum between the two. In defining quantitative research, Cresswell (Ibid) uses the example of survey design and says such a design provide a quantitative or numeric description of trends, attitudes, or opinions of a population. From sample results, the researcher generalises or makes claims about the population, while qualitative research is characterised by the "non-statistical" analyses of observations or data (Dooley 1984 cited in Pepler 2003: 20).

In this study, qualitative data will be analysed non-statistically by discourse analysis; while the quantitative data will be analysed through descriptive statistics.

The motivation for using both quantitative and qualitative research paradigms stems from the research design, which is content analysis. Different authors situate content analysis within both quantitative and qualitative paradigms. Two examples will suffice here while a fairly more elaborate explanation will be given in sub-section 4.2.

Firstly, Neuman (2000: 290) describes content analysis as quantitative in nature because it "builds on the fundamentals of quantitative research designs... (and it is also)... a non reactive research technique because those being studied are not aware that they are part of research project". Kerlinger (1986 cited in Wimmer & Dominick 2006: 150-151) says, "content analysis is a method of studying and analysing communication in a systematic, objective, and quantitative manner for the purpose of measuring variables." The thesis is therefore situated within the mixed methods paradigm, that is, quantitative and qualitative approaches.

The motivation for using a mixed methods approach is primarily to expand an understanding from one method to another, to converge or confirm findings from different data sources (Cresswell 2003: 210).

## **1.9 Research problem**

According to Leedy and Ormrod (2005: 47), the heart of any research project is the problem. In addition, Welman and Kruger (in Pepler 2003: 11) say a "research problem can be described as some difficulty which the researcher experiences in the context of either a theoretical or practical situation and to which he or she wants to obtain a solution". The aim of this research, therefore, is to find a solution to the problems of reporting HIV/Aids in major newspapers in South Africa, with the emphasis on ethics.

The major functions of the media in a society, as identified earlier, are to inform and to educate the citizens. These functions are even more important within the context of HIV/Aids.

Due to the high incidence of the disease (as stated in sub-section 1.1), Cullen (2003: 65) believes that "it is in these countries where infection rates are rising rapidly that journalists need to uphold the fundamental tenets of journalism, which involves informing and educating people with fair, accurate and balanced reporting".

However, criticism has been leveled against the ethical performance of the South Africa media, in relation to reporting HIV/Aids. This criticism has centered mainly on the following ethical issues:

### ***(i) Frequency of coverage***

Cullen (2003: 67) describes this as the 'rise-peak-decline approach'. Jacobs and Johnson (2007) also report that in a "study conducted by Media Tenor, for the period January 2004 – August 2005, less than one percent of the coverage in leading print and electronic media reported on the epidemic. Coverage of other topics such as business, the economy, crime, politics, and education far surpassed that of Aids". This

infrequent coverage is equally corroborated by Sokana (*Mail & Guardian Online* 2006) when she says that "only 2% of news items in South Africa mentioned or focused on HIV/Aids".

One reason advanced for the inconsistent and occasional coverage is what journalists and researchers refer to as 'Aids fatigue'. Editors sometimes use the explanation that readers and viewers are saturated with and turned off by HIV/Aids stories, and as a result they don't see the point of regular coverage (Jacobs & Johnson 2007).

Frequent reporting on HIV/Aids is important, because by helping to keep the issue in the public domain, the press can assist health promoters to maintain HIV/Aids awareness and also keep it on the political and cultural agenda of both policy makers and the citizens.

#### ***(ii) Language used in news reports***

Critics have also pointed out that the language used to report on HIV/Aids is sometimes unethical. According to the International Women's Media Forum (IWMF), "the language we use to conceptualize and talk about HIV/Aids reflects our personal biases and particular understanding (or lack of understanding). At the same time, this language also helps shape our own and others' attitudes about HIV/Aids".

Foreman (2007) reiterates that language both "reflects and moulds our attitudes. Words often carry emotions that encourage a positive or negative response and the response evoked may not be the response that the reporter wanted".

Bolinger (1980: 21) confirms that loaded words can influence memory as well as perception. In addition, Wallis and Nerlich (2005: 63) emphasised another perspective in that there is an "interdependence of language and stigma..." That is, language can lead to stigma. It is this potential of language to cause stigma that is especially worrisome.

Stigma is a reality. It hurts people, even kills, as the example of Gugu Dlamini shows. "She was stoned to death in the South Africa province of KwaZulu-Natal after disclosing her status" (Kruger 2005). Therefore, the ethical journalist has to ensure that the language of the report is sensitively crafted.

### ***(iii) Sensationalism***

Partly related to language use is sensationalism, which Sontag (cited in Cullen 2006: 68) says can increase stigmatisation of the sufferers. Sensationalism relies on emotion, usually offering a shallow view of issue and presenting people as either 'good' or 'bad'. Foreman (2007) also remarks that whether or not they actively seek to do so, the media either fuel the epidemic through sensationalism and poor or unethical reporting.

### ***(iv) Humanising of the disease***

The media should humanise HIV/Aids by focusing on the individuals living with the virus (Cullinan 2006; & Khunyeli 2005). Hanefeld (2005) believes there is "still a lack of articles focusing on the perspectives of people living with HIV/Aids. Overall coverage is on urban focused events and is personality driven". In addition, she says the media is possibly the most powerful tool in humanising and normalising HIV/Aids and taking it from a disease "status to a day-to-day reality of our lives".

In view of the above ethical criticisms leveled against the media in South Africa, the research problem of this dissertation is thus formulated.

**Currently, there exist no deontological or social responsibility ethical approaches in *Mail & Guardian, The Star* and *Daily Sun's* reporting on HIV/Aids.**

The motivation for studying ethics of reporting within the newspaper medium is that newspapers are a more permanent medium if compared to television or radio and are published more regularly, compared to magazines, which are published weekly or monthly. Because of its permanent nature, newspaper readers have the opportunity to read a story several times and it is possible for more than one person to read the same newspaper at different times. For this reason a newspaper can be described as more enduring when compared to a broadcast medium that is transient in nature. Therefore, written reports that are unethical have the potential to be read several times, causing more damage than the journalist envisaged.

In addition, Parker and Kelly (2007) remark that newspapers reach significant audiences and significantly frame social discourse. Social discourse on HIV/Aids is a necessary factor in ensuring that the issue stays on the public agenda and that the necessary policies, that affect responses to the disease, are provided by government.

As previously identified, another important reason for studying ethics is that the research provides a forum for evaluating the ethics of journalistic practices in South Africa. Cullinan (2001: 37) has identified that few media forums offer such an opportunity. When the CADRE team interviewed editors and various stakeholders, one editor made the following poignant statement, "I think that newspapers are one of the most important roles that we as a people, as a nation, as a human race have. For those of us who have an opportunity to do something and don't: I think that should be considered a crime against humanity. For having a tool, a vehicle, and not using it" (ibid).

#### **1.10 Formulation of research questions**

Leedy and Ormrod (2001 cited in Pepler 2003: 16) are of the opinion that "the world is filled with unanswered questions and unresolved problems... [And] by asking questions, we strike the first spark igniting a chain reaction that terminates in the research process." Pepler (ibid) adds that in a "quantitative research process, hypotheses are often used as points of departure to address a research problem,

while in qualitative research, the emphasis is more on the formulation of research questions”.

Babbie and Mouton (2001 cited in Pepler *ibid*) maintain that in the process of developing research questions, a researcher has to determine whether a study is empirical or non-empirical before research questions can be formulated. To determine empiricism, Wimmer and Dominick (2006:13) say researchers should be able to perceive and classify what they study and reject metaphysical and nonsensical explanations of events.

Taking into consideration the above submissions, this study can be described as empirical, since textual data that emerges will be perceived and classified along set procedures, and therefore, research questions will be set.

The following research questions are thus formulated:

- What is the frequency of reporting on HIV/Aids in the selected newspapers: *Mail & Guardian, The Star and Daily Sun*?
- To what extent are stories on HIV/Aids humanised or non-humanised?
- How ethical is the language used in reporting HIV/Aids in the selected newspapers?
- How are the reports presented in terms of sensationalist headlines and text?
- What is the nature of the reports in terms of deontological and social responsibility ethical values?

### **1.11 Research Aim**

This study hopes to investigate the ethical challenges that the media face when they report on HIV/Aids. It will focus mainly on three major South African newspapers, *Mail & Guardian, The Star and Daily Sun*.

Firstly, stemming from the debates in the literature, it is often suggested that there is Aids fatigue in the media, hence, infrequent coverage of the disease. For

example, Jacobs and Johnson (2007), report that in a study conducted by "Media Tenor, for the period January 2002 – August 2005, less than one percent of the coverage in leading print and electronic media reported the pandemic".

This study will therefore investigate the frequency of coverage of HIV/Aids - which is an ethical issue. Other ethical issues that will be investigated are those of language used to report the disease, how often the disease is humanised and importantly, the nature of HIV/Aids reporting in terms of deontological and social responsibility ethical approaches.

In addition to the above, the study will also examine the practical constraints that militate against media coverage of HIV/Aids. Issues such as the news selection process, commercial, cultural, political constraints and so on.

### **1.12 Unit of analysis**

According to Mouton (2001 cited in Pepler 2003: 34) the "subjects or unit of analysis refer to the object, phenomenon, entity, process or event the research will be investigating". Because data is textual in nature, the body of the materials will emerge from newspaper articles, specifically from *Mail & Guardian*, *The Star* and *Daily Sun*.

Units of analysis will specifically focus on:

- News report – hard news (definition of hard news is found in 1.9)
- Features
- Commentary/opinion analysis
- Editorials
- Letter to the editor/news in brief/news flashes

### **1.13 Population and Sampling**

A population is described as a group or class of subjects, variables, concepts or phenomena. And because it is often difficult due to time and financial constraints to

examine an entire population, the usual procedure is to take a sample from the population. A sample is therefore, a subset of the population that is representative of the entire population (Wimmer & Dominick 2006: 88).

In this study, sampling involves the multi-stage sampling method, namely the following:

#### *Sampling Stage 1: Selection of titles*

There are many newspapers published in South Africa. Therefore, the selection of the newspapers will be based on the following strata:

- i) language of publication – it must be an English medium;
- ii) it must be a national paper rather than a regional one;
- iii) circulation size must be from above 40,000 per week, anything below will be inadequate and
- iv) audience reach must be wide – not restricted to a particular race alone.

#### *Sampling Stage 2: Selection of Dates*

According to Wimmer & Dominick (2006: 157) in many studies, the “time period from which the issues are to be selected is determined by the goal of the project”. In this study, the goal of the research is an assessment of what constitutes the normal day to day reporting on HIV/Aids in the selected newspapers, hence, year 2006 was haphazardly chosen because it is convenient - haphazard sampling method means subjects are chosen based on convenience (Wimmer & Dominick 2006: 92).

The study period, 1<sup>st</sup> April – September 30<sup>th</sup> 2006, was chosen purposively, because the researcher wanted a time span of just six months, to gather the data. (Purposive sampling means subjects are selected for specific characteristics (Wimmer & Dominick 2006).

As a matter of purpose, the researcher did not want the time period to fall within the month of December, especially, December 1<sup>st</sup>, when World's Aids Day is celebrated. Choosing this time of the year may yield inflated results, because there is more reporting on the disease to mark December 1<sup>st</sup>, and this could cause systematic bias.

The sample size was made up of all articles in each edition of the three newspapers broken down into:

*Mail & Guardian newspaper* : 79 articles

*The Star newspaper* 192 articles

*Daily Sun Newspaper* 113 articles

The total number of articles to be analyzed is 384

### *Sampling stage 3 : Selection of content*

Stories to be sampled are only reports on HIV/Aids that appear in the following format: hard news stories, features, commentary/opinion articles, editorials and letters to the editor will be considered. The selection of the stories will equally be based on the following criteria:

- must be written in complete sentences with a central theme
- must be part of a paid advertisement
- must be a complete story, not a promotional reference for full story contained elsewhere (lynch & Peer 2002: 7).

### **1.14 Research design**

Babbie and Mouton (2001: 74) contend that a research design is a plan or blue-print of how you intend conducting the research. Likewise, Leedy and Ormrod (2001 cited in Pepler 2003: 23) also argue that the research design of any study refers to a carefully thought out strategy or a complete strategy of attack on the central research problem:

In choosing an applicable research design, Babbie and Mouton (2001 cited in Pepler 2003: 24) are of the opinion that the following question should be asked: "What type of study will you conduct to address the research problem as you have formulated it?"

What kind of design will produce the evidence or data that you need to answer your research questions?"

The research design to be employed in this study is content analysis. Leedy and Ormrod (2005: 142) define content analysis as a detailed and systematic examination of the contents of a particular body of material for the purpose of identifying patterns, themes or biases.

Content analysis has earlier been described as both quantitative and qualitative (subsection 1.5). In this study, data to be collected are textual, and they have emerged through secondary sources from newspapers like *Mail & Guardian*, *The Star* and *Daily Sun*. Different aspects of the research questions will be analysed both quantitatively and qualitatively.

Thus, the questions and the research design to be employed will be reflected on this type of table created by Pepler (2003: 25).

**Table 1.1: Research questions, selected designs of research**

Number of research question	Research questions	Chapter devoted to research question	Design
	What is the frequency of reporting on HIV/Aids in <i>Mail &amp; Guardian</i> , <i>The Star</i> and <i>Daily Sun</i> ?	Chapter 5	Quantitative content analysis through descriptive statistics
2.	To what extent are stories on HIV/Aids humanised or non-humanised?	Chapter 5	Quantitative content analysis through descriptive statistics
3.	How ethical is the language used in reporting HIV/Aids in the selected newspapers?	Chapter 5	Qualitative content analysis through discourse analysis – centering on the use of metaphors

4.	How are the reports presented in terms of sensationalist headlines and text?	Chapter 5	Qualitative content analysis – centering on the use of discourse analysis
5.	What is the nature of the reports in terms of deontological and social responsibility ethical values?	Chapter 5	Qualitative discourse analysis

### 1.14.1 Content analysis – its characteristics

Content analysis, defined by Kerlinger (2000 cited in Wimmer & Dominick 2006: 150), is a method of studying and analysing communication in a systematic, objective, and qualitative manner for the purpose of measuring variables. Expatiating on the systematic nature of content analysis, Wimmer and Dominick (2006: 154), outline the methods involved in conducting such research:

- *Formulate the research question or hypothesis*
- *Define the population in question*
- *Select an appropriate sample from the population*
- *Select and define the unit of analysis*
- *Construct the categories of content to be analysed*
- *Establish a quantification system*
- *Train coders and conduct a pilot study*
- *Code the content according to established definition*
- *Analyse the collected data*
- *Draw conclusions and search for indications*

The strength of quantitative content analysis lies in the fact that it is an unobtrusive (non-reactive) method which means that errors associated with the interaction between researchers and subjects are avoided. Quantitative content analysis is particularly useful for research involving large volumes of text (Du Plooy 2002: 166). Content analysis can be used in a descriptive manner to identify what exists (Wimmer & Dominick 2006: 152). The strength of qualitative content analysis lies in the fact that

it is used to identify the specific characteristics of a body of material (Leedy & Ormrod 2005:144).

### **1.15 Collection, analysis and interpretation of data**

Leedy and Ormrod (2001 in Pepler 2003: 35) say data are "manifestation of among other aspects, the reality, a phenomenon, a process or a problem that the researcher is investigating." Data, according to these authors, can be primary or secondary.

#### **1.15.1 Primary Data**

Primary data, are those originally collected by the researcher first hand from the field. For example, such data can be through observations by the researcher or through interviews.

In this study, an interview was conducted with a person living with HIV or Aids (PLHA) that the researcher had met when she went to test for her HIV status at the hospital.

On this occasion, the researcher's intentions were two - fold. The first being to know her HIV status, and the second, to find out if she could interview anyone living with the disease. On the twin issues, the researcher was lucky as she met Rachel.

May, who has been living with the disease for about 18 years (she told the researcher she contracted the disease as a result of being raped). She eagerly agreed to be interviewed by the researcher because; she wants people to know as much as possible about the disease. She agreed to an interview appointment for the next day. Thus, the researcher received informed consent for the interview.

#### **1.15.2 Secondary Data**

These are data found in written reports such as memos, letters or newspaper articles, audio visual materials, electronic documents (eg. e-mails messages, web sites), or objects (Leedy & Ormrod 2005).

The secondary data will be collected through analysis of written stories found in the three major newspapers, *Mail & Guardian*, *the Star* and *Daily Sun*. The editions for *Mail Guardian* and *The Star* were sourced from the databases of SA media unit of the University of the Free State. While the data from *Daily Sun*, were retrieved from the

paper's bureau office in Bloemfontein. (This is because SA media unit in UFS does not have clippings of Daily Sun newspaper on its database).

### 1.15.3 Analysis

- i) Data analysis will be done quantitatively, through a tabulation of the frequency of each characteristic of the phenomenon under study, namely, the frequency of coverage and to what extent the stories are humanised. While descriptive or inferential statistical analysis will be used to answer the following research questions:(a)What is the frequency of reporting on HIV/Aids in Mail & Guardian, The Star and Daily Sun? (b) To what extent are stories on HIV/Aids humanised?
- ii) Data analysis will also be done qualitatively, through the use of discourse analysis to answer the remaining research questions, namely: © How ethical is the language used in reporting HIV/Aids in the selected newspapers?, (d) How are the reports presented in terms of sensationalist headlines and text? (e) What is the nature of the reports in terms of deontological and social responsibility ethical values?

### **1.15.3 Interpretation**

After the data are tabulated and the frequency presented in tables and charts, whatever emerges will be interpreted by the researcher.

Numeric data will be interpreted through descriptive statistics, while textual data will be interpreted through discourse analysis.

The table below, summarises items 1.14 and 1.15

Design	Purpose	Focus	Method of data collection	Method of data analysis
Content Analysis	To identify the specific characteristics of a body of material	Any verbal, visual or behavioural form of communication	*Identification and possible sampling of the specific material to be analyzed  *coding of the material in terms of predetermined and precisely defined characteristics	*Tabulation of the frequency of each characteristics  *Descriptive or inferential statistical analyses as needed to answer the research question

Author Leedy & Ormrod (2005: 144)

### **1.16 Feasibility of the Study**

This section will discuss the following **validity and reliability , time frame and budget**

#### **1.16.1 Validity and reliability**

**Validity** is defined by Struwig and Stead (2001 cited in Pepler 2003: 41) as the extent to which a research design is "scientifically sound and appropriately conducted."

Validity can be both internal and external. Pepler (Ibid) goes on to explain that a study possesses internal validity when all the data collected in the particular research study and its findings are accurate and reliable. When the findings of a study can be generalised, one can conclude that the study possesses external validity.

To increase the validity of a study, Wimmer & Dominick (2006: 27) explain that research control over research conditions is necessary to enable researchers to rule out plausible but incorrect explanation of results. According to them, any such variable that creates a possible but incorrect explanation of results is called an artifact. They

then highlighted 15 frequently encountered artifacts, of which the thesis will address only three which have particular relevance, namely:

- *Instrumentation as an artifact.* Instrumentation is known as instrument decay. Wimmer & Dominick (Ibid) say this term refers to the deterioration of research instruments or methods over the course of the study. Equipment may wear out, observers may become more casual in recording their observations.
- Also, this study used extensive data collection both in text and numeric. The sample was *purposively* chosen, so as to guarantee that the phenomenon under study will have a chance of manifesting.

It should be noted, however, that the sources of internal validity are complex and may arise in all places of research. In attempting to control these artifacts, researchers use a variety of experimental designs and try to keep strict control over the research process so that subjects and researchers do not intentionally or unintentionally influence the results ( Wimmer & Dominick 2006: 32).

External validity on the other hand refers to how well the results of study can be generalised across populations, setting and time. A study that lacks external validity cannot be projected to other situations; it is valid only for the sample tested (Cook & Campbell, 1979 cited in Wimmer & Dominick 2006: 32). The external validity of the thesis can be enhanced through the fact that sample selection is sourced mainly from secondary data. The data, which emerged from newspapers, are in permanent recorded form, which any other research can access either by accessing newspaper databases or visiting the newspaper libraries. The period of time used to conduct the research was six months, and this can also enhance external validity.

**Reliability:** According to Wimmer & Dominick (2006: 166) a study is "reliable when repeated measurement of the same material results in similar decisions or conclusions". The authors recommend the following steps in order to achieve acceptable levels of reliability.

Define category boundaries with maximum detail. A group of vague or ambiguously defined categories makes reliability extremely difficult to achieve.

In this study the researcher has tried to define content categories used with maximum detail, reliability was enhanced when the researcher adopted content categories developed by two previous researchers, in two previous studies, relating to HIV/Aids reporting. The first five categories were the ones developed and used by the trio of Rogers, Dearing and Chang (1991) in their study entitled 'Aids in the 1980s: The agenda setting process for a public issue', while the second set of six categories were those used by Pratt, Ha and Pratt (2002) in their study entitled 'Setting the Public Agenda on Major Diseases in Sub-Saharan Africa: African Popular magazine and Medical Journal, 1981 – 1997'.

#### **1.16.2 Time Frame**

- i) Collection of data - this involves going to SA media services in University of the Free State to collect data from the database and analysing them - 2 months
- ii) Going to the library to source for books, journals, magazines etc - 1 month
- iii) Visiting Daily Sun newspaper bureau office in Bloemfontein to collect data from their archives - 1 month
- iv) Interlibrary loan's request - 2 months
- v) Going on the internet to gather additional information - 1 month
- vi) Collating /sorting through the data - 3 months
- vii) Writing of the dissertation - 1 month
- viii) Typing - 1 month
- viii) Revising - 2 weeks
- ix) Editing - 2 weeks
- x) Proof reading - 2 weeks
- xi) Producing the final text - 2 weeks

**Total No of months envisaged to be spent - 13 months**

### 1.16.3 Budget

The researcher is a foreigner, and so will have to pay for transport costs; to and from her homeland, Nigeria.

1.	Air fare to South Africa - Bloemfontein	R150,000 per year
2.	Accommodation	R10,200 per year
3.	Tuition for 2 years	R10,000 per year
4.	Feeding	R10,000 per year
5.	Internet access	R6,000 per year
6.	Library Access	R500 per year
7.	Transport costs to Daily Sun's office in town	R500 per year
8.	Services, such as photocopying	R500 per year
9.	Binding	R500 per year
10.	Language editing	R4,000.00
	Miscellaneous	R500 per year
	Total costs per year	R215,000 per year

### 1.17 Definition of key Concepts

The definition of terms will focus briefly on those present in the title of the dissertation and a few relevant others. They are:

- **Hard news stories** – stories that are timely, of news value, answer the 5Ws and H, and which follow the inverted pyramid structure of news reporting.
- **Reporters/journalists** – a reporter is someone who writes about events for a newspaper, radio or television. The two words may be used interchangeably in the thesis.
- **Media** – all organisations, such as television, radio and the newspaper, that provide information to the public. In the thesis, media may sometime refer specifically to newspapers.
- **Media ethics** – media ethics is a branch of philosophy that deals with what is morally permissible for media workers to do, and what is not.

- **Meta-ethics** – a broad classification of ethical theories, made up of teleological ethics and deontological ethics.
  - **Deontological ethics** – is a duty based ethic. It is non-consequentialist, whereby the wrongness and rightness of an action is based on the action itself, and not on the results or consequences it produces.
  - **Normative ethics** – encompass what people and institutions ought to do or how they should conduct themselves.
  - **Normative media theory** – deals with social expectations about media conduct, articulated by the so-called public philosophies of communication.
  - **Social responsibility** – the press, among other things, owe a certain responsibility to society. Ethically, this responsibility means a consistent regular reporting of HIV/Aids.
  - **Reporting/coverage** – coverage means the way in which a subject or event is being reported on television or radio, or in newspapers. The two words will be used interchangeably in the study.
- 
- **HIV** – human immunodeficiency virus, an "infinitesimally small infective agent tinier than a single cell. HIV is especially troublesome because it infects white blood cells that are responsible for protecting the body against viral infections" the consensus is that HIV causes Aids or is an important precursor (Perloff 2001: 3)
  - **Aids** – acquired immunodeficiency syndrome is a larger medical condition, a series of illnesses that occur when the immune system has become disabled and unable to ward off infection (Perloff 2001: 3)
  - **PLHA** - person living with HIV or Aids
  - **PLHAs** - people living with HIV and Aids

### **1.18      *Value of the study to researcher's homeland***

The researcher hails from Nigeria where HIV/Aids is a growing problem. About 2.9 million people are estimated to be living with the disease (UNAIDS 2006: 4b).

The infrequent coverage of HIV/Aids in Nigeria has been due largely to a sense of denial or ignorance that the disease is real. Some Nigerians would rather accept the fact that HIV/Aids may be real in another country, but not in Nigeria. And for this reason the ethical responsibility of the Nigerian journalist is to ensure that news of the disease is kept burning on the media agenda, to create a constant awareness.

A glaring scenerio that supports this denial, happened when the famous Nigerian saxophonist and Afro-beat king, Fela Anikulapo - Kuti, died after a brief illness and his older brother, Prof Olikoye Ransome-Kuti; who was the then Nigerian Health Minister, publicly announced that his brother had died of Aids. Most of Fela's fans were shocked that someone could even suggest that their idol had died of HIV/Aids. Some refused to accept the fact.

Then, the researcher felt that singular incident was enough for the Nigerian media to capitalise on and use it to drive home the seriousness of the disease. But while they reported it, some ethical issues were observed, namely the inference that HIV/Aids is contracted as a result of a 'loose' lifestyle. The famous musician, late Fela Kuti, had 27 official wives and several unofficial mistresses. People probably perceived his lifestyle to be loose. So if anyone at this time was HIV positive, the perception would have been that the person was probably loose, and such a person may be stigmatised. Other ethical issues that have been observed by the researcher over a period of time, were language used to report HIV/Aids - words with strong connotation prevailed in the Nigerian media. Examples are killer diseases, Aids victims, Aids sufferers, scourge, deadly disease etc.

As a result of the above ethical challenges associated with reporting HIV/Aids, it is believed that journalists in Africa, both in South Africa and Nigeria, will find value in

this present study. The study can also create a forum whereby journalistic ethical practice in South Africa can be reviewed and the findings can be applied to Nigeria. It is hoped that the study will add to the growing literature on the subject of ethics. In addition, any other researcher can use the study as a way of assessing ethical practices in newspapers in South Africa.

### **1.19        *Structure of the dissertation***

The dissertation is made up of six chapters. Chapter 1 sets forth the theme of the study, the aim, issues addressed, the method and the design of the document.

Chapter 2 reviews the literature. There are different approaches to use in reviewing the literature, such as chronological, by school of thought, by theory or definition, by theme or construct, by hypothesis, by case study and by method (Mouton 2001: 92-95). The point of departure for the study is by themes. Therefore, themes relating to reporting: news values, HIV/Aids media roles in society; constraints facing the media and how HIV/Aids has been reported thus far.

Chapter 3 examines the ethical dimensions of reporting HIV/Aids, the concept of ethics, deontology and social responsibility ethics will be considered, specifically. Selected ethical issues such as sensationalism, frequency of coverage, language use in the reports and humanising of the disease will all be discussed. These selected issues also constitute research questions.

Chapter 4 will focus on research design and methodology. Steps to be highlighted include research design, population of the study, units of analysis, sampling procedure, collection of data and data analysis.

Chapter 5 deals with data analysis and a discussion of the findings. Tables and graphs will be used in the appropriate places to clarify the findings.

Chapter 6 include the summary, recommendation and suggestions for further research.

## CHAPTER 2

### LITERATURE REVIEW

#### 2.1 Introduction

This chapter will review some fundamental themes which are relevant to the understanding of how HIV/Aids is reported in South African newspapers. According to Mouton (2001: 93), there are a number of ways in which one can organise the review of the literature, and one of these ways is to organise around a theme or key construct in the study. The reason for organising the literature around themes is because there are many issues that relate to reporting in general, that is, how and why those in the media decide what is fit to be published as news. Therefore, there is much to be understood about the work that media people do and the peculiar constraints they face while doing so.

On another level, the uniqueness of HIV/Aids as a pandemic also has to be understood, and its impact on the socio-cultural and economic life of South Africans placed into context. In giving such a detailed background, the intention is to create the necessary understanding that this pandemic is unlike anything the world has witnessed in the last century and therefore HIV/Aids is a significant story to be told.

To round up this chapter, an argument will be put forward that most reports on HIV/Aids tend to be reactive and events-based rather than proactive. A reactive approach to news has implications in terms of whether or not news editors will allow the issue to remain on their news agenda, and whether enough attention is given to the disease.

Thus, the relevant themes will be presented in the following manner:

- Why HIV/Aids is an important story to tell (see 2.2)
- Media's role/functions in society (2.3)
- If the media have these roles and functions, what about HIV/Aids? (2.3.1)

- Major constraints facing the media in reporting HIV/Aids (2.4)
- News selection process (2.4.1)
- Commercial pressure (2.4.2)
- The socio-cultural and political context of HIV/Aids reporting (2.4.3)
- How HIV/Aids has been reported – reactive rather than proactive (2.5).

## **2.2 Why HIV/Aids is an important story to tell**

About 5.5 million people are estimated to be living with HIV/Aids in South Africa (see sub-section 1.1). This is according to the findings of the Actuarial Society of South Africa, ASSA2003 Model. Other findings state that there were approximately 530 000 new HIV infections between the middle of 2004 and the middle of 2005, and around 340 000 Aids deaths in the same period of time (Journ-aids 2007: 11).

These figures reveal that HIV/Aids is devastating. There is still no known cure for the disease, while the best cure, scientists say, is not to get infected at all. It is difficult to comprehend the future in terms of the spread and impact of this pandemic, but scientists are intensifying efforts to find a cure which can stem the tide of this disease (for instance, the use of microbicides which was widely reported by the media). On the other hand, a cure is too late for the millions who have died, and for those already infected. The ASSA 2003 model, for example, estimated that 1.5 million South Africans have died from Aids related illnesses since the start of the epidemic, while the annual number of new HIV infections is likely to remain at close to half a million over the next few years (ibid).

Due to the high incidence of this infection in South Africa, it is even more important for media practitioners to maintain constant coverage of the disease. Cullen (2003: 65) comments on this when he says that "it is in these countries where infection rates are rising rapidly that journalists need to uphold the fundamental tenets of journalism which involves informing and educating people with fair and balanced reporting. Against this scenario of high incidence and in the face of no cure for this epidemic, the

question that begs an answer was that posed by the Pulitzer prize-winning journalist for *Newsday*, 2000, Laurie Garrett, when she asked:

“The question must be asked, most important: what is the strategy? How can we slow this plague in the absence of a vaccine or cure? I know of no more important question for journalists to be asking at this moment. After all, there is no other force on Earth – no wars, no famines, no genocides --- that is killing as many millions of people today as is this damnable microbe” (Cullinan 2003).

It's not certain whether all journalists are asking the same question as Garrett (ibid). It is well-known that the media's initial response to the epidemic was lukewarm. The reason for this may have been the scientific nature of the disease, which journalists were unable to grasp immediately, coupled with the high incidence among homosexuals and intravenous drug users, with whom it was initially associated.

### **2.2.1 *The impact of HIV/Aids***

Aids is described as the deadliest sexually transmitted disease ever to confront human kind, and rates in severity with the Black Death that devastated Europe in the 14<sup>th</sup> century. In South Africa, Aids is expected to kill six times as many people as were killed by atomic bombs in Hiroshima and Nagasaki. But unlike a nuclear explosion, “there is no sound, no searing heat, no mushroom cloud, no buildings reduced to rubble, just one mute death after another” (Sternbarg cited in Perloff 2001). The above quotations reinforce the severity of HIV/Aids and why the world cannot be complacent in its response, least of all the mass media. This is because HIV/Aids has an effect, whether directly or indirectly, on our daily lives and the media help us make sense of our world by reporting on the significant news of the day.

The impact of HIV/Aids can be felt in diverse areas of life. The dissertation will present five major areas of life that have felt the impact of the disease. This will reinforce the fact that HIV/Aids ought to remain on the media agenda.

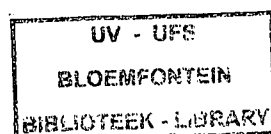
- **Life expectancy.** According to a report by the World Bank (1999: 25), it is a basic measure of human welfare and of the impact of Aids. From 1950 – 1990, dramatic progress in the fight against infectious diseases raised life expectancy from 40 to 63 years in developing countries, narrowing the gap between these countries and developed countries from 25 to 13 years. In the same vein, Nattrass (2004: 24) asserts that life expectancy would have reached 64 by 2010/2015. Instead it would have regressed to 47 years, reversing the gains of the past 30 years.

The above clearly indicates that developing countries continue to be worst hit by this epidemic. Not only is life expectancy reduced but the disease affects young people in their prime.

- **Aids kills prime age adults.** According to the World Bank report (1999: 25), because HIV/Aids is sexually transmitted, Aids usually strikes prime age adults – often people who are raising children and are at, or near the peak of their income potential. FitzSimons, Hardy and Tolley (1995: 5) affirms that “[a]bout half of all infections so far have occurred in those between the ages of 15 and 24 – an important figure to remember when analysing the vulnerability of the workforce.”

In South Africa for example, the estimated prevalence per age group is 15.6% for adults 25+ and 10.3% for persons aged 15 – 24 (Journ-aids 2007).

- **Impact on the community.** Aids has a major impact on community structures such as the family. The epidemic creates a steep increase in single parent households in what have come to be known as ‘skipped generation’ households, headed by the elderly (by grandparents and very often by just one of these) and in a new pattern of child-headed households (Frolich 2005: 352-353).



- **Economic impact of Aids.** Poku and Whiteside (2004: 114) document that the economic problems associated with an increase in HIV/Aids in countries include lost productivity, decreased investment, worker illness, increasing government expenditure, higher insurance costs and the loss of trained workers, which all translates into a decline in gross domestic product over the long term.
- **The healthcare burden.** According to Colvin (2005: 336), HIV/Aids has become an added burden on already strained health care systems. Firstly, the main impact on adult health services appears to be increased hospital admissions, leading to ward overcrowding and possible exclusion of HIV-negative patients as a result. Secondly, it is said that a disproportionate increase in the numbers of medical pediatric admissions against surgical admissions suggests that pediatric HIV is having an impact on pediatric health care services. And thirdly, treating inter-current illness appears to be more costly among patients who are HIV-positive than among those who are not infected.

### 2.3 The Media's roles and functions in society

The objective of the dissertation is to evaluate the performance of selected newspapers in South Africa in terms of HIV/Aids reporting. However, it is necessary to first of all focus broadly on the functions of the mass media in general, before narrowing down to newspapers in particular.

Many people rely heavily on the media for information. In meeting this need for information, the media plays certain roles and performs specific functions in society. According to Severin and Tankard (2001: 321), there are three major functions that the media play in society (as identified by Harold Lasswell in 1948). These are surveillance, correlation, and transmission of the culture. This aspect of the

dissertation only elaborate on surveillance and correlation functions because both have direct bearing on news reporting.

In their surveillance role, the media inform and provide news to society. With particular reference to newspapers, Oosthuizen (1996: 22) states that the primary function of newspapers is the supply of information. Information includes all those facts and details that an individual needs, in order to make meaningful decisions about issues of interest and significance to him or her. Such information may include news on education, the economy, or news on health, such as HIV/Aids.

Giving another perspective to the role of the media as information providers, Wood (2006: 309) says that "mass communication (that is the media) does more than report information... it also shapes our attitudes, values, and perception of people, situations, places, and events. Mass communication presents us with particular and partial views of human beings, social groups, events, issues and cultural life. Mass communication also gives greater coverage (time and attention) to some people and points of view than to others". The correlation function, which is the second function of the media, describes the "selection and interpretation of information about the environment" (Severin & Tankard 2001: 321). McQuail (1992: 1) explains further that, by this function, it means the media explain, interpret and comment on the meaning of events and information.

In the context of HIV/Aids reporting, the two major functions of the media are played out, but not to the same degree. There appears to be a predominance of provision of information and less of interpretation and explanation of the news. This often creates a lack of depth, leading to superficial reporting.

### **2.3.1 *If the media have these roles and functions, what about reporting on HIV/Aids?***

One of the general themes that runs throughout the literature is the fact that, given the media's enormous influence and reach, they can play a major role in the fight against

HIV/Aids. In the manual of the International Women's Media Foundation (IWMF) online (2006), for instance, explained that a vast number of people have come to depend on the media for it was news and other significant information, as soon as it exists, and to a great extent this information can shape peoples' everyday lives.

They further highlight the significant ways in which the media can play a role in reporting HIV/Aids:

- The media can generate public and policy discussion of HIV/Aids, which further encourages public awareness and leads to action by political, financial, and other leaders. Accurate news coverage of HIV/Aids can generate public and political support for fighting HIV/Aids.
- The media influence public opinion and attitudes about HIV/Aids, including attitudes towards people with HIV/Aids. Attitudes affect how people respond to HIV/Aids and how people with HIV/Aids are treated or cared for by their peers, employer, families, community, the health care system and the judicial system.
- Similarly, the media influence the language used to report on HIV/Aids, which in turn shapes how people think about and deal with HIV/Aids.
- The media can also point to healthy behaviour for the prevention of HIV/Aids, the protection of those who are most vulnerable to HIV/Aids, and for the care of people affected by HIV/Aids.

Other scholars have offered additional roles that the media can play in regard to HIV/Aids reporting.

In an article in the *Canadian Journal of Communication*, Emke (2000: 4) gives a perspective of what society expects of the media in a place like North America. The "most common point of consensus among those who have studied the early media coverage of AIDS... is that much of society's understanding of the disease, who it affects, and its future possibilities, comes from the media."

The media's importance as the provider of information on HIV/Aids is also highlighted by Brodie et al (2004: 1) as they stress that "[i]n many cases, the news media have

served as an important source of information about the epidemic for the public." Coleman and Corbit (2003: 110) explain that "people learn about health issues from mass media, whether or not they are purposefully seeking information."

The media's role are not just to provide information to the society alone, but they are an important source of information to health care workers. Shepperson (2000: 5) says that "[p]ress reporting and analysis play an important role in developing public understanding of key elements of the epidemic, and also promotes understanding amongst professionals working in the field. Health workers for example, often cite newspapers as their main source of regular information on HIV/Aids research."

Underlying all the above viewpoints regarding the role the media can play is the assumptions of how influential the media are. McQuail and De Beer (cited in De Wet 2004: 960) captured this influence, when they advanced some of the following arguments:

- The media are able to influence matters and control innovation because it remains the most potent way of informing and influencing society.
- The media remain the sphere where issues, nationally and internationally, are played out. It has the potential either to place issues at the centre of debate or to ignore issues that could steer debate in particular directions; and
- The media provide definitions of identity and social realities. It is an intellectual, yet tangible place where the changing cultures and value of society are displayed, constructed and communicated.

Perhaps it is in the areas of offering a true picture of social realities and placing issues at the centre of debates that one can contend that the media need to focus attention on, as far as reporting on HIV/Aids is concerned. Since most people rely on the media in one form or the other for information, it will be a disservice to the society if HIV/Aids is not put on the media agenda as regularly as it ought to be.

Commenting on this dependence on information and the need for the media to give an accurate picture of social realities, McQuail (1992: 1) argues that "the emerging social order of the more economically developed states is that of an information society". He reiterates that "this refers to a society in which there is a high and increasing dependence of individuals and institutions on information and communication in order to be able to function effectively in almost every sphere of activities". But the omission in McQuail's argument is that, it is not only the economically developed states of the western countries that need information; developing economies of the Third World also depend on information in order to make sense of the world they live in.

The scientific nature of HIV/Aids adds to its complexity and this makes it difficult for people to comprehend. The function of the media are to break issues down to their simplest forms, and therefore, assist members of the society in making sense of the social realities of the HIV/Aids pandemic. Perloff (2001: 20) admits that despite the advancement in medical discovery, "the best hope for Aids prevention lies in education, communication, and persuasion – in teaching people how HIV is transmitted, counseling them on steps they can take to protect themselves from contracting the virus and convincing them that they must change their attitudes towards drugs and alluring, but dangerous, romantic liaisons".

Supporting this need for information, Jaime Sepulveda, a health policy expert (quoted in Perloff: 2001: 2) says "Aids is completely preventable with adequate information and the adoption of appropriate measures... the often repeated dictum that education is the most effective weapon to prevent infection remains valid". This is why the media's role in combating this epidemic cannot be underestimated. Whether media practitioners are skeptical of being saddled with the responsibility of educating the public about HIV/Aids is beside the point. One thing remains sacrosanct – the media have a moral responsibility to inform the public about Aids, to be critical when appropriate and to advocate constructive approaches to dealing with the epidemic (Stein - 2002: 80).

One of the editors interviewed by the Centre for Aids Development Research and Evaluation (CADRE) team (Stein, *ibid*) he remarked that it is a moral imperative for the media to make it their role and function, to report HIV/Aids. He opines that newspapers are one of the most important tools that we as a people, as a nation, as a human race, have... for those of us who have an opportunity to do something and don't, I think that should be considered a crime against humanity. For having a tool, a vehicle, and not use it."

Having stated the different roles the media can play in terms of reporting HIV/Aids, the next reasonable question to ask is why the media have not adequately lived up to expectations? It therefore becomes relevant to examine the constraints that are peculiar to the media environment and which may hinder the media from playing the roles and functions that have so far been identified. One of these constraints has to do with the news selection process.

## **2.4 Major constraints faced by the media in reporting HIV/Aids**

### **2.4.1 *The news selection process***

The argument has been advanced that there is so-called Aids fatigue within the media industry. Because of this, it is often believed that "journalists report great difficulty in persuading their news organisations to run HIV/Aids stories" (Brodie, Kates & Altman 2004: 1):

However, one of the people interviewed, pointed out that this was not always the case and that an earlier, dedicated media response could have played a part in stemming the epidemic. The interviewee opined that "the editors are supposed to have their fingers on issues that affect society most. If they do not highlight Aids (as they failed to do between 1980 and 1998) the results are all too obvious. Now we have a disaster, whereas, if they had done their job, perhaps we would not be in the position we are in today" (Matchaba quoted in Galloway 2001: 123).

But perhaps central to this argument on Aids fatigue is a need to look inward and explain the constraints that editors face while deciding on what they consider newsworthy. Primarily, "news is determined by events, which are selected as newsworthy by journalists, that get published" (Oosthuizen 1996: 189). Furthermore, he explained that in order to identify newsworthiness, journalists more or less unconsciously make use of socially constructed categories called news values. These news values play a significant role in the news selection process. The most recognised news values are mentioned below, but they will not be discussed. They are:

- Timeliness
- Consequences/impact
- Proximity
- Conflict
- Human interest
- Audience (Leiter, Harriss & Johnson 2000; Lanson & Fought 1999; DeFleur and Dennis 1998, and Itule Anderson, 1997).

The reason why editors engage in news selection is because they have many sources of news, for example, news from their beat reporters, correspondents, official events, Wire services, conferences, and so on. All the news from these diverse sources with diverse news values compete for attention. Equally in contention is the limited news-hole that is available after advertisements have taken their share. For these reasons, editors tend to perceive that the most important news value is timeliness, in most situations.

Timeliness as a news value rests on the premise that "news is perishable" (Nel 1999: 21). He adds that "newspapers report on what happened today, or since the previous issue." One can deduce from this definition of timeliness that whatever information the reader is aware of, no longer constitute news.

In the case of HIV/Aids reporting, the question remains how does it remain on the media agenda since it has been 26 years since the disease was first diagnosed and it may not meet the timeliness criteria upon which major news decisions are based. In well over 20 of these years, the media have reported the varying dimensions of this unknown and unusual pandemic. Therefore, it is safe to assume that HIV/Aids does not qualify as a timely news story any longer.

Rogers, Dearing and Chang (1991) provide an insight into what happens to such issues as HIV/Aids. Their research finding is that the "time span during which mass media attention is directed towards any one issue is presumably a discrete, time-bound state." They explain further that the "media's need for constantly new information partially explains why it is so unusual for a public issue to stay on the evening news and on the front page for very long." And for this reason, it is not surprising that editors do not know how to use the story anymore. Hence the origin of the Aids fatigue phenomenon.

Aids fatigue is likened to 'compassion fatigue' which the trio of Kinnick, Krugman and Cameron (1996: 689) studied. They remark that "a number of media observers have speculated that pervasive media coverage of social problems may lead to desensitization." They add that because of this, "public attention eventually reaches a threshold point, beyond which increases in communication about the issue fail to elicit increased interest in the issue. This decline in interest is attributed to message saturation, the flooding of multiple communication channels with redundant messages."

But HIV/Aids refuses to go away because it is a unique story. In fact, the statistics remain staggering since an estimated 530 000 new infections were recorded between the middle of 2004 and the middle of 2005 (see 2.2). Because of this huge incidence rate, it can be dangerous for the media to be complacent about its duty to report. In the words of Cohen (quoted in Swain 2005: 259), "in this new Century, news coverage has taken a different, but perhaps more dangerous turn. Coverage often creates the

false impression that AIDS is now all but cured, which has led to widespread complacency and eventually could lead to a public backlash against medical science”.

The emerging notion is that the media ought to re-strategise, that is, find new ways of re-casting an old issue that refuses to go away. Rogers, Dearing and Chang (1999) highlights this aspect of the media in saying that, “if there is a lack of information about an issue, news coverage will stop. For mass media decision-makers to consider an ‘old’ issue newsworthy again, not only is new information about the issue required, but the new information must enable writers and editors to recast the issue in a new way”. On the other hand, however, Cullinan (2006) denounced the issue of Aids fatigue when she says that,

We are just not trying hard enough to tell these stories in interesting ways. We are also making a number of mistakes including: We are failing to see Aids in context. Aids has been relegated to health instead of being incorporated into all beats. We lack understanding of scientific principles allowing ideology to replace science. In our desire to appear balanced, we have elevated notions that have little scientific standing.

All of Cullinan’s (ibid) submissions are based on the fact that the media cannot claim Aids fatigue, when among other things, there were an estimated 626 000 Aids orphans in 2004 alone, some of which are “growing up in houses run by children alone. Many teenage orphan girls are being sexually abused and having babies themselves, when they still need mothers to take care of them.” The news selection process therefore impinges on the way HIV/Aids is covered. Since it has also been established that the media has great potential for influencing society, then perhaps the media has to re-evaluate its definition of news, in order to accommodate the unusualness of the HIV/Aids story. In a study conducted by Brodie et al, (2004: 7), they were of the opinion that the “challenge for journalists covering HIV/Aids is to find new ways to keep their audience engaged in a story that may not meet editorial standards for ‘news’ as clearly as it once did.”

Peter Piot, Executive Director, Joint United Nations Programme on HIV/Aids, is categorical on what the role of the media should be in this regard. He says that the

"evidence suggests that we are not powerless against this epidemic, but our response is still a fraction of what it needs to be. The real task now is to increase, massively, the political will, resources, systems and social commitment needed to turn the tide of the epidemic". (Galloway 2001: 2).

#### **2.4.2 Commercial pressure**

The news selection process is not the only constraint to reporting on HIV/Aids, there is also a commercial one. The commercial media are said to be operating under fierce competition and this affects how news is selected. In a conversation on May 14 2006 with the bureau chief of a tabloid newspaper in Bloemfontein, this researcher was told that "HIV/Aids does not sell newspapers and for this reason, his paper is reluctant to report it as often as it should." He added that every time an HIV/Aids story is put on the front cover, sales automatically drop."

It becomes obvious that the issue of the bottom-line is a worrisome area as far as the media are concerned. Equally restraining is that newspapers are currently facing "diminishing financial constraints" (Stein 2002: 27). She adds that "[g]rowing economic constraints caused by diminished advertising revenue were seen by informants to be having a negative impact on the extent of news coverage in general. This was seen to be especially true for HIV/Aids specific coverage, which generally falls within the ambit of the health beat and is still seen as 'soft' news with limited news value."

Despite these constraints faced by the media, Panos Institute Aids Director, Martin Foreman, contends that "[e]ven those media whose primary goal is making money... cannot afford to ignore the buying power of those who survive. A society where a quarter or more of the population is preoccupied with sickness and death is not a society which will fatten the wallets of media owners." (Cullinan 2001: 39). This appears to be a direct warning to the media that it might not make much business sense in the long run to down play reporting on HIV/Aids, in order to make money. If the present news consumers who are already infected pass on the virus to

unsuspecting others, then it may have a rebound effect on the media. This is because more of their audience may become infected and therefore become ill.

### **2.4.3 Cultural and political constraints**

Just as the media are sources of influence in society, so also can the society sometimes influence what is published as news in newspapers. Within the context of HIV/Aids, there are certain cultural influences that must be respected, and this may act as a form of constraint on HIV/Aids reporting. The Health-e news reporter, Cullinan (2001) at an Aids in Context conference, admitted that "reporting on HIV/Aids is complicated and often controversial. Death and sex are most societies' deepest taboos. It is thus understandable that anyone trying to negotiate that terrain is going to encounter problems." Faure (2007: 665) explains that many "communities have a very conservative view of topics that involve sex. Frank, respectful discussion of sexual matters may be censored, especially by rural and traditional communities. The topic of HIV/Aids is just something one do not talk about." It is therefore understandable that it is a challenge for a journalist to negotiate the cultural terrain of HIV/Aids reporting without offending traditional beliefs.

Galloway (2001: 8-9) reflects this unique challenge when she analysed all the issues involved:

"it was hard enough to address such sensitive issues in the developed world, but if you add in community-based factors, in particular, traditional taboos of the African context where women, for example, are expected to follow unquestioningly the lead of their partners in sexual activities, effectively encouraging infidelity and polygamy, where rape and abuse are frighteningly common; where denial, fear and discrimination are so entrenched that people have been attacked and murdered for admitting their HIV-positive status, and the problem of openly talking or writing about HIV and Aids, sex and sexually becomes much more complicated".

HIV/Aids is also regarded as a political issue.

De Wet (2004: 107), observes that: 'the terrain for reporting on HIV/Aids has become seriously complicated by the politicization of the epidemic and the growing hostility between the media and the government. This is deeply problematic in a country where almost 25% of adults are HIV positive, yet, most are in denial about the disease. It is also deeply problematic in a country undergoing transformation, where accusations of racism touch raw nerves and the emotions stirred up can obscure complex issues.'

The state and the media collided when the previous Mbeki-led government questioned whether HIV truly led to Aids.

One of the editors interviewed by the Centre for Aids Development Research and Evaluation (CADRE) team, Stein (ibid), however, offers a different perspective of looking beyond the controversy, when he opined "our focus has been so much on the controversial issues that we've actually forgotten what this whole thing is about... And now, that {the President} is not saying anything, where are the news items in the newspapers?" And the 'whole thing' is about large numbers of people contracting the disease, partly due to ignorance and lack of adequate information about prevention methods. The media ought to focus its attention more on provision of information and less on conflict. This obscures the vital issues involved, primarily that many youths are dying and the effect on the socio-economic lives of all infected and affected.

Perhaps significant to this need to focus away from the politicisation of HIV/Aids, is the comment made by two anonymous interviewees of CADRE, Stein (2002; 13). The stakeholders' position was that "you had everything relating to (the President) and how he was dealing with it instead of ordinary people and how they were dealing with it." The second journalist agreed with this view, "You are forced to go and discuss the dissident debate – wasting time and space – when you could be discussing more serious stuff."

## **2.5. How HIV/Aids has been reported: reactive rather than proactive**

The argument of this sub-section is based on the nature of HIV/Aids reporting which critics believe is reactive and events based, rather than proactive. But in doing that, it

was necessary to first evaluate why HIV/Aids is an important story to tell and what the constraints are which militate against the media's consistent coverage.

By the reactive nature of news coverage, it means that the media tend to focus on events and personalities rather than engage in a deliberate and concerted effort to generate its own news. It can be argued that when such events are few and far between, it can create a perception within the newsroom that there is a dearth of news on HIV/Aids, which may not necessarily be so. It can also be argued that this over-reliance on events, rather than the media creating its own stories, has probably led to what is now known in the media as 'Aids fatigue' (see sub-section 2. 4). Editors believe there is nothing more to report on HIV/Aids, that all the stories that could be told have been told.

But the International Women's Media Foundation (IWMF) in their On-line manual on reporting on HIV/Aids in Africa disagrees. They state clearly that "HIV/Aids continue to be newsworthy." They explained that many parts of the HIV/Aids story have not been covered yet, and there are countless angles that haven't been explored. There are new developments surrounding HIV/Aids every day, whether in research, prevention and care programs, trends in the epidemic, or how HIV/Aids is affecting people and societies. Also, while HIV/Aids has traditionally been a health story, it is in fact much bigger. It is also political, economic, social and cultural. It is local, national and global. It is about individuals, communities, regions, nations and the world (IWMF). What the above viewpoints represent is that there is still room for creativity in generating news on HIV/Aids, and the media should realise this by keeping the issue on the public agenda, in one way or the other.

But what exactly do critics describe as reactive reporting? The answer was provided by Swain (2005: 259) when she says, "During most of the epidemic, the AIDS story was driven by attention-grabbing events. After each major event occurred, the amount of coverage declined until another event refreshed media interest and possibly added different angles to the story." Lending support to the reactive coverage of HIV/Aids in the South African media, Galloway (2001: 28) comments that "generally, HIV/Aids

reporting in South Africa seems to cluster around events and incidents – the more controversial and therefore newsworthy, the better.”

Parker et al (quoted in Galloway 2001) emphasised this focus on events reporting, when they wrote: “HIV/Aids articles typically focus on events, statistics, legal aspects, funding, treatment and the like. Most newspapers provide a more in-depth approach around focal points such as World Aids Day and national condom week.”

In similar vein, Emke (2000: 3) agrees that there is a “tendency to cover individuals rather than social forces, there is a bias toward the coverage of events (often staged) rather than processes or on-going programs.” He explains further that “anticipated events, such as the International Aids conferences, are special times for extended media coverage even if nothing new is being revealed... and then, the amount of coverage declines until another event comes along to refresh the interest and possibly add some unique news angles to the story of Aids.”

But there has been a scientific study of events, focused and reactive reporting of a health issue, carried out by Downs (quoted in Cullen 2003: 66). Downs in his study identified a “well ordered ‘issue – attention cycle’ for long term health problems such as alcohol and drug abuse.” Downs identified the following stages:

- The first level is the ‘pre-problem stage’ when the health problem fully exists and can be serious, but is yet to be discovered and seen as a problem by the broader public.
- The second stage is ‘alarmed discovery and euphoric enthusiasm’ by the media and mainstream public where the issue is discovered along with a treatment strategy.
- The third phase involves a realisation that change may be necessary to make significant progress and this will require sacrifice. (From this, Downs conceded that it does not take long before there is a decline in public interest, and pessimism about whether change can take place at all).

- The final part, 'the post-problem' stage, is a kind of twilight zone in which the problem continues to exist but receives little media attention.

When the media spotlight fades, attention recedes. This results in issues gradually falling out of public discussion and losing a sense of legitimacy and urgency (Downs 1972 quoted in Cullen 2003: 66). Cullen (ibid) contends that Down's 'issue-attention cycle' theory evidently corresponds closely to what happened with press coverage of HIV/Aids. And there are agreements to the view that events-driven coverage of HIV/Aids leads to superficiality. For instance, many of the people interviewed by Stein (2002: 17), especially stakeholders from outside the media sector, argued that "one of the main limitations of news coverage of HIV/Aids is an over emphasis on high-profile figures and events and the inadequate analysis of the key issues which make those figures and events significant".

Similarly Parker, who was interviewed by Galloway (2001: 26), was of the opinion that "there is a great deal of coverage of the Aids issue, but very little depth of analysis. The media coverage in general has been shallow, and although critical in the sense that it has taken an oppositional stand to key issues (correctly so), the lack of analysis has contributed little to an important debate around Aids issues."

The various stakeholders who were interviewed by Stein (ibid) add that news should always be presented in terms of the underlying issues at stake, such that the significance of events is made explicit. They conclude that too many journalists continue to gloss over issues and to display unacceptable gaps in their knowledge, such that most South Africans still do not understand the absolute hideousness of what's happening.

Secondly, this reliance on events driven coverage of HIV/Aids does not only lead to superficiality, but it does not portray the seriousness of the pandemic. This is why Cullen (2003: 67) concluded that the pattern of reporting – the rise-peak-and-decline approach – although not a deliberately conscious decision on the part of newspaper editors and a pattern that is common with coverage of other long-term illnesses – has

proved inadequate in reflecting the real situation in terms of infection rates and actual risk. Less coverage does not necessarily equate to less risk or a downsizing of the problem.

The way out of this dependence on events and personality coverage is a proactive approach. Galloway, (2001: 124) stresses that it is not enough that stories are reactive and events driven, but that the urgency and seriousness of HIV/Aids "requires a comprehensive, long-term, goal-orientated reporting strategy..." Stein (2002: 17) also advocated for a proactive approach. She comments that "[w]hile there is a place for proactive investigative journalism, the bulk of news reporting is reactive, responsive to the actions of agents outside of the media."

But to have a proactive approach means that the media will be taking on an advocacy role. Advocacy within the context of newspaper reporting involves an internal policy agenda that is specifically focused on social issues. In addition, advocacy seeks to raise the volume of voices for social change and shape the sound so that it resonates with the social justice values that are the presumed basis of public health (Stein 2003: 5).

Furthermore, Stein (ibid) expatiates that the advocacy roles "include more than educating the public regarding appropriate individual behaviour,; it includes the promotion of social change and collective action. More specifically, it includes the promotion of large-scale policy implementation, which facilitates an environment conducive to behaviour change and to managing the impact of HIV/Aids over the long-run."

In order to understand the type of advocacy role that will be reasonable for the media to play, the findings of the Centre for Aids Development Research and Evaluation team are relevant. They categorised advocacy in terms of strong versus weak (Stein 2002: 9). Advocacy in the strong sense includes a self-conscious recognition of the media's power to influence, promote or fast-track collective action and/or policy agendas. The case for the media's adoption of a strong advocacy role regarding

HIV/Aids was attested to by one of the journalists interviewed. He expressed his support in this manner: "We have the biggest influence on society, what we say and do is heard and shapes the opinions of millions of readers. It is not the duty of the media to promote a specific philosophy, but Aids is such a big problem, we need to revolutionize the way we think."

Adopting an advocacy approach in the weaker sense means the media is playing a seemingly neutral educational or informative role, that is, 'reporting what is happening' i.e. information-giving rather than as a direct attempt to influence actions or the course of events i.e. agenda setting (Stein 2002: 9). This weaker advocacy is akin to what the media do in everyday life. But the main argument of the dissertation is that the media need to adopt a strong advocacy role because of the nature of HIV/Aids. In doing this, they do not have to dwell on the politicisation of the issue, but instead what they should do in order to help ordinary citizens is to provide the necessary information that can help in preventing the spread of the disease. According to Cullen (2003: 79), HIV/Aids "demands a multi-sectoral approach that includes political, social, economic and religious leaders". This means that the media can focus on the disease as it affects other sectors of the society, instead of reporting solely on what the government is doing or is failing to do.

## **Conclusion**

The goal of this chapter was to review themes surrounding HIV/Aids reporting in South African newspapers and why HIV/Aids is an important story to tell. Statistics revealed that incidence rates remain high and for this reason the media has a duty to inform the society on a continuous basis.

The literature revealed that the media have certain roles and functions they perform in society, and these include education and provision of information. The question was posed that if the media have these functions which they perform in a society, what about HIV/Aids? It was shown that much of society's understanding of this virus

emanates from the media. Not only this, but the media influences public opinion and attitudes about HIV/Aids, including attitudes towards people living with the virus.

In order to understand why the media may not be doing enough regarding HIV/Aids coverage, some major constraints hindering their work were brought to the fore. It was revealed that the news selection process, commercial pressure, and cultural and political complexities were major handicaps.

Nevertheless, the argument of this dissertation rests on the premise that the media should report on HIV/Aids in a proactive manner, by adopting a strong advocacy approach. This is because findings of researchers have shown that present media coverage is reactive, that is, based on personalities and events. This has, in a way, led to what is termed 'Aids fatigue' in the media. But with the adoption of a proactive advocacy approach, the media ought to go out of their way to generate news and look for fresh angles to the stories, so as to "promote or fast-track collective action."

With the background provided in this chapter the next chapter will argue that together with a strong advocacy strategy the media ought to engage in ethics, and in this regard, deontological ethics offers a way out. In addition, the normative theory of social responsibility is useful in explaining what the media should be doing to fight HIV/Aids. Other areas that will be discussed include frequency of coverage, use of language in news reports, sensationalist headlines and text, and the extent to which the disease is humanised.

## CHAPTER 3

### THE ETHICAL DIMENSIONS OF HIV/AIDS REPORTING

#### 3.1 Introduction

This chapter seeks to examine ethics as it relates to the decision making process in the media, especially with regards to HIV/Aids reporting.

As discussed in the last chapter, HIV/Aids is an important story to tell, simply because of its impact and devastating effect on all aspects of human life. In telling these stories, the media's roles and functions were highlighted, especially because many people within the society look up to the media for information and education about the disease. But in the course of gathering and disseminating information and news, ethical challenges always occur and this has implications, especially for those living with HIV/Aids. This chapter will therefore discuss ethics according to the philosophical ethical theories; look at selected ethical challenges that the media face and proffer the deontological and normative ethical approaches as a possible solution.

The chapter will be presented in the following manner under these headings:

- **Understanding the concept of ethics (3.2)**
- **Philosophical ethical theories (3.3)**
- Motivation for a deontological ethical approach to reporting on HIV/Aids (3.3.1)
- Immanuel Kant's Categorical Imperative (3.3.2)
- Normative ethics (3.4)
- Motivation for social responsibility theory (3.4.1)
- The audience, its needs and the influence on media ethics (3.4.1.2)
- To who is ethical duty owed? (3.4.1.3)
- **Selected ethical issues that the media face in reporting HIV/Aids (3.5)**
- The ethics of sensationalism (3.5.1)
- The impact of the violation of sensationalism (3.5.1.2)

- The ethics of language used in reporting HIV/Aids (3.6)
- The impact of the violation of language (3.6.1)
- Discourse analysis and the concept of the metaphor (3.7)
- **The ethics of humanising HIV/Aids, and the impact of its violation (3.8)**
- **The ethics relating to frequency of reporting HIV/Aids, and the impact of its violation (3.9)**

### 3.2 Understanding the concept of ethics

Ethical decisions in the media determine what the public may read, hear and see (De Beer & Froneman 1994: 4). It may not always be obvious to the audience, but implicitly, ethics is always at the core of the decisions that the journalist makes while in the field, or what the editor does at his desk in the newsroom. This is one of the reasons why ethics is an important issue to investigate.

Skjerdal (2001: 2), in his discourse analysis of newspaper articles, argued that there are “normative preferences which underlie all media performance” and this dissertation likewise argues that there are certain ethical approaches that ought to underlie how the media report on HIV/Aids. Why? HIV/Aids is not only a health problem, but also a social one. Therefore, the media have to exercise considerable care in the use of, for example, language or the representation of those infected and affected. One important reason why the media have to be careful is because they present ‘reality’ to the society, so it is important that the reality presented, in terms of reporting the disease, should not unduly create a doom or gloom picture of life with HIV/Aids.

The potential risks involved in such manner of reporting are many, and one of the most damaging is Stigma. Coleman and Corbitt (2003: 102) presented the idea that the media does not only report the news, but also constructs the news. This stems from the earlier work done by sociologist, Gaye Tuchman, when she says that, “[t]he

act of making news is the act of constructing reality rather than a picture of reality" (in Severin & Tankard 2001: 333). Coleman and Corbitt (ibid) argued further that "myriad factors have been hypothesised concerning how news is constructed: framing, filtering, agenda setting and building, reporter bias, organisation bias, channel characteristics, advertisers' influence, hegemony, ideology, space and time constraints, gate-keeping and more".

Underpinning the factors enumerated above is ethics, because it is expected that one thing or the other is motivating every decision taken by the editor or journalist. This may manifest in terms of whether the decision taken is to serve the overall interest of the audience, or it may mean withholding the news so as not to offend certain stakeholders, especially advertisers, whose patronage is crucial to the continued existence and survival of the medium involved.

Providing a deep insight into the relevance of ethics in the media, Retief (2002: 4) says that "[m]edia ethics is not an exercise for the elite. In fact, everything that a journalist does has ethical dimensions, to a lesser or greater degree..." He argues further that "because everything a journalist writes or says, or neglects to write or to say, in some or other way has an influence on people." This influence exists because the media is so pervasive and ubiquitous, because it confronts people at every turn. For these reasons, journalists have to weigh carefully the pros and the cons of what they publish or fail to publish.

Snyman (1994: 65), while lending his voice for the practice of ethical journalism in the media, refers to Wilbur Schramm's comment that "the heart of journalism is selection... [e]very journalist and editor is constantly busy making choices. On the basis of these choices, *this* event is printed in the paper, but not *that* information, *this* news item makes the front page and *that* item ends up on page twenty." Nonetheless, the choices made have ethical foundations. For instance, a story that appears important because of its impact on the lives of many people may be relegated to the middle pages, rather than be published on page one. Why? Because the editor has made that decision in order to please certain stakeholders, rather than to serve the

interest of the audience. That decision may be described unethical. Christians et al (in Retief 2002) concludes that "journalists must at all times be very careful how they do their job, and be mindful of their obligations."

But how exactly is ethics defined?

In the view of Hulteng (1985: 6), he recognises that an attempt to define ethics by a one-definition-fits-all might be problematic. He contends that "if you grope through the volumes in search of simple, one sentence definitions, you are likely to find yourself back with the label terms. But, in a wide sense, the subject of ethics deals with the philosophical foundations of decision-making (Black in Retief 2002). Day (2006: 3) defines ethics as the "branch of philosophy that deals with the moral component of human life and is usually referred to as moral philosophy. It reflects a society's notions about the rightness or wrongness of an act and the distinctions between virtue and vice".

From the above definitions, journalist have to be able to grasp that in the job they do, whether gathering the news or reporting it, some issues are central to the ethical decision making that they undertake, that is, the rightness or wrongness of an act; distinction between virtue and vice; morality or code of conduct; what is good or bad and what is right or wrong. Perhaps this is why Retief (2002: 3) likens the subject of ethics to science. He opines that like "other human sciences, ethics uses a systematic, reasoned, or rational approach, based on a set of principles to determine what is "good", or ethical, and what is "bad", or unethical, in human conduct".

Historically, the origin of ethics is traced to the ancient Greek philosophers, who divided the philosophical world into three parts, namely aesthetics, epistemology and ethics. Aesthetics focused on the study of beauty, while epistemology concentrated on the knowable and what constitutes knowledge. Ethics was the study of what is good for individuals and society (Oosthuizen 2002: 10).

Ethics is still regarded as a branch of philosophy (Merrill & Odell in Oosthuizen 2002) and is concerned with the question of which human actions are morally permissible and which are not. Lowenstein and Merrill also (in Oosthuizen *ibid*), explain that media ethics (which would include journalism ethics) is then viewed as the branch of philosophy... which assists journalists in determining what is right to do, and how to choose the best from several alternatives.

But in South Africa, HIV/Aids reporting appears to be a difficult terrain to manoeuvre, this is because "there are many complicated ethical questions that journalists confront when trying to report on the epidemic" (Cullinan 2001). Cullinan makes the assertion that it is not only the ethical questions that are difficult to confront, but underlying all these dilemmas is the fact that "[e]thical journalism does not have a strong tradition in South Africa, and even worse, there are few media forums that discuss the question of ethics." If this is the case, it needs to be asked if the media in South Africa are being ethical by the seeming reduction in the coverage on HIV/Aids. The argument is that editors are supposedly suffering from Aids fatigue because they are tired of the prolonged nature of the epidemic and the supposedly lack of news values attached to its coverage.

But, the statistics reveal otherwise. There are even more growing casualties resulting from Aids-related deaths. If the incidence and mortality rate of this disease does not abate perhaps the media needs to re-evaluate its roles by asking itself if they are doing enough to meet the needs of society by providing the much needed information and awareness. This is why the words of the former UN Secretary General, Kofi Annan, are relevant:

When you are working to combat a disastrous and growing emergency, you should use every tool at your disposal. HIV/Aids is the worst epidemic humanity has ever faced... Broadcast media have tremendous reach and influence, particularly with young people, who represent the future and who are the key to any successful fight against HIV/Aids. We must seek to engage these powerful organizations as full partners in the fight to halt HIV/Aids through awareness, prevention, and education" (Kofi Annan, UNAIDS, 2004 in Kruger 2005).

There is no doubt that HIV/Aids is a serious crisis for the whole of the world, and especially in Africa where a huge number of people have been affected. For this reason, the ethical issue that should be considered and held sacrosanct is that the media in South Africa ought to engage in regular, consistent coverage of the pandemic.

### **3.3 Philosophical ethical theories**

According to Day (2006: 4), “[e]thics as a formal field of inquiry... can be divided into meta-ethics, normative ethics, and applied ethics.” He explains that “[m]eta-ethics is concerned with the study of the characteristics, or nature, of ethics.” He then goes on to say that “[m]eta-ethics is not concerned with making moral judgments, but instead, attempts to distinguish ethical values from those that involve merely matters of taste or attitudes.” Day (ibid) goes on to say that normative ethics is concerned with developing general theories, rules and principles of moral conduct.

The third branch of ethics, as Day (ibid) explains, is applied ethics. He describes this as the “problem-solving branch of moral philosophy. The task here is to use the insights derived from meta-ethics and the general principles and rules of normative ethics in addressing specific ethical issues and concrete cases.”

In shedding more light, especially on meta-ethics, Retief (2002: 7) makes it clear that meta-ethics is a purely a “theoretical field of study that focuses on the nature of ethics and searches for the meaning of abstract terms such as good, justice, and fairness.” He emphasises that in the “journalistic sense, therefore, meta-ethics studies the paradigms that underlie the ethical choices – albeit sometimes unconscious – made by journalists.”

Providing a deeper insight into the categorisation of ethics, Oosthuizen (2002: 12) notes that a “broad classification of ethical theories is usually made between teleological ethics and deontological ethics.” Day (2006: 61) then adds that

[d]eontologists (derived from the Greek word "deon" or "duty") are sometimes referred to as "non-consequentialists" because of their emphasis on acting on principle or according to certain universal moral duties without regard to the good or bad consequences of their actions. And the teleologists, who are also dubbed consequentialists, are those who judge the ethical implications of the journalist's actions by the expected consequences that these actions can have (Retief 2002: 7). But most importantly, Retief (ibid) concludes that every "single ethical decision that is made in journalism is based on one of these systems, or on a combination of aspects of both".

Day (2006: 62-63) further explains that teleological theory is "predicated on the notion that the ethically correct decision is the one that produces the best consequences. Consequentialists, unlike deontologists, do not ask whether a particular practice or policy is right or wrong, but whether it will lead to positive results." Retief (ibid) concludes that the "most influential branch of teleology is Utilitarianism... and therefore, utilitarianism strives to achieve the greatest good for the greatest number of people."

In general, when one talks about ethical theories, there are five ethical guidelines, which have "achieved a significant hearing in the Western tradition, and together represent a reasonably wide scope of time-tested alternatives" (Christians, Rotzoll & Fackler 1987: 9). They identified the following and describe how they operate:

- *Aristotle's Golden Mean*: "Moral virtue is appropriate location between two extremes." By this principle of the mean, Aristotle meant that moral virtue is a mean between two extremes, the one involving excess and the other deficiency.
- *Kant's Categorical Imperative*: "Act on that maxim which you will to become a universal law." Christians et al (ibid) say that "Kant gave intellectual substance to the golden rule by his categorical imperatives, which implies that what is right for one is right for all. Kant's categorical imperative belongs to the deontological ethical paradigm."

- *Mill's Principle of Utility*: "Seek the greatest happiness for the greatest number." The authors explain that this means that one should determine what is right or wrong by considering what will yield the best consequences for the welfare of human beings. This ethical approach is located within the teleological paradigm.
- *Rawl's Veil of Ignorance*: "Justice emerges when negotiating without social differentiations." According to the authors, Rawl argues that eliminating "arbitrary distinctions expresses fairness in its basic sense." And the intention of Rawl is that as we "negotiate social agreements in the situation of imagined equality behind the veil of ignorance; we inevitably seek to protect the weaker party and to minimize risks."
- *Judeo-Christian Persons as Ends*: "Love Your Neighbour as Yourself". The word 'neighbour' is explained in terms of the Old Testament principle and this designates the weak, poor, orphans, widow, aliens and disenfranchised. The authors concludes that it is unloving therefore to give human beings only "instrumental value and use them merely as a means to our own ends."

### **3.3.1 Motivation for a deontological approach to reporting HIV/Aids**

It can be argued that, in the same way that news values determine which stories are selected by editors and are published in the newspapers, then in a comparative manner, journalists in the South African media ought to adopt an ethical approach to reporting on HIV/Aids. This means that there ought to be an overt attempt to consistently put HIV/Aids on the public agenda, and deontological ethics offer a way out. The argument for a deontological approach is premised on the fact that, as a non-consequentialist, the wrongness or rightness of an action is based on the action itself and not on the results or consequences it produces (Oosthuizen 2002: 13). Deontological ethics is oblivious of the outcome of actions. What matters are the principle upon which the action is based, and not the consequences (Kasoma in Nel 2000: 267).

Underscoring this principle upon which an action is based, Frankena (1973: 17) offers an insight into the fact that there are two types of deontological theories. The first approach is described as: "Act deontological theories which maintain that the basic judgments of obligation are all purely particular ones like "in this situation, I should do so and so." He explains further that extreme act-deontologists maintain that we can and must see or somehow decide separately in each particular situation what is the right or obligatory thing to do, without appealing to any rules and also without looking to see what will promote the greatest balance of good over evil for oneself or the world.

On the other hand, another approach to deontological theory is the rule deontology, "rule-deontologists hold that the standard of right and wrong consists of one or more rules – either fairly concrete ones like "we ought always to tell the truth" or very abstract ones like... "it cannot be right for A to treat B in a manner in which it would be wrong for B to treat A, merely on the ground that they are two different individuals, and without there being any difference between the natures or circumstances of the two which can be stated as a reasonable ground for difference of treatment." The study will focus on rule-deontology as a point of departure, in arguing for the ethical approach to adopt in reporting HIV/Aids.

### **3.3.2 Immanuel Kant's Categorical Imperative**

Immanuel Kant, the 18<sup>th</sup> century German philosopher, is said to be the most famous deontologist (Day 2006: 61). For Kant, what counts in the process of ethical decision is the intention, the motive behind the act, and not so much the consequences thereof (in Retief 2002: 9). Kant's deontological approach is known as the Categorical Imperative, that is, "Act on that maxim which you will to become a universal law." (see also 3.3). For Kant, the categorical imperatives inherent in human beings are "apprehended not by reason, but through conscience. By the conscience, one comes under moral obligation; it informs us when we ought to choose right and shun evil"

(Christians, Rotzoll & Fackler 1987: 12). Kant is particular about one's reverence to duty. And when applied to journalism, the duty – the ethical imperative – is the matter of distributing truthful information (Retief 2002: 9). Not only is truthful information necessary as far as HIV/Aids reporting is concerned, but a constancy of news reports is imperative.

Kasoma (1994: 42) expatiates that one of the objective conditions and duties of the ethical categorical imperative, is "giving the people all the news and interpretation that is fit to print or broadcast." It is doubtful if all news angles have been explored in relation to the HIV/Aids stories and whether society is being given all the news and interpretation that is fit to print. If one searches deep enough, it is likely there are untold stories to be reported. Kruger (2005), challenges the fundamental values that media people often adhere to. For him, the ethical challenge of HIV/Aids is to tell the story properly. He argues that we need "to find ways around our news values, and the sometimes myopic views of our audiences. We need to find ways to report on the pandemic in new and interesting ways".

Providing another perspective, Retief (2002: 9) claims that being ethical means the media are meeting the "expectations of the community or religion or the intrinsic worth of the action." More light was shed on meeting the needs of the community by De Beer and Froneman (1994: 8). They argued that, if "[d]eontological theories hold that either a power or something else... other than mere consequences determines which ethical actions are acceptable and which ones are not. This something else may be the intentions (reason) of the doer... or it may also be what the community requires in a particular situation." And in the case of HIV/Aids reporting, the community needs to be educated on prevention methods, particularly behaviour that predisposes a person to the possibility of being infected.

The community needs information about treatment; information about care and treatment facilities; about how those living with the disease can maintain a healthy lifestyle, and most importantly, the community needs to be lead by the media on

various aspects of the disease. The media remains in the best position to be thus ethically responsible to the community.

### **3.4 Normative ethics**

The second division of philosophical ethics, besides meta-ethics, is normative ethics and it is another focus of the dissertation. This ethics "encompasses what people and institutions ought to do or how they should conduct themselves. Whereas, meta-ethics focuses more on theories about individual ethical orientation, normative ethics has a societal component that is expressed as broad expectations" (Retief 2002: 11). He also explains that normative ethics "builds on meta-ethics and develops theories and principles for moral behaviour and for ethical decision-making. It reveals itself in theories of the media in general and in journalistic codes of ethics in particular." This author sums it up by stating that "underlying any specific theory of the media are basic beliefs and assumptions (paradigms), which have philosophical and cultural bases and which give rise to a specific social system or a combination of political systems – which has everything to do with how the role of the media is seen."

Oosthuizen (2002: 14) also advances the argument that:

"Normative ethics is concerned with what people and institutions in a society ought to do. Societal expectations about individuals or institutional conduct (of media workers and media institutions) are based on the fundamental values that are prevalent in a society. These values are articulated by a political system that directly (through legislation) or indirectly (e.g. through remarks about media content) impact on the expected role of the media or individual media practitioners in a particular society".

One of the seminal studies done on normative media theories by Siebert et al (1956 in Retief 2002) argues that the political ideology and social structure of a country affects or determines what role the media plays. Siebert et al (in Retief 2002: 11) say: "The press always takes on the form and coloration of the social and political structures within which it operates... it reflects the system of social control whereby the relations of individuals and institutions are adjusted." Thus, four theories of the press emerged,

which reflected the ideologies, political and social structures of the environments in which they are located.

The earliest four normative theories of the press, as highlighted by Severin and Tankard (2006: 309-315) are presented below:

- *Authoritarian theory of the press.* The first rationale or theory of the press was that of press supporting and advancing the policies of the government in power and serving the state. Through the use of patents, licensing, direct censorship, and often self-regulation through printer's guilds, individuals were prevented from criticising the government in power. In authoritarian systems, the press may be either publicly or privately owned; nevertheless, it is regarded as an instrument for furthering government policy.
- *Libertarian theory:* From the writings of Milton, Locke, and Mill came the notion that the press was to serve the function of helping discover truth and checking on government as well as informing, entertaining, and selling. Under the Libertarian theory, the press is chiefly private, and anyone who can afford to do so can publish. The media are controlled in two ways. With a multiplicity of voices, the "self-righting process of truth" in the "free market place of ideas" would enable individuals to differentiate between truth and falsehood. Also, the legal system makes provision for the prosecution of defamation, obscenity, indecency, and wartime sedition. Under the Libertarian theory, the press is chiefly private and the media are instruments for checking on government as well as meeting the other needs of the society.
- *Soviet-Totalitarian theory:* The Soviets view the chief purpose of the media to be that of contributing to the success and continuance of the Soviet system... The tactics of the party may be criticised, but the objectives or goals may not. The media in the Soviet system are state owned and controlled and exist solely as an arm of the state to further the state (But the authors add that since the four theories of the press was

written, there have been many changes in Socialist countries... in that... private ownership has been tolerated... and... press restrictions were also lifted.

- *Social responsibility theory*: In the 20<sup>th</sup> century in the United States, the notion developed that the media, the only industry singled out for protection in the Bill of Rights, must meet a social responsibility. This social responsibility theory, evolving from media practitioners, media codes, and the work of the Commission on Freedom of the Press (Hutchin's Commission), holds that while the media informs, entertains, and sells... they must also raise conflict to the plane of discussion.

Other additions to the normative theories, include, (i) *the democratic participant theory*, and (ii) *developmental media theory*.

Focusing on the work of the Hutchin's Commission of 1948, Day (2006: 38-39) highlighted that the "idea of social responsibility was given credence after World War II through the work of the so-called Hutchin's Commission on Freedom of the Press." Day (ibid) points out that even though the expression "social responsibility" was never mentioned in its report, the commission identified five obligations of the media in contemporary society." The five requirements, against which the performance of the media might be measured, are:

- i) The media are to provide a "truthful, comprehensive, and intelligent account of the day's events in a context that gives them meaning."
- ii) The press should serve as "a forum for the exchange of comment and criticism."
- iii) The press should project a "representative picture of the constituent groups in society."
- iv) The media should also, according to the commission, be responsible for "the presentation and clarification of the goals and values of society."
- v) The final requirement of the Hutchin's Commission is that the press should provide "full access to the day's intelligence."

But importantly, it is in relation to the first identified function, which states that the media should accept certain responsibilities towards society, that the issue of HIV/Aids becomes relevant. By adopting a social responsibility approach, the media would have taken an ethical stand, which is a duty to ensure that members of the society consistently receive a truthful and comprehensive account of all aspects of HIV/Aids. By so doing, the media are able to generate the type of necessary messages that will make people think more carefully about the behaviours that may put them at risks. The media will thus be playing the role of a social transformation agent.

The social responsibility media theory articulates more on the societal expectation of the media. For this reason, it is relevant to analyse how its adoption by the South African media can impact on the media's coverage of HIV/Aids.

#### ***3.4.1 Motivation for social responsibility theory***

Against the backdrop of a continued increase in the incidence and prevalence of HIV/Aids in South Africa, the media have to be socially responsible, that is, they must ensure that the necessary information and education on this disease remain on the media agenda. Giving credence to the need for a social responsibility approach, an editor who was interviewed by the Centre for Aids Development Research and Evaluation CADRE team (Stein 2002: 8) has this to say: "I think that newspapers are one of the most important tools that we as a people, as a nation, as a human race, have... For those of us who have an opportunity to do something and don't; I think that should be considered a crime against humanity. For having a tool, a vehicle, and not using it".

This opinion on the power of the media was reinforced by Martin Bell, a veteran British journalist (in Kieran 2005: 16) in what he calls a "journalism of attachment." According to him, the media ought not to stand apart from the world. "We are a part of it. We exercise certain influence, and we have to know that. The influence may be for better or for worse, and we have to know that."

Another strong argument on the power of the media and its attendant responsibilities was the 'Statement of Principles' of the American Society of Newspaper Editors, where it was stated that:

"The primary purpose of gathering and distributing news and opinions is to serve the general welfare by informing the people and enabling them to make judgments on the issues of the time. Newspapermen and women who abuse the power of their professional role for selfish motives or unworthy purposes are faithless to that public trust." (Fink 1988: 6).

This call to the media to do something is embedded in the notion of social responsibility. Therefore the underlying assumption is that a responsible media is an ethical media. Stressing the ethical argument further, Frans Kruger emphasises that ethics is perhaps the way out in this fight against HIV/Aids. He contends that commercial interest often shapes the decisions around which stories are covered in HIV/Aids, and he opines that perhaps "ethics gives us a tool to fight against these tendencies..." (Kruger 2005).

Commercial interest is a strong factor in the selection and publishing of news. Snyman (1994: 65) agrees that "the most important criteria for deciding whether something is "newsworthy" is often whether it sells papers, that is, a commercial norm. This means that news media are first of all concerned about their own interests and this implies a neglect of the interests of the readers." In a similar argument, Fourie (in Fourie (ed.) 2007: 204), while writing about the new media environment, says that "[i]n terms of content, a market orientation and commercialisation rules... in this new media environment, journalism has become market-driven and guided by what is interesting rather than what is important; by an audience orientation rather than an ethical orientation and an institutional logic. The more or less taken for granted social responsibility of journalism has been undermined and a pressing question is whether market logic allows for an ethical journalistic practice."

But, in summarising, Snyman (ibid) argues that an ethical media that is a duty based deontological approach to ethical decision making requires that the choices made by the media "reckon with the interest of readers, listeners and viewers." But what exactly is it which interests readers?

In recognition of what is important rather than the mundane or the trivial which some readers devote attention to, Snyman (ibid) raises the objection that "[s]ome news media pay attention to trivialities but ignore actual events that are important and relevant to the calling of people. Not only does this practice neglect the interest of people who have a need for news, but it also fills their lives with insignificant matters that tend to impoverish their humanity." In the same vein, De Beer and Froneman (1994: 5) concur with the argument that "[w]hether or not it is accepted, media people have an ethical responsibility." They explain further that this is because, "[c]ommunication is a mutually influencing process, and ethics and communication are therefore inescapably related."

#### **3.4.2 *The audience, its needs and the influence on media ethics***

While it has been established that the media have to be socially responsible in their coverage of HIV/Aids, it can also be argued that the media's reluctance to devote more news space or airtime to this disease is directly linked to the supposed 'Aids fatigue' among its audience (see 3.2). The belief is that it is not only the editors who are 'fatigued', but the audience is supposedly over-saturated with news on HIV/Aids, hence the audience do not want to read about it anymore. But this argument is thrown overboard by Elliot (1986: 35), when he says that the media must recognise its power and its responsibilities to members of the society, and therefore give out information that citizens need to know and ought to have. He provides this perspective:

"Telling members of the audience what society expects of them and what they can expect from their society is a very powerful function. News media should tell people what they need to know because media have the power to affect the lives of

individuals and groups within society. Whether or not citizens like it, whether or not they accept uncritically what is provided by the media, they are dependent upon the news media for vital information.”

Elliot (ibid) refers to this situation as, the power of the media. He contends that “[p]ower entails duties to recognize the dependence of other people and to use power in a judicious manner... and that no matter how particular persons come to have power within society; they have an obligation to act in a way that is in the interest of the people whom they affect”. This seeming shift, to tailor news to what the audience wants, is what Johannesen (1990: 5) refers to as the “ethics of audience adaptation.” He poses the question as to “what degree is it ethical for communicators to alter their ideas and proposals in order to adapt to the needs, capacities, desires, and expectations of an audience to the extent of so changing their ideas that the ideas is no longer really theirs. These communicators merely say what the audience wants them to say regardless of their own convictions”.

Richardson (2007: 89) clearly points out that it is an organisational practice in the newspaper to write for the audience. As Iggers (1999) argues, journalistic texts emerge ‘from a dynamic’ that is shaped by a number of competing forces of differing strengths and directions: one key determining force is the audience. In short, without a sense of the audience, there can be no selection of what to present as ‘the news’. In the words of DeWerth-Pallmeyer (1997: 5), the audience is the backdrop against which reporters and editors consider questions of news values. The consideration of the audience affects not just the choice of story but also the tone and style of presentation.

It is clear from the above observations that the audience and what they want or what they need are central to the debates as to what has led to Aids fatigue in the media. And this is why editors and journalists are supposedly trying to bend over backwards, trying to satisfy the wants of their audience, by reducing the frequency of reporting on the epidemic. But to Merrill (2002: 113), this is like “adopting a marketing approach to

news." He argues that such an approach "relegates the press to a powerless dispenser of desired services." In such a situation, "[e]ditors take on a strange role; they do not make decisions but only grant requests. They do not determine what their audiences need or should have; rather they provide the news that the audiences – the real editors in the marketing approach – say they want." In taking this approach Merrill (ibid) argued that the editors allow news to be dictated by market forces because "money talks and drives media decisions." But the public interest suffers, and the people's need of relevant information appears relegated to the background. Merrill (ibid), also pointed out that the "public interest, accurate information, balance, and ethics clearly take a back seat."

Although the media are recognised as the "watchdog of public interest" (IWMF 2006), there is a dilemma between this role and that of commercial interest. This view was echoed by Parker and Kelly (2001: 2) when they contend that "[t]he pursuit of 'public interest' also frames a parallel objective of these media – to sell news for profit." They observed that in such a situation, it is as though the media is playing a balancing act. Their position is that "[t]his duality does not make for a simple path to reporting social issues, because content needs to be assessed for its inherent news value. Potential news stories also need to be assessed in terms of their capacity to sell newspapers, their cost-effectiveness, and additionally, their capacity to fit into the conscious and unconscious agendas of various information gatekeepers within the newspaper hierarchy."

Merrill (ibid) accuses the media of not doing enough to meet the needs of the society. He cites the 1948 Commission on Freedom of the Press where the commission submitted that one of the "three main dangers facing the press was that the few people who ran the press had not provided a service adequate to the needs of society." He argues further that "[s]uch a criticism, taken seriously even today by many critics, indicates that the media are not primarily concerned with public service – but with private interest." In a similar manner, Faure (2007: 662) is also of the view that even though it is unfortunate, the "media are inclined to respond to their recipients'

preferences (that is, audience preference), due to the commercial nature of their businesses – they like to give the public what they want.” But Nel (1999: 19) seeks for a middle of the road approach, and that is that “[r]eaders’ preferences should guide the publication, but the publication should also guide the readers”.

With regards to reporting on HIV/Aids, it is clear that the media have a responsibility to make sure that there is a constant flow of information on the disease, regardless of the fact that some members of the audience claim a fatigue. Also discrediting the notion of ‘give-the-reader-what-they-want, rather than what they need, an anonymous editor who was interviewed by the CADRE team (Stein 2002: 24), maintained that such an argument is a red herring. He said “it means I’d have to print celebrity divorces, and soccer on the front page... No editor ever does that. We do give readers what we think they need not only what they want. What they want is salacious gossip”.

In the current scenario regarding HIV/Aids all indications and available statistics point to the fact that HIV/Aids will still be here in the foreseeable future, and that no cure has yet been found for the disease. For all these reasons, the information that people need and which the media ought to provide (by virtue of its social responsibility status) are messages of prevention that may help curb the spread of this epidemic. This is a duty based approach to the job the media should be doing.

Rosen (1996: 5) reiterate on how influential the media is. He states that the media do more than “furnish us with facts. They frame and narrate the story of our common life. This story needs to provoke and challenge as much as it informs and entertains. In every community and about the nation as a whole, there are disturbing and depressing tales to be told. If the press does not commit to telling them, well and often, its demise will be deserved.” The challenge to the media in South Africa is to be able to write stories on HIV/Aids that will provoke and challenge both the government and the society into taking positive action in order to curtail the epidemic.

### **3.4.3 To whom is an ethical duty owed?**

In another perspective, the trio of Christians, Rotzoll and Fackler (1987: 17) give an insight into how ethical decisions can be reached by media practitioners. They contended that to reach a "responsible decision, we must clarify which parties will be influenced by our decision and which ones we feel especially obligated to support." But ultimately, they concluded that it is the duty to society that matters most. They put forward these five categories to which a duty is owed:

- i) Duty to ourselves. That is maintaining a sense of integrity and following our conscience may finally be the best alternative in many situations.
- ii) Duty to clients/subscribers/supporters. They asked the question, if they pay the bills and if we sign contracts to work for them, do we not carry a special obligation to this class?
- iii) Duty to one's organisation or firm. This duty to one's firm might conceivably take priority over duty to an individual or to a court.
- iv) Duty to professional colleagues. A practitioner's strongest obligations are often held towards colleagues doing similar work. These professional loyalties, almost intuitively held, also must be examined when determining what ought to be done.
- v) Duty to society. This is an increasingly important dimension of applied ethics and has been highlighted for the media under the term "social responsibility."

After having highlighted all the parties to whom an ethical duty is owed, Christians, Rotzoll and Fackler (ibid) conclude that in "all such cases, to benefit merely the company or oneself is not morally defensible. In these situations, our loyalty to society warrants pre-eminence. This duty to society is made more important by the fact that the "media are among our most visible institutions, entering daily into the homes of millions of people. And because the bigness virus has also infected the media, it is only natural that consumers would place increasing demands on an institution that plays such a pivotal role in the formation of public opinion. In other words, there is an expectation – a moral obligation... that the media will operate in the public interest. Thus, the concept of social responsibility has ethical implications when viewed in terms of moral duty" (Day 2006: 42).

From all the discussions presented above, what has emerged is that the social responsibility theory plays a vital role in what ought to motivate the media towards the ethical reporting of the HIV/Aids epidemic. The next sub-heading (3.5) will present the selected ethical issues journalists and editors face while reporting HIV/Aids.

### **3.5. Selected ethical issues that the media face in reporting HIV/Aids**

There are many different ways ethics are violated in the media regarding HIV/Aids. The online resource for journalists, produced by Soul City, the Institute for Health and Development Communication in partnership with SANEF, Health-e and the Department of Health, identified some of the issues that frequently cause problems such as: sensationalism; relating to subjects; confidentiality; language/terminology; myths and misconceptions, and sources (Journ-aids 2006). But there are specific ethical issues that have received much more attention by media scholars and media practitioners. These include the ethics of sensationalism, language use in HIV/Aids reports, a claim for the media to humanise the disease, and those relating to frequency of coverage. The next sub-heading will discuss four of these ethical issues and the impact of their violation on the public.

#### **3.5.1 Ethics and sensationalism**

One of the most recognised forms of ethical violations of HIV/Aids reporting in the media is that of sensationalism. The term 'sensationalism' is a newspaper style of writing or of presenting headlines in which 'shocking details', bizarre events, and sometimes appalling transgressions of the social norms are stressed (DeFleur & Dennis 1998: 255).

But the term sensationalism has not always had a negative connotation, according to Grabe, Zhou and Barnett (in McQuail 2006: 86). These authors say that "the dictionary definitions of the word sensational developed a negative connotation a few years after the rise of the Penny Press..." They explained that in *Samuel Johnson's Dictionary of*

1755, the term carried no negative connotations. It was simply defined as "perception by means of the senses (p.230). By 1880, *The Oxford English Dictionary* (p.1840) described the word sensational as "calculated to produce a startling impression." In more recent times, *The American Heritage Dictionary* (1982, p.1116) describes it as something designed to arouse a strong reaction by exaggeration and lurid detail, and *The Random House Dictionary* (1987, p.1744) defines sensationalism as an intention to produce "a startling or thrilling impression or to excite and please vulgar tastes.'

The intention of editors in such a situation is to catch the attention of the readers, make them stop in their tracks and ultimately to get them so curious that they buy the newspaper. The end result for sensationalising stories in the newspaper is to make money. This fact was established in 2.4.2 where it was observed that commercial interests is said to drive what content is reported in the newspaper. Grabe Zhou and Barnett (2006: 87) agree that the "profit motive is most often identified as the impetus for sensational journalistic practice."

Shedding more light on why the media sometimes sensationalise reports, (Cullen 2003: 75) says this is because, "[n]ewsmakers are interested in the novel, the sensational, the human-interest angle and the dramatic." Also, in the opinion of Cullinan (2001), there is another perspective to sensationalising within the South African media. She opines that sensationalizing is a big problem. This is because South Africa society is not used to open discussion about sex. As the pandemic deals with both sex and death, there is a temptation to sensationalize reports. She goes on to define what sensationalism means. Sensationalism relies on emotions, usually offering shallow view of issues and presenting people as either "good" or "bad." Babies who get HIV for example, are described as "innocent" whereas their mothers are often branded as promiscuous. Gay men are another target for sensation. No one "deserves" to get HIV."

Sensationalism leads to shallowness and superficiality of reporting. For instance, in the investigation conducted by the Centre for Aids Development Research and Evaluation (CADRE) team (Stein 2002: 17), they were told that "superficial reporting

must be accepted as a necessary evil; in so far as (a) HIV/Aids expertise remains undeveloped and (b) quality and quantity inevitably diverge." What is significant here is the issue of quality and quantity: quality in terms of the need to provide greater and more in-depth coverage of HIV/Aids, which will be beneficial to the society at large. Quantity can also be improved on in terms of more coverage of the disease, on a consistent basis.

This lack of depth, occasioned by sensationalism in presenting stories on HIV/Aids, was also identified by Emke (2000: 5) who says it is a tendency towards short bursts of coverage and a lack of any significant follow-up on stories. Thus, the coverage of Aids is shown to skip from one "crisis point" to another, without any evaluation of the progress between those points or how one might have led to the next. This state of events, whereby no follow up is given to these stories, has probably led to the public becoming weary of HIV/Aids stories because they read the alarming headlines but get very little in terms of analysis or interpretation of the stories.

### **3.5.2 *Impact of the violation of sensationalism***

Some media scholars are, however, of the opinion that sensationalism is not always bad, and in fact, can be positive. This was stated in Grabe, Zhou and Barnett (in McQuail 2006: 87) in that some "respected journalists readily admit that they intentionally arouse emotion in readers with the hope that they will channel audience excitement into efforts to right social wrongs." But the trio of Kinnick, Krugman and Cameron (1996: 690) sees this differently. In their own study of compassion fatigue, which is similar to Aids fatigue, they contend that "contemporary news values and practices have relevance for compassion fatigue. Four factors, in particular, emerge from the literature: an emphasis on the sensational, a preponderance of "bad news", failure to provide context for social problems, and the presentation of problems but not solutions." All of these factors can contribute to the fatigue being witnessed in the media as far as HIV/Aids is concerned.

When one looks at the initial coverage of HIV/Aids, the issue of providing a context for HIV/Aids was a major shortcoming of the coverage of the disease, when very little was known about it. At these initial stages, it was not unexpected that media coverage thrived on sensationalism and alarmist reports. Pickle, Quinn and Brown (2002: 428) identify that "[e]arly mainstream media coverage sensationalized and distorted information, portraying lives of people with Aids as isolated and desperate." These early media portrayals no doubt led to certain perceptions regarding those infected and affected as being responsible for contracting the disease and that they deserved the fate that befell them. These alarmist reports no doubt led to the present stigma and discrimination facing persons living with the virus.

The effect of the media's sensationalist approach to reporting on HIV/Aids is multi-dimensional. For example, the CADRE team (Stein 2002) believe that "[w]hile a degree of doom and gloom sensationalism in the interests of news values is accepted as a necessary evil, many editors and journalists nonetheless agree that the sensationalism which has accompanied HIV/Aids reporting has negative consequences in so far as it increases stigma and fear." This fear is heightened in the sense that "[s]ensationalism tends to entrench the view that if you are HIV-positive, your death is imminent. The constant association between HIV and death tends also to entrench stigma" (Cullinan 2001).

Drushel (1999: 48) provides another angle to the negative effects of sensationalism. He argues that "[b]esides giving the audience inaccurate or misleading information, distorted or sensationalistic stories and headlines can also drive its members away." He cited the example of the study of reactions to articles about cancer conducted by Bishop (1974) who found that the one with a more encouraging headline was read by a far greater percentage of his subjects than the one with the more frightening headline. He concluded that reinforcing supporting messages may be more effective vehicles of information transmission than those employing "shock techniques".

In view of the above facts, Cullinan (ibid) concludes that sensationalism fails the media audience by failing to analyse issues and inform readers of complexities. But some authors offer a way out of coverage that is sensationalist. The online manual of the International Women's Media Foundation (IWMF) (2006) says that "sensationalist coverage on HIV/Aids is damaging and unnecessary. Not only does it impede efforts to prevent HIV/Aids and to care for people affected by HIV/Aids, it also does little to earn professional respect for the journalist." The association offers a way out of the situation. They believe that "[s]ensationalism is not necessary to sell a story on HIV/Aids. Sensationalism is an easy way out for a journalist who does not know how to prepare a piece that can sell based on its merits as a timely, relevant, well-written original. Rather than sensationalism, what is necessary for a story to sell is the application of the elements of good journalism and a new story idea or angle".

Supporting the above argument (Cullen 2003: 78) agrees that, "it is likely that accurate and well informed news coverage of the epidemic could lead to a reduction in the stereotyping, misinformation and sensationalizing surrounding popular understanding of HIV/Aids".

### **3.6 Ethics and language**

There are ethical dimensions to how language is used in the newspapers, especially in relation to HIV/Aids reporting, because according to Bolinger (1980: 68), "[l]anguage is not a neutral instrument. It is a thousand ways biased." This author goes on to say that "[l]oaded words can influence memory as well as perception." In the same vein, Hartley (in Oosthuizen 1996: 178) postulates that language is more than the words it comprises. "Through language, we learn how we should act; within the framework that it establishes, we find, explore and understand our own individuality and through it we gain access to social relationships."

In addition, Martin Foreman, of the Panos Institute (2007) explains that "[l]anguage both reflects and moulds our attitudes. Words often carry emotions that encourage a positive or negative response and the response evoked may not be the response that the reporter wanted. The most appropriate language to use in reporting HIV/Aids is

language which is, as far as possible, neutral of emotion." Hartley (in Oosthuizen 1996: 178) expatiates further that "while we live through language, language also directs the way we live".

Equally relevant is the view of Treichler (1999 in Connelly & Macleod 2003: 63), who argues that the HIV/Aids epidemic has produced a parallel epidemic of meanings, definitions and attributes that she calls an 'epidemic of signification'. Although both the medical and linguistic epidemic are crucial to understand, the social dimension is more pervasive and central than we are generally accustomed to believing. Connelly and Macleod (ibid) clarify that the significance of the 'epidemic of signification' may well be due to the fact that HIV/Aids has been 'media mediated' (Davenport-Hines & Phipps 1994). HIV/Aids is the first epidemic of the information age and as such has been widely reported by the media due to its newsworthiness. This allows the media to be significantly involved in defining images of HIV/Aids using sophisticated information technologies to target people.

The online manual of the International Women's Media Foundation (IWMF) (2006) provides details on how the use of language by the media can affect the way society perceives HIV/Aids. It states that "[t]he language we use to conceptualize and talk about HIV/Aids reflects our personal biases and particular understanding (or lack of understanding). At the same time, this language also helps shape our own and others' attitudes about HIV/Aids". They reiterate that "one cannot overemphasize, therefore, the ethical importance of the media using appropriate language when covering HIV/Aids. Appropriate language is constructive, does not fuel stereotypes, and does not cause prejudice." The manual identifies three main points to consider about language:

- It is essential to use language appropriate to the journalist's audience. The use of language is not just the question of whether to use a local dialect but how to phrase concepts and what type of vocabulary to use. To find the appropriate language, a journalist needs to build her/his understanding of her audience and to become "fluent" in HIV/Aids terminology.

- Language has strong influence on attitudes toward HIV/Aids and people affected by HIV/Aids. It can be damaging or it can be non-judgmental, positive, and constructive. Good media coverage of HIV/Aids uses neutral, gender sensitive language.
- HIV/Aids involves highly technical terminology. It is imperative for journalists to “translate” this terminology into ideas and terms that their audiences can readily understand. It is also crucial to ensure that the language used in stories is accurate.

Cullinan (2001) sheds more light on the importance of language. She explains, “[t]he very words we use to describe HIV/Aids play an important role in shaping perceptions. Journalists need to ensure that our words do not carry value-judgments (sex workers rather than prostitutes, for example) and are gender sensitive.” Language of HIV/Aids can be considered offensive to the people living with the virus, and it is suggested that journalists pay serious attention to how persons living with HIV/Aids prefer to be referred to.

Speaking at an Aids conference, HIV-positive journalist Lucky Mazibuko said that journalists provide the frames of reference for the debate, even if only by using particular words, for instance, “before referring to someone as an Aids ‘victim’ or ‘sufferer’, have you checked they actually perceive themselves as such?” (Shabalala & House in Galloway 2001). It was pointed out that such ‘insensitive’ language exists because “[m]any journalists have not bothered to find out why the language is offensive/insensitive or what might be better. Often, the story line and the subject reinforce prejudice as well” (Crew in Galloway 2001).

One of the most essential reasons for journalists to be mindful of the language used to report HIV/Aids is because of the issue of stigma and discrimination, both of which are the attendant effects of dealing with a social problem. Often because of fear of the unknown, because of the inability to understand the disease, many people fear for their lives and safety. Some people are unsure of how the disease is contracted,

whether through a simple social act of hugging or shaking of the hands, or of sharing crockery or of using toilet seats or whatsoever. And for these reasons, fear dominates, and fear leads to stigma and discrimination.

The role of the media inherently lies in removing such fears of the unknown. This is done in the way and manner information is disseminated about HIV/Aids, most especially via the use of appropriate language. Perloff (2001: 75) provides an insight into how fear works in communication. "A fear appeal is a persuasive communication that tries to scare people into changing their attitudes by conjuring up negative consequences that will occur if they do not comply with the message recommendations. Fear messages typically appeal to individuals' self-interest to protect themselves against unwanted danger".

This shows that the use of language which is negative, biased, discriminatory, are likely to produce fear in the mind of the reader. Though it might not necessarily be the deliberate intention of the journalist to generate this fear, nonetheless, a journalist ought to selectively use words that are neutral in tone, in order not to create unnecessary fear. Perloff (ibid) poses the question, should communicators appeal to peoples' fears in an effort to increase Aids prevention and behaviours? Certainly, one method of achieving this objective will be through the use of language which is negative or insensitive.

One major effect of language use that promotes the fear of HIV/Aids is that when individuals feel scared and overwhelmed, such individuals may move into what Perloff (2001: 78) calls 'fear control mode', which causes such a person to defensively avoid information that might help him to cope with the problem. Defensively avoiding useful information on HIV/Aids can also be perceived as a form of denialism, which is sometimes associated with Aids. Some people may not want to believe that the disease exists, or that they may ever contract it; the basis of such denialism may have stemmed from fear appeal communication.

Perloff (ibid) recognises the possibility of denialism when he argues that fear appeals are dicey weapons. "Arouse too little fear and you fail to motivate individuals to take preventive action. Evoke too much fear and you push the denial button." And just as the "creators of Aids-prevention programs must learn to walk the whisker-thin-line between too little and too much - between making targets of persuasive communicators care enough to attend to the message, but not dismiss the message through denial processes," so also do media people need to balance how much of the two they incorporate into the language of their report. The aim of educational information on HIV/Aids ought to be that which can create awareness and knowledge regarding the how and the why of HIV/Aids transmission, prevention, and treatment.

Pratt, Ha and Pratt (2002: 899) argue that another effect of negative, derogatory descriptions or terminology in popular media is that it can lead to stigma and discrimination. These twin concepts are a direct result of fear that stems from the unknown regarding HIV/Aids and which is one of the key reasons the media should regularly provide information about the disease.

This indicates that it is the ethical duty of the media to make HIV/Aids as familiar as possible to the reader so as to remove those factors that contribute to risks. When HIV/Aids is reported in a language that is hopeful and not one full of doom and gloom, that is informative and especially one that confers an immediate death sentence on the infected then those elements of risks will be greatly reduced.

### **3.6.1 *The impact of the violation of language used in reporting HIV/Aids***

Martin Foreman of the Panos Institute (Foreman 2007), comments that ethical reporting of HIV/Aids requires that the media should use language and ask questions that reduce or avoid stigma and, where possible, reduce or avoid reporting the negative attitudes of others to the disease.

Again, one of the ways in which stigma can be reduced or eliminated is through the use of language. De Wet (2004: 107) says that "[l]anguage terms and terminology could be used to reduce the level of stigma in HIV/Aids reporting. Journalists should avoid, for example, the use of war metaphors, such as time bombs, fierce battles; reinforcing negative stereotypes; dramatizing or voyeurism..." Cullinan (2001) adds that "[l]anguage should be inclusive rather than creating a them/us mentality." This sort of division drives the wedge even further, between those who are infected and affected, and those who are free of the virus.

But what is meant by stigma? Herek (1999: 1107) says it is a term that refers to prejudice, discounting, and discrimination directed at people perceived to have Aids or HIV, and the individuals, groups, and communities with which they are associated. Perloff (2001: 125) indicates that the term originated with the Greeks, who viewed it as "a tattoo mark branded on the skin of an individual as a result of some incriminating action... nowadays, the term has a strong psychological dimension... in which the stigmatised is defined as "the bearer of a 'mark' that defines him or her as deviant, flawed, limited, spoiled, or generally undesirable."

Furthermore, stigma can also be described in two ways. It is said to be "a 'mark' that (i) sets a person apart from others and (ii) or a mark that links the marked person to undesirable characteristics. When the person is linked to undesirable characteristics, a third aspect of stigma comes into play, namely (iii) the rejection and isolation of the stigmatized person (Link, Rahan, Phelan & Nuttbrock 1997:179).

After describing how stigma occurs the authors (ibid) also explain the effects of stigma. "When a person becomes negatively labelled, not only do expectations of rejection become activated, but actual experiences of rejection occur as well" (ibid). this is because stigma is more often attached to a disease whose cause is perceived to be the bearer's responsibility... Thus, because the primary transmission routes for HIV are behaviours that are widely considered voluntary and immoral. People living with HIV and Aids (PLHAs) are regarded by a significant portion of the public as

responsible for their condition and consequently are stigmatized. Second, greater stigma is associated with illnesses and conditions that are unalterable or regenerative. Third, a greater stigma is associated with conditions that are perceived to be contagious or to place others in harm's way... Fourth, a condition tends to be more stigmatized when it is readily apparent to others – when it actually disrupts a social interaction or is perceived by others as repellent, ugly or upsetting.”

Another crucial effect of stigma is described by Brouillette, Roy and Theo (2005: 296), in that “stigmatization has branded people with HIV as being different from other people and dangerous to the health of others. Discrimination has deprived people with HIV of rights, liberties, opportunities and goods to which others have unquestioned access. Marginalization has tended to exclude people with HIV from the common spaces people share in a community.”

Karim and Karim (2005: 355) emphasise what stigma can do: “[f]ear of stigma can produce extreme anxiety about sharing one’s HIV status with others.” They explain further that “when people are afraid to speak openly about their HIV status, there is, in effect, a climate of denial about the very existence of the epidemic.” This is what Kruger (2005) referred to as the “triangle of stigma, denial and discrimination.” He explains that “the stigma arises because in many minds, infection indicates an immoral lifestyle. The stigma is very real. It hurts people, even kills, as the example of Gugu Dlamini shows. She was stoned to death in the South African province of KwaZulu-Natal after disclosing her status.” He concludes that “as journalists, we need to take the stigma very seriously.”

Goffman, 1963; Jones et al.; 1984 (in Herek 1999: 1109) provide a deeper understanding into the social psychology of Aids stigma. They offer that in trying to explain the social psychology of Aids, it is useful to recognise that, as a disease, Aids manifests at least four characteristics likely to evoke stigma. First, stigma is more often attached to a disease whose cause is perceived to be the bearer’s responsibility. To the extent that an illness is perceived as having been contracted through voluntary and avoidable behaviours – especially if such behaviours evoke social disapproval – it

is likely to be stigmatised and to evoke anger and moralism rather than pity or empathy.

Thus, because the primary transmission routes for HIV are behaviours that are widely considered voluntary and immoral, People Living with HIV and Aids (PLHAs) are regarded by a significant portion of the public as responsible for their condition and consequently are stigmatised. Second, greater stigma is associated with illnesses and conditions that are unalterable or degenerative. Since the earliest days of the epidemic, Aids has been widely perceived to be a fatal condition. Being diagnosed with such a disease is often regarded as equivalent to dying, and those who are diagnosed may represent a reminder – or even the personification – of death and mortality.

Third, greater stigma is associated with conditions that are perceived to be contagious or to place others in harm's way. Perceptions of danger and fears of contagion have surrounded Aids since the beginning of the epidemic..., and are evident in Americans' continuing overestimation of the risks posed by casual contact. Fourth, a condition tends to be more stigmatised when it is perceived by others as repellent, ugly, or upsetting. In this regard, the advanced stages of Aids often dramatically affect an individual's physical appearance and stamina; evoking distress and stigma from observers.

The conclusion of the study is that, given these characteristics, Aids probably would have evoked stigma regardless of its specific epidemiology and social history. Yet the character of Aids stigma in the United States derives from the widely perceived association between HIV and particular sectors of the population, especially gay and bisexual men and injecting drug users (IDUs). Recognising this fact, social psychologists have postulated several theories of Aids stigma. Many of these models describe two sources for individuals' attitudes: (a) fear of Aids as an illness and an accompanying desire to protect oneself from it, and (b) symbolic associations between Aids and groups identified with the disease.

In order to understand that there is a correlation between the language used to describe HIV/Aids and stigma, the International Women's Media Foundation (IWMF 2007), described several words and phrases that were harmful, and their attendant meanings: the words considered problematic are:

Aids scourge, plague. These imply that HIV/Aids cannot be controlled. These are sensationalist terms. They can fuel panic, discrimination and hopelessness.

- Aids test. This does not exist. Aids is diagnosed according to specific medical criteria that identify the symptoms of Aids.
- To catch Aids. Aids cannot be caught or transmitted. People become infected with HIV
- Aids sufferer. Many people with HIV/Aids can have relatively good health for years. They can lead happy lives.
- Aids victim. Victim suggests that the person is powerless.
- Innocent victim. Nobody chooses to have HIV. "Victim" and "innocent" suggest that there is someone who is guilty.
- Safe sex. No sex with a partner is ever completely risk-free, even when using a condom, which can greatly reduce but never fully eliminate the risk.
- Promiscuous. This is accusatory and derogatory.
- Prostitute. This is a derogatory, insulting, value-laden word.
- To die of Aids. Aids is not a disease. It is a syndrome or a group of diseases - resulting from a weakening of the immune system. This weakening is caused by HIV and opens the body to "opportunistic" diseases, which are illnesses that take advantage of weak immunity.

In a similar study conducted by Pratt, Ha and Pratt (2002: 899), they add that HIV/Aids is framed with negative, derogatory descriptions or terminology in popular media. They found out that phrases such as "gay plague", "homosexual problem", "white man's disease", and "the African disease" provoked controversy. Descriptions such as "deadly syndrome" or "killer disease" aroused controversy. Phrases such as "disease with no cure", "unexplained new plague" distilled hopelessness. Words such as "a

curse," "dirty human beings", and "Aids ridden" show contempt and denunciation of the victims and created a feeling of anathema. The authors gave several examples of words that were used to describe HIV/Aids and also those used to describe people with HIV/Aids.

**Words used to describe HIV/Aids:**

- Deadly syndrome
- Killer disease
- Man-made disease
- Dreaded disease
- A curse
- A homosexual problem
- Lethal virus
- Universally fatal disease
- Major killer in Africa
- Aids pandemic
- Recognised public health problem
- Running rampant
- Sexually transmitted disease
- A horrible disease

**Words that were used to describe people living with HIV/Aids:**

- Victims
- Dirty human beings
- Sero-positive victims
- Aids infected, Aids ridden
- Slim patients
- HIV-positive
- Incurable carrier

All of the above terms and terminology have implications for the way the person living with HIV/Aids is perceived. This is because the choice of one term may cause

someone who is living with the virus to become stigmatised in the society. Three such words will be discussed in order to appreciate the implications of their usage. Carstens (2003: 7) identified the Aids carrier, the Aids victim and the Aids survivor.

**The Aids carrier** – He says that the Aids carrier is viewed as the individual maliciously or carelessly spreading HIV to others. News reports typically portrayed such individuals as out of control, vicious and violent. Other narratives of the Aids carrier portray the person with HIV/Aids as a calculating and devious villain, deliberately seeking to pass on their infection to hurt and harm others out of a desire for vengeance.

Carstens (ibid) goes on to say that people with HIV/Aids, falling within the Aids carrier stereotype, tend to be positioned as the source of infection (an agent) rather than a victim (a patient). Therefore, the Aids carrier is regarded as a criminal: he/she has abrogated the trust of others and placed them at risk.

**The Aids victim** – In this sense, the representation of people with HIV/Aids namely as ravaged, disfigured and debilitated by the syndrome... generally alone, desperate and 'resigned' to their inevitable death. The archetype of the Aids victim is typically portrayed as the person with no guilt, represented by several sub-types in the media:

*The gay man in despair and suffering guilt at his illness*

*People with HIV/Aids, (gay or otherwise) who have suffered discrimination*

*People who feared that they had contracted HIV from discarded syringes*

*Victims attacked by deviant others, specifically injecting drug users*

*Elite sportsmen whose distress at being HIV-positive presented a bleak contrast between their supreme health and physical fitness as successful athletes and the grim future that awaited them in terms of physical deterioration and a potential early death.*

**The Aids survivor** – People living with HIV/Aids who remained healthy for years, without apparent immune dysfunction, started to feature in the news media and a growing emphasis was placed on individuals' emotional and psychological approach to their infection and their self care routines in staving off the effects of HIV/Aids.

Unlike the people with HIV/Aids falling into the "Aids victim" stereotype, "Aids survivors" were portrayed as demonstrating no stigma by successfully fighting despair and illness in most of these reports, a positive attitude (optimised), the right diet, a good 'constitution' and spiritual well-being, were portrayed as the reasons for good health despite being HIV-positive.

From the discussions presented above, there is a clear indication that a lot of harm may occur as a result of the wrong choice of language used to describe the person living with HIV/Aids. Language can thus be likened to be an ethical minefield, one in which the media have to tread carefully so as not to cause undue harm to those living with the virus. The function of the media is to minimise harm, and one of the ways is by being ethical in the use of words and terms to report the HIV/Aids story. It is not only the denotative meaning of words that are important; the connotative meaning of the terms selected in HIV/Aids reports have to be weighed carefully so as not to create the wrong perception that may fuel incidents of stigma and discrimination for the person living with the virus.

Brown et al (in Carstens 2003: 2) observes that "[o]ne would expect stigma to decrease with the increased visibility of HIV, but this is not the case in much of sub-Saharan Africa." One could therefore infer from their observation that perhaps one way of reducing such incidences of stigma is through the correct and sensitive use of language. Language aids perception, and for this reason, "[l]anguage should be inclusive rather than creating a them/us mentality" (Cullen 2001). The ethical journalist is therefore one who is conscious of the harm the incorrect use of language may cause, especially when reporting on HIV/Aids

### **3.7 The impact of metaphors used in Aids Reports**

The word 'discourse', according to Yule (2006: 124), is defined as "language beyond the sentence" and the analysis of discourse is typically concerned with the study of language in text and conversation. Language is said to have a social aspect and this

leads to the functionalist definition given by Brown and Yule (1983 in Richardson 2007: 24) in that "...the analysis of discourse is necessarily, the analysis of language in use. As such, it cannot be restricted to the description of linguistic forms independent of the purposes or functions which these forms are designed to serve in human affairs."

The author (ibid) explains further that this definition above represents the functionalist definition of discourse and that functionalists assume that language is active, and discourse analysis is the analysis of what people do with language. In the same vein, Cameron (2001: 13) suggests that theorists who adopt this definition of discourse are interested in "what and how language communicates, when it is used purposefully in particular instances and contexts."

Ellis (1999: 81) continues by saying that "[d]iscourse is a general term that applies to either written or spoken language that is used for some communication purpose...". The author further offers more clarification of discourse (ibid) when he says, "[t]he discourse analyst is less concerned with formal properties in the communicative uses of language. Discourse is the intersection of language and communication. It is the point where the two disciplines meet." It is this aspect of the intersection between language and communication that this research will pursue. The reason is that the newspaper is a medium of communication and it uses language as a tool. If language is wrongfully used, it has connotations in terms of HIV/Aids because newspaper representation creates the perception that determines how society views the disease, which has an effect in terms of stigma and discrimination.

Lending support to the power of language in communication, Hopson (2000 in Cullen 2003: 68) suggests that selective use of language can trivialise an event or render it important; marginalise some groups and empower others; define an issue as an urgent problem or reduce it to a routine one. An example of this is the use of metaphors which have been extensively employed to make sense of HIV/Aids during its construction as a new disease in the public consciousness.

To be able to understand metaphor and its usage, Matu (2003: 29) explains that currently there are two main approaches to the study of metaphor, namely the pragmatic and the cognitive perspectives. The study of metaphor from a pragmatic perspective has received detailed attention from Wilson (1990 in Matu 2003: 29). He observes that metaphors and metaphorical language have a central role to play in political communication. In general, metaphors can assist in the explanation of complex political arguments by reducing such arguments to a metaphorical form. Metaphors may be employed for connotative or emotional purposes in arousing emotions and reinforcing particular perspectives, and they can be used to elicit absurd images which can then be employed for ridiculing one's opponent.

Just as a metaphor is useful in a political situation, its use can also be applied in social discourse, especially where a disease of pandemic proportion is involved. For example, the study of metaphor in relation to health reporting has been undertaken by previous researchers. In a study conducted by Wallis and Nerlich (2005: 2630), they point out that the discourses and metaphors used to frame diseases have become prominent subjects within the literature. They add that this interest in metaphor illustrates the impact of the 'linguistic turn', the emergence of 'cognitive linguistics' and the influence of critics, notably Susan Sontag, who have emphasised the interdependence of language and stigma in disease since the 1970's.

Lakoff and Johnson (2003: 3) elaborate on this cognitive perspective of the metaphor. They explain that "metaphor is pervasive in everyday life, not just in language but in thought and action. Our ordinary conceptual system, in terms of which we both think and act, is fundamentally metaphorical in nature." The authors explain further that "our concepts structure what we perceive, how we get around in the world, and how we relate to other people. Our conceptual system thus plays a central role in suggesting that our conceptual system is largely metaphorical, then the way we think, what we experience, and what we do every day is very much a matter of metaphor." The authors then give an illustration on what it means for a concept to be metaphorical and

for such a concept to structure an everyday activity. They start with the concept, 'argument' and the conceptual metaphor 'argument is war'. They opine that this metaphor is reflected in our everyday language by a wide variety of expressions:

### ***Argument is war***

Your claims are indefensible  
He attacked every weak point in my argument  
His criticisms were right on target  
I demolished his argument  
I've never won an argument with him  
If you use that strategy, he'll wipe you out  
He shot down all of my arguments

The authors point out that it is important to see that we don't just talk about arguments in terms of war. We can actually win or lose arguments. We see the person we are arguing with as an opponent. We attack his positions and we defend our own. We gain and lose ground. We plan and use strategies. If we find a position indefensible, we can abandon it and take a new line of attack. Many of the things we do in arguing are partially structured by the concept of war. Though there is no physical battle, there is a verbal battle and the structure of an argument – attack, defence, counter attack, etc. – reflects this. It is in this sense that the argument is war metaphor is one that we live by; it structures the actions we perform in arguing.

The authors try to make metaphor clearly understood. They argue that one could imagine a culture where arguments are not viewed in terms of war, where no one wins or loses, where there is no sense of attacking or defending, gaining or losing ground. Imagine a culture where an argument is viewed as a dance, the participants are seen as performers, and the goal is to perform in a balanced and aesthetically pleasing way. In such a culture, people would view arguments differently, and talk about them differently. Lakoff and Johnson (ibid) go on to explain that the essence of metaphors is understanding and experiencing one kind of thing in terms of another. But most importantly, the authors argue that the language of argument is not poetic, fanciful, or

rhetorical; it is literal. We talk about arguments that way because we conceive of them that way, and we act according to the way we conceive of things.

They also provide enlightenment on what they call, the “systematicity of metaphorical concepts”. They stress the fact that arguments usually follow patterns; that is, there are certain things we typically do and do not do in arguing. The fact that we in part conceptualise arguments in terms of battle systematically influence the shape arguments take and the way we talk about what we do in arguing. Because the metaphorical concept is systematic, the language we use to talk about that aspect of the concept is systematic.

We say in the ‘argument is war’ metaphor that expressions from the vocabulary of war, e.g., attack a position, indefensible, strategy, new line of attack, win, gain ground, etc., form a systematic way of talking about the battling aspects of arguing. It is no accident that these expressions mean what they mean when we use them to talk about arguments. A portion of the conceptual network of battle partially characterises the concept of an argument, and the language follows suit. Since metaphorical expressions in our language are tied to metaphorical concepts in a systematic way, we can use metaphorical linguistic expressions to study the nature of metaphorical concepts and to gain an understanding of the metaphorical nature of our activities (Lakoff & Johnson 2003: 7).

Using metaphors to gain an understanding of the metaphorical nature of our activities, as suggested by Lakoff and Johnson, was exemplified by the study conducted by Wallis and Nerlich (2005). These researchers’ findings gave credence to the value of metaphors in the way newspapers covered the outbreak of Severe Acute Respiratory Syndrome (SARS) in the United Kingdom. They found that though some metaphors were used, even more interesting was the deliberate omission of some metaphors. The authors argued that SARS in the UK media was not framed as a war, and what “makes this lack of war metaphors most striking is the coincidence between SARS and the Iraq war” (Wallis & Nerlich 2005: 2632). They also argued that stories about

SARS largely lacked connections to this war, or the 'war on terror'. The intention here is that since UK was already fighting one visible war, it may have been better to find another metaphor to describe this new war.

Wallis and Nerlich (ibid) also found that war metaphors were not the only obvious absence from the SARS coverage. SARS was also rarely identified as a plague, a metaphor that has been very important in framing Aids. Instead, they observed predominance in the use of the metaphorical concept of 'SARS is a killer'. This metaphor has a significant impact on how the readers and subsequently the society perceive the newly emerging epidemic. For instance, the researchers argued that the dominant killer metaphor gave SARS an 'active' role. It was a free agent responsible for its actions; those it affects were passive, blameless victims. This pattern of responsibility differs from the emphasis on individual culpability apparent in the blame and stigma linked with Aids, syphilis and some other diseases (Wallis & Nerlich 2005: 2635). What came out from this study is the powerful way the media can influence how society views a disease and ultimately, the perception in terms of those infected and affected by it, all of which can determine whether the infected are treated with sympathy or are stigmatised.

The use of metaphor in reporting on HIV/Aids is, however, a contentious issue among scholars. While its use is seen by some to be positive, others disagree and find its use negative. Sontag (1989 in Cullen 2003) was one of the first researchers to record the influence that metaphors exert on cancer and HIV/Aids discourses, and highlights the use of military metaphors in the media (for example newspapers) such as 'fight', 'struggle', 'battle', 'invasion', 'enemy', and 'war'. HIV/Aids was framed as a foreign invader that people needed to be protected against. Sontag argues against the negative effects of these metaphors and adds that her book, *Aids and its metaphors*, is written "not to confer meaning... but to deprive something of meaning". Sontag adds that metaphors do not adequately sum up a situation: often they are too simple and sensational, increasing stigmatisation of the sufferers and exacerbating fear in the general population.

The military metaphor, Sontag claims, cements the way in which particularly dreaded diseases are envisaged as an alien 'other' or as 'enemies' in modern war. She describes how the move from demonisation of the illness to attribution of fault to the patient is an inevitable one. Subsequently, the idea of 'innocent' versus 'guilty' is introduced into the HIV/Aids discourses where the innocent are labelled 'victims', strongly suggesting others are guilty. In fact, with the use of the term 'victim', implicit and explicit moral judgments became tied to the disease.

In a similar manner, Lupton (1994 in Cullen 2003: 69) also emphasises the negative impact of metaphors.

In order to make sense of HIV/Aids, the media in Australia seized upon the concepts of blame and guilt especially when comparing people with medically acquired HIV and infected gay men. The latter were singled out by some commentators for negative treatment as implicit in the use of metaphors, such as, 'Aids is punishment'; 'Aids is a moral reformer', 'Aids as crime', and 'sex is danger' (Lupton 1994 in Cullen 2003). Lupton describes how people living with HIV/Aids were labelled with one or a number of the following adjectives: 'deviants', 'victims', 'innocent', 'promiscuous', 'survivors', 'battlers', 'homosexuals' or 'drug addicts'.

Each choice of term attempts to influence the way in which readers construct their knowledge and attitudes about HIV/Aids in general and the specific case in particular.

In the first instance, Hopson (2000 in Cullen 2003: 68) suggests that selective use of language can trivialise an event or render it important; marginalise some groups and empower others; define an issue as an urgent problem or reduce it to a routine one. An example of this is the use of metaphors which have been extensively employed to make sense of HIV/Aids during its construction as a new disease in the public consciousness (Ross & Carson 1988; Sontag 1989 in Cullen 2003: 68).

Cullen (2003: 70) also showed that metaphors were widely used in other countries. For example, according to Ross and Carson's study of HIV/Aids in the United States press during the early 1980's, the disease was explained using four main metaphors: 'Aids is a plague', 'Aids is death', 'Aids is a punishment for sin', and 'Aids is a crime' (1988: 240). Early links between HIV/Aids and the gay community in the United States, together with a media focus on possible transmission routes, led to the gradual 'sexualisation' of HIV/Aids (Alcon 1988: 89).

The metaphor 'gay plague' became synonymous with alternative, permissive sexual behaviour and implied moral judgment. Karf (1988) states that for long periods in the United States media, the reality of HIV/Aids was almost entirely buried beneath metaphorical meaning. The US media's characterisation of the virus included the 'gay plague' concept, the differentiation of innocent and guilty and the promotion of sexual abstinence. It was, however, the 'plague' metaphor, depicting HIV/Aids as a contagious disease, which helped more than any other to fuel fear and stigma among the public (Karf 1988: 146).

On the other hand, some see the use of metaphors in relation to HIV/Aids reporting as positive and useful. For instance, the highlighting aspect of the systematicity of metaphorical concepts was provided by Biberauer (1996 in Matu 2003: 39) in which he argued that the "military metaphor as applied in the Aids context by medical staff and counsellors assists in demystifying the view that Aids is alarming and overwhelming. Consequently, the military metaphor fulfils several significant functions within the Aids context thus contributing towards enlightening the frightening subject of Aids."

The various functions that the military metaphor plays within the Aids context include: (a) a structuring function: that means, the less familiar concept of medicine to the layman is structured in terms of the more familiar concept of war. It follows that the disease is viewed as an enemy, the doctor as a military general and medicine as weaponry; (an) illuminatory function in the sense that it shows how the unfamiliar is similar to the familiar enabling lay people to understand new concepts on the basis of the old ones; (c) a compensatory function is achieved by the military metaphor

providing speakers with various ways of representing what they would not otherwise have been able to express, for example, immune cells are compared to body soldiers (Lakoff & Johnson 2003: 39 – 40).

The use of metaphors is of particular relevance to the dissertation, since the intent is to analyse the discourse of HIV/Aids reporting in the selected newspapers. The data analysis will therefore reveal whether the use of the metaphor is negative, according to the contention of Sontag, or positive according to Biberauer. Hence, the analysis of metaphors for this study will be based on those identified and used by Matu in his study titled “ A critical Discourse Analysis of newspaper reporting of the run-up to the 1997 Kenyan General Election” (2003). These were the metaphorical concepts used:

WAR metaphors

BOXING metaphors

MILITARY metaphors

HUMAN CHARACTERISTIC

METEOROLOGICAL metaphors

SPORTS metaphors

FOOD metaphors

CLOTH Metaphors

ROAD metaphors

FIRE metaphor

KILLER metaphor

It is necessary to point out here that ordinarily, war and military metaphors should go together, but in the study the researcher decided to separate the two as war is more combative while sometimes military could be used for peace missions. In the dictionary (Longman 2000), the term ‘military’ is defined as either used in war or connected with the army. The study therefore uses the definition of military in terms of something only connected with the army.

Likewise, boxing has been separated from sports metaphor because in the study boxing is regarded as a much more combative, high bodily contact and often times bloody sport, and for this reason, it is more volatile than any other sports.

### **3.8 The ethics regarding humanising HIV/Aids**

Often the reporting on HIV/Aids has focused more on statistics and facts than on providing the perspectives of people living with the virus. As a result of this, it would have been intimidating for the ordinary person to make meaning out of the statistics he or she is presented with in the mass media. For this reason it has been suggested that the media should downplay reporting on statistics alone, and rather provide the audience with real people in real situations and how HIV/Aids impacts on their daily lives. In an interview with Charlene Smith, a journalist and an Aids activist (Stein 2001), she argues that "people can't focus on all these thousands and millions of people who are dying, they need the story of one person and that touches them."

When the media present the human face of the disease, it makes it easier for the audience to be able to identify with that person, see how the disease affects him or her, and how he or she is coping with it. This reduces the gap that exists between the 'them' and 'us' mentality, which has been the source of much stigma and discrimination for the infected.

What makes HIV/Aids such a complex story to report on has been established already in the previous chapter. As a health and social disease, most people tend to be frightened of socialising with the person infected with this disease, because they are often unsure of what harm may come their way by virtue of such an association. Aside from the lack of adequate educational information on this disease (which may invariably reduce fear), there is also the added problem of people not wanting to identify with a person whose lifestyle is what the society refers to as deviant behaviour. These lifestyles include gay relationships, sexual work or promiscuity, and intravenous drug users – all of which are behaviours society frowns upon.

In the initial stages of the pandemic such representation created the wrong perception of the disease, i.e. who is affected by it and how the society will respond to it. Pickle, Quinn and Brown (2002: 428) explain that “[i]nitial reports that Aids was a disease that affected “outsider” groups of people such as homosexuals and intravenous drug users contributed to people’s perceptions that there were moral dimensions of the disease”. Supporting the above viewpoint, Cullen (2003: 71) comments that “[t]he construction of HIV/Aids as linked to ‘deviant groups’ led several commentators to criticize the media for creating a moral panic which exacerbated sensationalist reporting, inaccurate and confusing language, and led to the consistent linking of the epidemic to deviant groups.” It is explained further that ‘moral panic’ refers to a “situation where an episode, person or group of persons emerges to become defined as a threat to societal values and interests” (Cohen in Cullen 2003).

In comparison to such coverage of HIV/Aids in the early years of the disease, the reporting has shifted to accommodate the fact that HIV/Aids is, after all, an heterosexual disease. But even with this acceptance, another problem arose, this time the issue of denialism. In a report by the International Bank for Reconstruction and Development in conjunction with the World Bank (1999: 44), it is stated that “[d]enial is typically seen at the earliest stages of the epidemic, when the long asymptomatic period of the disease makes its effects nearly invisible.”

In another perspective, Nelkin, Willis and Parriss (1992: 5) point out that “[l]abelling Aids as a disease of certain groups becomes a way to focus blame, to isolate the sources of contamination and contagion, and to deny the vulnerability and responsibility of the wider population.” Similarly, in a study conducted by the CONNAISSIDA Project in the Democratic Republic of Congo - CONNAISSIDA means *knowledge of Aids*, and is formed from two French words, *connaissance* (knowledge) and *sida* (Aids), it was found that “[p]opular constructions of Aids changed over time. At first, people denied that Aids was “real”... But when Aids was recognised as real, it was declared to have come from “elsewhere” (Schoepf in Kalipeni (ed) 2005: 21).

One reason why denial existed was as a result of scepticism which was related to unfamiliarity with people living with HIV and Aids (PLHAs), that is, Aids did not have a 'human face', it was not humanised. The study further revealed that adequate information was lacking regarding the natural history of HIV/Aids. It stated that the "[m]ass media campaigns did not adequately inform the public about the slow action of the virus. People found it difficult to grasp that a healthy-looking person could harbour a fatal HIV infection, could infect others, and would be likely to die in a few years." Failure to comprehend the lengthy and variable incubation period contributed to confusion and blame-casting" (ibid).

Adequate information about the science of HIV/Aids (see 2.2.1) can therefore be regarded as a requisite in the elimination of denialism or fear. The media's crucial role is to produce reports that show clearly that, despite the fact that a person looks healthy, he or she may be living with the virus. One important key to really knowing is for the media to encourage everyone to be tested and significantly, by presenting a 'human face' to the virus. Several scholars are thus advocating for the humanising of HIV/Aids.

One such scholar is Kruger (2005), who refers to it as the ethics of truth-telling. He says that the "truth-telling principles means telling the story fully and giving it due weight... Telling the whole story means giving the pandemic a human face." He concludes that "[t]here have recently been calls to allow the voices of people with HIV/ or Aids to be heard more strongly." This call was supported by an unnamed person, who was quoted by Jason Wessenaar at a presentation he made at the Southern African National Editors' Forum, who said, "It is high time that our voices are heard. Let us not have other people telling us what they think should happen to a person who is living with HIV when we are here and know what it is like."

The relevance of this call was made clearer by Galloway (2001: 107) when he says; "A journalist's body of work must include three aspects – the perspective of people living with HIV/Aids, the social forces that shape the epidemic, and the science of

HIV/Aids." (Media and responsibility session, X111th International Aids Conference, 9-14 July 2000). But it appears that a human face to the disease is often lacking in the media. Hanefeld (2005) observes that "[t]here is still a lack of articles focusing on the perspectives of people living with HIV/Aids." Also, in a research on the "Role of the South African media in shaping response to HIV/Aids, conducted by Parker and Kelly (2001: 4), they found out that "[o]nly a small proportion of articles detailed personal perspectives of HIV/Aids." Cullen (2003: 77) confirms this by saying that "[p]utting a human face on the disease is slowly being recognized as an important ingredient in press coverage of HIV/Aids."

In the interview conducted with Rachel May (Personal interview 10th Dec 2007), she was asked about her feelings regarding how the media report on people living with HIV/Aids, she a person living with the disease, gave a scathing indictment of the media. She said that the media is not doing enough. "They must listen to the people who are living with the virus, not listen to people who are affected and not infected. The media must present the whole story. Journalists must go out into the community and reach out to people living with the virus. Maybe journalists do not have enough information about the virus, otherwise, they should not be scared. Journalists are not informed at all, yet they are in the business of informing people" (Personal interview, 10 December 2007).

There is merit in May's arguments because the media, in presenting the images and lifestyle of people living with the disease, create a better understanding of the individual and the disease and this can elicit the necessary empathy that the infected person needs. Synman (1994: 63) observes that "[u]nderstanding is a condition for our response of orientation, sympathy, expectation, hope, judgment, decision and action. Each of these is served by the provision of news." Perloff (2001: 131) points out that, "[a]s it becomes increasingly common to know someone (or of someone) who has contracted HIV or Aids, it becomes ever more important to teach people that Aids is not a stigma or disfiguring mark, but rather a disease that calls for compassion and understanding."

Specifically, Kelly, who was interviewed by Galloway (2001), said this about a research conducted in South Africa: "This research has shown that exposure to people living with HIV/Aids both in the media and through personal contact, plays a decisive role in sensitizing people to HIV/Aids care issues... stories of people with HIV/Aids appear to have a particularly powerful effect on public perception." In the same vein, Hanefeld (2005) argues that, the "media are possibly the most powerful tool in humanizing and normalizing HIV/Aids and taking it from a "disease" status to a day-to-day reality of our lives." De Wet (2004: 111) on the other hand, feels it will be more beneficial to include prominent people living with the disease. His argument is based on the fact that [b]y including prominent HIV/Aids positive individuals as news sources, perceptions of the condition could be influenced in a more positive way. Being able to put faces to HIV/Aids could hopefully pave the way for de-stigmatizing the disease."

Giving a human face to HIV/Aids has been known to be beneficial. Examples are the media coverage of the Film actor Rock Hudson's HIV/Aids status, and that of a 13-year-old school boy in Indiana, Ryan White. Rogers, Dearing and Chang (1991) point out that "Hudson's familiarity to the American people, combined with the "boy next door" image of White, were enough to personalize and humanize the issue of Aids, something that prior media reports based on the CDC statistics about the number of Aids cases per month had not done."

Giving a human perspective to HIV/Aids is also beneficial in reference to media's coverage of Magic Johnson, a famous American basketballer, when he disclosed his HIV/Aids status. People were able to identify with him, and his disclosure also influenced attitudes toward individuals with HIV/Aids (Perloff 2001: 74). Johnson provided people with a "clean-cut, positive image of a person with HIV". One study found that the percentage of men who volunteered to help a person living with Aids increased significantly following Johnson's announcement. Significantly, however, on a larger, societal level, Magic Johnson's disclosure may have transformed public perceptions of Aids, bringing a sensitive topic into mainstream public discussion and

encouraging people to perceive Aids less as a problem of “them” – marginalised social groups – and more of one to be faced by “all of us.”

The ethical argument therefore is that presenting a human perspective to HIV/Aids is beneficial in many ways, all of which have been highlighted above. It helps the public to have a clearer perception of the disease, how a person who is infected can live a healthy life and most importantly, it will help to reduce incidences of stigma and discrimination.

### **3.9 Ethics and the frequency of reporting on HIV/Aids**

In view of the fact that the media are seen as the major source of information on HIV/Aids, and the pivotal role they play in influencing opinions and attitudes towards those living with the virus, then it can be considered unethical if the media fail to put this issue on their agenda.

There are studies which indicate that the coverage of HIV/Aids is decreasing. In the first instance, a study conducted in the USA (Brodie, Hamel, Brady, Kates & Altman 2004) reveals that since the late 1980s, there has been a decrease in total media coverage of HIV/Aids. They observe that “[d]uring the 22 year time period from 1981 – 2002, there were more than 41,000 news stories about HIV/Aids in the selected media outlets, including 39,000 print stories and more than 2000 broadcast stories. For the newspapers and broadcasts included in this study, total coverage of HIV/Aids increased during the early 1980's, peaked at over, 5,000 stories in 1987, and declined steadily to fewer than 1,000 stories in 2002.”

The study offers suggestions as to what might have been responsible for this decline in the coverage of HIV/Aids in the USA, and considered that it might be due to Aids fatigue. This argument is based on the findings of this study, and it might be argued that such fatigue did occur, as evidenced not only by a decline in the total number of stories over time, but also by the decreased reporting on the domestic pandemic. This decline coincided with a change in the nature of the HIV/Aids pandemic in the US from

an absolute death sentence to a chronic disease that more people live with and manage day to day.

In South Africa, is there also dwindling coverage of the disease, and has the disease reached the status of a chronic disease rather than a death sentence? A recent study suggests that HIV/Aids is not covered as much as it ought to. According to the Media Monitoring Project and Gender Links, only 2% of news in South Africa mentioned or focused on HIV/Aids (Sokana 2006). The study, which forms part of the Media Action Plan on HIV/Aids and Gender, monitored 37 001 news items and was conducted on 118 media houses in 11 Southern African Developmental Community countries. Using this study as a yardstick, it appears there it might be true that media coverage of HIV/Aids is decreasing in South Africa. But as in the US, there is nothing to suggest that HIV/Aids has been elevated from the peril of a certain death and has thus been perceived as a chronic disease that more people now live with.

There are indications that awareness and knowledge of the disease is still inadequate and for this reason cases of stigma and discrimination still prevail. The issue of denialism still pervades the community, and is still prevalent within the government itself. This is why even on the medical certificate a doctor is not allowed to write Aids as the cause of death of a patient. One can safely make assumptions that denialism still exists in South Africa and this makes it difficult to accept HIV/Aids as just another chronic disease like diabetes.

In another perspective, Cullinan (2006) says that coverage may be dwindling due to 'Aids fatigue', as it is happening in the US. She questions the issue of Aids fatigue and says that, "[w]e are just not trying hard enough to tell these stories in interesting ways. We are making a number of mistakes, including:

- We are failing to see Aids in context.
- Aids has been relegated to health instead of being incorporated into all beats.

- We lack understanding of scientific principles, allowing ideology to replace science.
- In our desire to appear balanced, we have elevated notions that have little scientific standing".

What these views represent is that more effort should be put into the reporting of HIV/Aids, instead of allowing fatigue to set in. South Africa as a nation cannot allow Aids fatigue to become an issue in the newsroom. This is because the incidence rate is still alarming and it is especially worrisome as 5.5 million people are currently living with the virus (see 2.2.2). For instance, Whiteside (in Poku et al 2004: 1) points out how precarious the situation is when he opines that, "HIV prevalence continues to rise in Southern Africa. This region is the epicentre of the epidemic. One third of the global population living with HIV is in the SADC countries." He also presents a bleak picture of the situation in that "Aids is killing people at an age and in numbers that are without precedent. The nature of the disease means that Southern Africa is losing people who are educated, gaining experience and in many cases are parents. The long illness results in impoverishment of the survivors and many development gains are being lost".

There is much involved in this fight against HIV/Aids and the media are recognised as a major player and an "essential part of the solution" International Women's Media Foundations (IWFM 2006). They play a crucial role in society by ensuring that the frequency of reportage increases. The ethics of the profession recognise that truth-telling, accuracy and up to date information are fundamental values of the job. This is why Elliot (1986: 35) reinforces that "[n]ews media should tell people what they need to know because media have the power to affect the lives of individuals and groups within society."

There is a lot more that the media can do. Pickle, Quinn and Brown (2002: 428) opine that "[m]any researchers have speculated that media coverage on HIV/Aids has likely had a profound impact on the health behaviours of those at risk." This is because, as

Parker and Kelly (2001: 3) point out, "the vast body of information that informs social discourse on HIV/Aids exists largely outside of the framework of intentional campaigns and interventions, and that proportionally, much of this information is located within the news media." For these reasons, it is important to reiterate the five aspects of the role of the media, as outlined by SANASO, from the Training and Research Support Centre (TARSC) Zimbabwe (2006):

- The provision of correct and accurate information about modes of transmission, prevention, treatment, and care.
- A tool for communicating community responses and concerns to policy makers and international audiences. The media have the power to take the smallest, poorest and most marginalised voices so that they are heard.
- The media play a key role in holding politicians accountable for the use of funds and the program responses to the pandemic.
- Media may challenge governments to provide treatment, care and support for people living with HIV/Aids.

The most important role of the media is to humanise and normalise HIV/Aids and take it from the status of a disease to a day-to-day reality of our lives.

Another reason for advocating an increase in media reporting of HIV/Aids is the one given by Dalrymple, interviewed by Galloway (2001: 116). She argues that "The general public loses sight of what is actually happening on the ground. We need sustained, regular, well informed articles that keep people up to date – recognition of useful things that are happening to encourage people to follow suit – a spin that takes us forward as a society and generates appropriate attitudes."

Sustained coverage of HIV/Aids may be lacking due to the fact that some media practitioners argue that it is not their duty to educate the public on a social issue, but Cullinan (2006) disagrees. She points out that "this happens in developed countries, where some journalists argue that it is not their role to educate people about HIV/Aids. But these are countries where citizens have access to a wide range of information and

governments have the cash to run massive public media campaigns about issues. That is not the case in South Africa. And Aids activists need to challenge the media institutions far more to provide basic information about HIV/Aids.”

If the media maintain regular and sustained coverage of HIV/Aids, it helps the society to recognise that this issue is still relevant and thus helps to eliminate any form of complacency. In addition, information that is relevant to all aspects of the disease should be regularly provided. This issue was important to Cohen (in Swain 2005: 259) when he says that “news coverage has taken a different, perhaps more dangerous turn. Coverage often creates the false impression that Aids is now all but cured, which has led to widespread complacency and eventually could lead to a public back-lash against medical science.”

To support the need for increased media coverage of HIV/Aids, Galloway (2001: 2) concludes that “we need not only good stories now, but also long-term commitment from journalists and editors to ensure that HIV/Aids gains column space, not only when there’s an international conference or it is World Aids Day, but also every other day when stories about ordinary people – those infected and affected, those working in the field and those striving to make a difference to the science – can and should be told.”

There is every reason to believe that if the media do sustain and maintain a high frequency or visibility of HIV/Aids in terms of reporting, it is one way of avoiding complacency. It is important that the society is updated on all aspects of the disease, especially the modes of transmission, prevention, treatment and care. Frequency of coverage of this disease provides the public with a constant reminder that Aids is still very much around, and there are certain behaviours that may put a person at risk. The influence of the media are therefore recognised, not only in the short term but also in the long-term.

### **3.10 Conclusion**

This chapter dealt extensively with creating an understanding of the concept of ethics. The literature revealed that ethics is important, especially in regard to the work of the media, in that the media influence a significant number of people and for this reason, what the media do and how they do it, have to be based on ethical foundations. This is especially important in terms of HIV/Aids reporting. It was established that HIV/Aids is not only a health story, but also a social issue, in which case there is a heavy baggage that is attached to its coverage.

Moral theories were discussed. There are essentially two approaches and these are notably deontological and teleological. This chapter argued that since the deontological ethical theory is a duty based approach to ethical decision making, then it is only reasonable that this is the ethical approach to be adopted in reporting HIV/Aids. The media have an ethical duty to keep stories on HIV/Aids on the media agenda simply because this disease impacts significantly on various aspects of lives, for example, socially, economically, culturally and so on. Besides, HIV/Aids has led to the deaths of millions of South Africans already and still the incidence rate has not abated. For these reasons, this issue should be covered regularly.

In addition to the argument that the deontology ethical approach to reporting HIV/Aids is the ethical option for the media, it was also suggested that the social responsibility theory, as normative ethics, equally supports what the media ought to be doing at this point in time - that is giving the society all the information they need in order to make sense of their world. Because it is the responsibility of the media to inform, to educate, and to entertain, therefore all the necessary information on HIV/Aids should be provided, at regular intervals. Failure to adopt this responsibility makes the media ethically irresponsible.

Certain ethical issues make HIV/Aids reporting complex. These ethical issues were recognised as sensationalism, the use of negative language, de-humanising of the disease, and the frequency of coverage. The whole body of literature indicates that the

violation of all these ethical issues have a serious impact on society in general and the community in particular. One of the conclusions reached is that positive media coverage can help to humanise the disease. By giving it a human face, people can begin to see that a person who is living with HIV/Aids can still have a meaningful life. That with the right treatment and care an infected person can live a normal and active life.

It is important that the frequency of coverage of the disease should to be improved because, this will serve as a way of reducing the stigma which normally drives the pandemic underground. It will not help to combat of the disease if people continue to live in denial. But, it will be much helpful if discussion about the disease is brought into the open. The more people talk about HIV/Ads, the more people will take the necessary steps needed to curb its spread.

In Western countries, HIV/Aids has been accepted as a chronic disease and is no longer perceived as an absolute and immediate death sentence. The same can be achieved in South Africa, and the key to that acceptance lies primarily in how the media project all the issue relating to HIV/Aid.

## **CHAPTER 4**

### **RESEARCH DESIGN AND METHODOLOGY**

#### **4.1 Introduction**

In Chapter 1, the research design and methodology were mentioned briefly. The aim of this chapter therefore is to explain in full the process of the research design to be used in the present study. Since the study is a content analysis, this chapter will explain the step by step procedure of carrying it out, especially the procedures as identified by Wimmer and Dominick (2006: 154-165).

#### **4.2 The research design**

Babbie and Mouton (2001: 74) provide an insight into what is meant by research design as opposed to research methodology. They contend that a research design is a plan or blueprint of how one intends conducting the research. To make the distinction clearer, they drew a comparison between the design an architect prepares for a house, and likened that to a research design. In a nutshell, Mouton and Marais (1989 in Pepler 2003: 23) maintain that the goal of a research design is to plan the research project and to provide it with a specific structure in order to guide the research process and enhance the validity of the research findings.

In a similar manner, Leedy and Ormrod (2001 in Pepler 2003: 23) argue that the research design of any study refers to a carefully thought-out strategy or a complete strategy of attack on the central research problem. The research design that will be used in this study is content analysis. It is difficult to situate content analysis within a particular paradigm because different authors individually place it within either the qualitative or quantitative paradigm. For example, Leedy and Ormrod (2005: 135-143) describe five common qualitative research designs. According to them, these are: the case study; ethnography; phenomenological study; grounded theory study and content analysis. On the other hand, Neuman (2000: 290) describes content analysis as quantitative in nature because it "builds on the fundamentals of quantitative research

designs... [and it is also]... a non-reactive research technique because those being studied are not aware that they are part of research project.”

On their part, Babbie and Mouton (2001: 374) describe some research approaches that study some phenomenon in the social world in such a manner that the researcher does not intrude on the object of study. They use the terms “unobtrusive” or “non-reactive measures”. Content analysis was situated among these. And finally, Wimmer and Dominick (2006: 150-151) used the definition of Kerlinger (1986) which says that content analysis is a method of studying and analysing communication in a systematic, objective, and quantitative manner for the purpose of measuring variable. For the above reasons, this present study is described as mixed methods because it uses both qualitative and quantitative approaches.

#### **4.2.1 Content analysis as a research design**

Content analysis as a research technique is defined as a detailed and systematic examination of the contents of a particular body of material for the purpose of identifying patterns, themes, or biases” (Leedy & Ormrod 2005: 142). Neuman (2000: 292) defines it as “a technique for gathering and analyzing the content of text. The content refers to words, meanings, pictures, symbols, ideas, themes or any messages that can be communicated.”

The motivation for the use of content analysis is based on the fact that it can be performed on “forms of human communication, including books, newspapers, films, television, art, music, videotapes of human interactions and transcripts of conversations” (Leedy & Ormrod 2005: 142). Expatiating further, Neuman (2000: 292) points out that text is anything written, visual, or spoken that serves as a medium for communication. In the study, since textual data are the evidence required to address the primary and secondary research objectives, these can be generated through a content analysis of articles in *Mail & Guardian*, *The Star* and *Daily Sun*.

Wimmer and Dominick (2006: 154) identify the steps that may be used when conducting a content analysis. These are:

1. *Formulate the research questions or hypothesis*
2. *Define the population in question*
3. *Select an appropriate sample from the population*
4. *Select and define a unit of analysis*
5. *Construct the categories of content to be analysed*
6. *Establish a quantification system*
7. *Train coders and conduct a pilot study*
8. *Code the content according to established definitions*
9. *Analyse the collected data*
10. *Draw conclusions and search for indications*

The primary and secondary research objectives of this study are:

1. *The primary research objective:* To evaluate the ethical nature of reporting of HIV/Aids in three national South African newspapers, in terms of deontology and social responsibility
  
2. *The secondary research objectives:* To describe and evaluate the ethical aspects of reporting on HIV/Aids in terms of :
  - a) the frequency of coverage and,
  - b) the extent of humanising of the disease
  - c) the language used in reporting the disease, and
  - d) the presentation of the reports in terms of sensational headlines and texts.

The research questions are:

1. What is the frequency of reporting on HIV/Aids in *Mail & Guardian, The Star* and *Daily Sun*?
2. To what extent are stories on HIV/Aids humanised or non-humanised in the selected newspapers?
3. How ethical is the language used in reporting HIV/Aids in the newspapers?

4. How are the reports presented in terms of sensationalist headlines and text?
5. What is the nature of HIV/Aids reporting, in regards to the deontological and social responsibility ethical values?

The research problem of this dissertation is hereby again restated:

**Currently, there exist no deontological or social responsibility ethical approaches in *Mail & Guardian*, *The Star* and *Daily Sun*'s reporting on HIV/Aids.**

#### **4.2.2 Population of the universe/study**

According to Wimmer and Dominick (2006: 155), to define the population of the universe or study, is to "specify the boundaries of the body of content to be considered..." Hence, the study will consider selected English medium, nationally oriented newspapers in South Africa, namely *Mail & Guardian*, *The Star* and *Daily Sun*.

HIV/Aids affects the whole nation, therefore, any newspaper to be examined must be national English medium, as it is generally accepted as a neutral language of communication in South Africa.

The year 2006 was haphazardly chosen, because it was convenient, and nothing especially newsworthy was happening in relation to HIV/Aids reporting, that could cause inflated results. The intention was to be able to measure what the media do routinely, at any period. As a matter of fact, any year could be chosen, as it will still be within the goal of the study.

The population was made up of published stories in the three newspapers, from 1 April 2006 – 30 September 2006, a period of six months. This study period was chosen to cover the middle part of the year, because choosing the latter part of would have included the month of December, when World's Aids Day (Dec 1st) is

celebrated. The media usually devote a lot more attention to the Aids issue, and choosing such a period would have unduly biased the study. Again, the six month period is sufficient enough for the phenomenon under study to be manifested.

#### **4.2.3 Selection of the newspapers**

The three newspapers to be used in this study are: *Mail & Guardian*, *The Star* and *Daily Sun*. The criteria for choosing these papers were based on their style, format, audience type, reach and the time of publication. For example, *Mail & Guardian* is a weekly publication. Its shape is tabloid in format, but its content is unlike what one would typically find in a tabloid.

***Mail & Guardian*** – This is a South African newspaper, published nationwide each Friday morning, aimed at serious readers. *Mail & Guardian* has a tradition of critical journalism. It is particularly well known for its analytical, in-depth feature articles and investigative reporting, particularly into corruption. Its mission is to promote freedom, justice, equality and the unity of humankind. Its aim is to create space for debate and diversity, to fight restrictions on the free flow of information and to combat prejudice in all forms.

The focus of the paper is political analysis, investigative reporting, Southern African news, comprehensive coverage of local arts, music and popular culture. In a brief history of the paper, (M&G Online 2007), it is said that what makes the paper different is that “it was the first paper whose news selection was colour-blind. All South African newspapers of the 1980s were aimed at racially defined markets, either black (*Sowetan*) or white (*Business Day*). Those newspapers that did reach black and white audiences provide separate “white” and “township” editions.” The average circulation figures for *Mail & Guardian* is said to be between 40 000 to 50 000.

***The Star*** – *The Star* is an English medium newspaper published daily in a broadsheet format. It is a prominent newspaper with a history of quality reporting. It targets the middle to upper class readership in Gauteng. (De Wet 2004: 103). It has a readership

of 618 000 and a circulation figure of 168 878 (*The Star* 2007). The demographic profile of its readers is:

Black	65%
White	29%
Coloured	4%
Indian	4%

This is what Moegsien Williams, the editor of *The Star*, has to say regarding the paper: "on all issues, we will give guidance. We trust our ability to involve readers, debate the country's leaders, extract the best thinking from academics, stir in the thoughts of people on the street, offices, and houses of South Africa's biggest city..." (*The Star* online 2007). He adds that: "We will promote the positive aspects of our society, guide ourselves and others towards a better nation built upon fundamental human rights. We will rally against racism and sexism whenever it occurs; but we will try to change attitudes gently, not brash and strident shrieking... [but by]... sticking to the truth whatever the cost in popularity."

The newspaper is circulated in the following provinces: Gauteng, Mpumalanga, North-West, KwaZulu-Natal, Free State, Eastern Cape, Northern Cape and Western Cape (*The Star* 2007).

**Daily Sun** – This is also an English medium newspaper. It is a populist paper and the biggest daily newspaper in South Africa, with a circulation of 437 041 (media24 2007). It circulates to Gauteng, Limpopo, Mpumalanga, KwaZulu-Natal, Free State and Eastern Cape.

#### **4.2.3.1 Motivation for the selection of the newspapers**

The three newspapers, *Mail & Guardian*, *the Star* and *Daily* were purposively chosen because they meet certain parameters. According to Wimmer and Dominick (2006: 91-92), purposive sampling "includes subjects or elements selected for specific characteristics or qualities and eliminates those who fail to meet those criteria".

The parameters used in selection are language of the medium, national reach, circulation figure and audience profile.

All the three papers are published in **English language**, which makes them accessible to all literate people.

They have a **national reach** as they publish stories covering most Provinces in South Africa.

None has a **circulation** figure below 40,000 copies, while the **audience profile** caters to various social economic classes in this manner:

*Mail & Guardian*, a weekly, was chosen, not because it is the biggest selling weekly in South Africa (*The Sunday Times* is) yet, as a top selling paper itself, it commands a lot of respect, wields enormous influence, especially among policy makers.

The selection of this paper will guarantee that the researcher will be able to examine how a weekly is covering the disease, especially to policy makers in the country.

*The Star* newspaper is described by De Wet (2004: 103) as a "prominent daily English paper with a history of quality reporting. It targets the middle to upper class readership" (2004 AMPS readership 616,000). The selection of *The Star* newspaper will guarantee that the researcher will be able to examine how HIV/Aids is reported to the middle to upper class readership.

*Daily Sun* is said to be biggest selling daily tabloid in South Africa, with a circulation figure of 494,875 and an audience reach of 3,831,000. It targets mostly black people who form the masses whose circumstances tend to expose them more to the disease. The selection of this paper will enable the researcher to examine how HIV/Aids is reported to ordinary common people.

#### **4.2.4 Selection of newspaper stories**

The selection of the stories for analysis will be based on the following criteria:

- Must be longer than four centimetres (+- 2 inches) in length
- Must be written in complete sentences with a central theme
- Must not be part of a paid advertisement

- Must be a complete story, not a promotional reference for a full story contained elsewhere (Lynch & Peer 2002: 7).

In addition to the above, only stories on HIV/Aids that appear in the news reports will be used.

#### **4.2.5 Sampling procedure and sample size**

According to Wimmer & Dominick (2006: 156), "once the universe is defined, a sample is selected."

Leedy & Ormrod (2005: 142) add that a "researcher identifies the specific body of material to be studied. If this body is relatively small, it is studied in its entirety. If it is quite large, a sample, (perhaps a random sample) is selected".

The purposive sampling technique was used to select the three newspapers: *Mail & Guardian*, *The Star* and *Daily Sun*. This is because they met certain parameters considered important to this study. These parameters are: i) language of publication, (ii) circulation/ reach of the paper (must be nationally oriented) and audience profile.

The sample size was made up of all articles collected in each edition of the three newspapers. This is broken down into:

- *Mail & Guardian* newspapers: 79 articles
- *The Star* newspapers: 192 articles
- *Daily Sun* newspapers: 113 articles

The total number of articles to be analysed is 384. The reason for analysing the entire sample that emerged is to increase the validity of the result.

#### **4.2.6 Unit of analysis**

Wimmer and Dominick (2006: 158) say that the unit of analysis is the smallest element of a content analysis but also one of the most important. In written content, the unit of

analysis might be a single word or symbol, a theme... or an entire article or story. In the thesis, the unit of analysis is made up of the following:

- All hard news stories .
- All feature articles on HIV/Aids.
- All commentaries and opinion analyses articles on HIV/Aids.
- All editorials on HIV/Aids.
- All letters to the editors, news in brief, with HIV/Aids as a theme.

#### **4.2.7 Collection of data**

Leedy and Ormrod (2001 in Pepler 2003: 35) say data are “manifestation of, among other aspects, the reality, a phenomenon, a process or a problem that the researcher is investigating.” Data, according to these authors, can be primary or secondary data. Thus, in the present study, primary data will be generated from an interview, while secondary data, will be sourced from newspapers articles.

The data from two newspapers, *Mail & Guardian* and *The Star* were collected via clippings from the database services provided by SA Media Unit of the University of the Free State. But in the case of *Daily Sun* it appears that Media24, the publisher of the paper, Nasper, do not have an archive from where one could access their stories, nor does SA media store stories from *Daily Sun* on their database. In view of these challenges, the researcher had to go to the bureau office of *Daily Sun* in Bloemfontein, where the required editions had to be collected and checked through manually.

In addition to the articles sourced from newspapers, an interview was also conducted with an HIV-positive woman, Rachel May (see pg 135), who works as a volunteer at one of the government hospitals in Bloemfontein.

She provided the perspective of a person who has been living positively with HIV for the past 18 years. The interview was semi-structured and was conducted on 10th December 2007. Presented below is the technique used in the interview; while the interview guide is found in Appendix 12 .

#### **4.2.7.1 Interview Technique with Rachel May**

**Background:** The researcher met Rachel, a lady living with HIV/Aids, at a clinic in Bloemfontein where she had gone to test for her HIV status. Rachel conducted the test for the researcher, and there, they developed a rapport. Rachel was aware of what it means to speak to a person in the media, so she readily gave her informed consent for the interview.

**Venue:-** The venue was at the VCCG Clinic of a government hospital in Bloemfontein where Rachel works as a volunteer. She conducts tests for anyone wishing to know his or her HIV status. She works part-time. The interview took place during her break time.

**Duration:-** The interview session lasted about 45 minutes.

**Method:-** The researcher sat in front of Rachel's table at the clinic. She had a recorder (a midget) placed on the table between the two of them. Rachel appeared comfortable with the midget.

The researcher occasionally ensured that the recorder was working. She also backed up the interview with regular note taking in her notebook just to note important details. When the researcher got back home, she transcribed the interview and filed it for later use when the analysis will be done.

**Structure of Questions:-** The interview questions were 12 in all and were semi-structured. This was deliberate as the researcher wanted to be able to ask follow - up questions should the need arise. A close-ended questioning style would not have allowed this.

#### **4.2.7.2 Personal interview - Question and Answer Session**

**Researcher's question 1:-** *What is your view of the way newspapers generally report on HIV/Aids?*

**Rachel's Answer :-** *"The reporting is not enough. When journalists interview you, they take the best information and hide it under the table. Compared to newspaper, I think*

Radio is better, because it is face to face. The aspect they hide is about denial, stigma or anything about government, it's like they are scared. Maybe scared of the government, but they must listen to the people who are living with the virus, not listen to people who are affected and not infected. Such a person is not living in our shoes. The media must present the whole story."

**Question 2:-** Do you think there are enough stories on HIV/Aids in the newspapers?

**Answer:-** "No, nothing in the newspaper on HIV/Aids. You only see stories on accidents, stories on rapes, burglary and so on. Nothing on the real issues."

**Question 3:-** In what ways do you think the media can do more?

**Answer:-** "They should not be afraid to talk. Talk a lot more about the disease. Give enough information to people. That is important. Even the government must support people living with HIV/Aids (PLHAs), people should also be open and tell their families about their status. They must have counselling with their families, who will help them."

**Question 4:-** Which aspects of the reporting makes you angry? Sad?

**Answer:-** "I am angry with the choice of words, 'victim', 'sufferer' and so on. And I am sad the media is not going into the community to talk to ordinary people affected by the disease, talk to their families, how they are caring for the sick, talk to their children and their husbands."

**Question 5:-** Do you worry about particular choices of words used to describe people living with HIV/Aids?

**Answer:-** "I am not only worried, but angry. 'Victim' is not a word that is okay. Journalists have to be sensitive too. Use of 'Sufferer' too is not okay. I am not a sufferer because I am healthy. I eat mostly raw vegetables and fruits, I avoid red meat, I take my Retroviral tablets (ARV), I am okay. I do what HIV-negative people do. Therefore I am not a sufferer."

**Question 6:-** How then do you like to be addressed?

**Answer:-** "A person living with HIV."

**Question 7:-** What do you think of stigma?

**Answer:-** "Stigma causes problems. When you talk to people in the street, stigma comes between your ability to communicate with that person. They become scared and regard you from a distance."

**Question 8:-** How do you think stigma can be reduced?

**Answer:-** "I think by talking more about this disease, make it open and not hidden. For instance, you can talk freely about HIV/Aids in KwaZulu Natal and Gauteng, but Free State, you can't talk about HIV/Aids. Women will begin to gossip. Again I think disclosure is important. People should disclose their status. And to disclose, you must know your status. So testing is important too. Test before anything else. People should go to a clinic like this one (where she works) and test. Know your status, whether negative or positive. I think people don't like to disclose because they think their husbands will leave them. For example, I am sometimes called to present talks in schools and churches. In the church, no one will ask you questions after you have presented, but in the schools, some students ask questions."

**Question 9:-** What role can the media play to prevent HIV/Aids from spreading?

**Answer:-** "Journalists should go out into the community and reach out to people living with the virus. Maybe these journalists do not have information themselves about the virus, otherwise they should not be scared. Or maybe they feel they could be affected. I believe journalists are not informing people."

**Question 10:-** What is it that PLHAs do not like about the present reporting on HIV/Aids?

**Answer:-** "I just don't like the fact that journalists are not talking about HIV/Aids in their papers, they are not going out into the community to speak with people living with the virus. They are just scared. All they talk about is government."

**Question 11:-** What would you like to see or read about in the media?

**Answer:-** "I will like to see more people talking about the virus. I don't want to see bad language. I am tired of reading about government, about burglary alone. I want to read more about how someone can live a healthy, active life, not minding their status. That's what the media can do to help. I also want them (journalists) to come and interview me. I am living healthy with the virus; for 18 years now. Other people can do it like me. They should have information on what to do and how. I can give them that information. There are also support groups out there, people should know about such groups; because they help tremendously."

**Question 12:-** On a personal level, can I ask you how you contracted this virus and for how long have you been living with it?

**Answer:-** *"I have been living with HIV for 18 years. I was raped, that's how I got it. I have a daughter, she is negative. She is about 18 years. She supports me because she knows I am healthy, she understands. If I don't tell you, you won't know I have it. I have a lot of information about HIV/Aids, so I know which lifestyle to avoid.*

#### **4.2.8 Data analysis**

It was pointed out in 4.2 that content analysis can be both quantitative and qualitative, and for these reasons, the data from this study will be subjected to descriptive statistics (which is quantitative) and to discourse analysis (which is qualitative). Leedy and Ormrod (2005: 257) say "descriptive statistics describe a body of data." Descriptive statistic is also a method for presenting quantitative descriptions in a manageable form (Babbie & Mouton 2001: 459). Wimmer and Dominick (2006: 256) add that "[d]escriptive statistics condense data sets to allow for easier interpretation... and these statistical methods allow researchers to take random data and organize them into some type of order." In this study, the number of times the disease is humanised and the frequency of total reporting on HIV/Aids will be subjected to descriptive statistics, that is, the data will be represented in simple percentages. Discourse analysis, on the other hand, will be used to evaluate and analyse the elements of language used in reporting HIV/Aids and the presentation of the reports in terms of sensationalist headlines.

#### **4.2.9 Construction and operationalisation of categories**

Wimmer and Dominick (2006: 159) say that "[a]t the heart of any content analysis is the category system used to classify media content". The authors explain further that "a category system should be mutually exclusive, exhaustive and reliable".

Constructing the category system can be through either the 'a-priori' method, in which the researcher uses the categories developed and used by another researcher who has once worked in that similar field of research, or it might be through the 'emergent' method, whereby the categories are identified and developed by the researcher

herself from what emerges from the data that had been collected (ibid). In this case, the researcher elects to use the 'a-priori' method by making use of the categories identified by two researchers who have conducted previous studies relating to HIV/Aids. These categories will be applied with some modifications.

In all, 13 categories were used. The first five were the categories developed and used by Rogers, Dearing and Chang (1991) in their study entitled 'Aids in the 1980s: The agenda-setting process for a public issue'. These categories are:

- 1 *Children with Aids* – news stories about children with Aids, whether in care, or as victims of abuse or violence.
- 2 *Biomedical* – news stories reporting scientific findings about Aids
- 3 *People's help* – news stories reporting non-governmental actions for Aids, e.g. school sex education, budget allocations for Aids; or the activities of some members of the community who have taken it upon themselves to render any necessary help.
- 4 *Government policy* – news stories about governmental actions for Aids, e.g. school sex education, budget allocations for Aids
- 5 *Civil rights* – news stories regarding the privacy or civil rights issues related to Aids, e.g. controversy over the violation of civil rights which may be caused by mandatory blood-testing for HIV infection, or discrimination from accessing loans

The next six categories were those used by Pratt, Ha and Pratt (2002: 894) in their study entitled 'Setting the Public Health Agenda on Major Diseases in Sub-Saharan Africa: African Popular Magazines and Medical Journals, 1981 – 1997'. The categories are presented numbered 6 – 10:

- 6 *Trends and statistics* – which presented some data on the incidence of the disease
- 7 *Prevention* – which provided information on prevention methods and techniques
- 8 *Education and awareness* – this provided information on public health agencies' activities to educate public about disease.

- 9 *Treatment modalities* – which outlined treatment options or clinics where treatment might be available
- 10 *Public figure/celebrity portrayals* – whenever there was mention of celebrity involvement in public response to a disease or if a public figure or celebrity had been a victim of a disease
- 11 *Testing* – stories about why testing is important and which identify centres where it can be done.

The last two categories are added by the researcher:

- 12 *Civil society* – in this case, the action and/or activities of groups involved in one form of advocacy on behalf of people living with HIV/Aids, or actions against government policy
- 13 *Others* – this basically includes stories that mentioned HIV/Aids in passing, where the disease was not the main focus, or when HIV/Aids are mentioned in advertisements.

#### **4.2.10 Quantification system**

According to Wimmer and Dominick (2006: 161) quantification in content analysis can involve all four levels of data measurement, such as “nominal, ordinal, interval and ratio level” In this study, quantification will be done at the nominal level, whereby the frequency of occurrence of the units of content in each category will be counted and presented in simple percentages and represented in tables and graphs.

#### **4.3 Conclusion**

This chapter examined the procedures for carrying out a content analysis, which is the research design used in this study. It was found in the literature that content analysis could be both quantitative and qualitative, and therein lies the difficulty of situating it within a particular paradigm. This mixed methods approach means that the data gathered in the study will be subjected to both quantitative and qualitative analysis, in

terms of descriptive statistics, and the qualitative analysis, in terms of discourse analysis.

The step-by-step procedures for conducting a content analysis were followed, according to those identified by Wimmer and Dominick (2006).

The corpus for this study are all articles on HIV/Aids collected within a six month period from 1 April – 30 September 2006, from three selected newspapers – *Mail & Guardian*, *The Star* and *Daily Sun*. These newspapers were selected based on their diversity in terms of style, format and audience reach.

In the next chapter, the data will be analysed and findings discussed. The frequency of the occurrence of each category will be counted and calculated in simple percentages. Inferences will be made regarding the information that emerges from the text. The necessary charts and tables will be presented as a means of representing the information in graphical forms, in order to make the findings easier to understand.

## CHAPTER 5

### DATA ANALYSIS AND DISCUSSION OF FINDINGS

#### 5.1 Introduction

The previous chapter, chapter 4, addressed the research design and gave clarification on the processes involved in conducting a content analysis. The chapter pointed out that the thesis will be subjected to firstly, quantitative analysis whereby the data will be subjected to frequency counts and subsequently represented in percentages, and secondly, the data will be analysed qualitatively through the use of discourse analysis.

The research questions to be analysed quantitatively are:

- (1) What is the frequency of reporting on HIV/Aids in *Mail & Guardian*, *The Star* and *Daily Sun*?
- (2) To what extent are stories on HIV/Aids humanised or non-humanised?

Questions to be analysed qualitatively are:

- (3) How ethical is the language used in reporting HIV/Aids?
- (4) How are the reports presented in terms of sensationalist headlines and text?
- (5) What is the nature of the reports in terms of deontological and social responsibility ethical values?

This chapter seeks to analyse the data generated and a discussion of the findings will also be presented simultaneously.

Because it had already been pointed out that this study is using content analysis from the two approaches, namely quantitative and qualitative, the quantitative aspect, which is on descriptive statistics will be presented first, while the qualitative aspect, using discourse analysis, will be presented afterwards.

The general findings revealed by the data will be provided initially, while each research question will be answered through the use of tables or graphs or a combination of the two, wherever it is deemed necessary.

## 5.2 An overview of the general distribution of stories in different categories as emerged from the data

The aim of this sub-section is to present an overview of the statistical representation of the data according to the classification in terms of the following:

1. Distribution of HIV/Aids stories by editions
2. Distribution of HIV/Aids stories by day of the week
3. Distribution of HIV/Aids stories by content category
4. Distribution of HIV/Aids stories by story format
5. Distribution of HIV/Aids stories by month of publication

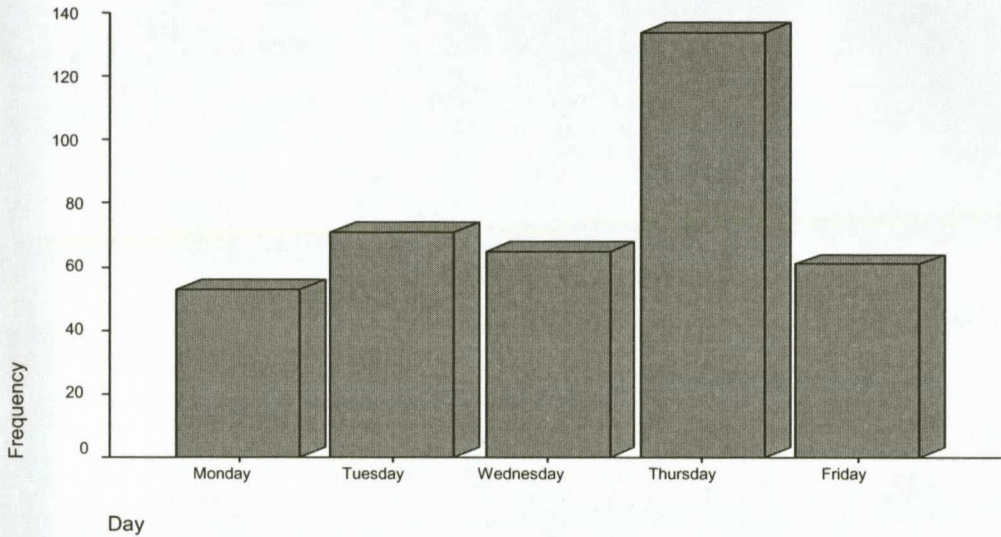
After the overview has been presented, through tables and graphs, the analysis and discussion of findings will follow in the next sub-heading. This will be based on correlating the research questions with statistical data.

**Table 1: Distribution of HIV/Aids stories by editions of the three papers**

		Frequency	Percent	Valid percent	Cumulative percent
Paper	Daily Sun	113	29.4	29.4	29.4
	Mail & Guardian	79	20.6	20.6	50.0
	The Star	192	50.0	50.0	100.0
	TOTAL	384	100.0	100.0	

This table reveals that *The Star* had the highest number of stories on HIV/Aids with a frequency of 192 (50%), *Daily Sun* had 113 (29.4%), while *Mail & Guardian* had 79 stories (20.6%).

**Graph 1: Distribution of HIV/Aids stories by day of the week**



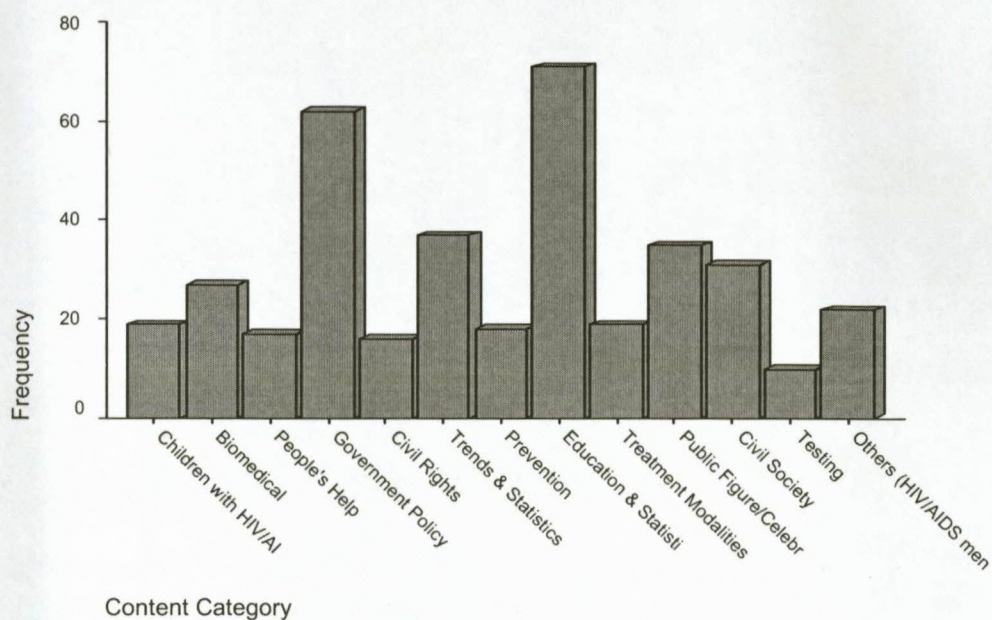
**Table 2: Distribution of HIV/Aids stories by day**

		Frequency	Percent	Valid percent	Cumulative percent
Day	Monday	53	13.8	13.8	13.8
	Tuesday	71	18.5	18.5	32.3
	Wednesday	65	16.9	16.9	49.2
	Thursday	134	34.9	34.9	84.1
	Friday	61	15.9	15.9	100.0
	TOTAL	384	100.0	100.	

Graph 1 and table 2 above show on which day of the week more stories are published on HIV/Aids.

Thursday has more frequency, as a total of 134 stories (34.9%) were published by the three newspapers. The other days of the week in which stories on HIV/Aids appear are Tuesdays, followed by Wednesdays and Fridays, while Mondays appear to be a day that has the least frequency.

**Graph 2: Distribution of HIV/Aids stories by content category**



**Table 3: Distribution of HIV/Aids story by content category**

		Frequency	Percent	Valid percent	Cumulative percent
Content Category	Children with HIV/Aids	19	4.9	4.9	4.9
	Biomedical	27	7.0	7.0	12.0
	People's help	17	4.4	4.4	16.4
	Government policy	62	16.1	16.1	32.6
	Civil rights	16	4.2	4.2	36.7
	Trends and statistics	37	9.6	9.6	46.4
	Prevention	18	4.7	4.7	51.0
	Education and awareness	71	18.5	18.5	69.5
	Treatment modalities	19	4.9	4.9	74.5
	Public figure/celebrity	35	9.1	9.1	83.6
	Civil society	31	8.1	8.1	91.7
	Testing	10	2.6	2.6	94.3
	Others (HIV/Aids mentioned in passing)	22	5.7	5.7	100.0
	<b>TOTAL</b>	<b>384</b>	<b>100.0</b>	<b>100.0</b>	

Graph 2 and table 3 jointly indicate that the category on education and awareness, with a frequency of 71(18.5%), is the most prominent category used to report HIV/Aids. This is followed by government policy, civil society, biomedical, others, (where HIV/Aids was just mentioned in passing). The least favoured category used to report the disease is testing, with a frequency of 10 (2.6%).

**Table 4: Distribution of HIV/Aids stories by format category**

		Frequency	Percent	Valid percent	Cumulative percent
Format	News	249	64.8	64.8	64.8
	Features	43	11.2	11.2	76.0
	Commentary/opinion analysis	23	6.0	6.0	82.0
	Editorials	13	3.4	3.4	85.4
	Letters to the editor/news flashes	56	14.6	14.6	100.0
	TOTAL	384	100.0	100.0	

**Graph 3: Distribution of HIV/Aids by format category**

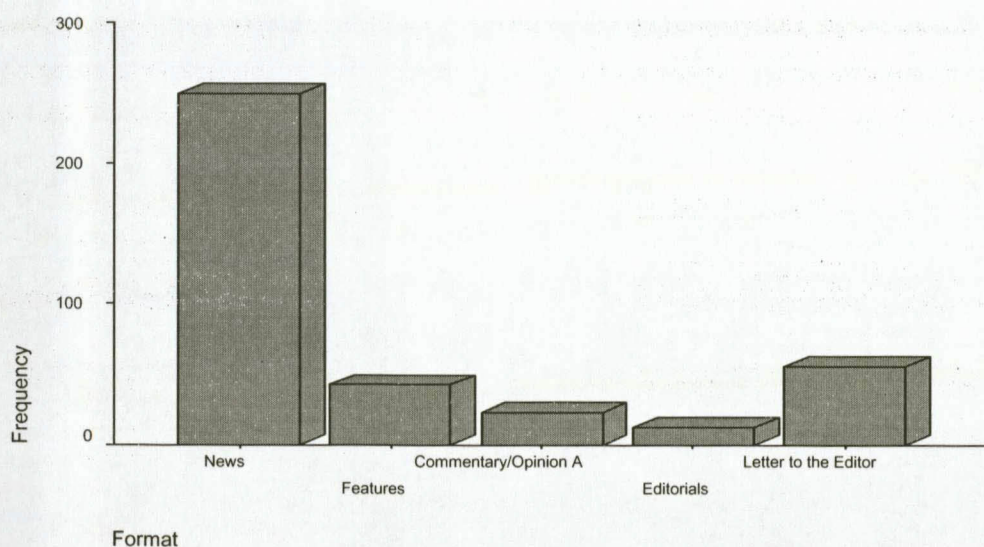
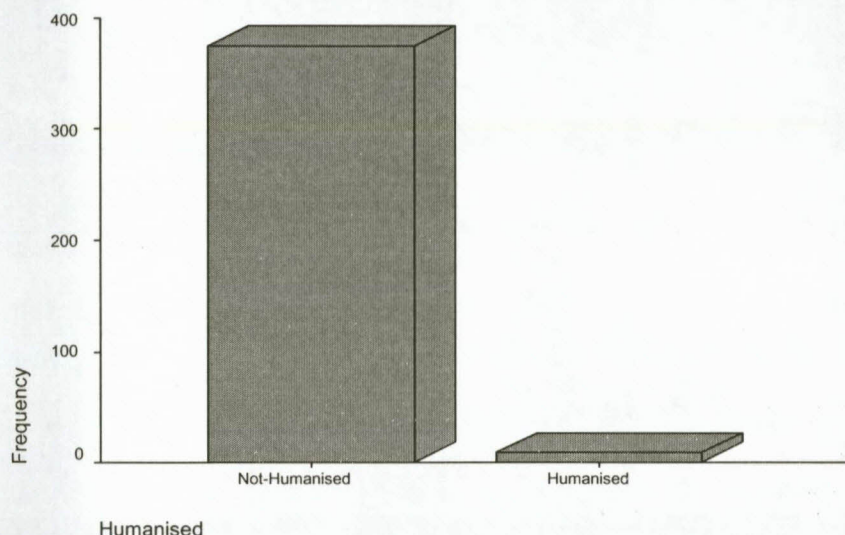


Table 4 and graph 4 show that predominantly, stories on HIV/Aids were presented in news format – 249 (64.8%) by all the three newspapers. This is followed by letters to the editor 56 – (14.6%), news in brief, and so on. Editorials have the least frequency with 13 (3.4%).

**Graph 4: Distribution of HIV/Aids stories according to whether it is humanised or non-humanised.**



**Table 5: Distribution of HIV/Aids story according to humanised or non-humanised**

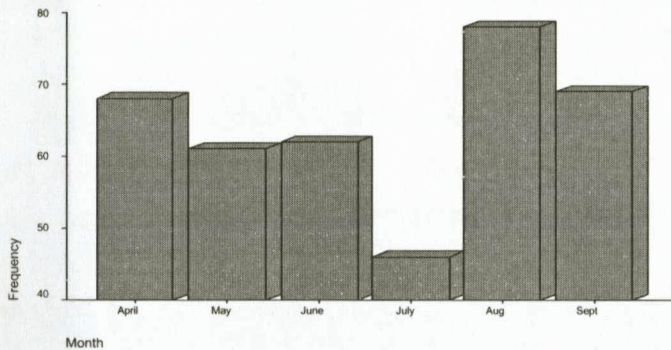
		Frequency	Percent	Valid percent	Cumulative percent
Humanised	Non-humanised	375	97.7	97.7	97.7
	Humanised	9	2.3	2.3	100.0
	TOTAL	384	100.0	100.0	

Graph 4 and table 5 above show that the majority of stories on HIV/Aids were non-humanised, with a frequency of 375 (97.7%), while only 9 (2.3%) were humanised.

**Table 6: Distribution of HIV/Aids by month of publication**

		Frequency	Percent	Valid percent	Cumulative percent
Month	April	68	17.7	17.7	17.7
	May	61	15.9	15.9	33.6
	June	62	16.1	16.1	49.7
	July	46	12.0	12.0	61.7
	August	78	20.3	20.3	82.0
	September	69	18.0	18.0	100.0
	TOTAL	384	100.0	100.0	

**Graph 5: Distribution of HIV/Aids stories by month of publication**



As can be deduced from table 4 and graph 5 above, the highest number of stories reported on HIV/Aids occurred in the month of August, while the lowest number occurred in the month of July.

### 5.3 Analysing each of the research questions

The aim of this sub-section is to analyse each of the research questions together with a discussion of the findings. The data is then presented in tables or represented by graphs.

#### 5.3.1 Research question 1 – What is the frequency of reporting on HIV/Aids in *Mail & Guardian, The Star and Daily Sun*?

Table 7: Average distribution of stories on HIV/Aids in *Daily Sun*, *Mail & Guardian* and *The Star*.

Paper	No. of issues/editions	Total no. of stories	Average no. of stories/issue
Mail & Guardian	24	79	3.29
The Star	120	192	1.6
Daily Sun	120	113	0.94
<b>TOTAL</b>	<b>264</b>	<b>384</b>	<b>1.6</b>

To answer the question, the average distribution of the stories was calculated by dividing the number of issues by the number of stories.

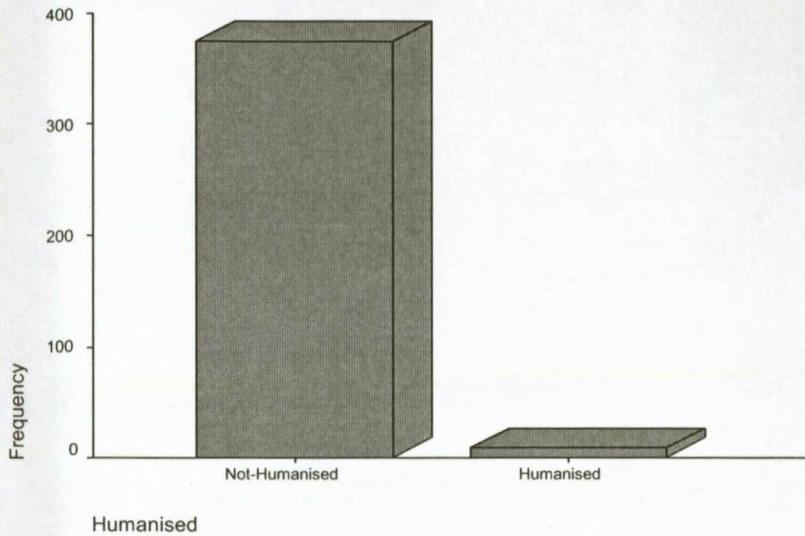
Findings revealed that generally, more than one HIV/Aids story is published per issue of the selected newspapers. On average, *Mail & Guardian* publishes the most (just above three stories per issue of the paper), *The Star* publishes approximately two stories, while *Daily Sun* features approximately one story per issue. This finding suggests that the frequency of HIV/Aids reporting is more in *Mail & Guardian* than in the other newspapers.

This is revealing, considering the initial assumption of the researcher that few stories are published on HIV/Aids by the selected newspapers in South Africa.

*Daily Sun* also published a fair number of stories as shown from this table, but the main concern is that, as the biggest daily tabloid in South Africa, reaching millions of people on a daily basis *Daily Sun* is in a position to affect the lives of average South Africans if it can increase the frequency of coverage of stories on HIV/Aids. However, with 120 editions within the study period, and a frequency of just 113 stories, *Daily Sun* can be said to be under-reporting HIV/Aids.

### 5.3.2 Research question 2 – To what extent are stories on HIV/Aids humanised or non-humanised?

**Graph 4: Distribution of HIV/Aids stories in terms of whether they are humanised or non-humanised**



This table shows that generally the total number of stories humanised are nine (2.3%), while 375 (97.7%) are non-humanised.

This finding suggests that there is a gross dearth of articles that present issues on HIV/Aids from the perspectives of people living with the disease. One of the major drivers of stigma and discrimination is that people do not want to talk about HIV/Aids, or to identify with it. This finding appears to support the one done by the Media Monitoring Project and Gender Links (Sokana 2006), which found that [p]eople living with HIV [PLHW] constituted only 4% of all journalists' sources.

But it is important that the more often the mass media make the topic an open one by presenting stories on people who are living positively with the disease, people will begin to accept it as just another chronic disease of our modern lifestyle.

**Table 8: A cross-tabulation of how each newspaper humanised HIV/Aids  
Humanised \* Paper**

**Cross-tabulation**

			Paper			Total
			Daily Sun	Mail & Guardian	The Star	
Humanised	Non-humanised	Count	106	79	190	375
		% within paper	93.8%	100.0%	99.0%	97.9%
	Humanised	Count	7		2	
		% within paper	6.2%		1.0%	2.3%
TOTAL		Count	113	79	192	384
		% within paper	100.0%	100.0%	100.0%	100.0%

Presented above is a cross-tabulation of the three newspapers indicating how each paper humanised HIV/Aids in their news reports.

The table shows that all the newspapers performed poorly in terms of humanising of HIV/Aids. *Daily Sun* had only 6.2% of stories humanised, while 93.8% were non-humanised. This was followed by *The Star* which had 1.0% of stories humanised and 99.0% non-humanised.

*Mail & Guardian* had 0% in terms of whether HIV/Aids stories are humanised.

**5.3.3 Research question 3 – How ethical is the language used in reporting HIV/Aids?**

To answer this question, an analysis will be based on the metaphorical use of language as it emerged from the data, and what was meant by each.

### **5.3.3.1 Analysis of each metaphor as they emerged from the data**

In determining how ethical the language of HIV/Aids reporting is, this research focused on the concept of the metaphor and how its use can shape the perception and response of people to those who are infected.

Section 3:7 discussed extensively the concept of the metaphors and considered that metaphorical framing of the discourse of how Aids can be negative and therefore, unethical. Lakoff and Johnson (2003: 147) explicitly state that "the cognitive approach pays particular attention on the presence of metaphors in language, thought, and action".

The eleven metaphors to be considered, as indicated in sec 4.3.7 are (i) the metaphors of war, (ii) military, (iii) boxing, (iv) human characteristics (v) meteorological (vi) sports (vii) food, (viii) cloth, (ix) road, (ix) fire and (xi) killer.

### **5.3.3.2 The war metaphor**

The dictionary explains that a war means a fight between two or more countries or opposing groups within a country, involving large numbers of soldiers and weapons: and can wage a war on something, for example a disease; and this means a struggle over a long period of time, to control something harmful. (Longmans Dictionary 2000). Of all the eleven metaphors used in the three newspapers, the war metaphor was by far the most widely used hence there were numerous examples to pick from.

1. Many of those health workers doing so much to assist in the struggle against HIV/Aids are demoralized and victimized. (Extract 1).
2. Battlefield of the 21<sup>st</sup> century. (Extract 2).
3. But one of the many committed cadres fighting this battle (extract 3).
4. We face the reality of young people being bombarded (Extract 4).

5. But the best namely to counter the various threats of the disease is leadership. (Extract 5).
6. Aids is already dismantling the hope of a better life in the most uncontrovertibly way possible. (Extract 6)
7. The government continued repositioning on HIV/Aids this week (Extract7)
8. South Africa, which is at the forefront of the pandemic (Extract 8)
9. Mngadi said the department would be intensifying its Aids campaign (extract 9).
10. He said a World Health Organization meeting of African countries had adopted 2006 as the year to accelerate the Aids prevention strategy. (Extract 10).
11. Teens join army to spread the word, not the virus, in Aids fight (Extract 11)
12. We need to be arming them with knowledge and wisdom to make choices that protect them. (Extract 12)
13. This virus has declared war on us and we have to fight it. (Extract 10)
14. This booklet, which is available in English and Isizulu, challenges its readers to know themselves and their enemy, and to join the fight against HIV/Aids (Extract 10).
15. X Strata Coal, South Africa, has been recognized as one of six companies leading the global fight against Aids (Extract 11).
16. Five ministries will join forces in effort to combat scourge (extract 12).
17. Churches are institutions of social change and should be in the frontline to address these issues. (Extract 13).
18. Because the report was done prior to the government's roll out of antiretroviral drugs (Extract 14)
19. ANC seeks to build closer ties with TAC in Aids battle (Extract 15).
20. But South Africa is fast losing this battle (extract 16)
21. Show cased what they were doing to combat HIV/Aids. (Extract 17).
22. When we fail to work together as partners, the disease wins (Extract 18).
23. It has had a devastating impact on our community (Extract 19).
24. We are the warrior generation (Extract 20).
25. The series deals with HIV/Aids challenges. (Extract 21).

26. Kenneth Kaunda children of Africa are adversely involved in the fight against HIV and Aids (Extract 22). The commission described HIV/Aids as the most singularly challenging threat. (Extract 23).
27. The killer disease was no larger a silent and private war. (Extract 24).
28. Let us stop creating an atmosphere of mistrust and negativity. The war against HIV/Aids rage on. (Extract 25).

All the items numbered 1 – 8 are sourced from *Mail & Guardian*. Items 9 – 24 are from *The Star*, while items 25 – 28 are from *Daily Sun*.

It appears as if all the terminology that could be used to describe a war situation were utilised by all three newspapers in the discourse on HIV/Aids. *Mail & Guardian* employs discourses such as HIV/Aids is 'bombarding', 'dismantling', 'demoralizing', 'victimizing', and therefore the government must raise up 'cadres' to 'fight the battle', to 'counter' the various 'threats', 'reposition', itself by being in the 'forefront'.

For *The Star*, government must 'intensify campaign', engage in a 'strategy', and join 'forces', to 'combat' this disease.

*The Star* also observed that South Africa is 'losing this battle' and so everyone must work together so that the disease does not 'win'. With regards to *Daily Sun*, the paper reinforces that Aids is a 'singularly challenging threat' and the war against it is no longer a silent and private war, and this 'war is raging' on.

From the above, the use of the war metaphor reinforces the fact that HIV/Aids is still viewed as an enemy and people from all levels, individuals, government, and society are engaged in a long drawn out fight to control this harmful invader. But this metaphor gives the impression of hopelessness. If HIV/Aids has been around for 26 years and in that period of time, a war has been going on, with no end in sight, it may create the wrong impression that we as humans may never win this war against this disease. People may become resigned to the fact that HIV/Aids cannot be defeated.

People who engage in risky behaviour may also become unconcerned and accept that HIV/Aids cannot be avoided, that they are going to contract it anyway. Everyone likes a war to be won but it appears newspapers favour this metaphor, as these examples have shown.

The ethical dilemma in the prolonged use of the war metaphor is that people become accepting of the fact that HIV/Aids is a strong power that cannot be defeated, hence there is no point in trying to do anything about it. But a discourse that reinforces hope is what a newspaper should use, and thus they should avoid using the war metaphor.

### **5.3.3.3      *The military metaphor***

The dictionary defines military as something used by, or connected with war or the army (Longman 2000), thus terms such as 'signing up', 'forces', 'control', 'soldiers', 'weapons', 'power' will be employed.

Presented below are examples of such military metaphors used to report on HIV/Aids in the three newspapers.

29. Twenty-five years after the first Aids cases were reported, there is NO sign of a halt to the pandemic. (Extract 26).
30. To provide HIV/Aids related services, recruiting more health professionals. (Extract 27).
31. Still, he soldiers on, hoping for a better future for HIV/Aids sufferers. (Extract 28).
32. Commitment starts within. It starts by you disciplining yourself. (Extract 10).
34. But my view is the problem of addressing the challenge of dealing with HIV/Aids in this country. (Extract 30).
35. HIV/Aids was ranked ninth among a list of 10 concerns affecting small and medium enterprises (Extract 31).
36. As a result, Aids activists and researchers have come out in full force to challenge his pronouncement (Extract 32).

37. Now, 16 years later, HIV is entrenched in the very core of this country. (Extract 33).

Examples 29 – 30 were sourced from *Mail & Guardian*, while military metaphors abound in *The Star*, judging by the examples given in number 31 – 37.

The military metaphor used in *Mail & Guardian* calls for a 'halt' to the pandemic and that more health professionals are being 'recruited' to fight this disease. In the examples from *The Star*, the military metaphor is utilised when a person living with HIV/Aids is referred to as a 'soldier' who marches on, whatever the situation. This choice of word exemplifies courage and lack of fear. The metaphor calls for 'discipline', which might also be seen as a positive word. Aids is also 'ranked', it has a 'position', just like in the military. There are also calls to activists to come out in 'full force' to 'challenge' HIV/Aids which has 'entrenched' itself into the care of the public.

The researcher did not find an example of the military metaphor in *Daily Sun*. What these examples have shown is that the military metaphor can be positive, especially with the use of words such as 'soldiers' and 'discipline'. This gives responsibility to everyone to look after themselves so that they are not infected. And for those already infected, hope is available.

But the same cannot be said of the other war metaphors. It is not certain whether people, infected or not, see themselves as someone in battle. It is also not certain whether they will feel like a soldier on a war front as the war and military metaphor suggest. Perhaps it is this inability to be able to identify with a war situation that makes newspapers unable to spread the messages of awareness, as meaningfully as it ought to. Maybe this metaphor pushes people away from thinking about the behaviour that may put them at risk. As a war situation is alien to most people, the message is lost, and a reader may turn the page because he or she does not have the required knowledge to make sense of the metaphor.

The only way the war and military metaphor can be effective is when the journalist draws the reader into behaving like a soldier, reinforcing the message of discipline, and by this action he can prevent the 'enemy' from entrenching in his or her territory. Only then can an average layman make sense of such metaphors.

#### 5.3.3.4 *The Boxing metaphor*

This metaphor also symbolises a fight between two opposing parties. The intention is to use the maximum force in your punches, so that the opponent is hurt so badly that he is defeated. Words such as 'hit', 'pummeled', 'blow' are employed to describe the action of the two parties. Ultimately, one person must win this fight, while the other person loses and is defeated.

Within the three newspapers analysed, the use of the boxing metaphor is comparable in number to the war or the military metaphor. The following are examples:

38. They have considerable leeway for deflecting the effects of the epidemic. (Extract 6)
39. The bulk of ARV provision will have to occur through the public health sector, which is being pummeled by Aids. (Extract 6)
40. Smaller firms, especially those that rely heavily on the custom of poor households, will be hit hardest. (Extract 6)
41. The mainstays of South Africa's efforts to fend off the impact of the HIV/Aids epidemic are anti-retrovirals (ARV). (Extract 6)
42. And as the bickering began, HIV's grip on the nation grew ever stronger. (Extract 33)
43. These are statistics that indicate a population in the grip of an epidemic. (Extract 34)
44. This is a pathetic effort and a horrible indication that thousands of South Africa babies will continue to be born with HIV until the government throws its full weight behind the fight against HIV and Aids. (Extract 35)
45. But instead of buckling under the strain of a rampant epidemic. ( Extract 36)

46. The campaign against HIV/Aids infection has been dealt a severe blow by the shameful disclosures during the Zuma trial. (Extract 37)

Examples 38 – 41 were from *Mail & Guardian*, while examples 42 – 46 were from *The Star*. No examples were found in *Daily Sun*.

The choice of the boxing terms used by *Mail & Guardian* seems to suggest that HIV/Aids has the upper hand. For example, words that show this include being 'pummeled' by Aids, will be 'hit hardest.' While the response of the opposition, the South African government, is to 'fend off' or 'deflect' the effects of the epidemic. This clearly shows who the weaker party in the whole affair is, as HIV/Aids is portrayed as the one on the offensive.

In the examples, sourced from *The Star*, the boxing terms that emerged include HIV's 'grip' on the nation; a population in the 'grip' of an epidemic; instead of 'buckling' under the strain; and the campaign has been dealt 'a severe blow'; all indicate that the government of South Africa and its people are unable to withstand the devastating attack of HIV/Aids. The fight is clearly in favour of HIV/Aids, because as at now there is no known cure for this disease, and those infected are at the mercy of the virus. The words are capable of instilling fear in the hearts of people.

The use of the boxing metaphors is also in line with the discourse of war and the military, whereby the newspaper involved believe that a fight is going on. The HI virus has been thus personified as a daring enemy that has to be fought on all fronts, by weapons of war, by soldiers in the military and even boxers in the rings. Everything and every means is been used in this fight, yet, HIV/Aids has not been defeated.

#### **5.3.3.5 Human characteristics metaphor**

These refer to words that were used to personify HIV/Aids, and its effects on people. Since the disease is seen as an enemy, it is natural to regard it with human characteristics.

These examples below were found in *The Star*.

47. We left the ribbon untied for too long. (Extract 33).
48. Pretoria High Court Judge, Johan Smith, reportedly referred to the woman as a "carrier of Aids". (Extract 38).
49. This of course is the terrible legacy of HIV/Aids. (Extract 39).
50. In addition, wider use of anti-retroviral drugs would help mute the effect of Aids. (Extract 40).

All these terms give the invisible enemy, a human characteristic. Since HIV/Aids has not yet been conquered, its effects can be 'muted'. The effects of HIV/Aids on a person's life are simply bad, and therefore the infection has no good 'legacy' to leave behind when the person succumbs to the disease.

The red ribbon is used to symbolise HIV/Aids, and has been left 'untied for too long' in the sense that measures that ought to have been put in place to control the virus or to treat it were not done. Hence, the disease is on a rampage.

This personification of HIV/Aids makes its impact very real; it is portrayed as a human being living amongst us. Because of the human characteristics given to it, it appears as if HIV/Aids is living amongst us.

But the negative connotation of the human characteristic metaphor is that it may not be helping the issue of stigma and discrimination. This constant association of HIV/Aids with negative words may be wearisome for those living with the disease, as they are reminded constantly that they have only a terrible legacy to leave behind. This is why Carstens (2003: 2) in his study suggests that an infected person can engage in stigma control, which means such a person could develop an optimistic counter discourse (e.g. by inverting demoralising metaphors)... because some metaphors, for example, human characteristics metaphors, are so real and they can bring the disease close to home, and this can be demoralising.

### 5.3.3.6 *Meteorological metaphor*

These are terms that have to do with weather conditions.

Examples:

51. Thank you for stirring a storm. (Extract 1).
52. How can we entice a CEO and marketing director to confidently lend us their precious brand's power in the politically and emotionally charged landscape of HIV and Aids? (Extract 8).
53. Storm over Dutch 'Aids quack.' (Extract 41).
54. By the end of the event, a stream of criticism of the South African government had become a torrent. (Extract 42).
55. But critics worry routine testing could slide into testing without knowledge or consent. (Extract 43).
56. Simply put, women cannot negotiate safe sex in a climate of gender violence. (Extract 44).
57. Tensions started to rise a few weeks back, when the Health Department blocked the TAC and the Aids law project. (Extract 45).
58. We need the world's help to build an effective health system that can weather the HIV/Aids storm (Extract 45)
59. In 2000, the Department of Health outlived a five-year plan to combat Aids, HIV and STIs, a national Aids Council was set up and it seemed as if the political leadership was serious about stemming the tide. (Extract 33).

Examples in number 51 – 55 were derived from *Mail & Guardian* and numbers 56 – 59 were from *The Star*. No examples were found in *Daily Sun*.

Most of the meteorological metaphors were used in connection with the Treatment Action Campaign's opposition to government policies. Because of the uneasy

relationship between the two parties, it might be better if such this discourse ends, so as to avoid further aggravation with the ruling party.

Aids is also regarded as a 'storm', that is relentless, and so there is a need, to urgently 'stem the tide'.

The use of a weather metaphor and its unpredictability resonates with what is happening with the HIV/Aids issue. HIV/Aids is unpredictable and cannot be controlled and it can therefore create a storm that sweeps away everything in its path.

### 5.3.3.7 Sports metaphors

Sports is a physical activity in which people compete against each other (Bongnans 2000). Because of the element of competition, one person may win while the other loses. In the examples presented below, all three the newspapers used one or another form of sports metaphor.

Examples:

60. They are currently undergoing the final hurdle. (Extract 46).
61. The program called "Treat' Train and Retains" will seek to tackle the problems of retaining health care workers in Africa. (Extract 47).
62. In 2001, we wrestled with decisions about the aims of treating infected babies. (Extract 48).
63. In a country such as Botswana, where the government has communicated clearly and shown the political will to tackle the epidemic. ( Extract 49).
64. Over the past four years the virus ran rampant through her ( Extract 50).
65. Young people are catching HIV at record numbers in SA. (Extract 51).
66. We have to narrow the gap, if we want to tackle HIV/Aids. (Extract 52).

Examples 60 – 62 were derived from *Mail & Guardian*, examples 63 – 65 from *Daily Sun*.

The metaphor 'tackle' was used in the *Mail & Guardian* in relation to health care personnel who care for HIV/Aids patients in South Africa. 'Wrestled' conveys the heart wrenching and emotional burnout for medical practitioners which they are likely to face when they decide whether to save the lives of babies infected with HIV/Aids.

Example 64 from *The Star* shows clearly how HIV/Aids has no regard for the human body. In this woman's case, 'they' (that is, the virus) 'ran' rampant within her. Example 65 also shows that young people are being infected with HIV/Aids at an alarming rate, a rate which has not been seen before, which is why the metaphor 'record number' was used.

The use of the sports metaphors in all the examples cited, has helped to reinforce the speed at which the virus is being transmitted which is beyond imagination, and that is why something urgent and drastic has to be done. The metaphor does not sound negative, unlike the metaphor of war and military. It is a metaphor that is mild in tone, yet sends out a strong message about the effects of HIV/Aids.

#### **5.3.3.8 Food metaphor**

Food is something desirable. It gives life and nourishment to one's body. But the metaphors of food in the examples presented below have a different meaning. *The Star* had two examples of the food metaphor. *Mail & Guardian* and *Daily Sun* had none.

Examples:

67. The United Nations envoy for HIV/Aids in Africa, Stephen Lewis, minces no words when referring to South Africa. (Extract 53).
68. Over the past four years the virus ran rampant through her body, eating away at healthy cells until finally, there were none left. (Extract 50).

In the first example, to mince, is to cut meat in small pieces, but when someone

does not mince his words, he says exactly what he thinks. In the second example, the HI virus is portrayed as a ravenous and vicious being that eats away at the human cells until those cells are destroyed. This metaphor focuses on the viciousness of the virus and creates sympathy for the person affected. It shows the infected as being powerless and at the mercy of the ravaging virus.

It appears the use of the food metaphor is appropriate in this situation as it does not lay the blame on the infected person, as other metaphors may do. This metaphor helps the reader to be able to fully understand just how deadly the HI Virus is, and at the same time, the dignity of the infected person is not harmed. Minimising harm is an ethical issue for journalists. According to Kruger (2005), a journalist's duty is to minimise the harm done to his or her sources as much as possible, and in this regard, the food metaphor appears ethical.

#### **5.3.3.9 Cloth metaphor**

A piece of cloth sometimes is made of a natural product such as cotton. As the piece of clothing is worn regularly, it will begin to give way to wear and tear, hence the metaphorical concept of wear and tear. Only one example of the cloth metaphor was found in the three newspapers. It was found in the *Mail & Guardian*.

Example:

69. Now he needs ARVs because his immune system is starting to show wear and tear (Extract 54)

This metaphor is ambiguous because it is not clear what is actually causing the wear and tear. For example, the dictionary defines wear as "damage caused by continuous use over a long period" (Longmans 2000). But in this case, it is not the infected person who has subjected his own immune system to wear and tear; rather, it is the HIV virus that has taken over the infected person's body, used it continuously and thereby reducing it to something 'worthless' and useless. This is another metaphor, like the

food metaphor, that clearly shows the ravaging effect of HIV on the individual. It portrays the virus as an unwanted guest, who takes over someone's body, 'using' it mercilessly until the body becomes useless, due to wear and tear. This metaphor equally shifts the focus away from the individual, and unto the virus. In doing so, two things happen: (1) the effects of the virus in the human body is clearly perceived and (ii) the infected person is pitied because he or she is viewed as not being responsible for what is happening to his or her body. What is to be blamed is the virus.

If journalists are going to use metaphors at all to describe HIV/Aids then the cloth metaphor appears to be a safe and ethical one.

#### **5.3.3.10 Road metaphors**

When one thinks of the road, the image of fast-moving vehicles comes to mind.

The road connotes motion, and everything and everyone on it keeps moving towards a particular destination. Two of the newspapers, *Mail & Guardian* and *The Star*, contained examples of the road metaphors.

Examples:

70. Getting tested for HIV is a rough ride. [Extract 55]
71. The money will accelerate the development of nearly a dozen potential drugs, with the long-term goal of treating the disease with just 10 doses. [Extract 56]
72. Aids is meshing with the routine distress – and drives an even thicker wedge between the privileged and the deprived. [Extract 57]
73. The report said other factors driving the pandemic were... [Extract 58]
74. We have to identify the drivers of the spread of HIV infection in the region [Extract 59]
75. The challenge is for these companies to fast-track the development of fixed-dose combination for children. [Extract 61]

76. Marasa said she would talk about the need to accelerate access to treatment. [Extract 61]
77. HIV talk should take a different track. [Extract 62]
78. The course of the epidemic in South Africa was predictable... driven by a set of social factors that were understood as early as 1990 [Extract 42]

Examples number 70 – 72 were sourced from *Mail & Guardian*, while examples 73 – 78 were from *The Star*.

In the first example from *Mail & Guardian*, (no. 70), the writer uses the metaphor 'rough-ride' to indicate that testing can be an uncomfortable thing to do, but yet (like an uncomfortable journey, with a destination in sight), it has to be done. The writer used the metaphor to accentuate the many precautions a person has to take in ensuring he or she is HIV-free.

The next example, 'accelerate', offers the mental picture of a car increasing its speed in order to get somewhere fast. Here (no. 71) 'accelerate' was used to communicate the urgency involved in the development of drugs which can help in the palliative care of HIV/Aids patients. This urgency is required in the sense that many lives have been lost due to the fact that there is no cure for HIV/Aids, and more drugs need to be developed to help prolong the lives of these who are infected.

The last example from *Mail & Guardian* used the metaphor 'drive' to emphasise the disparity between those who are privileged and those who are not.

All the examples from these newspapers used the road metaphor to focus on the symbolic representation of an ongoing journey, where the incidence of HIV/Aids is only a temporary situation. The ultimate destination is a cure for the disease.

Examples 73 – 78 were from *The Star*. Here, the metaphor of the road focused on two perspectives of the disease. The first perspective is the societal factors that are

responsible for the spread of the disease. It was explained that there are other factors 'driving the epidemic', i.e. causing an increase in its occurrence..

The other perspectives of the road metaphors focused on remedying the situation. They highlight all the possible solutions that could ensure that the incidence of HIV/Aids is curtailed, whether by government policy or by provision of the necessary drugs that could help the infected. The metaphorical concept of the road also describes how companies should 'fast-track' the need to 'accelerate' and how HIV talk should take a different 'track' because the former rhetoric is inadequate.

From these analyses, one could infer that the road metaphor elaborates on other factors causing the incidence of HIV/Aids. It does not necessarily focus attention on the culpability of the individuals, yet it seeks to explore those other areas which people may not have been paying attention to, but which are forces that are pushing the spread of the disease. In terms of ethics, one could infer that the road metaphor, as used in these reports, clearly distinguishes between the infected and the forces pushing the disease. This provides a holistic approach to reporting on HIV/Aids, whereby every issue surrounding the spread of the disease is clearly explained. Such an approach creates a better form of education and awareness. This helps to reduce the stigma and discrimination that people living with the disease face.

#### **5.3.3.11 Fire metaphor**

The word 'fire' connotes terms such as heat, burn, light and flame. The nature of fire is that it consumes everything in its path if it is not brought under control quickly.

Examples:

79. In a speech that is already stirring heated debate, Cameron... were assured of confidentiality, non-discrimination and anti-retroviral treatment. (Extract 62)
80. Burning embarrassment to all. (Extract 44)

81. But it also sets us back in term of tackling the social norm which are fuelling the pandemic (Extract 44)
82. So how could a nation so committed to liberation and so passionate about social reconstruction allow the flames of an epidemic” to sweep unchecked across itself? (Extract 33)
83. Tension flared at a meeting of religious leaders attended by President Thabo Mbeki. (Extract 37)

This metaphor connotes something fierce and urgent which has to be curtailed before it gets out of hand. Ethically, this metaphor shifts the focus squarely to the virus and less to the infected person. This is helpful as it minimises harm to people living with the disease.

#### **5.3.3.12 Killer metaphor**

The killer metaphor elicits images of something that is deliberately seeking to kill, harm or destroy. A killer usually displays malevolent traits and intentions towards others. Two of the newspapers, namely *The Star* and *Daily Sun*, had at least one example of the killer metaphor, which are presented below.

84. In the meantime, the attention of the world’s leader was focused for once on South Africa’s number one killer: HIV/Aids. (Extract 45)
85. In the subsequent years, the apartheid government paid little attention to the silent killer. (Extract 33)
86. His antipathy towards the killer virus was evident when he managed to avoid any reference to HIV in a speech at an International Aids conference in 2000. (Extract 33)
87. Virus threatens farming workforce. (Extract 63)
88. Aids is not the only disease that terrifies its victims. Extract 64)
89. The killer disease was no longer a “silent and private war” (Extract 24)

The examples numbered 84 – 88 were from *The Star* newspaper and item 89 from *Daily Sun*.

The killer discourse permeated the vast majority of the initial coverage of HIV/Aids in the eighties, sending people into panic and blame casting and ultimately culminating in stigma and discrimination. But 26 years into the epidemic, with better education and awareness, and the availability of ARV's, the killer metaphor is still being used, but not as often.

*The Star* presents the killer metaphor in a much more direct sense – that HIV/Aids takes lives and its mission is to kill. The phrases that reflect this are 'HIV/Aids is South Africa's number one killer', 'silent killer', and the 'killer virus'. The characteristics of the virus are also presented in items number 87 – 88, where the virus is said to 'threaten' and that it 'terrifies its victims'.

In the only example of the killer metaphor found in *Daily Sun*, it describes the virus as a 'killer disease'. The metaphor is negative and instills fear in the minds of people who are not infected, and rejection in those who are. Wallis and Nerlich (2005: 2630) add that "the killer inspires fear in a supernatural manner that fits with conceptualizations of epidemics as nightmares".

However, in a study conducted on SARS by the above-mentioned authors, (ibid) they found that the dominant killer metaphor gave SARS an 'active' role. It was a free agent responsible for its actions and those it infects were passive, blameless victims. The same cannot, however, be said for some of the metaphorical discourse on HIV/Aids.

The use of the killer metaphor conveys two notions – that HIV/Aids is deadly and it seeks to harm, kill and destroy and therefore one should avoid contracting it, and anyone who has contracted the disease should be avoided and stigmatised .

Such a metaphor does very little to reassure the public that HIV/Aids cannot be contracted through casual contact but rather through sexual intimacy. If such a discourse is still present in newspaper reporting it goes to show that enough awareness has not been created to show that it is possible for people to live healthy, active lives, despite their sero-positive status. It is known that with good nutrition, a healthy lifestyle and the correct drug regimen, the disease can be elevated from a certain and immediate death sentence to a manageable chronic disease that people can live with. The use of the killer metaphor also has ethical implications. It is one of the key issues that sustain the perception that HIV/Aids is an immediate death sentence, that it is a life of doom and gloom. It creates an impression that people with HIV/Aids have to be avoided. None of these scenarios does anything to eliminate the stigma and discrimination which keeps people in denial.

#### **5.3.4 Other metaphors that emerged in the HIV/Aids discourse**

##### **5.3.4.1 *Aids is 'suffering' metaphor***

90. In the mean time, we call on Britain to cancel the deportation of Aids sufferers... (Extract 64)
91. We have 5.5 when people living with HIV/Aids (according to UNAIDS, India with 5.7 million, has overtaken us as the country with the highest number of HIV/Aids sufferers. (Extract 45)
92. Her behaviour is deadly, not only to Aids-sufferers but also to the country. (Extract 65)
93. When will our government wake up to the fact that while diet plays a role in maintaining the health of HIV/Aids sufferers, it is not a substitute for drug treatment? (Extract 66)
94. It could change the fate of our country's 5.5 million HIV and Aids sufferers. (Extract 67)
95. HIV infection can cause mental illness... and really 40% percent of Aids sufferers in South Africa have major depression. (Extract 68)

Examples 90 – 92 were derived from *The Star*, while examples 94 – 95 came from *Daily Sun*.

#### **5.3.4.2 Aids is an 'affliction' metaphor**

96. But her doctor decided not tested her on treatment until she had warded off some of the infections she was afflicted with. (Extract 69)

This sole example is from *The Star*.

#### **5.3.4.3 Aids is a 'pestilence' metaphor**

97. The Aids pestilence is important, he adds, because of what it demonstrates about... To prevent death from disease on a massive scale in the developing world. (Extract 53)

This sole example is from *The Star*.

#### **5.3.4.4 Aids and 'its victim'**

98. My fight for Aids victims. (Extract 70).

This sole example is from *Daily Sun*.

The incidence of these other metaphors which are still being used in newspaper reports shows that words are difficult to drop once they get into use. The media should engage in a concerted effort at eliminating these words since their effect have been found to be negative, and therefore unethical.

### **5.4 Research question 4. How are the reports presented in terms of sensationalist headlines and text?**

Emke (2000: 7) observes that one of the "most a fertile areas for sensationalism in news is the headline". The headline serves as a means of attracting the reader to the

story, highlighting the important aspect of the story and consequently is a means of selling the paper.

Visser, Hsu and Kalinskaya online (2007) give further clarification on the role and importance of headlines in a newspaper. "Headlines are important in framing public opinion and as such they present one of the most important challenges in journalism. The headline creates the first impression with the reader and frequently leaves a lasting impression".

Emke (ibid) adds that in the process of enticing the reader, "the content may be misrepresented or exaggerated". Another criticism on newspaper coverage of HIV/Aids is that early mainstream media coverage sensationalised and distorted information, portraying the lives of people with Aids as isolated and desperate (Pickle, Quinn & Brown 2002: 428).

In view of the above criticism, this research question seeks to examine whether such criticism is still as valid today as they were when the other research was conducted. This study showed that very few reports in these newspapers can be considered sensational. Out of the 384 articles analysed, only six articles could be described as being sensational. The elements that constituted sensationalism were not in terms of 'misrepresentation' or 'exaggeration', as identified by Emke (2000: 7); nor were they in terms of 'distortion of information', or of 'portrayal of the lives of people with Aids as isolated and desperate' (Pickle, Quinn & Brown 2002: 428). They were about the portrayal of the disease as something to be afraid of, which create a feeling of anxiety.

Three examples from the headlines attest to this fact:

99. Science goes for gold in fight against dread disease. (Extract 71)
100. Rate of HIV infection in SA is mounting, says study. The insert adds the sensational element "Statistics show population in the grip of epidemic. (Extract 34)
101. Epidemic threatens Botswana. (Extract 19)

Items 99 – 101 were derived from *The Star*.

The word 'dread' in item 99 can be as sensational because it promotes fear and anxiety about this disease. With this fear, it is unlikely that anyone would want to be associated with someone living with HIV/Aids. This can lead to stigma.

Item 100 uses in its insert 'a population in the grip of an epidemic'. This can also be considered sensational because the word 'grip' creates the perception that the disease has a firm hold on the entire population of South Africa. The dictionary defines the word grip as "to hold something very tightly" (Longmans 2000). Thus, the perception is created that South Africa is being held very tightly by HIV/Aids. Even though about 5.5% of the population lives with the disease, this choice of sensational word can have a negative effect in terms of international trade.

It can also create a feeling of helplessness among South Africans. The attitude may become one of "If the whole country is in the 'grip' of the epidemic, why should I bother to protect myself? Everyone will get it anyway".

For these reasons, such sensational words may be considered harmful and unethical.

Item 101 uses the word 'threatens'. It can be considered sensational because the word connotes a situation whereby the HIV/Aids is likely to harm or destroy the nation of Botswana. Such a connotation can create panic among all who live in Botswana and in those who may have relations with the country.

The roles of the media are to inform, educate and entertain. But the media's role may sometimes become dysfunctional when, while informing, they unintentionally create anxiety and panic among their readers, e.g. when words are selected and used without due consideration to their meaning.

The argument has been put forward that the militarisation of HIV/Aids does not help to change the way in which the disease is perceived among the non-infected, and the way governments respond to it.

For instance, Wallis and Nerlich (2005: 2630) observe that such military language promotes shame and guilt among sufferers, and among policy makers and public health officials. "Military thinking concentrates on the physical, sees control as central, and encourages the expenditure of massive resources to achieve dominance" (Annan, 1995 in Wallis & Nerlich 2005). The argument then is that militarisation of the disease should be downplayed, and in its place a neutral language should be used.

The second set of headlines which appear sensational are the following:

102. Battle against Aids scourge. [Extract 72]
103. A plague of inequality. [Extract 73]
104. Battlefield of the 21<sup>st</sup> century. [Extract 2]

Item 102 is from *The Star*, while Items 103 and 104 are from *Mail & Guardian*.

Items 102 and 103 use the words 'scourge' and 'plague', two contentious words that dominated the earlier reporting on HIV/Aids. It is surprising that even now, and despite much criticism against the media, these two words are still found in newspaper. Although the incidence of these words is few and far between, their use should be done away with completely.

For example, Foreman (2007) point out that words such as 'scourge' and 'plague' add to the general perception that HIV/Aids and those who are affected by it should be avoided. This type of avoidance ultimately leads to stigma, which is caused by terminology with a negative connotation (Panos 2004: 31).

Even though the incidence of such negative terms are getting fewer, it will be a positive achievement if journalists are conscious of abstaining from their use and replacing them with value-neutral and more sensitive words or terminologies.

In the research conducted by Pratt, Ha and Pratt (2002: 899) they categorised the terminologies used to describe HIV/Aids and what they mean. Phrases which can create **controversy** are – 'gay plague', 'homosexual problem', 'white man disease', and 'African disease'.

Descriptions that create **fear** are 'deadly syndrome' and 'killer disease'.

Words that create **hopelessness** include 'disease with no cure', 'crisis' 'unexplained new plague', while words such as 'dirty human beings', and 'Aids-ridden' show **contempt** and **denunciation** of the victims and created feeling of anathema.

The ethical reporting of HIV/Aids, then requires a language that does not perpetuate stigma and discrimination; a language that does not create fear, denial or a reluctance for the infected from disclosing their status; or that which discourages someone from going for testing. Language used to report HIV/Aids should be sensitive and value neutral.

#### **5.5 RESEARCH QUESTION 5 – What is the nature of HIV/AIDS reporting in terms of the deontological and social responsibility ethical values?**

This question was analysed qualitatively. It should be re-stated here that deontological ethics is duty based and expects the media to inform and educate the society on significant issues which affect their lives because it is right and dutiful thing to do.

Likewise, social responsibility ethics, support that the media should be socially responsible, by publishing stories that affect members of the society. If the issue is pandemic in nature, like HIV/Aids is, then it behoves the media to make sure that this

issue does not stagnate on the media agenda. Whatever is on the media agenda, is invariably, likely to be on the public agenda.

**Table 9: Average distribution of HIV/Aids stories in the selected newspapers**

Paper	No. of issues	Total no. of stories	Average no. of stories/issue
Mail & Guardian	24	79	3.29
The Star	120	192	1.6
Daily Sun	120	113	0.94
<b>TOTAL</b>	<b>264</b>	<b>384</b>	<b>1.6</b>

A look at the table above shows that, out of a total of 384 stories published on HIV/Aids in the three newspapers, *Mail & Guardian*, published more than the average – 79 stories (3.29) on average. Though, this paper is a weekly, with just 24 editions within the six month study period, it fared better than the others.

*The Star* published approximately two stories per edition, while *Daily Sun* published approximately one story per edition. Therefore, in determining the nature of HIV/Aids reporting, in terms of deontological and social responsibility approaches, the evidence suggests that all the newspapers are being ethical by having at least one article on HIV/Aids per each edition of the paper. To be considered more ethical however, the newspapers can increase the average number of HIV/Aids stories they are publishing.

To support this view, Bentham (quoted in Kasoma 1994: 24) says that ethically right actions are those actions done in conformity with people's duties and obligations to fellow human beings. If an action is performed out of duty, it is justified and becomes a good action.

### **5.6 Conclusion**

This chapter shows that *Mail & Guardian* published more stories on average on HIV/Aids compared to *The Star* and *Daily Sun* both of which had at least one story per edition. This indicates that HIV/Aids still has some presence in these newspapers.

Also, there were not a large number of stories which were humanised, which means there is room for presenting the voices of people living with the disease.

The metaphorical language of the news reports was negative and positive. The negatives included the war, military, boxing, sports, human characteristics and killing metaphors. Positives include the food, cloth and road metaphors. Meteorological was found positive, as well as negative.

Furthermore, very few stories were sensationalised. And finally, it can be argued that the newspapers are ethical since they publish at least one story per issue..

## CHAPTER 6

### SUMMARY OF THE FINDINGS, RECOMMENDATION AND SUGGESTIONS

#### 6.1 Summary of findings

The aim of the study was to describe and evaluate the ethics of reporting on HIV/Aids in three major South African newspapers. The papers analysed were *Mail & Guardian*, *The Star* and *Daily Sun*. The newspaper selection was based on diversity in terms of style, format, audience type, reach and time of publication, i.e. daily or weekly.

Data was gathered within a period of six months, namely 1 April – 30 September 2006. This period was randomly chosen so as to find out what the selected newspapers do in their day-to-day reporting of HIV/Aids, at any given time of the year. The month of December would have been biased since it is the period during which World Aids Day is celebrated and for this reason the media will almost certainly generate more stories than usual on different aspects of the disease.

Five research questions were posed and the data generated was correlated with the research questions.

Content analysis was found to be the appropriate research design to use in this study. Because this design is both quantitative and qualitative, the data that emerged was also subjected to quantitative analysis, through descriptive statistics, while qualitative data was subjected to discourse analysis.

Thirteen content categories emerged and the total number of stories gathered was 384. Each research question that was analysed indicated the following:

### 6.1.1 Significant findings

In general, the major finding of the study is that contrary to the assumptions made (see section 1.8) that the selected South African newspapers (*Mail & Guardian*, *The Star* and *Daily Sun*) may not have approached the reporting of HIV/Aids in a deontological or socially responsible manner, the study found that this may not necessarily be so.

Arguing from a deontological perspective, the study based its argument on the premise that since deontology means duty, when applied to journalism, the duty is the ethical imperative in the matter of distributing truthful information about HIV/Aids. Thus, the position of the study is that when journalists in the selected newspapers adopt the deontological approach to HIV/Aids reporting, they become duty bound by ensuring that stories on the disease remain constantly on the media agenda. In that way they will be acting responsibly (section 1 1.2 paragraph 10). This consistency can thus be reflected in practical terms in the frequency of reporting on HIV/Aids which must be higher, constant and richer in content.

In the evidence gathered in this study, it was found that at least one story is published on HIV/Aids in each edition of the newspapers (see 5.3.1).

This confirms that HIV/Aids is being reported in the newspapers and that journalists approach their duty from a deontological perspective. However, the frequency can be improved. If a newspaper like *Mail & Guardian* feels duty bound to publish three stories per issue, on average, there is no reason why the other two newspapers cannot do likewise. HIV/Aids is serious enough to warrant such attention. The deontological ethical approach is further reflected in *Mail & Guardian* as it also publishes a weekly HIV/Aids Barometer, which provides regular updates on the disease.

In the case of *The Star*, it also appears to be adopting the deontological ethical approach in its reporting on HIV/Aids. This is evident not only in the fact that it

publishes, on average, two stories per issue, but it also has a specialist reporter whose beat is HIV/Aids. This reporter writes a regular column and covers all activities relating to the disease.

In the case of *Daily Sun*, it can be argued that, of all the newspapers studied, it seems to be the only newspaper that has neglected the reporting of HIV/Aids in a deontological way. For instance, its frequency of reporting is low – only one story is published per issue (see 5.3.1). It has no specialist reporter like *The Star*, nor does it have a regular weekly column like *Mail & Guardian's* HIV/Aids Barometer. Yet it is the biggest tabloid in South Africa, which means it has the potential to influence the lives of its several million readers in positive ways.

It appears as if *Daily Sun* is either uninterested in reporting on the disease or the newspaper is suffering from Aids fatigue. This is unfortunate as *Daily Sun* has a readership comprising mostly blacks, the racial group that is most devastated by the pandemic.

The study also examined how the newspapers performed in terms of the social responsibility ethical approach. The assumption made at the beginning of the study was that the selected newspapers may not have adopted the social responsibility ethical theory in their reporting on HIV/Aids (see 1.8). But the study revealed that to some degree the newspapers have been socially responsible, while to a lesser degree, they have not.

Social responsibility theory expects the media to provide a "truthful, comprehensive and intelligent account of the day's events in a context that gives them meaning" (see 3.4). In elaborating on this principle, Kruger (2005) explains that the "truth-telling principles means telling the story fully and giving it due weight." A practical demonstration of this will mean that there will be a higher frequency of reporting on HIV/Aids, compared to what currently prevails. This has been discussed previously and it goes to confirm that there is some level of responsibility displayed by all the newspapers concerned since they all publish, on average, one story per issue. This

supports the views of the Centre for Aids Development Research and Evaluation (CADRE) team (Stein 2002: 24) that the "media owe it a responsibility to make sure there is a constant flow of information on the disease, regardless of the fact that some members of the audience claim a fatigue."

The social responsibility ethical approach also demands of the journalist to exercise care in terms of sensationalist headlines and text. In this regard, the newspapers studied can be described as relatively ethical because very few reports appeared with sensationalist headlines and text. However, it should be pointed out that more in-depth analyses of stories on HIV/Aids are required, compared to the present practice whereby the vast majority of the news is presented as hard news (see 5.3.2, Table 4). It would have been appropriate to have more stories published as features as generally readers spend more time on issues within the features format than in the hard news format.

Sensationalist headlines and text can be damaging because it "tends to entrench the view that if you are HIV-positive, your death is imminent. The constant association between HIV and death tends also to entrench stigma" (Cullinann 2001). The newspapers were found to have been unethical in that they did not approach their reporting on HIV/Aids in a socially responsible manner. Evidence to this fact was reflected in whether the stories on HIV/Aids were humanised or non-humanised. It was found that there is a gross dearth of stories that are reported from the human angle (see 5.3.2) This corroborates the views of Hanefeld (2005) when she said there is "still a lack of articles focusing on the perspectives of people living with HIV/Aids".

In terms of language used in reporting HIV/Aids, the study revealed a variety of approaches. Through the use of discourse analysis, which focused mainly on metaphors, some usage of the metaphors was found to be negative. This could create further stigma and discrimination for people living with the disease. Examples are the use of war, military, boxing, human characteristic, sports, fire and killer metaphors. But a few were considered positive, such as the food, cloth and road metaphors. This is

because they shifted the blame away from the person living with the disease to the virus itself.

The ethical implication of the wrong use of negative language, as presented in a metaphor, is emphasised by Foreman (2007), when he says that language both "reflects and moulds our attitudes. Words often carry emotions that encourage a positive or negative response and the response evoked may not be the response that the reporter wanted." The conclusion reached is that in terms of language usage, the media have displayed some degree of ethical behaviour. There should, however, be a balance in the reporting on HIV/Aids.

The summary of each research question is presented below:

Research question 1 was meant to find out the frequency of reporting on HIV/Aids in the three selected newspapers. It revealed that generally more than one story on HIV/Aids is published per edition of the selected newspapers. On average *Mail & Guardian* publishes the most (above three stories per edition), *The Star* publishes approximately two stories per edition, while *Daily Sun* features approximately one story on HIV/Aids per edition. This indicates that while each newspaper does focus on HIV/Aids, the frequency has to be improved. This finding suggests that the criticism against the media that it no longer covers the HIV/Aids issue is not entirely true.

To increase the frequency of HIV/Aids stories, it is suggested that the average number of stories should increase to three or more per edition. This will make the HIV/Aids issue more visible on the media agenda and subsequently on the public agenda. One of the major shortcomings of the media, which should be corrected, is the lack of specialist reporters who cover the HIV/Aids beat. Having a specialist reporter is a plus, as it will guarantee that such a person will have firsthand knowledge of issues relating to the disease and how it can be meaningfully reported. This is another strategy which can be employed to increase the frequency of the stories.

*The Star* does more in-depth news reports. Furthermore, it has a specialist reporter, Jillian Green, who is referred to as the 'Aids writer'.

*Mail & Guardian* has a regular weekly news report called the HIV/Aids Barometer. This column updates the reader on current issues concerning HIV/Aids. These are welcome developments in ensuring that HIV/Aids issue remains on the media agenda.

It was observed that only *Daily Sun* did not specifically devote any specific attention to HIV/Aids, either in the form of a specialist writer or a specific column like the HIV/Aids Barometer in *Mail & Guardian*. *Daily Sun's* treatment of these stories is always superficial. More in-depth reports are necessary if readers are going to be adequately informed about the disease.

Research question 2 sought to find out whether HIV/Aids is humanised or non-humanised. The findings revealed that the overwhelming majority of the stories were non-humanised (1). This finding correlates with other research which found that there is a dearth of articles presenting the human face of HIV/Aids. It also confirms what Rachel May (Personal interview, 10th Dec. 2007) said, that "the media are not going into the community to present the voices of people living with HIV/Aids, rather, they concentrate on politicization of the diseases." Clearly, it can be inferred that reports on HIV/Aids are based on the hard news format mostly, which may be uninteresting for some people and therefore will not attract large readership. (2) The hard news format tends to follow the inverted pyramid structure of news writing, which seeks to answer questions on the 5 Ws & H( explanation will be given below). This type of formulaic writing does not give enough flexibility to write on HIV/Aids, which a feature story would.

### ***The Inverted Pyramid form of news writing and the concept of 5ws and H***

Of all the possible means of writing for the print medium, for example, the chronological style, essay style, or the wall street journal formula the inverted pyramid

structure of newswriting has been the preferred choice of writing for the print medium from about the time of the World War when its use was said to have begun.

Contemporary news writers, most especially in newspapers, tend to put the most important details in their story at the top, while the less important details are gradually placed towards the end of the story in descending order of importance, to resemble in a graphic way, an inverted pyramid structure. The inverted pyramid structure works well for both the reader and the writer, because, readers often appear to be in a hurry and have just enough time to skim the top part of the story. As they do this, the inverted pyramid structure ensures they get the gist of the story. And in the case of the writer of the story, he does not have to worry if a sub-editor is constrained by space limitation and therefore has the need to cut off a story from the end, the inverted pyramid structure guarantees that no important detail that will be most beneficial to the reader will be lost.

### ***5w's and H***

Closely associated with the inverted pyramid structure of newswriting is the concept of the 5w's and H, which stand for questions, such as What?, When?, Who?, why?, and How?, that is:

What happened?

To who did it happen?

When did it happen,

Where did it happen,

Why did it happen, and

How did it happen?

It has been an accepted practice among newsmen and women to strive to provide answers to questions they know their readers, (or viewers and listeners as the case may be) may be asking regarding any event that is reported as news. Since news is

often defined as what people want to know, then the 5w's and H often times provide sufficient answers to a reader's curiosity to know.

Most times, answers to the 5w's and H are provided in the lead - which is introductory part of the story, or in the subsequent paragraphs that follow the lead.

### **Narrative Genre of newswriting**

HIV/Aids is deeply human, it is a continuing story, and it is no longer a timely story. Timeliness is an important news value. For this reason scholars have suggested alternatives to the hard news format. The narrative genre of news writing has been suggested.

Narrative genre is a feature oriented style of writing news stories. It explores topics from the human angle by employing storytelling techniques. Japp, Meister and Japp (2005: 35) buttressed this point when they said that humans are natural storytellers.

In addition, the American Society of Newspaper Editors conducted a study on alternatives that could complement the inverted pyramid form of writing. Their findings revealed that the traditional form of news writing did not have great appeal for readers. They found that stories which exploit storytelling techniques are more effective (Cowley & Lamb 2006: 136). Using the narrative style of writing will go a long way in humanising the disease.

By humanising the disease the public will be able to see and understand that HIV/Aids is not necessarily a death sentence, but that a person who has the disease can still live a healthy and active life. Such an enlightened attitude may help to counter stigma and discrimination, which are the twin issues which drive the disease underground.

Research question 3 centered on how ethical the language of HIV/Aids is. This question was qualitatively analysed through discourse analysis and the findings show

that of the 11 metaphors analysed, some had negative connotations, while others were positive.

The negative metaphors are the war and military metaphors. These two, in particular, created a notion of helplessness – as if the virus cannot be contained or detected – and this may lead to complacency in the minds of people. Other negative metaphors include boxing, human characteristic, sports, fire and killer. Such metaphors should be discontinued since they may further perpetuate stigma for those living with the disease. The positive metaphors are the food, cloth and road metaphors. They are considered positive because their usage shifts the blame from the person living with HIV/Aids to the virus itself. Such metaphors may elicit sympathy, rather than hatred or rejection for the person affected.

The use of the meteorological metaphor tended to focus on the political dimension of the disease and for this reason its use should be discouraged. Other metaphors that emerged from the data are the use of 'Aids as victim', 'Aids as affliction', 'Aids is suffering', and 'Aids is a pestilence'. These metaphors have negative connotations and should be discontinued. The ethical thing for the media to do is to avoid these negative metaphors altogether.

Research question 4 dealt with the presentation of the news reports on HIV/Aids in terms of sensationalist headlines and text.

Findings revealed that very few news reports, both in the headlines and text, were sensational. However, a few offensive words still managed to find their way onto the pages of the newspapers - words such as 'dread', 'scourge' and 'plague'. Numerous guidelines are available for media practitioners to use in choosing better alternatives to offensive words.

The aim of research question 5 was to evaluate whether the three newspapers, on the whole, used a deontological and social responsibility value when reporting on

HIV/Aids. This question was analysed qualitatively and findings revealed that to a certain degree the reporting can be said to be duty based, as in deontological and socially responsible, while to a lesser degree, the newspapers were unethical.

The argument here is that a sense of ethics ought to determine how the media perform their task. This is because the media has a responsibility to inform and educate its readers on important issues of the day. The words of De Beer and Froneman (1994: 5) are important in this regard: "Whether or not it is accepted, media people have an ethical responsibility. Communication is a mutually influencing process and ethics and communication are therefore inescapably related." The study reveals that the media in these particular newspapers approach their job from an ethical perspective. The question does arise whether this happened consciously or otherwise.

## **6.2 Recommendations**

After examining all the issues relating to the ethics of reporting HIV/Aids, the following recommendations are offered. This is structured in two parts: (1) to the editor, (2) to the media.

### **6.2.1 To the editor**

- Editors should make it an editorial policy of their paper to adopt an ethical approach to issues, especially towards a pandemic like HIV/Aids.
- Editors should have a deep-rooted sense of social responsibility and this can be expressed by committing greater column space to HIV/Aids.
- Editors should explore alternate story formats besides the inverted pyramid structure. One such format is the narrative genre of writing. This type of writing can boost readership, especially on a continuing story such as HIV/Aids.
- Editors should not be too driven by commercial interest alone. It should be pointed out that a readership that is sickly or dying of HIV/Aids is not a readership that will fatten the wallets of newspaper proprietors. There should a

balancing act between meeting the bottom line, that is making profit, and making provision for the relevant dissemination of information on HIV/Aids.

- Editors should create a specialised desk for HIV/Aids. This specialist reporter will provide expertise on issues relating to HIV/Aids and can be called upon to provide meaningful and insightful articles on all aspects of the disease.
- Attention should be paid to training health reporters whose beat is to cover stories such as HIV/Aids. It's not enough for these reporters to have on-the-job training alone; they need to be taught the nitty-gritty of reporting health stories, interpreting relevant statistics and being able to understand medical terminology so that they will feel confident interpreting them.
- Editors ought to be knowledgeable on health issues, since they serve as media gatekeepers. They are the main line of defence against errors. It is important that they are able to spot errors or inconsistencies within news stories. Should anything factually incorrectly be written on HIV/Aids, an eagle-eyed and knowledgeable editor should be able to spot it and make the necessary corrections.
- Editors should explore story ideas that have not been reported on before.
- The media should avoid stereotyping. All races, gender and social groups of people living with the disease ought to be presented. It is harmful to portray just one race or one gender as the stereotype of a person with HIV/Aids. Such a practice may create complacency in those whose race or whose gender is not portrayed and those stereotyped may feel rejected.
- Editors should try to incorporate HIV/Aids into other beats such as education, economy and so on. Aids should not be restricted to the health beat alone because HIV/Aids affect all aspects of human life.

### **6.2.2 To the media**

The media has to be socially responsible by providing regular and consistent information on HIV/Aids. This is the ethical thing to do in the face of no known cure for HIV/Aids.

- Reporting in the media ought to be proactive rather than the present practice of reactive coverage. The media should not only wait for events to happen.
- The media should not engage in sensational reporting as this tends to create fear, dread, rejection and hatred for people living with HIV/Aids. They are also issues that cause stigma and discrimination.
- Other genres of news writing, like narrative writing, are useful alternatives to choose from.
- The media should humanise the stories on HIV/Aids by presenting stories from the perspectives of people living with the virus. These approaches provide a subtle means of making the disease more familiar, thereby creating the perception that HIV/Aids is not synonymous with death and dying, but it can also be about life and living.
- More stories ought to be published on HIV/Aids instead of the current practice whereby only one story on average is published per issue. Because HIV/Aids kills people in their prime in large numbers, the media should be engaged in frequent coverage. They should ensure that the youth (who are in the age group most affected by the disease) have adequate information and education.
- The media can create special columns for youths to talk openly about HIV/Aids. It can be a weekly column, handled by a youth, who will write viewpoints, opinion analysis, and encourage letters from the readers. Stories written on HIV/Aids should avoid a tone of pessimism and rather employ a tone of hope and optimism. Any negativity may create more despondency in the person living with the disease.
- The media should take its role in society seriously. It provide news, information and education but it should also provide interpretation of the news so that its readers can make informed decisions about their lives based on what they read.
- The media should place HIV/Aids on the media agenda so that it can remain on the public agenda.
- Journalists should go out into the community and seek out people living with HIV/Aids and encourage them to explain how they are coping with the disease. (While doing this, they should remember the ethics of privacy and

confidentiality. Any promises given should be kept). No interviewee should be unduly pressured into disclosing his/her status. But a person who is willing to talk will be of help to others.

- Journalists ought to be more creative in writing about HIV/Aids. They need to pursue their own story ideas on the disease.
- Journalists should explore opportunities to interact and find out from the experts what they are doing in finding a cure for the disease.
- Journalists should sharpen their interpretative writing skills; this is necessary in order to be able write in such a way that the readers will learn something useful and be better informed.
- Journalists should recognise the cultural and social norms that drive the disease. In doing so, the journalist will be in a better position to put his/her story into the right perspective.
- Journalists have to be caring and sensitive when interviewing or reporting on someone living with the virus. They should find out how such a person prefers to be identified. For instance, should he/she be referred to as 'person infected with HIV/Aids', 'Aids patient', or 'person living with HIV/Aids.
- The language of writing the report must be simple, concise, clear and free of ambiguities. Since language creates perception, words have to be carefully chosen when presenting issues on HIV/Aids.
- Journalists ought to seek and be guided by ethical guidelines regarding HIV/Aids reporting. The usual code of conduct for journalists is not enough. Ethical guidelines, either by stakeholders in the Health Ministry, people living with the disease, or civil society like the Treatment Action Campaign, should be taken to consideration.

### **6.3 Suggestions for further research**

- Investigate the cultural issues that keep people from disclosing their status, hence why HIV/Aids is driven underground.

- Investigate how newspaper readers feel about the supposed saturation of stories on HIV/Aids, and what role editors play in the 'Aids fatigue' phenomenon.
- How can the advocacy role of the media be explored in relation to HIV/Aids?
- Which factors limit how media messages get to Africans of all demographic levels?
- The dysfunctional impact of media messages in relation to HIV/Aids.
- Investigate whether the training of journalists is adequate to meet the challenges of HIV/Aids.
- Can newspapers meet the challenges of HIV/Aids reporting, in view of declining readership of the medium?

## APPENDIX 1

An example of a **WAR** metaphor located in the headline

Source: MAIL AND GUARDIAN

Date: 28-Sep-2006

Topic: 10

Ref No: 6195



Extract 2

ID: 03389069-01 Source Page: 32

In the third instalment of the Mail & Guardian and Health-e investigation into public healthcare, we examine the impact of HIV/Aids on state hospitals. The epidemic is consuming crucial medical resources and vital skills are lost as health workers become infected

# Battlefield of the 21st century



Natalspruit Hospital, Gauteng

**N**atalspruit Hospital's wards used to resemble a battlefield as health workers treated those wounded in political battles on the East Rand in the 1980s. Now an overwhelming number of Aids patients have quietly replaced those with gunshot and stab wounds, and there are signs that the quality of care is deteriorating as healthcare workers battle to cope.

The stacks surrounding the 784-bed Kaitleng hospital are a visible reminder that most of the patients

are from impoverished households.

"Sorry, sorry, sorry," urges a nurse as she pushes a trolley with a body under a sheet down a passage leading from the men's medical ward.

"You see? There's already a death," whispers Sister Rosinah Serote, a motherly figure who has been head of nursing at the hospital for the past five years. It's the first death for the day in Ward 16. The previous day, there were seven deaths in the medical wards.

"It does overwhelm us because, really, they are sick. They need to be cared for all the time. They are totally dependent on us because most of them can hardly walk. They can hardly feed themselves. They can hardly wash themselves, so we have to wash them. We have to take care of them full time," explains Nombulelo Mabhija, the sister in charge of the 38-bed men's ward. Shrugging her shoulders, she adds: "We cope. Sometimes we are overwhelmed, but we have to be there for the patients."

Dr George Abraham, acting senior

clinical manager of the hospital, believes the issues are straightforward: "Number one, our number of patients with HIV-related diseases have increased. Number two, we have been losing staff on a regular basis due to HIV. You'll find that, on a monthly basis, we lose one to two people because of HIV."

Abraham, who has worked at Natalspruit for the past 12 years, believes the hospital staff are no different from the community they serve. "I think the main thing is stigma. If I know I'm HIV [positive] I try to hide it until it's very, very late. It's a matter of stigma — whether I'm a healthcare worker or not," he says. "We used to admit between 10 and 15 medical patients on a daily basis. Now that number has gone up to 40 to 50 patients a day — and most of these patients have HIV-related complications."

Serote says more than 80% of admissions to the hospital's medical wards are HIV-related. In addition to the pressure to find beds for them all, she has also been forced to deploy staff from other wards to dispense antiretrovirals in the HIV clinic. "We had to remove one paediatric ward and make it a step-down [lower-care ward]. And we had to take one female orthopaedic ward and make it a female medical ward."

Treatment modalities || 1 Wa. independent D  
NEWS m&g

## APPENDIX 2

An example of a **MILITARY** metaphor located in the text

# Antiretrovirals mooted for the non-infected

(EXTRACT 29)

BY JILLIAN GREEN  
Aids Writer

Researchers say pre-exposure use of Aids-drugs could be beneficial

People not infected with HIV could be taking antiretroviral drugs on a daily basis in the future.

This comes as scientists in several countries conduct research into the use of the anti-Aids drugs to prevent HIV infection.

Researchers from the United States' Centres for Disease Control and the National Institutes of Health hypothesise that giving an uninfected individual a daily pre-exposure of antiretrovirals (ARVs) may prevent that individual from infection by disabling or interfering with the HI virus within a period after an individual is exposed to the virus.

The drugs would work in a similar way to anti-malaria tablets, which protect individuals who take them before visiting a malaria area.

Clinical trials to determine the efficacy of pre-exposure prophylaxis (PrEP) in humans - using either a single ARV, Tenofovir, or a

combination of drugs, Tenofovir and Emtricitabine - are under way in Botswana among heterosexual couples in which one partner is HIV infected; in Peru among men who have sex with men; and in Thailand among injecting drug users.

Trials are also being conducted in Ghana among high-risk women and in the US among men who have sex with men. No studies are as yet being conducted in South Africa.

Results of the clinical trials are expected late next year or in 2008.

But PrEP is unlikely to be 100% effective because the HI virus is known to develop resistance to ARVs, and this means it will still need to be used in conjunction with other prevention methods.

Professor Helen Rees, executive director of the University of the Witwatersrand's Reproductive Health and HIV Research Unit, says PrEP isn't a "magic bullet" but could be "another weapon in our

armoury against HIV infection".

Rees adds that the effectiveness of PrEP would ultimately be determined by people's behaviour.

"If a person increases their risk behaviour by increasing their number of sexual partners or reducing condom use, the benefits gained by PrEP may be lost," she says.

In countries with an emerging epidemic, according to Rees, an effective prophylactic is likely to be given to people in high-risk groups, such as commercial sex workers, injection drug users and migrant workers.

In a country like South Africa, which has a more generalised epidemic and where women between the ages of 20 to 24 are considered high risk, a policy decision would have to be made on who has access to the prophylactic drug.

Dr Francois Venter, president of the Southern African HIV Clinicians Society, says that even if PrEP becomes available, "it would

only be a small part of the jigsaw puzzle of prevention methods".

Venter isn't certain how many people would choose to take a chemical substance - which may have side-effects - to protect themselves rather than use condoms.

"They are unlikely to have much impact if used in isolation," he believes.

Antiretroviral drugs have already been shown to prevent HIV infection, with thousands of children being protected from infection through mother-to-child prevention programmes.

In addition, providing post-exposure prophylaxis (PEP) to health-care workers immediately after accidental exposure to the HI virus and to rape survivors within 72 hours after the attack has also been proven to prevent infection.

But with almost 5-million new HIV infections occurring every year, the world is hard-pressed to find additional ways to prevent the

spread of the disease.

Although behaviour interventions - abstinence, reducing the number of sexual partners, partner selection, using male condoms and female condoms, and needle hygiene - have been shown to be effective methods of prevention, these are not consistently used by individuals, are not universally effective and have not ultimately been able to contain the epidemic.

It is widely believed that in addition to effective behavioural change, biomedical approaches to HIV prevention will be required to adequately curb the spread of the virus. But even if the current human trials are successful, the introduction of PrEP as a prevention method is a long way off.

Rees explains that many other questions will be raised if PrEP is found to be effective.

"Researchers would have to turn their attention to drug resistance, drug toxicity, drug pricing, the cost-effectiveness of the approach and whether people will adhere to taking it," she says.

# Cosatu worried about ANC's 'rightist tendencies'

BY MOSHOESHOE MONARE  
Group Deputy Political Editor

Cosatu's congress should influence the outcome of who will lead the ANC and change the ruling party's rightist policy direction.

This is the view of SA Communist Party general secretary Blade Nzimande.

Writing in his fortnightly newsletter *Umsbenzi Online*, he said: "The question therefore arises as to what kind of ANC leadership do we

in the post-2009 government?" Nzimande said the composition of the new Cosatu leadership - to be elected at its congress next week - should be informed by these political challenges.

In what could be interpreted as a direct response to National Union of Metalworkers of SA general secretary Silumko Nondwango's view that Cosatu should not spend too much time on the crisis over ANC deputy president Jacob Zuma at the expense of issues affecting workers



STRONG VIEWS: SACP general secretary Blade Nzimande.

influence the ANC's direction.

'gumboots and overalls' trade union". He called this approach "liberalism and bourgeois legality disguised as genuine working-class struggles".

He added: "It is unfortunate that some within the ranks of the working-class movement itself seem to have bought into these false dichotomies and bourgeois liberalism - a modern expression of work-erism - that we have long defeated inside Cosatu."

He denied that Cosatu and its

abuse of Comrade Zuma's constitutional rights".

At the heart of the SACP's contention is whether the ANC, and particularly the government, should be biased towards the working class or business.

Nzimande urged Cosatu to reject the "rightist tendencies and policies" in the ANC by reviewing and restructuring the tripartite alliance.

He said ensuring that the working class took direct control over

### APPENDIX 3

An example of a **BOXING** metaphor located in the headline

Source: STAR

Date: 28-Apr-2006

Topic: 10

Ref No: 2329



1

ID: 03336543-01 Source Page: 9

# Safe sex: women get the upper hand

*-Boasting metaphor*

Microbicides could be marketed for their pleasure-boosting qualities as well as for protection against disease

BY JILLIAN GREEN  
Aids Writer

**T**hey are being developed to prevent HIV infection but they give sexual pleasure too.

This has been shown after Thai couples involved in a study to understand how microbicides should be marketed once they are available. It is important that the gel substance had improved their sexual experience and increased the number of times they had sex.

Sara Whitehead, of the Thailand Ministry of Health, who presented the findings of the study at the biannual microbicides conference in Cape Town this week, said the results of the study showed that microbicides would need to be marketed as something aimed at sexual pleasure, not only as a disease-preventing gel.

"A product marketed for disease protection alone would suffer a similar stigma to that of condoms," she said.

Condom use has often been linked to unfaithfulness, sexually transmitted diseases and one-night stands.

"It is thought that microbicides marketed as a disease protector would have the same reputation," Whitehead said.

Microbicides are products, which come in the forms of gels, creams and rings, that are being developed to substantially reduce the transmission of HIV and possibly other sexually transmitted infections when applied vaginally or possibly rectally.

Whitehead's study involved 35 low risk Thai couples who

had one sexual partner for at least a year and had no sexually transmitted diseases.

The couples had to use the gel each time they had sex and report on the effect it had on their sexual experience, the frequency of sex and the overall rating of the product.

Whitehead said more than half the respondents reported that the gel increased their sexual pleasure and that the frequency of their sexual acts increased.

“**Large HIV program me could ensure wide distribution**”

"A third of the respondents said the volume of gel was too high," she said.

Whitehead noted that 15% of women thought it was possible to use the product without the knowledge of their partner, as compared to 48% of men.

"Microbicides marketed for increased sexual pleasure as well as disease prevention could improve women's position in negotiating safe sex," she said.

Meanwhile, in a separate presentation at the conference earlier this week, Saul Johnson, from Health and Development Africa, said that getting a microbicide into South Africa would be quite challenging because there were a number

of areas that had to be addressed first.

Johnson pointed out that it took many years for a drug to pass through the regulatory authority of the Medicines Control Council.

"This is a key impediment, and even if registration was fast-tracked it could take over a year," he said.

Other factors which could affect accessibility was the inability of manufacturers to scale up quickly, the lengthy decision-making process of the Department of Health, procurement cycles of the government, and distribution of the product.

"But there are opportunities. South Africa has manufacturers capable of manufacturing the products, there is a large HIV programme which could include funding for microbicides, and a mechanism for distribution that could ensure a wide distribution of the products," he said.

But Johnson added that ~~the challenge~~ for those in microbicide development was to ensure that clinical trials incorporated all the information that would be required for a product to be registered, keeping the government informed and up to date with developments and for there to be consensus among scientists - all of which would go a long way to ensuring that accessibility would be easier in the end.

## APPENDIX 4

An example of a ***HUMAN CHARACTERISTIC*** metaphor located in both headline and text

Source: STAR

Date: 18-May-2006

Topic: 10

Ref No: 2618



1

EXTRACT 39

ID: 03341697-01 Source Page: 17

## Sad truth about legacy of Aids

Lots of people will have reacted one way or another to Zuma's not guilty verdict, either for or against for a variety of reasons.

But the trial itself and the verdict will have sent out a number of signals.

Perhaps in this emotional atmosphere, one should keep an important distinction in mind.

Zuma was charged with rape, and not with adultery or fornication.

I think that he and his legal team would have been acutely aware of this, which might explain why Zuma in a possibly cavalier fashion cheerfully admitted to the latter sort of deed, and even mentioned Zulu custom.

However, another thought arises.

Supposing this act of physical union had resulted in a pregnancy, with a little unborn child doomed to enter this world HIV-positive through no fault of his or her own.

Is "terminating the pregnancy" such a simple and

wonderful answer to all of this?

This of course is the terrible legacy of HIV/Aids, that those infected cannot hope to get married and raise healthy children of their own.

The desire to be a parent of healthy children is a God-given right to every individual who is prepared to accept the concurring responsibilities of marriage and committed parenthood.

An encounter with HIV will destroy that very precious hope and desire, and can very easily replace it with a kind of fatalism such as "Go for it now today, for tomorrow we die!".

Are we not all of us made for better things than that, and hope for good things for ourselves and our children.

Isn't that the very thing that would be lacking in gay and lesbian type marriages, by their very natures - the inbuilt physical inability to produce natural children to loving parents.

JW Chambers  
Airfield, Benoni

Human characteristics  
metaphor

## APPENDIX 5

An example of a *METEOROLOGICAL* metaphor located in the text

&

## APPENDIX 6

An example of a *KILLER* metaphor in the text

(EXTRACT 24)

Source: STAR

Topic: 10

Date:

Ref No:



### 'Virgin test proves SA leaders are failing'

BY PHOMELLO MOLIWEDI

The rise in virginity testing is proof of the government's failure to deal effectively with the HIV/AIDS pandemic.

SA said Professor Erika George, of the University of Utah in the US, at a seminar on Virginity Testing, Human Rights and HIV/AIDS at the University of the Witwatersrand on Monday.

According to George, the practice has enjoyed a huge surge, especially in KwaZulu Natal, where HIV/AIDS has escalated.

She said concern about HIV had led to "an industry in virginity testing (outside the cultural practices). This is a manifestation of failure by the government to stop the tide against HIV".

She estimated that tens of thousands of girls could be involved and added that virginity testing could put great pressure on girls.

"The problem is that there is a very high value placed on the chastity of virginity to the exclusion of sexual autonomy. Virginity testing can be quite intrusive and inva-

sive. Its effects can be devastating for the girls who fail."

George added that there were other means of Aids prevention and supported the Children's Rights legislation which seeks to ban virginity testing.

But the Congress of Traditional Leaders of South Africa has slammed the government's attempts to ban such testing, claiming that the practice could prove crucial to curbing HIV by discouraging promiscuity among young people.

*relevance*

# Cosatu joins fight on Aids!



By SUN REPORTER

COSATU is throwing its huge weight behind the nation's struggle against HIV/AIDS.

The killer disease was no longer a "silent and private war," trade union alliance boss, Willie Madisha, told delegates to the Cosatu conference in Midrand yesterday.

Cosatu would be joining with the Treatment Action Campaign (TAC) and the SA Council of Churches to help draw up a "concrete plan of action" to fight the disease which has infected more than five million South Africans.

Madisha said: "It's now an open war!" and called for "unswerving determination to reduce the number of new infections and treat those currently living with the disease."

The Cosatu onslaught on HIV/AIDS comes at the same time as the government is preparing new plans to fight the disease over the coming five years.

It appears that the Health Minister, Dr "Docroot" Manto Tshabalala-Msimang, is not playing the central role she used to.

Instead, Deputy President Phumzile Mlambo-Ngcuka is now heading the government's efforts. She told the Cosatu congress yesterday that a strong partnership was needed with the labour federation in the re-structured SA National Aids Council.

And the TAC, meanwhile, launched a strong attack on "poor political leadership represented by a health minister promoting pseudo-science." The Aids activists said this was a major reason behind South Africa's HIV crisis.

TAC chairman Zackie Achmat told the Cosatu

## APPENDIX 7

An example of a **SPORTS** metaphor located in the text



EXTRACT 46

ID: 03340287-01 Source Page: 31

# Monitor

A barometer of governance and development

## The Blob: Unlikely Aids hero

spans metaphor spread

Microbicides are fast becoming the new weapon in the war against Aids

### Comment

Okay, so abstinence hasn't worked very well, featuring more in conversations than in bedrooms. Male condoms mean trusting men both to display foresight and to eat the proverbial "banana with its peel on", while female condoms are scarce, awkward and apparently noisy. A vaccine against that quick-change-artist, the Aids virus, is science fiction - and likely to remain that way for a long time.

Enter an unlikely hero: The Blob. The Blob is a microbicide, a smallish dab of transparent gel, cream or lotion, which comes in narrow plastic push-tubes, miniature toothpaste-type tubes or sponges and flexible plastic vaginal rings soaked in the stuff.

Many microbicides, including a traditional herbal medicine from India, are just at the beginning stages of an exhausting marathon of tests. Others drop out along the way. The lemon and lime juice profiled in last week's *Mail & Guardian*, for example, only works at concentrations so strong that it damages the lining of the vagina, thereby opening the door to the Aids virus. You'd be better off making lemonade, while waiting for scientists to isolate the active ingredients and contain it in

something less destructive.

The most exciting news is that five dramatically different microbicides have passed their laboratory and animal safety trials with flying colours. They're currently undergoing the final hurdle: effectiveness tests among tens of thousands of women volunteers across Africa and Asia, many of whom have results due two years from now.

Some of these volunteers are illiterate. Many are poor. None are igu-

rant, because they have to survive an intensive educational campaign on the potential risks and dangers before giving their written informed consent and being enrolled in what is quite possibly one of the largest human experiments in history.

Some are married, some are single and some are sex workers. Some use it with a condom, others without. Some have children. Others don't. They have to give up large chunks

of time in order to travel to clinics repeatedly for testing and analysis, they often have to undergo embarrassing medical examinations and discussions and they can't be paid to do the work for fear that they might then distort the information.

All the participants are brave, because they understand that if the science is to benefit others, not all of them will get the real thing. Some will be given a placebo - a gel that looks

like the real thing and does nothing to protect them from Aids. There is no other way to make absolutely sure of the results, which are double-blinded so that no type of well-intentioned bias from staff or volunteers can manipulate the outcome.

Interestingly, many of the women who fall pregnant claim to be using condoms as well, so either the condoms are not very successful or their recollection is at fault. Either way, as a result, researchers need to test The Blob on vast numbers of women.

Researchers have learnt from previous mistakes and are getting better at conducting ethically sound research in poverty-stricken areas where government health services may be patchy and residents desperate.

Many of the microbicides sound like robots in *Star Wars* movies: C31G, HPTN035 and PRO200075. Some of the research has progressed to the point where The Blob in question has a little trademark symbol after its name, like the seaweed-based Carraguard™, whose main ingredient is a stabiliser also found in ice cream and hand lotions. Carraguard used to be known as PC-515.

The names are clunky, but the actual experiment is relatively simple: insert, have sex with your partner, remove and discard applicator. Don't wash your private parts immediately after sex. Do not use other.

Biomedical 3 ~~next~~ Comment

## APPENDIX 8

An example of a *FOOD* metaphor located in the text

Source: STAR

Date: 29-May-2006

Topic: 10

Ref No: 2822



(EXTRACT 50)

ID: 03345336-01 Source Page 6

## Another young life reduced to a statistic

BY JILLIAN GREEN  
Aids Writer

Katlego More was 24, the proud mom of a 4-year-old, and was happy when she died.

She had been working on a plan to rescue her family from poverty and had dreams of owning her own home and building a better life for her son. It all ended on Saturday when she was buried.

Like many other young women, Katlego died of Aids.

At 24 she had so badly wanted a better life for her family and herself, but she ended up a statistic.

Katlego was 19 when she contracted the killer virus from an older boyfriend, a gangster, who she believed was her "saviour" who loved her, but who was actually cheating on her and then refusing to wear condoms when he slept with her.

"He made her suffer. He had many girlfriends while he

was with her but we did not know this when they got involved," said Esther Maseko, Katlego's friend since childhood.

The man who infected her with the virus was spared the ill-effects of HIV infection and instead was shot dead in gang-related violence.

Katlego, though, knew all too well what HIV did to the immune system.

Over the past four years the virus ran rampant through her body eating away at her health until finally there were none left, leaving her vulnerable to a host of infections.

When she died a week ago, Katlego was afflicted with pneumonia, mouth ulcers, blood vessel cancer and diabetes.

Katlego's sister, Kgomotso Ndaba, said: "She looked tired. I knew she wasn't going to make it and I think she knew this as well.

"Katlego was everything to me. She loved me and wanted to make my life better. I am going to miss her so much. I don't know what I am going to do.

"I don't know why she got involved with that stupid fool," Ndaba lamented.

Katlego, who had big brown eyes and an infectious smile, was buried at her home village

of Hebron, Sushanguve.

Everyone in attendance was aware that she died from Aids.

Before she died, Katlego didn't wallow in self-pity. Instead, in the last few months of her life and while she was extremely ill and emaciated, she did all she could to warn young women about HIV infection.

She told her story to a number of magazines including *Uncut*, a magazine aimed at educating the youth about HIV, Aids, and spoke out about her illness on TV.

Before she died, Katlego asked Esther to pass on this message to young people:

"Tell them that HIV is real, that it kills. Tell them to take care of themselves, to use condoms. Tell them not to rely on someone else to get them out of poverty. Tell them to be themselves and reach for their dreams."

jillian.green@inl.co.za

Food  
metaphor

## APPENDIX 9

An example of a **CLOTH** metaphor located in the text



# Ego and pig-headedness

South Africa's anti-retroviral (ARV) medication versus nutrition debate is not unique in the world. But what is unique to this country is its scale and that the government is placed within the "alternative" camp, with civil society, including the Treatment Action Campaign, the protagonist of mainstream science and medicine. This has led to a highly polarised situation, with common sense nowhere in sight and those infected being the victims.

Initially, the ARV lobby groups' opposition to promoting nutritional measures was to ensure that ARV access was placed at the forefront of government responsibilities to those infected. This was understandable and laudable. Indeed, their efforts were essential in making ARVs more widely available to those infected, and yes, more work is required to make drugs more widely available.

In response, some of the "nutrition-only" protagonists escalated their efforts and claims, telling people that ARVs are deadly and that Aids can be cured with plants, vitamins and minerals.

Why, in a civilised society, are people being asked to choose between appropriate medication and food to keep their body healthy? Do we ask the same of those with diabetes or heart disease? Since when has maintaining body strength through exercise and nutrition been in conflict with proper medical treatment?

One of us, David Patient, has had HIV since 1983, and was involved in HIV/Aids activism long before ARVs arrived. He took part in the first human clinical trials, in 1986 at Duke University, on AZT. When second-generation ARVs became available in the early 1990s both authors helped get these medications to South African Aids patients.

We have also been part of the nutrition and HIV debate since its early days and, in some instances, instigated it.

We have investigated many products, herbal and otherwise, sometimes through personal trials. Our conclusions are:

- There is no HIV cure from the medical, traditional healing or "alternative" fraternities. But there are proven methods of keeping HIV under control, for example through ARVs, and for strengthening the immune system, through sound nutrition and other practical measures.

- ARVs extend the productive health of those living with Aids by four or more years. Yes, some respond badly, and long-term use often leads to side effects such as liver problems. Early ARVs did indeed have severe side effects due to high dose levels. But the disadvantages of medication are outweighed by the clearly demonstrated benefits.

- Nutrition likewise extends life by focusing on providing the body with what it needs to create new immune cells. These two methods are complementary, not conflicting.

- ARVs are appropriate when a person living with HIV reaches a CD4 count of 200, or when an Aids illness emerges. But nutrition and other practical measures such as exercise provide effective measures for people living with HIV to get involved in their health long before Aids emerges.

During the longest period of living with HIV, from diagnosis to CD4 of 200, you need to take care of your body and give it what it needs to keep HIV under control. There are proven, natural methods that enhance your body's ability to do this. However, when your immune system becomes compromised and your CD4 count drops below 200 and your viral load increases, ARVs are critical.

Patient used nutrition for most of his HIV infection. Now he needs ARVs because his immune system is starting to show wear and tear. He takes his drugs religiously each day, but still eats well, takes his supplements, does exercise, and generally takes care of his body. His CD4 is at 900, his viral load undetectable, and

his liver enzyme tests normal.

So what, we ask, is the debate really about? How much of it is about ego and sheer pig-headedness? — David Patient and Neil Orr

It would appear that for the Department of Health and the Medicines Control Council, anyone can make any claims about their so-called "treatments" having healing qualities without having to lift a finger to prove them.

This would be cause for wry smiles and sniggers if it was not for the fact that, as a result of these unethical and unmonitored so-called "trials" and unproven claims, desperate people living with HIV/Aids are being subjected to unnecessary suffering and premature death by misguided persons like Tine van der Maas. —

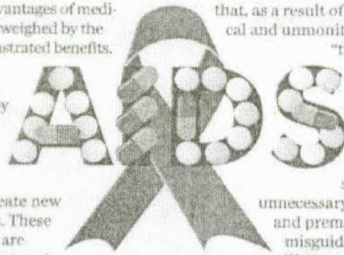
John Gosling, medical practitioner, Cape Town

The "mystery of discordance" (*M&G Online*, May 26) is not really a mystery at all. HIV is a relatively poorly transmitted virus and the likelihood of infection on a sexual exposure is extremely low — often less than 1:100 and even as low as 1:1 000.

The likelihood of infection is even lower given good genital health and if the HIV-positive partner is not in the first few months of infection, when viral levels are particularly high.

This should not encourage people to chance their luck — the bells can ring for you the first time you play the gambling machine. — Dr Clive Evison

Your editorial ("Dangerous quackery", May 26) omitted the key issue. While some treatments may well be more effective than others, the eventual solution to HIV/Aids requires a national change of heart. Our collective effort must be directed towards avoiding, instead of managing, the disease. — Michael Noyce, Hillcrest



Clote  
metaphor  
clote

Treatment modulates // David Keller

APPENDIX 10

An example of a **ROAD** metaphor located in the text

Source: STAR

Date: 30-May-2006

Topic: 10

Ref No: 2865

EXTRACT 61

ID: 03345990-01 Source Page: 10

# TAC envoy takes plight of HIV people to UN

Her dad kicked her out of the house because of her status

BY ANSO THOM

Although Nkhensani Mavasa has been invited to address the world at the United Nations in New York tomorrow, she is still not welcome in her own father's house because she is HIV-positive.

Mavasa, deputy chairperson of the Treatment Action Campaign (TAC), will be one of the keynote speakers at the opening plenary of the UN General Assembly Special Session on HIV/AIDS.

This is despite earlier objections by the Health Department to the TAC being accredited to attend the high-profile meeting.

Speaking on the eve of her first trip overseas, 27-year-old Mavasa said she would talk about the need to accelerate access to treatment, how the human resources crisis in the health sector is affecting people living with HIV, and stigma.

Stigma is something that Mavasa has experienced firsthand. Last year, her policeman father ordered her to leave the house when she told her family that she was HIV-positive and has refused to speak to her or see her since. "I have tried to speak to him and tried to phone him once, but he just slammed the phone down in my ear," Mavasa said.

But this hasn't stopped the Tzaneen woman from challenging patriarchal practices in her community.

"In Limpopo, our villages are dominated by people believing in culture. There are duties for men and duties for women. Men are the head of the household. Women are not allowed to wear pants, talk in meetings or work in the formal sector.

*Read newspaper*

They have to cook, bear children, collect firewood and grow crops," she said.

Despite opposition from the older men, Mavasa has challenged all these beliefs.

"You know, when you are raped and you go to report it to the police, they will tell you that you don't report such things here, that you must go and speak to your family."

TAC general secretary Siphso Mthathi describes Mavasa's life as "a great story of brevity and exemplary leadership, fighting patriarchy in a community where women still have to kneel when they bring food to men".

The eldest of five children, Mavasa has been involved in various community organisations from an early age.

She joined the TAC in 2001, before she knew she was HIV-positive. "At that time I didn't know much, but grew more interested as I read more."

Mavasa said that one of the reasons why she decided to join the TAC was to try to understand the claims that those living with HIV had been bewitched.

"I felt I needed to know more because I thought that perhaps it could be true."

While teaching HIV/AIDS literacy at schools, churches and women's groups, Mavasa felt increasing pressure to determine her own HIV status.

"Many people would ask me whether I was HIV-positive because my T-shirt said so. Sometimes I lied and said it was because I felt it was wrong for me to be preaching VCT (voluntary counselling and testing) while I did not know my own status," she explained.

Last year, Mavasa tried on several occasions to have an HIV test, but turned around every time because the queues were too long.

"One day I just went and decided I was going to stay no matter how long it took. Ten minutes after taking the test, the nurse called me in and told me I was positive.

"I could not believe it. A week later I went to another clinic for a second test and the results were the same. I was still in denial, not believing what I was being told.

"After two days I went to a third clinic. Again the results were positive. It was so hard for me to accept I was HIV-positive, I just couldn't take it. My boyfriend supported me a lot."

Has knowing her status changed her? "Before I knew my status, I used to panic if I had a headache and I would wonder if I was HIV-positive. Now that I know my status I don't worry about these things. Now I feel free, no matter what people say."

Although Mavasa is a "little scared" of going overseas for the first time she is looking forward to travelling. Health e-News Service

APPENDIX 11

An example of a *FIRE* metaphor located in both headline and text

Source: STAR

Date: 12-Apr-2006

Topic: 10

Ref No: 1962



1

[EXTRACT 44]

ID: 03330986-01

Source Page: 18

# Burning embarrassment to all

*Comment*  
*10:2*

## COMMENT

SHEREEN USDIN

The Zuma trial has disturbingly illustrated the lack of support for those seeking justice in court

In a country with the largest HIV epidemic in the world, it is staggering how we continuously shoot ourselves in the collective foot.

Just as we think we are making progress, with controversy around the HIV epidemic behind us, we take 10 steps back.

We now have a former deputy president who seems to believe that protected sex for men is not necessary because their risk of getting HIV is minimal.

The truth is that Jacob Zuma is at risk of getting HIV from a number of perspectives.

Firstly, everyone who has unprotected sex is at risk of contracting HIV.

While it is true that women are certainly biologically more vulnerable to HIV than men, Zuma should know - as former head of the South African National Aids Council - that this does not mean that men are at minimal risk.

Secondly, by all accounts, he has had multiple and concurrent relationships. He himself conceded that, around the time of the alleged rape, he had sex with someone other than "Khwezi". It is also common knowledge that he has more than one wife. So, in fact, every time he has unprotected sex he puts a number of people at risk, not to mention himself.

Thirdly, he holds a range of staggeringly misinformed views, for example that "showering after sex can protect you from HIV", which again put him and others at risk.

For those of us working at the coalface of the epidemic, slogging away to promote accurate knowledge and helpful behaviour change, we now have to do more damage control.

Ironically there is another aspect to the rape case that is exacerbating women's vulnerability and fuelling the epidemic as HIV. We also need to get our heads and our a whole.

This is the way in which the trial is feeding into a climate of gender violence, which is internationally recognised as a major driver of the epidemic worldwide. Simply put, women cannot negotiate safer sex in a climate of gender violence.

Our courts are meant to serve as one component of a comprehensive response to reduce gender violence. Without passing opinion on the merits or demerits of this particular case, it has illustrated the lack of a supportive environment for complainants to seek justice through our courts, and has possibly discouraged others from reporting rape.

It would take a woman with nerves of fortified steel to brave the character assassination and humiliation involved in bringing a case of rape before the justice system where anyone following the Jacob / Zuma case would be forgiven for thinking the complainant was the accused.

Had we had progress on the proposed Sexual Offences Bill, currently moving at glacial speed through our parliamentary system, things could have been different, and women observing the case unfolding may have had cause for hope.

Rape is also fuelled by ridiculous notions such as that a woman who wears a short skirt is inviting sex, or a woman who is aroused is giving consent to sex or will be disappointed if a man doesn't "help her out".

It becomes extremely difficult for women to negotiate safer sex when these views hold sway. It is not only a major embarrassment to our country that Jacob Zuma actually holds these opinions, but it also sets us back in terms of tackling the social norms which are fuelling the epidemic.

For a person who commands tremendous respect from large sections of South Africa, Jacob Zuma's statements and actions, as well as those of his counsel, have set back the struggle for an Aids-free South Africa.

What we need as a country is to send out coherent and common messages around HIV. We also need to get our heads and our

*Truth*

*Five metaphors*

**Appendix 12 - Semi-Structured Interview Guide (Conducted with a person living with HIV/Aids (PLHA), on 10th December 2007).**

**Interview Questions**

1. What is your view of the way Newspapers generally report on HIV/Aids?
2. Do you think there are enough stories written on HIV/Aids?
3. In what ways do you think the media can do more?
4. Which aspects of the reporting makes you angry? Sad?
5. Do you worry about particular choices of the words used to describe PLHA?
6. How do you prefer to be addressed?
7. What do you think of stigma?
8. How can stigma be reduced?
9. What role can the media play to prevent HIV/Aids from spreading?
10. What is it that PLHA do not like about the present reporting on HIV/AIDs?
11. What would you like to see or read about in the media?
12. On a personal level, how did you contract this virus and for how long have you been living with it?

## LIST OF REFERENCES

- Babbie, E. & Mouton, J. 2001. *The practice of social research*. Oxford: Oxford University Press.
- Bell, M. 2005. *The journalism of attachment*. In *Media ethics*, edited by M. Kieran. New York: Routledge pp. 15 - 22
- Bineham, J. 2005. The construction of ethical codes in the discourse and criticism of popular culture. In *Communication ethics, media, and popular culture*, edited by P. Japp, M. Meister & D. Japp. New York: Lang publishing. pp. 13- 39.
- Bolinger, D. 1980. *Language – the loaded weapon*. New York: Longman.
- Brodie, M.; Hamel, E.; Brady, L.; Kates, J. & Altman, D. 2004. Aids at 21: media coverage of the HIV Epidemic 1981 – 2002. *Columbia Journalism Review*. 2: pp 1-8.
- Brouillette, M. Roy, D. & Theo, G. 2005. Legal and ethical issues. In *HIV and resource manual*, edited by K.Citron , M. Brouillette & A. Beckett. London: Cambridge University Press. pp. 296.
- Brown, L. 2005. Economic growth rates in Africa: The potential impact of HIV / Aids. In *HIV/Aids in Africa – beyond epidemiology*, edited by E. Kalipeni, S. Craddock, J. Oppong, & J. Ghosh. Cornwall: Blackwell publishing. pp. 291-303.
- Carstens, A. 2003. What lay illness reveals about Aids related Stigmatization. *Communicare* 22(2): 1-2.
- Coleman, C. & Corbitt, J. 2003. The social construction of depression in news stories. an exploratory study. *Ecquid Novi* 24(1): 99 - 114.
- Colvin, M. 2005. Impact of Aids – the health care burden. In *HIV/Aids In South Africa*, edited by S. Karim & Q karim. Cape Town: Cambridge. pp 336- 350.
- Conley, D. & Lambie, S. 2006. *The daily miracle: an introduction to journalism*. Melbourne: Oxford.
- Connelly, M. & Macleod, C. 2003. Waging war: a discourse analysis of HIV/Aids in South African media. *African Journal of Aids research*. 2(1): 63-73.
- Christians, C.; Rotzoll, K. & Fackler, M. 1987. *Media ethics: cases and*

*controversies*. New York: Longman.

Cresswell, J. 2003. *Research design: qualitative, quantitative, and mixed methods approaches*. London: Sage.

Cullen, T. 2003. HIV/Aids: 20 years of press coverage. *Australian studies in journalism*. 12: 64-82.

Cullinan, K. 2001. The media and HIV/Aids: a blessing and a curse. *AIDS bulletin*.10(2): 35-39.

Cullinan, K. 2003. *Reporting ethically and effectively on HIV/Aids in South Africa* [Online]. Retrieved from: <http://www.health.e.org.2a/resources/ethics%20&20.doc> [2006, March 16].

Cullinan, K. 2006. *Narrating from the body: health and the state of our nation*. [Online]. Retrieved from: <http://www.journaids.org/reportingonhiv.php> [2006, may 14].

Day, L. 2006. *Ethics in media Communications: Cases and Controversies*, Belmont: Thompson Wadsworth.

De Beer, A. S. & Froneman, J.D. 1994. The quest for media ethics: an introduction. *Ecquid Novi*. 12(1): 3-25.

De fleur, M. & Dennis, E. 1998. *Understanding mass communication; a Liberal arts perspective*. Boston: Houghton Mifflin.

Dennis, E. & Merrill, J. 2002. *Media debates: great issues for the digital age*. Belmont: Thomson Wadsworth.

De Wet, G. 2004. Agenda – setting and HIV/Aids news sources, implications for journalism education: an exploratory study. *Ecquid Novi* 25(1): 94-114.

Drushel, B. 1991. Sensationalism or sensitivity; use of words in stories on acquired immune deficiently syndrome (AIDS) by associated press videotext. *Journal of Homosexuality* 2(18): 21-40.

Du Plooy, G. 2002. *Communication research: techniques, methods and applications*. Landsdowne; Juta.

Elliot, D. 1986. Foundations for news media responsibility. In *Responsible journalism*, edited by D. Elliot Beverly Hills: Sage.

Ellis, D. 1999. *From language to communication*. New Jersey: Lawrence Erlbaun Association.

- Emke, I. 2000. *Agents and structures: journalists and the constraints on Aids coverage*. [Online]. Retrieved from: <http://www.cjc-online.ca.viewarticle.php?articleid=585> & Layout = html [2006, March 16].
- Faure, C. 2008. Media and Aids. Unpublished original thesis (in Fourie 2008).
- Fourie, J. 2007. The role and functions of the media in society. In *Media studies media history, media and society*, edited by P. Fourie. Cape Town: Juta. pp. 184 – 226.
- Finlay, A. 2004. Shaping the conflict influencing the representation of conflict around HIV/Aids policy in the South African press. *Communicare* 23(2): pp. -72.
- Fink, C. 1988. *Media ethics in the newsroom and beyond*. New York: McGrawHill.
- Fitzeimons, D.; Hardy, V & Tolley, K. 1995, *The Economic and Social Impact of AIDs in Europe*. London: Cassel Plc.
- Foreman, M. 2007. *An ethical guide to reporting HIV/Aids*. [Online]. Retrieved from: [http://www.unesco.org/webworldpublications/mediaadis/chapter\\_2pdf](http://www.unesco.org/webworldpublications/mediaadis/chapter_2pdf) [2007, Aug. 9].
- Frankena, W. 1973. *Ethics*. New Jersey: Prentice Hall.
- Frankena J. 2005. The impact of Aids on the community. In *HIV/Aids in South Africa*, edited by S. Karim & Q. Karim. Cape Town: Cambridge. pp 351-370.
- Frohlich, J. 2005. Impact of Aids – the health care burden. In *HIV/Aids in South Africa*, edited by S. Karim and Q. Karim.
- Galloway, M. 2001. Telling the story of the century – how are journalists coping with reporting on HIV/Aids in South Africa. [Unpublished Master's thesis]. University of Stellenbosch, Stellenbosch.
- Grabe, M.; Zhou, S. & Barnett, B. 2006. Explicating sensationalism in television news: content and the bells and whistles of form. In *Mass communication, vol. 111, media production and content*, edited by D. McQuail. London: Sage. pp. 85 -105.
- Hanefield, J. 2006. *HIV/Aids and the media: A global perspectives* [Online]. Retrieved from : [http://www.journaids.org/docs/ja\\_resrach\\_ethics\\_kruger\\_ethiscinlineofaids.doc](http://www.journaids.org/docs/ja_resrach_ethics_kruger_ethiscinlineofaids.doc) [2006, March 16].
- Herek, G. 1999. Aids and stigma. *American Behavioral Scientist* (42)7: 1106 -1116.

- Hulteng, J. 1985. *The messenger's motives: ethical problems of the news media*. New Jersey: Prentice Hall.
- Itule, B. & Anderson, D. 1997. *News writing and reporting for today's media*. Boston: McGraw Hill.
- IWMF, 2007. *How can the story of HIV/Aids in Africa become newsworthy?* International Women's Media Foundation. [Online]. Retrieved from: <http://www.iwmf.org/pub/p-4680/e-4681/ch-4682> [2006, October 25].
- Jacobs, S. & Johnson K. 2007. *Media, social movements and the state: competing images of HIV/Aids in South Africa* [Online]. Retrieved from: <http://web.africa.ufl.edu/asp/v9i4a8.html> [2007, Nov. 05].
- Johannesen, R. 1990. *Ethics in Human Communication*. Illinois: Waveland Press.
- Journ -aids, 2006. *Aids and the media*. a resource for journalists. Produced by Soul City, Institute for Health and Development Communication, in partnership with the SANEF, Health-e and the Dept. of Health.[Online]. Retrieved from: <http://www.journalism.co.za> [2006, June 3].
- Journ-aids, 2007. *Fact sheet-HIV/Aids statistics*. [Online]. Retrieved from: <http://www.journaids.org/statistics.php> [2007, May 23].
- Karim, A. & Karim, Q. 2005. *HIV / Aids in South Africa* Cape Town: Cambridge
- Kasoma, F. 1994. *Journalism ethics in Africa*. Nairobi: Creda press.
- Khunyeli, N. 2005. Every number is a life. *Rhodes Journalism Review* 25(11): pp. 53 – 54.
- Kinnick, K.; Krugman, D. & Cameron, G. 1996. Compassion fatigue: communication and burnout towards social problems. *Journalism mass communication quarterly*.73(3): 687 - 707.
- Knight, R. 2007. *South Africa 2006: population and HIV/Aids* [Online]. Retrieved from: <http://www.richardknight.homestead.com/files/southafrica2006populationandHIV/Aids.pdf> [2007, Oct 11].
- Kruger, F. 2006. *Ethics in a time of Aids* [Online]. Retrieved from: [http://www.journaids.org/docs/ja\\_research\\_ethics\\_kruger\\_ethicsinatimeofaids.doc](http://www.journaids.org/docs/ja_research_ethics_kruger_ethicsinatimeofaids.doc) [2006, March, 16].
- Lakoff, G. & Johnson, M. 2003. *Metaphors we live by*. Chicago: University of

Chicago Press.

- Lanson, J. & Fought, B. 1999. *News in a new Century- reporting in an age of converging media*. California: Pine Forge Press.
- Leiter, K.; Harriss, J. & Johnson, S. 2000. *The complete reporter - fundamentals of news gathering, writing and editing*. Boston: Allyn & Bacon.
- Link, B.; Rahan, M.; Phelan, J. & Nuttbrock, L. 1997. On stigma and its consequences: evidence from a longitudinal study of men with dual diagnosis of mental illness and substance abuse. *Journal of Health and Social Behaviour* 38: p179
- Leedy, P. & Ormrod, J. 2005. *Practical research – planning & design*. New Jersey: Pearson Education.
- Longman Dictionary of Contemporary English*. 2000. 3<sup>rd</sup> ed. Essex: Pearson Education Limited .
- Lynch, S. & Peer, L. 2002. *Analysing newspaper content: a how-to-guide*. Readership Institute, media management center at North Western University.
- Mouton, J. 2001. *How to succeed in your master's and doctoral studies*. Pretoria: Van Schaik.
- Matu, P. 2003. A critical discourse analysis of newspaper reporting of the run-up to the 1997 Kenyan general elections. [Unpublished Ph.D thesis]. University of the Free State, Bloemfontein.
- May, R. 2007. Personal interview. 10 December 2007.
- Merson, M. 1995. Aids epidemic update and corporate response. In *The economic and social impact of Aids in Europe*, edited by D. FitzSimons, V. Hardy & K. Tolley. London: Cassell. pp. 13-24.
- Moemeka, A. & Kasoma, F. 1994. Journalism ethics in Africa: an aversion to deontology. In *Journalism ethics in Africa*, edited by F. Kasoma. Nairobi: Creda Press.
- Natras, N. 2004. *The Moral Economy of Aids in South Africa*. Cape Town: Cambridge.
- Nel, F. 1999. *Writing for the media in South Africa*. Cape Town: Oxford.
- Nelkin, D. Willis, D. & Parriss, S. 1991. Introduction: a disease of society, cultural and institutional responses to AIDS. In *A disease of society, cultural and*

*institutional responses to AIDS*, edited by D. Nelkin, D. Willis & S. Parriss. New York: Cambridge press. pp. 1-13.

Neuman, L. 2000. *Social research methods: qualitative and quantitative approaches*. Boston: Allyn & Bacon.

Oosthuizen, L. 1996. *Introduction to communication, coursebook 5, Journalism, Press and radio studies*. Kenwyn: Juta.

Ostergard, R. & Tubin, M. 2004. Between state security and state collapse: HIV/Aids and South Africa's National security: In *The political economy of AIDS in Africa*, edited by N. Poku, & A. Whiteside. Hants: Ashgate Publishing. pp. 105-119.

Parker, W. & Kelly, K. 2001. Writing the epidemic: the role of the South African media. In *shaping response to HIV/Aids*. [Online]. Retrieved from: <http://www.cadre.org:zd/pdf/parker%20kolly>. [2007, May 7].

Pepler, E. 2003. An exploration of media literacy in South Africa and a model for tertiary education. [Unpublished Ph.D thesis]. University of the Free State, Bloemfontein.

Perloff, R. 2001. *Persuading people to have safer sex. Applications of social science to the aids crisis*. New Jersey: Lawrence Erlbaum Associates.

Pickle, K., Quinn, S. & Brown, J. 2002. HIV/Aids coverage in Black newspapers, 1991-1996: Implications for Health Communication and Health education. *Journal of Health Communication* 7: 427-444.

Pratt, C.; Ha, L. & Pratt, C. 2002. Setting the public health agenda on major diseases in sub-Saharan Africa: African population magazine and medical journals, 1981-1997. *A journal of communication*. 52(4): 889-901.

Retief, J. 2002. *Media Ethics*. Cape Town: Oxford.

Reardon, K & Richardson, J. 1991. The important role of mass media in the diffusion of accurate information about AIDS. *Journal of Homosexuality* 22(1-2): 63-75.

Richardson, J. 2007. *Analyzing newspapers: an approach from critical discourse analysis*. New York: Palmgrave Macmillan.

Rogers, E.; Dearing, J & Chang, S. 1991. Aids in the 1980s: The agenda-setting process for a public issue. *Association for education in Journalism and mass communication*.

- SANASO, 2005. *Guidelines for reducing stigma and discrimination and enhancing care and support for people living with HIV/AIDS*. [Online]. Retrieved from: [http://www.Sanaso.org.Zn/Guidelines%20for%20Reducing%20stigma 520 & 20. discrimination](http://www.Sanaso.org.Zn/Guidelines%20for%20Reducing%20stigma%20&%20discrimination) [2006, May 14]
- Severin, W. & Tankard, J. 2001: *Communication Theories, Origins, methods and uses in the mass media*. New York: Longman.
- Shepperson, A. & Parker, W. 2000. *HIV/Aids reporting in South Africa: An analysis of the response of the press*. [Online]. Retrieved from: <http://www.journ-aids.org/pdf/shepperstone.pdf> [2007, May 8].
- Sokana, P. 2006. 'Only 2% of news in S/A focuses on HIV/Aids. Mail & Guardian.[Online]. Retrieved from: [http://www.mg.co.za/articlePage.aspx?articleid=270693&area=/breaking\\_news/breaki...](http://www.mg.co.za/articlePage.aspx?articleid=270693&area=/breaking_news/breaki...) [2006, Sept 07].
- Sonderling, S. 2007. The ideological power of the media. In *Media studies. media history, media and society*, edited by P. Fourie. Cape Town: Juta.
- Stein, J. 2001. The role of the media in the HIV/Aids epidemic. *Aids Bulletin* 10(3): 22-25.
- Stein, J. 2002. What's news?-Perspectives on HIV/Aids in the South African media: research and evaluation. Johannesburg, South Africa. [Online].Retrived from: [http://www.Cadre.org.za/pdf/ what's % 20 news.pdf](http://www.Cadre.org.za/pdf/what's%20news.pdf). [2007, May 08].
- Swain, K. 2005. Approaching the quarter century mark: Aids coverage and research decline as infection spreads. *Critical studies in media communication*. 22(3): 258-262.
- Snyman, P. 1994. Media ethics: a deontological approach. *Ecquid Novi*, 15(1):43- 70.
- UNAIDS. 2006. *UNAIDS/WHO AIDS Epidemic Update* [Online]. Retrieved from: [http://www.UNAIDS.org/en/HIV\\_data/epi2006default.asp](http://www.UNAIDS.org/en/HIV_data/epi2006default.asp) [2007, Feb. 10].
- Visser, M.; Hsu, C. & Kalinskaya, S. 2007. *The story behind the headlines. HIV/Aids in a leading South African newspaper*. [Online]. Retrieved from: <http://www.learndev.org/d/storybehindheadlines.pdf> [2007, Nov. 27].
- Wallis, P. & Nerlich, B. 2005. Disease metaphors in a new epidemic: the UK Media framing of the 2003 SARS epidemic. *Social science & medicine* 60(5): 29-39.

- Whiteside, A. 2004. Responding to AIDS in crisis situations. In *The political economy of AIDS in Africa*, edited by N. Poku & A. Whiteside. Hants: Ashgate Publishing. pp. 1-4.
- Whiteside, A.; Mattes, R.; Willian, S. & Manning, R. 2004. What people really believe about HIV/Aids in southern Africa. In *The political economy of Aids in Africa*, edited by N. Poku, & A. Whiteside. Hants: Ashgate Publishing. pp. 127-149.
- Wimmer, R. & Dominick, J. 2006. *Mass media research: an introduction*. Belmont: Thomson Wadsworth.
- Wood, J. 2006. *Communication in our lives*. Belmont: Thomson Wadsworth.
- World Bank. 1999. *Confronting Aids. Public priorities in a global epidemic*. Washington; Oxford University Press.
- Yule, G. 2006. *The study of language*. Cambridge: Cambridge Press.