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# Representations of HIV/AIDS management in South African newspapers

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**Representations of HIV/AIDS Management in South African Newspapers**

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**Abstract**

In South Africa, numerous strong policy statements emphasise the importance of involving communities in HIV/AIDS management, yet in practice such involvement tends to be tokenistic and minimal. Social representations in the public sphere constitute the symbolic field within which responses to HIV/AIDS are conceptualised and transformed into action. Through an analysis of newspaper articles, we explore the dominant representations of HIV/AIDS management circulating in the South African public sphere, and examine how community engagement is depicted. We highlight the way media representations reflect narrow understandings of HIV/AIDS as a predominantly medical problem, depicting HIV/AIDS management as a top-down activity dominated by prominent individuals (such as national leaders, health professionals and philanthropists), and marginalising the role played by communities, who tend to be depicted as passive recipients of interventions by active outsiders. These representations fail to reflect the key role already played by members of grassroots communities in responding to HIV/AIDS. They also provide flawed conceptual tools for shaping responses to the epidemic, given that HIV/AIDS programmes are unlikely to have optimal outcomes unless they resonate with the perceived needs and interests of their target communities, best achieved through their active participation in HIV/AIDS management strategies. We discuss the implications for a more 'civic-minded journalism'.

Index words: HIV/AIDS, community, media, participation, public sphere, civic journalism.

## Representations of HIV/AIDS Management in South African Newspapers

### Introduction

In this paper, we examine representations of HIV/AIDS management in the South African media. We pay particular attention to the way newspapers represent the factors that facilitate or hinder effective HIV/AIDS management, as well as their depiction of the role of communities in tackling the epidemic.

Our starting point is a wider interest in why there is so little effective community involvement in so many HIV/AIDS programmes in South Africa. In the academic literature, there is increasingly widespread acceptance that one reason for the disappointing outcomes of so many HIV/AIDS interventions is their failure to resonate with the perceived needs and interests of their target communities. There is also widespread recognition that meaningful community involvement is vital if prevention, care and treatment efforts are to have optimal outcomes. (Barnett & Whiteside, 2006; Campbell, 2003; Campbell, Nair et al., 2007; Gruber & Caffrey, 2005).

This insight is accommodated in HIV/AIDS policy documents at the international, national and regional levels, which repeatedly call for the mobilisation of grassroots communities to participate in the design and implementation of AIDS efforts (Goetz & Gaventa, 2001; UNAIDS, 2006; African Union, 2007; Department of Health, 2007). They also emphasise the importance of building partnerships between communities and AIDS-relevant agencies in the public and private sectors and civil society (UNAIDS, 2006). However, such policies are often not translated into practice. The community involvement that does exist is often tokenistic and shallow. Communities are called upon to ‘rubber stamp’ programmes imported from the outside, and partnerships between communities and outside agencies are often hampered by poor agency commitment to community outreach activities (Campbell, 2003; Nair & Campbell, 2008).

There are many reasons for the exclusion of communities from effective involvement in many dimensions of South Africa's AIDS struggle. Elsewhere we have characterised the social environments in which HIV/AIDS programmes are conducted in terms of three dimensions: the material, the institutional and the symbolic (Campbell, Foulis, Maimane & Sibiya, 2005). From a *material* perspective, overworked government departments are swamped with competing demands in the face of limited human resources and budget constraints (McIntyre & Klugman, 2003). Many NGOs rely on foreign funding, and are forced to tailor their goals to externally imposed frameworks rather than to local conditions (Eyben, 2006). From an *institutional* point of view health and development agencies are often characterised by rigid and hierarchical working structures and practices, as well as bureaucratic 'red tape', which limits their ability to respond flexibly to local community needs. Furthermore many agency staff lack social development training in areas such as community liaison and community development (Eyben, 2006; Nair & Campbell, 2008). Such material and institutional imperatives play out within a symbolic field that lacks representations of grassroots community members as competent social actors with a key role to play in health and social development efforts. The *symbolic* dimension is the focus of the current paper, which examines media representations of HIV/AIDS management in South Africa.

**Conceptual framework**

This paper draws on a social psychological reading of Habermas' notion of the public sphere (Habermas, 1989; Jovchelovitch, 2006). The public sphere refers to the social spaces in which members of a society negotiate the social representations or discourses that dominate in a particular society. Social representations are the symbolic tools that are available to members of a society for making sense of the world, and for formulating action plans on the basis of these implicit understandings. Access to the public sphere is unequal, so the representations that are sustained there reflect larger patterns of power and inequality (Parker, 2005; Jovchelovitch, 2006).

The media play a key role in shaping the social representations that circulate in the public sphere (Moscovici, 1961; Gillwald, 1993; Thompson, 1995). They serve as a key arena in which ideas about social problems and challenges are discussed and debated (Parker & Kelly, 2001). Certain dominant representations of HIV/AIDS management are sustained in the public sphere, supporting the construction of certain ideological understandings of HIV/AIDS and shaping responses to it (Parker, 2005). Against this background, we look at newspapers' representations of HIV/AIDS management and the role of communities in this process, in the interests of throwing light on the symbolic context in which AIDS-relevant actors – such as government officials, NGOs, community organisations, business philanthropists and individuals – come to understand what effective HIV/AIDS management can and should look like at a local level.

The public sphere can be conceptualised as a tapestry, with many interwoven threads contributing to its dominant representations. Clearly there are many other spaces constructing a public sphere – not least the television, the talk and speeches of politicians, literature and the radio. In this research we have chosen to focus on the contribution made by newspapers in shaping dominant representations of HIV/AIDS management. We do so because South African newspapers have, since the apartheid era, a particular history of providing diverse perspectives, being proactive in debate and being socially engaged (Parker & Kelly, 2001). As such they provide an insight into many of the debates and contradictions circulating in the broader public sphere.

**Existing empirical research on HIV in newspapers in South Africa**

Focusing on the media in HIV/AIDS social research is a necessary imperative, given that "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." (Kelly & Parker, 2001, p. 2). A nationally representative South

African survey points out that whilst most people get information on HIV/AIDS from radio and television, about half of those aged 15 to 49 use newspapers as an important additional source of information on HIV/AIDS, and these include decision makers, health practitioners and activists (HSRC, 2005).

Communication for development and communication for behaviour change have become increasingly researched areas of HIV/AIDS management (Ford, Odallo & Chorlton, 2003; Beckett & Kyrke-Smith, 2007). Kelly and Parker (2001) comment that current research on the media and HIV/AIDS has tended to focus on empirical analyses of the quantity of reporting. For example, Media Tenor (2006) point out that less that 1 percent of all reports from leading media outlets (both television and newspapers) focus on HIV/AIDS, and that the majority of these reports focus on 'media spectacles' – high profile, exciting stories, focusing on well known individuals.

Recent international scholarship on the media and health highlights the way in which the media mediates and partially constructs people's understandings of health and health related issues (Hodgetts & Chamberlain, 2006). This has been particularly true of the HIV/AIDS pandemic, which emerged parallel to the globalising and strengthening of the media. Studies of the media and HIV/AIDS have identified the central role it has played in shaping representations of HIV/AIDS and risk-groups. In Australia for example, Lupton (1993) argues that media reports were central in the late 1980s in repositioning HIV/AIDS from a 'risk-issue' only for homosexuals to a 'risk-issue' for heterosexuals as well.

Little similar work has focused on representations of HIV/AIDS in the media in South Africa. Exceptions include Connelly and McLeod's (2003) study of an Eastern Cape Province newspaper. They show how the newspaper constructs representations of HIV/AIDS management in terms of war and warfare. They show how framing HIV/AIDS in terms of warfare allows government and medical voices to dominate newspaper coverage of HIV/AIDS. This results in the

silencing of lay voices, despite the very significant role played by lay people in shouldering the HIV/AIDS burden in South Africa. (Connelly & McLeod, 2003)

A second study by Meintjies and Bray (2005) explores representations of orphans and vulnerable children in national newspapers in South Africa. Such representations, they argue, are crucial for understanding how the general population comes to understand the impact of HIV/AIDS on orphans and vulnerable children. They point out that these representations are bound up in a "series of moral judgements about who is and who is not performing appropriate roles in relation to children." (Meintjies & Bray, 2005, p. 155). Representations, in other words, are important for shaping people's symbolic understandings of HIV/AIDS and therefore how they respond to HIV/AIDS.

## Methodology

### *Newspaper selection*

Four English language newspapers were purposively selected to access a broad range of representations. While recognising that there are eleven official languages in South Africa, and the limitations this implies for this paper, English is the primary language of business and government and is taught in all schools.

The *Mail and Guardian* is a weekly paper, with the highest proportion of HIV/AIDS stories (2.76 percent) in any South African newspaper (Media Tenor, 2006). It is widely seen as an elite newspaper, with a reputation for agenda-setting. A second weekly, the *Sunday Times,* was also selected, because it has the largest circulation in the country. Its estimated readership is 3.24 million, with its growing black readership standing at an estimated 55 percent of this number (The Times, 2007). It also has a reputation of being agenda-setting – but carries a smaller percentage of HIV/AIDS-related stories, only 0.97 percent (Media Tenor, 2006).

Two daily newspapers were also included in our data set. The Johannesburg-based *Sowetan* is an English language newspaper, aimed predominantly at a growing black middle-class. It has the largest percentage of HIV/AIDS-related stories of all the dailies, at 1.19 percent (Media Tenor, 2006). The second daily paper was *Business Day*, aimed at the business sector. Whilst it had a relatively low level of HIV/AIDS stories – 0.74 percent (Media Tenor, 2006) - it was included because it was the first mainstream business sector daily newspaper and because of its predominantly private sector readership, in a context where private sector is increasingly being identified as a key partner in AIDS management (UNAIDS, 2006). The diverse amount of reporting on HIV/AIDS from the four newspapers reflects broader media trends and our data set picks up those with larger than average and those with less than average amounts of reporting (Table 1).

Table 1: Newspapers' reporting of HIV/AIDS stories as percentage of all stories, between October 2004 and September 2006 (Media Tenor, 2006)

| Media Outlet | Percentage HIV/AIDS Articles |
|---|---|
| Average all leading SA media | < 1 |
| *Mail and Guardian* | 2.76 |
| *Sunday Times* | 0.97 |
| *Sowetan* | 1.19 |
| *Business Day* | 0.74 |

***Content analysis***

The four newspapers were sampled between 1st May 2006 and 1st May 2007, using the electronic media clipping service *SA Media*. Initially we searched for all articles including the term 'AIDS'. This elicited a total of 393 articles that had

either been tagged with ‘AIDS’ as a subject, or else had ‘AIDS’ in the title of the article.

A second manual search narrowed these articles to those focusing on South Africa (or southern Africa, or sub-Saharan Africa – if related to South Africa) and to those which tackled issues related to the broadest understanding of HIV/AIDS management, with particular reference to factors facilitating or hindering effective management. We used a very loose definition of HIV/AIDS management to include any reference to issues bearing on any aspect of HIV/AIDS-related treatment, care, support, prevention, leadership or policies. This led to a final data corpus of 247 articles.

These were analysed using Attride-Stirling’s (2000) method of thematic content analysis. In line with our interest in media representations of factors facilitating or hindering effective HIV/AIDS management, and the role of communities in tackling the epidemic, we coded articles in three stages. The first stage involved clustering articles under three umbrella categories which emerged from our initial reading:

1. Health systems and costs;
2. Government and leadership; and
3. ‘Effective’ HIV/AIDS programmes.

In the second stage of analysis, these global themes were refined into more detailed sub-themes to provide a more elaborated analysis. The sub-themes falling under each global theme are listed in Table 2. Definitions of each sub-theme are included in the discussion of findings in the next section of the paper. In both these stages of analysis we were guided by a ‘grounded theory’ approach, deriving the global themes and sub-themes from the data themselves (rather than subjecting the articles to a coding frame formulated prior to the analysis).

**INSERT TABLE 2 HERE PLEASE**

No article was classified under more than one global theme and sub-theme. In general, articles tended to fall clearly into particular categories. In cases where articles contained material relating to more than one global theme or sub-theme, we categorised them according what we considered to be the 'primary theme' of the article – the theme that received the greatest prominence in the article's headline and opening paragraphs.

Once this basic content sorting had been completed, a more interpretative third stage of analysis sought to examine the way in which community involvement was conceptualised within each of the global themes and sub-themes. Findings from all three stages are reported below.

## Findings and discussion

We examine the representations embodied in articles categorised within each of the three global themes in turn. Under each global theme we explore the associated sub-themes, highlighting what were represented as the barriers and facilitators of HIV/AIDS management in the context of each sub-theme. We then examine how community involvement in HIV/AIDS management is positioned in the context of each sub-theme under scrutiny.

### *Health systems and costs*

Articles classified under this global theme focused on the formal health services and the costs of providing HIV/AIDS treatment, care and prevention through these services. Articles were further classified into four sub-themes ('human resources', 'red-tape', 'reform of the health system' and 'costs'), with each sub-theme emphasising different aspects of the challenges of healthcare provision in South Africa.

*Human resources*

The sub-theme ‘human resources’ focused on how the lack of skilled professionals – doctors, nurses and managers – served as a barrier to HIV/AIDS management. All newspapers reported on the ‘African Brain Drain’ (*Mail and Guardian*, 2006-09-07), with nurses and doctors leaving to work abroad. Articles reported on how this impacted negatively on HIV/AIDS care and treatment:

> “A brain drain in the medical fraternity is harming the battle against HIV-AIDS in northern KwaZulu-Natal.” (*Sowetan*, 2006-06-14)

The *Sowetan* went on to report that doctors and nurses were unwilling to work in rural areas and often left the country for jobs with better pay and service conditions. The lack of trained doctors and nurses undermined the rollout of Anti-Retroviral therapy (ARVs) through government facilities:

> “We can’t expand much faster. We have a very intensive programme and face limitations of staff and space”, adds Dr. Liz Floyd [Head of Gauteng Province Multi-Sectoral AIDS Unit]. (*Sunday Times*, 2006-11-26)

As well as limiting HIV/AIDS care and treatment, broader human resource issues, such as the lack of skilled managers in the health system, were seen as barriers to the effective implementation of HIV/AIDS policies:

> Although many of SA’s health policies looked good on paper, staff shortages and lack of managerial experience meant programmes were often poorly implemented, said Saloojee [Prof in Paediatrics and Child Health]. (*Business Day*, 2006-12-01)

The focus on human resources recognised the multiplicity of factors – including both push and pull factors – that shaped the human resource ‘crisis’ in South Africa. This was closely tied to the perceived failure of implementation of health and HIV/AIDS policies. However these discussions tended to focus narrowly on

personnel linked to formal medical and clinical settings, ignoring how human resource constraints may limit other important areas of HIV/AIDS management, such as the Department of Welfare.

*Red tape*

'Red tape' was the second sub-theme under the global theme 'health systems and costs', highlighting how red tape impacted on patients' access to healthcare services. Under the strap-line "Red tape puts lives at risk" *Business Day* reported that regulations were stopping Provincial governments from accrediting new antiretroviral sites:

> "Hassan [of the AIDS Law Project] said the national health department's requirement for provincial treatment facilities to be inspected by national office officials was causing needless delays in accrediting new sites." (*Business Day*, 2006-11-29)

In addition 'red-tape' was associated with the extraordinary conditions required for HIV/AIDS testing. These allegedly increased the stigma of Voluntary Counselling and Testing (VCT) for HIV/AIDS through demarcating HIV/AIDS testing as exceptional and different compared to testing for other health problems. This focus was sparked by a speech by Judge Edwin Cameron, a well-known AIDS-activist, in which he argued that the repeated use of pre- and post-test counselling was overly bureaucratic:

> Ethical guidelines currently enforced by the courts demand that anyone having an HIV-test must receive both pre- and post-test counselling, and give explicit consent…But [Judge Edwin] Cameron argued that the special conditions around HIV-testing reinforce stigma and discourage many people diagnosed with AIDS from receiving treatment. (*Mail and Guardian*, 2006-05-18)

Reports represented the accessibility of health services as limited by too many or overly complicated rules. The implied solution to service accessibility was to change these rules. Framing access to health services in this way minimises broader and deeper understandings of factors shaping access, such as stigma and financial barriers, both of which are particularly important around HIV/AIDS care, treatment and prevention (Castro & Farmer, 2005; Campbell, Nair, Maimane & Nicholson, 2007). Occasionally more nuanced understandings of these issues were seen in reports, but these were in the minority. One *Business Day* article on the decentralisation of the provision of ARVs to local clinics in the Eastern Cape – a crucial factor in promoting access to treatment – highlighted the complexities undermining access to health care:

> Every single weekend I have spent in Lusikisiki's villages I have either attended a funeral of a young person or been told of a young person who lived within a stone's throw of treatment and never set foot in a clinic. People are still dying of stigma. (*Business Day*, 2006-10-30)

*Reform of the health system*

'Reform of the health system', was the third sub-theme to emerge from these articles. The challenge of reforming the unequal apartheid health care system, into one that is inclusive of all, has been a major challenge for the post-apartheid government (Benatar, 2004). Media stories tended to view health care systems reform as a vital strategy to prevent the wastage of money and to enable comprehensive treatment for HIV/AIDS:

> While there had been significant healthcare-related investments from public and private sector organisations in the past five years to combat infectious diseases, these funds could not be used effectively without proper health-care systems, said GHI [Global Health Initiative] director Francesca Boldrini. "Systems are not 'sexy' things to talk about but they

> are what make things work. If we don't focus on that, we will never make a difference," she said. (*Business Day*, 2006-06-02)

Another report cited the Health Minister making a similar point in relation to the provision of effective drug therapy:

> She [Health Minister Manto Tshabalala-Msimang] said the measurement of viral loads and constant monitoring required for AIDS patients was difficult to implement in developing countries that did not have a basic health-care system in place. (*Business Day*, 2006-06-13)

In short, the reform of the healthcare system was generally regarded as the central issue for enabling more effective HIV/AIDS management in South Africa.

*Costs*

The final sub-theme in this section was 'costs', emphasising financial costs as the key barrier to HIV/AIDS management. This emphasis was particularly evident in discussions of ARV treatment, depicted as an expensive burden for the government – a topic which received particular attention from *Business Day* (see Table 2). The *Mail and Guardian* stressed that emerging resistance to 'first-line' ARVs would mean more expensive 'second-line' treatment:

> The medical humanitarian organisation, Medecins Sans Frontieres (MSF), continues to be the lone voice sounding the alarm about the cost and availability of newer Aids medicines in developing countries…At an MSF-supported programme in Khayelitsha, 16% of patients need to switch to second-line drugs after four years and it costs five times more than first-line regimens. (*Mail and Guardian*, 2006-08-24)

The issue of the cost of ARV treatment became a particularly prominent theme once the *National Strategic Plan on HIV/AIDS and STDs 2005-2011* (Department

of Health, 2007) became a viable reality, emphasising comprehensive treatment with ARVs. Under the headline “State faces dilemma of R45bn AIDS’ drugs cost”, *Business Day* highlighted the increasing cost of the National Strategic Plan (NSP) as a key issue for government.

> “The high cost of the [NSP] plan will raise difficult questions for government about whether it is affordable and sustainable, and to what extent it should bankroll the strategy itself. Government has already budgeted R14bn for HIV/AIDS spending over the next three years, but the new plan will require significantly more money.” (*Business Day*, 2007-03-13)

Later in the year an article in *Business Day* made a direct link between the cost of the NSP and ARVs:

> Anti-HIV medicines are a key cost driver in the government’s draft five-year AIDS plan, accounting for about 40% of its R45bn price tag. (*Business Day*, 2007-04-25)

This sub-theme of ‘costs’ emphasised adequate financing as a pre-condition for HIV/AIDS management in South Africa, focusing heavily on the cost of ARVs. This relatively negative focus ignored numerous cost-benefit analyses that have suggested the provision of ARVs in the public sector is a cost-saving treatment strategy in the long-run (Nattrass, 2004). Furthermore the tendency to focus solely on ARVs represented a narrow understanding of the NSP as a medical plan, rather than acknowledging its more holistic focus on the integration of treatment, care and prevention.

The global-theme of ‘health systems and costs’ and its four associated sub-themes sustained a series of inter-related representations of HIV/AIDS management, which have implications for our interest in community involvement.

First, HIV/AIDS management was represented as a strictly medical phenomenon – supporting a narrow representation of health systems as hospitals, clinics and ARV treatment. This ignored the tremendous amount of work done in many communities by individuals, families and small groups in providing healthcare and support to people living with HIV/AIDS outside of the formal medical health system, such as home-based care, for example (Maimane, Campbell, Nair & Sibiya, 2004; Campbell, Nair, Maimane & Sibiya, 2008). In addition, when discussing human resources constraints, the focus was on the lack of doctors, nurses and health managers, again sidelining human resource constraints experienced in other departments, such as the Department of Welfare, crucial for HIV/AIDS management (Nair & Campbell, 2008). Furthermore discussions of the costs of implementing the NSP focused on the cost of ARV treatment, without considering the wider resources demands of the NSP. As such this global theme sustained a representation that HIV/AIDS management was the domain of medicine.

Secondly the solution to the challenges of HIV/AIDS management were typically depicted in terms of issues such as changing policies, reforming the workings of the formal health system and spending more money. There was little consideration in newspapers of how such actions would be translated into practice. In this regard the District Health level is crucial for understanding how HIV/AIDS management policy at a national level is turned into practice in South Africa. Yet newspapers were primarily concerned with barriers and facilitators at the national level and did not explore how policies and rules were translated at different levels of government.

In addition, while health policy in South Africa and internationally has emphasised the need for health systems to be responsive to service-users to create more effective health systems (Goetz & Gaventa, 2001; African Union, 2007; Department of Health, 2007), few newspaper reports explored this. As

such, the voices of those actually experiencing and engaging with health systems – such as patients and their carers – were effectively marginalised through the way newspapers reported these stories[i].

### *Government and leadership*

The global-theme of 'government and leadership' was a particularly important one, with 32 percent of all articles classified within this category. Newspapers often made strong and explicit claims that the main barriers to effective HIV/AIDS management in South Africa were located within government. This may partly be the result of newspaper reliance on government sources for stories (Finlay, 2004), but also demonstrates that newspapers do recognise that there is a political aspect to HIV/AIDS management in South Africa. Three sub-themes emerged in our exploration of this global theme: 'individuals in government', 'role modelling behaviour' and 'government bureaucracy'.

#### *Individuals in government*

The sub-theme of 'individuals in government' comprised 16 percent of all articles across the data set, and 21% of all articles in both the *Sowetan* and *Sunday Times*. Newspaper reports often blamed individual government leaders for problems with HIV/AIDS management in South Africa – linking this either to lack of political will or lack of political leadership. This narrowly individualistic focus foreclosed a wider debate about what broader issues may be shaping government policy. The Health Minister Manto Tshabalala-Msimang, was the main focus of this reporting, as a report in *Business Day* illustrates:

> Mark Heywood, spokesman for the Treatment Action Campaign (TAC) and director of the AIDS Law Project, said the TAC agreed that government's operational plan released in 2003 was comprehensive. "But the problem is that it has not been implemented and that the Health Minister, Manto Tshabalala-Msimang, has continually frustrated the

> implementation of the plan by emphasising only certain parts of the plan, such as nutrition and traditional medicines." (*Business Day*, 2006-08-25)

The lack of political will to implement HIV/AIDS policy was often linked to the Health Minister's heterodox position on ARVs and her heavy emphasis on the nutrition of people living with AIDS. The *Mail and Guardian* reported that TAC activists had called for her dismissal at the 2006 International AIDS Conference in Toronto:

> The South African government stand [at the AIDS conference] – decorated with lemons, beetroot and garlic linked to Health Minister Manto Tshabalala-Msimang's aversion to anti-retroviral drugs – was invaded by the Treatment Action Campaign (TAC) activists, some lying on the ground to symbolise South Africa's Aids dead. "Fire Manto now!" they chanted to passers-by…(*Mail and Guardian*, 2006-08-24)

In newspapers, political will was generally seen as the will to implement orthodox understandings of HIV/AIDS management – and this was seen as the property of individual government leaders. President Mbeki was also criticised for lacking political leadership, with such criticisms usually centring on his unwillingness to remove Health Minister Tshabalala-Msimang from her position. After the Toronto AIDS conference, an editorial in the *Sunday Times* called on President Mbeki to fire the Health Minister, because she was the block to implementing good South African HIV/AIDS policies:

> Why Tshabalala-Msimang chose not to display her own government's comprehensive plan for HIV/AIDS treatment at the [International AIDS] conference boggles the mind. The silence by President Thabo Mbeki in the face of the embarrassment dished out by Tshabalala-Msimang in Toronto this week begs the question of whether he agrees with his Health

> Minister. It is now time Mbeki took action against Tshabalala-Msimang. (*Sunday Times*, 2006-08-20)

In contrast, when the Health Minister fell ill in 2006 and was temporarily sidelined in HIV/AIDS policy making, those who came to the fore – the Deputy President Phumzile Malambo-Ngcuka and the Deputy Minister of Health Nozizwe Madlala-Routledge – were feted as heroes, and seen as having political will:

> Now, for the first time in seven years, there is hope. Political will on a substantial enough scale has been found. Deputy President Phumzile Malambo-Ngcuka has emerged as a genuine warrior in the fight against AIDS; with Deputy Health Minister Nozizwe Madlala-Routledge and Nomonde Xundu, the key anti-AIDS campaigners in the health department, she is providing the leadership South Africa has lacked since 1999, when President Thabo Mbeki first sowed confusion by labelling anti-retroviral drug therapy poison (*Mail and Guardian*, 2007-04-19)

There were additional rare examples of reports of strong leadership. Gauteng was hailed as having strong political leadership, allowing a more progressive HIV/AIDS policy to be implemented:

> General Secretary of the Treatment Action Campaign, Sipho Mthati, says her organisation has found those implementing Gauteng's HIV/AIDS programme to be highly motivated. "They are quite different from most other provinces, as they have strong political leadership", she adds." (*Sunday Times*, 2006-11-26)

This focus on senior government individuals resulted in effective HIV/AIDS management being seen as the outcome of individual whims. This leads to the neglect of broader political incentives shaping government behaviour around HIV/AIDS management such as the need to win elections (de Waal, 2006).

Rather a simple focus on villains, vilified as ‘lunatics’, or heroes, celebrated as ‘warriors’, created a simplistic narrative underpinning depictions of HIV/AIDS management.

*Role Modelling Behaviour*

The second sub-theme was ‘role modelling behaviour’. This theme focused on the individual behaviour of senior individuals within government and the South African political system. They were viewed as role models, whose behaviours shaped the ways in which the ordinary South African understood and responded to HIV/AIDS.

This sub-theme included reports on the rape trial of ANC Deputy President Jacob Zuma, who had sexual intercourse with a HIV-positive woman who later claimed that she had been raped. In relation to the AIDS angle on this story, the central focus in many articles was that even though Zuma knew the woman was HIV-positive he chose not to use a condom, claiming that he had protected himself from HIV infection by taking a shower after the sex. Cleared of rape, this broader issue elicited numerous comments, as a *Sowetan* columnist made clear:

> “Zuma did not use a condom while having sexual intercourse with an HIV-positive person. As a former head of the National AIDS Council, by doing this Zuma has trampled on everything he, and we, have fought for in the past decades. There is no excuse. Zuma has damaged the nation, not just himself.” (*Sowetan*, 2006-05-08).

A second report in the *Sowetan* two days later reported on how Zuma’s actions had sowed confusion amongst youngsters in the Eastern Cape:

> Portia Ngcaba, the TAC’s Eastern Cape organiser, said yesterday Zuma should be blamed for the belief among some school pupils that using a condom during sex is not necessary to prevent HIV infection. “More than

> one pupil has asked us if showering is better than using a condom," said Ngcaba…"It is difficult to explain to young people that a shower does not help when a person with such power [as Zuma] did it and claims he does not have HIV." (*Sowetan*, 2006-05-10)

Another 'role modelling' controversy erupted around whether government leaders should undertake Voluntary Counselling and Testing (VCT) for HIV/AIDS, precipitated after Deputy Minister Madlala-Routledge undertook a public HIV/AIDS test, which was widely praised in the media:

> In taking this hugely symbolic step [to have VCT], the deputy to controversial Health Minister Tshabalala-Msimang has chosen to lead by example in the country's fight against HIV. (*Sunday Times*, 2006-11-26)

Earlier in the year the *Sunday Times* had already emphasised that the failure of the President and Health Minister to undertake VCT was a major issue for HIV/AIDS management in South Africa:

> The messages on testing and prevention would be less equivocal if they came right from the top: if President Thabo Mbeki or Tshabalala-Msimang stopped by a clinic themselves to lead by example and test their status. (*Sunday Times*, 2006-11-05)

The sub-themes of 'individuals in government' and 'role modelling behaviour' illustrated the news media's tendency to create villains and heroes in the fight against HIV/AIDS in South Africa. This tendency draws on simple Hollywood styles of story-telling, which seek to create compelling stories that everyone can understand and relate to (Lule, 2001). It emphasises conflict, which is seen by media outlets to sell papers (Iyengar & Kinder, 1987). This also has the effect of individualising social issues, and diverting attention away from more complex understandings of HIV/AIDS management in South Africa (Fassin, 2007).

Narratives such as these presume simplistic linear relationships between individual actions and their effects on the broader population, completely ignoring the wider complex of psychological, political, cultural and economic factors within which such relationships take place.

*Government bureaucracy*

The third theme 'government bureaucracy' moved beyond this simple 'heroes and villains' analysis of HIV/AIDS management in South Africa to explore some of the wider factors shaping HIV/AIDS management. However, there were only 7 percent of articles in this sub-theme, and these articles tended to be descriptive statements of bureaucratic problems – rather than more reflective articles exploring the causes of the problems or possible solutions.

Having said this however, this theme did represent a positive development in newspaper reporting on HIV/AIDS through its departure from a narrow focus on individuals to consider the broader context in which they operate. One example is a story in *Business Day*, which noted that bureaucratic confusion between the Department of Health and the Department of Education meant that teachers had not received ARV treatment:

> HIV-positive teachers were not getting the antiretroviral drugs they desperately needed because the departments of education and health each believed the treatment was the other's responsibility, a Commonwealth Secretariat workshop heard yesterday. (*Business Day*, 2006-09-13)

Overall, articles classified under the global-theme of 'leadership and government' tended to have a restricted focus on national leaders and their role in shaping HIV/AIDS management in South Africa. While recognising that some of these stories deepened understandings of barriers and facilitators to HIV/AIDS management, the dominant approach in newspaper reports was to locate

HIV/AIDS management as the domain of individual leaders. The basic understanding was of a struggle between individuals – heroes or villains – that created HIV/AIDS management in South Africa. While moving away from simple biomedical understandings of HIV/AIDS to a political analysis, such representations of HIV/AIDS management still privileged a top-down analysis of policy and implementation. As Fassin (2007) suggests, the huge focus on the debate at a national level often obscured the reality of what was occurring at the District Level, clinics and communities in terms of HIV/AIDS management.

In addition, focusing solely on national leaders foreclosed an analysis of broader factors shaping HIV/AIDS management (De Waal, 2006). This includes a lack of analysis of how policy is translated into practice, and of the interaction between National, Provincial and District health systems and government. As HIV/AIDS management is increasingly decentralised in South Africa, Provincial and District health systems play an increasingly important role in implementing and shaping HIV/AIDS management. Newspapers' neglect of the Provincial and District health levels means they fail to capture the full picture of the realities of HIV/AIDS management in South Africa.

The global-theme of 'leadership and government' was notable for its absence of discussion about community involvement in policy and practice. Policy was implicitly depicted as a process which started at the top and worked its way downwards in a direct and linear fashion. Communities were only mentioned in terms of the effects policy or government leader's actions had on them.

***'Effective' HIV/AIDS programmes***

The third global-theme, ''effective' HIV/AIDS programmes' explored representations of the criteria for HIV/AIDS programmes that the newspapers regarded as successful. The associated sub-themes moved beyond a focus on government policies to highlight actual activities and actions of government, civil society, communities and the private sector. Six sub-themes were identified:

‘partnerships’, ‘medical interventions’, ‘unsung heroes’, ‘NGO programmes’, ‘the Treatment Action Campaign (TAC)’ and ‘community mobilisation’. This was the largest global-theme (present in 49 percent of all stories) emphasising newspapers’ interest in reporting on programmes to tackle HIV/AIDS.

*Partnerships*

The sub-theme of ‘partnerships’ was a relatively large sub-theme, with 12 percent of all stories. Newspapers widely viewed partnerships as an effective strategy for HIV/AIDS management. The majority of such partnerships were between the private sector and the government. An example of such a partnership was the alliance between the Department of Health and cleaning companies with the latter distributing condoms within the firms they were cleaning:

> Sabcoha [South African Business Coalition on HIV/AIDS] facilitated such a scheme earlier this year for condom distribution. Under the terms of the deal between the health department and three companies — the Airports Company of SA, the Durban Institute of Technology, and Suncoast Casino and Entertainment World — four contract cleaning companies distribute free government condoms to these firms. (*Business Day*, 2006-10-02)

A handful of newspaper articles reported on partnerships that went beyond those between government and the private sector. Often these were couched as vague statements of intent rather than concrete examples, such as this report on the MEC of the Eastern Cape:

> “Abrahams-Ntantiso [Sports, Arts and Culture MEC] stressed that government alone could not win the fight against the spread of the disease [HIV/AIDS] and that is why the council incorporated businesses, traditional leaders, the media and non-governmental organisations. The MEC urged

everybody to join hands in the fight against HIV/AIDS." (*Sowetan*, 2006-11-24)

There was a dearth of reports of concrete examples and practices of partnerships involving a wider range of stakeholders (government, communities, trade unions and businesses), Thus whilst newspapers often suggested that wider partnerships were the ideal of effective practice, there was little attention to how such partnerships might actually be achieved.

We also explored the types of partners mentioned in discussions of multi-sectoral partnerships, since one article could mention a range of possible partners. Government was mentioned in 31 articles, and the private sector or business in 23. Others were civil society (7), NGOs (4), traditional leaders (once), the media (3) and traditional healers (twice). Again the overwhelming focus on partnerships between government and businesses becomes apparent – neglecting the importance of partnerships that include communities. We would not seek to deny that government-private sector partners have a key role to play in HIV/AIDS management. However such partnerships are most likely to be effective in the context of wider efforts to engage communities (Campbell, 2003). Yet there were virtually no articles at all focusing on this vital aspect of HIV/AIDS management.

*Medical interventions*

HIV/AIDS needs to be tackled through a comprehensive range of strategies, including stigma reduction, behavioural change, partnerships and provision of anti-retroviral therapy (UNAIDS, 2006). Yet 'medical interventions' constituted the largest sub-theme in our data, with 17% of all stories focusing exclusively on this topic. Reports repeatedly implied that medical interventions would solve the HIV/AIDS crisis. As one headline in *Business Day* (2006-11-22) stated, "Safe vaccine only way to conquer AIDS, say scientists." Similarly a long *Mail and Guardian* article (2007-04-19) on advances in HIV/AIDS research focused only on medical technologies (such as microbicides, anti-retroviral drugs and

vaccines) completely ignoring behaviour change as an area of research, for example.

Over our time period of interest newspapers expressed great excitement over a handful of studies on the role of male circumcision in reducing HIV-incidence. The *Mail and Guardian* (2007-04-19) described male circumcision as "the hottest topic in HIV prevention research in the past year or so." And *Business Day* commented that: "For the first time there is really good news for Africa on HIV," (*Business Day*, 2006-12-27). All papers reported the male circumcision research in highly positive terms:

> Two clinical trials, in Uganda and Kenya, have confirmed previous South African research into the protective power of circumcision. The news has been hailed as one of the most significant breakthroughs in the fight against HIV for years with the potential to prevent millions of new infections. (*Mail and Guardian*, 2006-12-07)

Male circumcision became the 'medical intervention' of choice over this time period, in a more general context of reporting which sustained the representation of successful HIV/AIDS interventions as medically driven, with the solution to the 'AIDS-crisis' lying in the wonders of medical advancement (Gywn, 2002). This emphasis served to depoliticise discussions of health, drawing attention away from the underlying social drivers and causes of ill health (Hodgetts & Chamberlain, 2006), and failing to acknowledge the multi-level interventions that are would be necessary for successful HIV/AIDS management.

*The unsung heroes - individuals*

We labelled the third sub-theme 'unsung heroes', a category that pulled together articles focusing on the role of individuals as catalysts in the fight against HIV/AIDS. The *Sunday Times* reported on the 'Messiah of Matubatuba', in

KwaZulu-Natal, who through her tireless work provided childcare in a poor community, previously a hotbed of child abuse and prostitution:

> "When Angie McLaren shows up at her HIV/AIDS care centre in Matubatuba, in northern KwaZulu-Natal, children clamour for her attention. Their faces brighten as she greets them…McLaren said that since opening the crèche, child abuse had dramatically decreased. Jabu Khumalo, 38, a cook at Edwaleni, described McLaren as a 'messiah'. (*Sunday Times*, 2006-06-04)

The majority of stories in this sub-theme focused on individuals coming from outside of particular communities. Only the occasional story reported on individuals emerging from within a community to tackle HIV/AIDS. For example, *The Sowetan* identified Zimba, who had - since testing HIV-positive - started working in his own community:

> For 16 years the Community Builder of the Year Awards scheme has been unearthing, honouring and supporting selfless community-development heroes. Zimba, 31, of Thembisa, is a shining example of *Sowetan's* nation building ideals. Zimba…is a fighter and one of the many unsung heroes of positive living. (*Sowetan*, 2006-05-25)

Stories of 'unsung heroes' who became saviours of communities tended to be structured in similar ways. The community was represented as passive in the face of the HIV/AIDS pandemic (Meintjies & Bray, 2005), until an individual – normally someone from outside the community – arrived and 'acted on' the community. This representation ignores the fact that the vast majority of AIDS-affected communities contain residents who are responding to the epidemic with immense courage, generosity and heroism (Campbell, Nair, Maimane & Sibiya, 2005). It also minimises the vital role that broad-based community involvement needs to play in ensuring that successful programmes are sustainable over time.

*NGO programmes*

Whilst only 5% of all stories focused on 'NGO programmes' such reports tended to be longer than average, and more prominently displayed with pictures. As such, while such reports were numerically small, their impact was relatively large. One such article in the *Mail and Guardian* spoke very positively of the impact of an NGO driven intervention, in the face of the immense challenge of tackling gender-based violence:

> Yet, our experience working with some of the poorest communities in South Africa suggests that change is indeed possible. The Image (Intervention with Micro-Finance for AIDS and Gender Equity) project provides rural women with access to small-scale loans in order to establish small businesses (microfinance). (*Mail and Guardian*, 2006-12-07)

Similarly, a *Sunday Times* report highlighted a *Medecins Sans Frontieres* project in the Eastern Cape, where there had previously been no ARV treatment.

> Of those testing positive, over 2000 are getting HIV/AIDS drugs. Three years ago, no one in the area had access to AIDS drugs…It was started three years ago by Medecins Sans Frontieres, the Nelson Mandela Foundation and the Eastern Cape Department of Health – and handed over to the national government last month. (*Sunday Times*, 2006-11-12)

Articles on 'NGO programmes' emphasised their successes given the complex and difficult situations they worked in. The same *Sunday Times* article on the *Medecins Sans Frontieres* project commented on the face of HIV/AIDS management prior to their involvement:

> Before the project started, AIDS sufferers lying in wheelbarrows lined up outside Lusikisiki's only state hospital… (*Sunday Times*, 2006-11-12)

Here again, reports on NGO programmes tended to portray communities as passive in the face of HIV/AIDS, dependent on the agency of outside actors for HIV/AIDS management. This effectively obliterates discussion of the striking work being done by people in marginalised communities who are responding in numerous and effective ways to the epidemic (Campbell, Nair *et al*., 2005). Furthermore, as stated above, it effectively minimises the role communities need to play in NGO driven interventions if they are to be successful and sustainable (Pfeiffer, 2003; Campbell, 2003; Gruber & Caffrey, 2005).

The sub-themes 'partnerships', 'medical interventions', un-sung heroes' and 'NGO programmes' all reflect specific understandings of communities within HIV/AIDS programmes, and have two effects. First, they represent communities as lacking the power to change HIV/AIDS in their area. Change, newspaper reports 'argued', only emerged when external actors, either individuals or NGOs, went into a community and acted upon it. Second, the role of communities as actors in interventions was marginalized. The sub-themes of 'partnerships' and 'medical interventions' were particularly prominent in minimising the role of communities in programmes.

*The TAC*

In contrast, the sub-themes of 'the TAC' and 'community mobilisation' stand out through their role in repositioning the role of communities in a more active role in tackling HIV/AIDS.

'The TAC' was particularly prominent in many articles, represented as actively challenging and shaping HIV/AIDS management and programmes. This partly reflects their role as civil society voice of choice by the news media (Finlay, 2004), but the TAC is also one of the few community organisations that has

successfully challenged the post-apartheid government in any area of policy (Friedman & Mottiar, 2004). Stories on 'the TAC' tended to be highly positive – but there was variation in the quantity of reporting with the *Mail and Guardian* (8%) and the *Sowetan* (9%) more inclined to report on the TAC than the *Sunday Times* (3%).

The TAC was seen to be active in high profile activities across the world. At the 2006 International AIDS Conference in Toronto they challenged the South African government's display of vegetables but not ARVs:

> TAC tackles Manto's fruity display at HIV conference (*Mail and Guardian*, 2006-08-24)

In addition the TAC was depicted as active in South African courts, challenging government and court decisions. In one case a woman was denied custody of her children because she was living with HIV/AIDS, the TAC was about to challenge this.

> Judge Smit's ruling is an indirect admission and public exposure of his ignorance about the ways of acquiring this incurable, largely sexually transmitted infection…I am disgusted. But I am pleased that the Treatment Action Campaign will be lodging a complaint against this senseless judgement. (*Sowetan*, 2006-05-04)

Other TAC actions reported on included a 'sit-in' at the Human Rights Commission's offices in Cape Town to demand the removal of Health Minister Manto Tshabalala-Msimang (*Mail and Guardian*, 2006-09-07) and a high court challenge to force government to provide ARVs to prisoners (*Sowetan*, 2006-09-08). Media reports on the TAC were positive, supporting their central role in HIV/AIDS management in the country.

However reports paid less attention to the everyday grassroots struggles around HIV/AIDS management that make up the vast majority of the TAC's work (Friedman & Mottiar, 2004). Instead most reports focused on its more high level, national and international activities. Such reporting privileged a representation of the barriers and facilitators of HIV/AIDS management as located at the national and international level – implicitly undermining understandings of more low profile dimensions of the TAC's work as a 'template' for successful community organising.

*Community Mobilisation*

Three percent of all reports fell into this sub-theme. These tended to paint a realistic picture of the challenges of community mobilisation in response to HIV/AIDS in South Africa. One story in the *Sowetan*, of a relatively successful community organisation, detailed the way in which it struggled to start up:

> Combining advice from traditional healers with the financial help of the local business community and a few volunteers, Tapologo slowly but surely began to take shape. 'Initially we started off in Freedom Park squatter camp. They were hard days. Initially we had only 12 women volunteers' (*Sowetan*, 2006-05-22)

A *Mail and Guardian* story on home-based caregivers also reflected on the difficulties faced by community organisations:

> Working with people dying of HIV/AIDS is not a pleasant task, but everyday thousands of carers around South Africa travel from home to home, offering help and compassion to people in their final hours. (*Mail and Guardian*, 2007-03-19)

The relative dearth of such stories partly reflects the tendency for them to be regarded as 'worthy but relatively boring' in the world of news production, lacking the drama and excitement that newspaper editors like (Lale, 2001; Parker, 2005).

Social and community mobilisation stories are crucial for constructing the possibility of community involvement in HIV/AIDS management. Greater reporting on community action in newspapers would open up the possibility of community engagement becoming a more powerful representation in the public sphere, and a more prominent conceptual tool for shaping responses to the epidemic. The sub-themes of 'the TAC' and 'community mobilisation' were crucial in positioning communities as active participants in HIV/AIDS management, rather than passive victims of the epidemic. Whilst being relatively limited in numerical terms (representing a total of 10% of all stories) they highlight an important direction in newspaper reporting that needs to be sustained, if the media are to take a more nuanced and multifaceted approach to HIV/AIDS reporting.

**Conclusion**

The way HIV/AIDS management is represented in the public sphere shapes how people come to understand what might constitute effective HIV/AIDS management and the role that communities would play in it. Such representations form the symbolic field in which responses to HIV/AIDS are conceptualised and put into practice. As already emphasised, this is not to deny the role of other factors, such as material and institutional factors (Campbell, Foulis *et al*., 2005) in shaping HIV/AIDS management practices, but to sharply focus on the symbolic realm in this particular paper.

We have identified three trends in newspaper representations of barriers and facilitators of effective HIV/AIDS management. First, there is a focus on the role of 'important' individuals (politicians, doctors, unsung heroes and so on) in constructing, shaping and implementing HIV/AIDS policy and practice in South

Africa. This focus forecloses discussion of broader political influences, such as international pressure and local economic demands, shaping HIV/AIDS policy (De Waal, 2006).

Second, there is a persistent focus on HIV/AIDS management as a narrowly medical issue. Treatment, care and prevention are all discussed from a perspective of medical knowledge. Discussions of barriers and facilitators to effective responses to AIDS focus on medical staff, financial resources for drugs and medical interventions such as male circumcision. This construction of HIV/AIDS management as a narrowly medical phenomenon marginalises consideration of the wider context in which HIV/AIDS management is located, and a more holistic understanding that takes account of the importance of social interventions and of non-medical support in tackling HIV/AIDS. Indeed South Africa's National Strategic Plan places HIV/AIDS management in such a holistic framework (Department of Health, 2007), but this is not reflected in newspaper reports.

Thirdly we have identified the media's prominent focus on top-down solutions to HIV/AIDS management. Such solutions include partnerships, particularly between government and business, the restructuring of the health system, increased spending and reforming government policy. Barriers and solutions to HIV/AIDS management were overwhelmingly located at the national government level. Reports paid little attention to the way in which top-down policies were translated into practice, especially in the light of the increasingly decentralised HIV/AIDS management system in South Africa where District Health systems are becoming the locus for implementation.

Communities received little real or sustained attention in reports. Articles either focused on discussions and struggles at the national level, ignoring the community level of analysis altogether, or else portrayed communities as passive in the face of the epidemic. Furthermore, media representations of HIV/AIDS

management were such that the full and proper participation of communities in interventions and partnerships did not emerge as a compelling or viable option. HIV/AIDS management was depicted as a challenge to be addressed in hospitals and clinics, with politicians and doctors being the key actors and drivers of change. Yet, as we have repeatedly emphasised, without effective community participation, HIV/AIDS policies and practices will not resonate with their intended beneficiaries and are less likely to succeed in effectively challenging the complex array of political, economic and cultural factors that fuel HIV/AIDS transmission and undermine effective access to formal health services (Campbell, 2003; Campbell, Nair et al., 2007; Barnett & Whiteside, 2006).

Our analysis has highlighted the way in which media locates the power to address HIV/AIDS in a top-down way, focusing on senior and central leadership, on health systems design, and on the role of biomedics, with little attention paid to the channels or processes through which power, knowledge and influence of government leaders and 'experts' is enacted. There is an urgent need for greater focus on the channels and processes through which policy becomes practice. These would include the points of articulation, at the level of District Health systems and communities. These form the interface between top-level decision making and the real and everyday lives of the masses of South African individuals who carry the physical burden of HIV/AIDS and the households and communities that support them day-to-day.

For effective HIV/AIDS management to become a reality in South Africa, especially through the increased participation of communities in meaningful ways, the way HIV/AIDS management is talked about in the public sphere needs to change. There is an urgent need for reporting to reflect what is already happening – namely that communities are responding and playing a huge role in managing HIV/AIDS. There is also a pressing need to include representations of AIDS that open up the possibility for broader and more holistic strategies and

approaches than the narrow biomedical and technical approaches favoured by newspapers in our analysis.

In this regard there are currently contradictory tendencies in the newspapers. Fragments of a better informed and more holistic understanding of the problem do indeed exist, especially in the reporting of 'the TAC' and 'community mobilisation'. It is the extent to which wider understandings of HIV/AIDS management become more frequent and prominent, or the extent to which they remain marginalized, that will dictate the possibilities of HIV/AIDS management in South Africa becoming supportive of including communities as real actors.

The extent to which the media should be expected to play an ethically responsible role in tackling social problems is a controversial issue. Writers such as Seale (2002), writing in the UK, argue that the core aims of the media are to entertain and make money. He suggests that these aims are very different to the aims of those concerned with health promotion, social responsibility and social improvement. However, others such as Hodgetts – writing in New Zealand – make a strong case for the development of what they call 'civic-minded journalism', where journalists are seen as having an ethical obligation to contribute to efforts to reduce social inequalities and promote social justice. Hodgetts and colleagues have had some success in promoting partnerships between critical social scientists and journalists through providing information and training on understanding and communicating about the social determinants of childhood poverty and health in New Zealand, for example (Hodgetts, Chamberlain et al., 2008).

Call for a greater emphasis on media ethics, media monitoring and journalistic training are periodically made in South Africa. At various stages projects such as *The Mediaworkers Project*, supported by the Department of Health, have provided workshops and regular meetings to develop journalists' understandings of the complex dynamics of HIV/AIDS in the interests of better informed and

more socially responsible reporting (Parker, 2000). Writing in the Business Day, Nathan Geffen and Gina Ziervogel call for greater collaboration between journalists and AIDS scientists, for example (*Business Day*, 2007-01-31). However Geffen and Ziervogel place their emphasis on the need for improved 'science journalism'. Our analysis suggests an urgent need for more and better '*social* science journalism'. Furthermore, given the private sector base of most South African media houses, it is important to contextualise calls for more responsible AIDS reporting within the frame of debates about business ethics, and not just media ethics.

In short – if there is indeed agreement that the media have a role to play in promoting social justice and health – there is an urgent need for journalists and media houses to provide a more complex picture of the epidemic. Ideally, such a picture would develop a greater public awareness of exactly *why* communities need to be more involved in HIV/AIDS efforts, of the challenges of ensuring such involvement, and of the current strengths and limitations of those agencies best placed to ensure this involvement takes place. It would also work to reflect the current reality of the AIDS struggle in South Africa – recognising grassroots community members as active and competent social actors who already shoulder the bulk of the country's AIDS burden, responding with resourcefulness and courage, sometimes under almost impossible circumstances.

**Table 2: Percentage of stories in each global-theme and sub-theme by newspaper (Totals do not add up to 100 because of rounding).**

| Global Theme | Sub-Theme | *Mail and Guardian* | *Sunday Times* | *Sowetan* | *Business Day* | All newspapers |
|---|---|---|---|---|---|---|
| Health Systems and Costs | Human Resources | 5 | 9 | 3 | 1 | 3 |
| | Red-Tape | 5 | 3 | 0 | 7 | 4 |
| | Reform of the health system | 2 | 0 | 0 | 4 | 6 |
| | Costs | 6 | 0 | 0 | 9 | 6 |
| Total Percentage All Newspapers for Global Theme | | | | | | 17 |

| Global Theme | Sub-Theme | *Mail and Guardian* | *Sunday Times* | *Sowetan* | *Business Day* | All newspapers |
|---|---|---|---|---|---|---|
| Government and Leadership | Individuals in government | 14 | 21 | 21 | 14 | 16 |
| | Role Modelling Behaviour | 3 | 15 | 15 | 5 | 8 |
| | Government Bureaucracy | 6 | 6 | 12 | 8 | 8 |
| Total Percentage All Newspapers for Global Theme | | | | | | 32 |

| Global Theme | Sub-Theme | *Mail and Guardian* | *Sunday Times* | *Sowetan* | *Business Day* | All newspapers |
|---|---|---|---|---|---|---|
| 'Effective' HIV/AIDS Programmes | Partnerships | 18 | 9 | 15 | 8 | 12 |
| | Medical Interventions | 18 | 18 | 15 | 18 | 17 |
| | Unsung heroes – Individuals | 2 | 15 | 9 | 4 | 5 |
| | NGO Programmes | 10 | 6 | 0 | 4 | 5 |
| | The TAC | 8 | 3 | 9 | 6 | 7 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Community Mobilisation | 6 | 1 | 9 | 1 | 3 |
| Total Percentage All Newspapers for Global Theme | | | | | | 49 |

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[i] See Southern African Media Action Plan (2007) for similar findings on the marginalisation of the voices of people living with HIV/AIDS' from the media.