



Reporting HIV/AIDS

MA in Journalism and
Communication,
Faculty of Journalism and
Communications,
Addis Ababa University



Internews Ethiopia



INTERNEWS

Reporting HIV/AIDS Curriculum

MA in Journalism and Communication
Faculty of Journalism and Communications, Addis Ababa University

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Introduction

Welcome to the 'Reporting HIV/AIDS' course. This course is part of the MA in journalism and communication, Faculty of Journalism and Communications, Addis Ababa University.

The goal of this course is to equip you with knowledge and skills in effective and sensitive coverage of the HIV/AIDS epidemic. It is aimed that the course will deliver hands-on experience for learners as well as opportunity for discussion of pertinent theoretical issues.

The course is designed to be of benefit to media students, working journalists, editors and others who are involved or interested in how the media can effectively cover HIV/AIDS.

COURSE OBJECTIVES

The course has the following objectives:

1. To provide learners with background information about HIV/AIDS as an epidemic and global communication priorities in responding to the changing epidemic.
2. To educate learners about strategic thinking about how the media approaches issues about HIV/AIDS; the media's roles and responsibilities and ethics.
3. To inform learners about the realities of media coverage of HIV/AIDS to date, examining issues of use of channels and mediums, and quality criteria about presentation and content.
4. To sensitize learners about the framing of people connected with HIV/AIDS; including examining media portrayal of mainstream and marginalised risk groups and people living with HIV/AIDS (PLWHA).
5. To inform learners about the particular challenges to effective reporting of HIV/AIDS; including issues of cultural and social opposition, stigmatizing language, and internal media blockages.
6. To provide learners with information about sources, voices and resources in HIV/AIDS; examining access to varied sources, and the need for a plurality of voices, and information about useful resources, particularly those available online.

COURSE DESIGN AND PRESENTATION

This course is flexible; and can be used for both taught class-room based learning and also online

learning. This training course is presented in the format of a formal manual and an accompanying manual of readings, or alternative it may be presented online as an online training website which presents the contents of the manual and links to the readings and other resources.

COURSE STRUCTURE

The course is structured based on six Units following the focus of the six course objectives. Each Unit is composed of the following elements: notes and readings, illustrations, discussions/group work, assignments and feedback.

- Presentation of the subject (20% of time spent): The aim of this section is to present learners with accessible teaching about the topic in a way that is accessible to learners who may not have yet had exposure to the topic. This section presents the Unit's learning topic in the form of introductory text that can be read or taught. This section will be supported by a selection of relevant readings which learners are required to read (there will be some mandatory texts and some optional, all will be available online and not require any access to additional books or journals).
- Illustrations of journalism related to the subject (20% of time spent): The aim of this section is to provide learners with engaging and varied illustrations of practical journalism related to the subject, so that there can be an aspect of learning by example. This section presents example of how journalists have approach the topic. It will include examples of both good and bad practice. The examples will be both engaging and accessible, and will include both text and audio visual. All examples should be accessible via the web, with no additional recourse needed to other publications or broadcasts.
- Learner collaborative discussion (20% of time spent): The aim of this section is for learners to learn from each other about different perspectives and experiences on the topic, and in this way to deepen practical understanding of the issues. This section will present the learner with an opportunity to reflect upon the topic and the illustrations that have been presented, and in collaboration with other learners they will address questions about the topic.
- Assignments (independent/self learning 30% of time spent): This section will require learners to undertake an independent journalistic assignment related to the topic. This may be in the form of print or broadcast media outputs, as relevant. The aim of this section is to enabling learners to 'learn-by-doing', to apply their new knowledge about the topic, both theoretical and practical, to their own practice as a media person.
- Feedback (independent/self learning 10% of time spent): The aim of this section is to reflect on the experience of the assignment, in order to further solidify the learning. This section builds upon the previous learning and experiences. The assignments will be marked and the feedback given either in written form or as part of a chat or other format. It may also be possible to include aspects of peer review.

COURSE MODERATION AND TIMEFRAMES

The course is moderated, with a moderator/teacher being responsible for providing guidance and feedback on assignments and discussions.

Due to this course being 'moderated' it is based on fixed times for discussion, submission of assignments and trainer feedback; therefore it is necessary for a formal timeframe, and learners are responsible for keeping to the prescribed timeframe and deadlines.

Each Unit is anticipated to take two weeks (or 35 hours) to complete; and the whole course is designed to be implemented over a 12 week period, or 210 hours. For each two week period for a Unit the first week for primarily learning focus and the second week primarily focused on participants gaining practical and individual experience of the issues under examination.

The expectation of learners' time spent for each Unit is as follows: Each Unit comprises of 7hrs (20%) of 'teaching' through notes and readings; and 7hrs (20%) for reviewing illustrations of how Ethiopian media and other media have approached the issues under examination. Discussion and collaborative learning amongst learners will account for a further 7hrs (20%) of time spent, and then 10.5 hours (30%) has been allocated for the independent assignment; finally learners will be expected to engage in feedback and discussion about the whole Unit, this will take 3.5 hours (10% of the Unit time).

LEARNER GUIDANCE ABOUT THE COURSE

You will get the most benefit out of this course if you read and view the maximum amount of content that is offered, and if you actively engage in the group discussions and work and give sufficient time and focus to the individual assignments. While the course is moderated, it is also dependent on you to make it really worthwhile by giving it the full suggested amount of time and even more if you are able.

Course content	Time allocation	Notes
Full course	12 weeks	
Each Unit	2 weeks (or 35 hours)	
Unit elements		
Notes	7 hours for reading based on notes structure	
Readings		
Illustrations	7 hours	
Group work	7 hours	
Assignments	10.5 hours	
Feedback	3.5 hours	

SUMMARY OF REQUIRED GROUP WORK / DISCUSSIONS AND ASSIGNMENTS

Unit	Discussions / group work	Assignments
Unit 1	Discussion 1: What is important? Discuss your individual experiences in reporting about HIV/AIDS and/or as an audience member reading and hearing about HIV/AIDS from media. As a group identify 4 main topics that you all agree are the most important now to focus on in Ethiopia regarding HIV/AIDS.	Assignment 1: What we need to know about HIV/AIDS. Develop a check-list article or radio/TV piece that presents and succinctly explains the 'Ten facts to know' about HIV/AIDS. Make this 'Need to Know' checklist understandable for all levels of readers / listeners. (Submitted piece: 500 word print article or 3 minute radio/TV script).
Unit 2	Discussion 2: Media ethics and HIV/AIDS. Review the ethical guidelines produced by the Southern Africa Editors' Forum (Key Reading) and discuss with your fellow course participants whether you agree with them, and how you as a group would prioritise them if you were only able to have 4 of them as formal policy in your media house.	Assignment 2: The role of the media. Interview a person who is knowledgeable about HIV/AIDS – this could be an NGO person, health worker, government official etc (you can get suggested experts from ARC) – and interview them about what they see as the role of the media in the battle against HIV/AIDS in Ethiopia today. (Submitted piece: 700 word print article or 5 minute radio/TV script).
Unit 3	Discussion 3: Mediums for HIV/AIDS reporting – TV, radio, newspapers, online. Each participant will choose one medium and defend it in a debate style discussion listing 4 key pros and cons; all participants will then vote on the most convincing defense and present a joint final judgment giving reasons for your choice of winner.	Assignment 3: Assessing media outputs on HIV/AIDS. Examine a piece of print or broadcast journalism and assessing for quality according to the criteria listed in the content analysis criteria document in the Course Reader [Facilitator to select an option or learners to be given option to select own from current media outputs]. Critically analyze the piece in a 600 word written report.
Unit 4	Discussion 4: Audiences and risk groups. As a group discuss and identify 2 mainstream risk groups who are also audience segments [For example it may be women generally, specifically young women, or youth generally or specifically young men ...]. Alongside each of the groups identify their most important HIV/AIDS information needs (3 per group) and identify potential media content that could address these needs.	Assignment 4: My neighbor at risk. Interview a local person who is in the category of 'marginalised risk group' [For example they may be highly mobile, a commercial sex worker, an injecting drug user, a man who has sex with men – ARC can assist you in identifying such an interviewee]. Prepare an interview guide for yourself and be aware of how you unconsciously 'frame' this person – note down your thoughts – are you thinking of them as innocent or guilty, as an outsider or an insider etc. Conduct the interview and write it up as a Q&A for publication. The focus of the interview should be on what that person thinks about their 'awareness' of being 'at risk' and their subsequent attitudes and behaviour.

Unit 5	<p>Discussion 5: Media challenges. Please read the excerpt of the Panos report on Ethiopian newspaper coverage of HIV/AIDS in 2008 that looks at the challenges that exist (in the Course Reader). Then collaboratively produce a brief report stating which 5 issues you as a group believe are the most serious and what strategies should be put into place to alleviate these challenges.</p>	<p>Assignment 5: The voice of PLWHA. Interview a persons living with HIV/AIDS (PLWHA) or a family member of PLWHA, about what language means to them and what they would like to read/hear and what not in coverage of HIV/AIDS. While seeking to get their personal story of experiencing stigma and discrimination due to inappropriate language used in the media also be open to what other insights they have to share, particularly examples of where media have really done a good job in portraying people and HIV/AIDS. Write up the interview as a 600 word article for a Sunday supplement of a national paper, style to piece as positive and upbeat – for publication under the title ‘Watch you language’, targeted at a general audience.</p>
Unit 6	<p>Discussion 6: Sources. Share your own experiences of sources, giving examples of where you have worked with a good source person and example of where you have not had success. After sharing your experiences with your fellow participants as a group write up a five point criteria list about what makes an effective source. (For example - they are accessible, they are knowledgeable... etc). Also make a contact list with telephone numbers etc drawn from your own collective knowledge of helpful sources.</p>	<p>Assignment 6: New voices, new angles. Interview someone completely new about HIV/AIDS, a source that you have never thought about or used before who can give you a different angle; for example they may be from a different profession (a musician, a minder, a farmer...) or a different population segment (old or young, homeless or householder...). Write up the interview as a 600 word article.</p>

Unit 1: Understanding HIV/AIDS

Unit objective: To provide learners with background information about HIV/AIDS as an epidemic and global communication priorities in responding to the changing epidemic. The learning objective for this Unit is that learners gain crucial understanding about the basics of HIV/AIDS as both a medical and social phenomenon and as a media subject.

UNIT 1: READINGS

Please read the Key Readings for this Unit: (Available in Reader)

- Framework for Communication about HIV/AIDS in Ethiopia
- AIDS is different from other stories
- Understanding AIDS: Myths Efforts and Achievements, Mahta, Shalina and Sunider K. Sodhi; A.P.H. Publishing Corporation, 2004. This is about the different misconceptions about HIV/AIDS in Ethiopia.



Online reading - please view the following sites and content:

- Journalist Living With HIV Tells the Story of His Life, by Moses Nampala, Panos http://www.panosaid.org/Left_read.asp?leftStoryId=145&leftSectionId=3
- AIDS Resource Center (ARC): Explore this website www.etharc.org; ARC resource centre is Ethiopia's premier source of HIV and AIDS information, it is Addis Ababa and if possible journalists and students should visit it; it has many resources, including a online resource section for tailored resources about different aspects of HIV/AIDS, such as ART & Ethiopia <http://plwha.etharc.org/resources>.
- Other online portals focusing on providing HIV/AIDS information and resources: In addition look online at the HIV/AIDS and media resources produced about HIV/AIDS by Kaiser Family Foundation <http://www.kff.org/hivaids/index.cfm> and Global Health Facts www.globalhealthfacts.org, also look at the Knowledge for Health site www.k4health.org/node/2.

UNIT 1: NOTES

Please read the Notes for this Unit. In this Unit we will examine the subject of HIV/AIDS and what media needs to understand about its development. We also look at the main communication priorities in the face of HIV/AIDS and media's specific objectives.

WHAT DO MEDIA NEED TO KNOW ABOUT HIV/AIDS?

Media need to understand the science of HIV/AIDS, as well as the social and political impacts of the virus, and related issues. The science or epidemiology of HIV/AIDS is complex and not always easy to grasp or present clearly for audiences. It is also very important to get it right as inaccurate information can be highly damaging, even life threatening. This puts a significant burden on journalists to learn both the medical details of the virus and how it is transmitted, treated and changing, and also to learn how to communicate about HIV/AIDS effectively; using the correct medical language, sourcing the right information and translating this well for audiences.

Themes:

- ☐ The science of HIV/AIDS
- ☐ The social impact of HIV/AIDS
- ☐ Other themes

WHAT ARE THE MAJOR COMMUNICATION PRIORITIES FOR HIV/AIDS COVERAGE?

Priorities in communication about HIV/AIDS

During the course of the epidemic 'communication' has been a major area of focus, as this is one of the main weapons against the further spread of the virus and the way to reach people who need to be informed about treatment and appropriate response. Media as well as NGOs, government and other bodies have played a vital role in this communication. The priorities of this communication have developed over the years in accord with developments in the epidemic.

Information transfer and awareness-raising - In the early 1980s the imperative was to have information about this new disease, and to make this information as widely available as possible. In the early 1980s communication strategies were dominated by information dissemination strategies and dominated by theories about how knowledge can be 'transferred' to people. By the later 1980s the imperative in response was to raise people's awareness of HIV/AIDS urgently, because there were low levels of awareness in a situation of potential global catastrophe.

Prevention - Rapidly rising prevalence figures influenced the imperative of focusing on prevention strategies; here the communication objectives was (and continues to be) on ways to impact on behaviour change, reducing risk behavior in order to ameliorate the risks of infection.

Testing and treatment - By the early 1990s the imperative had swung towards a focus on prevention and testing. By the late 1990s the imperative appeared to be to focus on treatment with the advent of treatment options, the issue of access to medication was a significant one and one that mobilized HIV/AIDS advocates.

Anti-stigma - The need to reduce stigma and discrimination became a priority as soon as societies experienced this anti-social factor, but when societies, or authorities, were not able to embrace this need this area was under-developed; for example in countries which experienced high levels of denial about HIV/AIDS and high levels of popular acceptance for discrimination of people associated with HIV/AIDS.

Positive living & normalisation - With the increase in the numbers of people with HIV and AIDS and the increase in life expectancy due to the advent of treatment, there has also been a focus on positive living and normalisation; i.e. responding to HIV/AIDS as a chronic disease that the world is adapting to, rather than responding to it as a one of crisis, as was the case in the 80s and early 90s. Communication objectives focused on ways to communicate about how people can live successful and fulfilling lives despite being HIV+, and how stigma needs to be countered; and ways to communicate about how HIV/AIDS is now an ever present fact of life in many parts of the world. In early 2000s the imperative was on keeping a focus on HIV/AIDS in developed countries in the face of waning engagement and on mainstreaming positive living in hyper endemic countries.

Themes:

- Information and awareness-raising
- Prevention, testing and treatment
- Anti-stigma and discrimination & positive living

MEDIA OBJECTIVES IN COVERING HIV/AIDS

Media have specific objectives in regard to their coverage of HIV/AIDS, which parallel the KAB approach to HIV/AIDS communication, namely impacting on 'Knowledge', 'Attitude', and 'Behaviour'.

Message objectives	Communication aim
Informational (the what)	<p>The central aim is to inform people about the facts of HIV/AIDS, and about how to live in the context of HIV and AIDS:</p> <ul style="list-style-type: none"> • To communicate epidemiological information about HIV/AIDS • To communicate information about the spread / prevalence of HIV/AIDS (often statistical) • To communicate prevention information • To communicate information about testing and treatment • To communicate information about how to live positively (e.g. safety for discordant couples)
Attitudinal (the why)	<p>The central aim is to impact on people's beliefs, feelings and emotions about the subject of HIV/AIDS and their risk:</p> <ul style="list-style-type: none"> • To communicate the need to engage • To communicate in a way that combats attitudinal blocks (e.g. defeatism, hedonism, machismo, denial etc) • To communicate about anti-stigma and normalisation
Behavioral (the how)	<p>The central aim is to impact on people's behaviour in a way that reduces the risk of transmission of HIV/AIDS, and also ameliorates stigma and discrimination:</p> <ul style="list-style-type: none"> • To communicate about how to change • To communicate routes and support for change • To communicate encouragement of change through illustrating how others have done so (modeling) • To communicate principles, codes and laws enforcing change – e.g. in the case of media codes of practice about HIV/AIDS and stigmatizing language.

Themes:

- ☐ Informing people about HIV/AIDS
- ☐ Influencing people's attitudes to HIV/AIDS, to risk groups, to PLWHA, to behaviours
- ☐ Impacting on people's behaviour change

QUESTIONS TO CONSIDER:

- What do you think are the most confusing aspects of HIV/AIDS?
- What do you think audiences need to hear more about in regards to HIV/AIDS?
- What would you say should be the main priorities and objectives in covering HIV/AIDS in Ethiopia today?

UNIT 1: ILLUSTRATIONS

ILLUSTRATIONS OF MEDIA COVERAGE OF HIV/AIDS

Ethiopian newspaper: Article about reasons for HIV/AIDS (?)

Headline: - Lots of people contract the virus, but none of them seems ill. And none of them died immediately, why? Sub-heading:- The secrets of having HIV and living longer or dying sooner. How can people live longer without taking the life-prolonging medicines while they have HIV? Research has shown their CD4 cells degraded and they developed AIDS in three to five years. Relative number of people who develop AIDS is low, 5% of all HIV victims develop AIDS. This article tries to explore why some people become weak and advance to AIDS in a short period of time while there are other people who stay healthier and live longer. The article begins with the anecdote of an HIV positive person. This person knew his status some 10 years ago and said he is strong, healthy and leads a very productive life. He further said he was surprised when he saw his friends, who knew their status years after him, become ill and die of AIDS so soon. Based on this story the article further explains why that is so. Published by Medical (Weekly Newspaper), October 14, 2008 Observations and questions: In addition to the inappropriate headline and sub-heading, this article repeatedly uses words and phrases such as HIV victims, AIDS patients, people living with the virus/HIV, HIV virus, etc. And the overall tone of the article is not friendly to HIV-positive people. What do you think about this article?

Ethiopian radio story: VCT day

Narration: Every year on the 5th day of the Ethiopian 13th month "Pwagem", National VCT day is observed. Oftentimes most people go to VCT when it is a must. One of those must situations is the opportunity to fly abroad. We have a guest who had been tested in this situation. She will share with us her experience. We now proceed to our program which focuses on HIV/AIDS issues directly related with the Ethiopian Diaspora. CLIP: - I took HIV testing when my employer organization offered me a scholarship opportunity. Q. You had never been tested before you had that scholarship, so how was your feeling at the time you got tested? A. First I was so scared. I was afraid even when I went to Woreda's Health Center for testing and they took a long time to deliver the result and I was so impatient, angry and scared. Because my tension was so obvious, people who were there for the same test tried to console me. When my name was called out for the result I asked the counselor to tell me the result right away. I said to her that 'I want you to tell me whether I have the virus or not without saying anything'. Instead she asked me what I would do if I had the virus, and started counseling me. And finally she told that I am positive. Q. Would you have had any thought to take HIV testing if it had not been for the scholarship? A. No I didn't have any plan to know my status.

[MUSIC: - Song on HIV which emphasize the importance of HIV testing (06'')] Narration: Though we first mentioned that most people go for testing when they have a chance to go abroad, there is another issue we need to focus on which is, our relationship with Ethiopian Diasporas who come here for different reasons. Now we are heading to Sister Abinet and her colleagues' Bureau to explore further on this issue. [Natural Sound: - A door opens and closes] CLIP: - I am Sister Abinet and I am a counselor for HIV testing at Gandhi Hospital. Those diasporas, when they come here they are not screened for HIV. But people who leave the country must take HIV testing. It is dangerous. I had an experience while I worked with one private clinic. He was a foreigner and he has an Ethiopian woman. They told me they had sex and didn't use any protection. When the result came he was positive and the woman was negative. They wanted to know their status because he was ready to go back to his country. [Natural Sound: - a surrounding sound of a clinic.] CLIP: - My name is Dejene and I am a counselor at Gandhi hospital. Most Diasporas come with money. Whether for marriage or for temporary partnership, they start a relationship with local girls. If the person who came from abroad believes in himself, they may come for HIV testing otherwise they continue the intimacy without knowing their status. The possibility of condom usage depends on his interest. If he wants, they use condoms, if he doesn't they don't. [MUSIC:- Song on HIV by the famous singer Tewodrose Tadesse which says we shouldn't pay with our life to be promiscuous.]

Narration: Both counselors have shared their experience based on their daily encounters. If we think this issue will not affect us, we are mistaken. Because in our household, our siblings, if we are parents our daughters, if we are teachers our female students, have the possibility to be exposed to such kind of situations. Remember that we still talk about Ethiopian Diasporas. CLIP: - My name is Solomon Yohannes. I know one person who lives abroad but comes here frequently. Though I am not sure of his status, he comes here every three or five years. Surprisingly he goes out with very young girls. Some of them go out with him even though they have heard the rumor of him having the virus. I associate this situation with our poverty. These people come with money and it is very tempting. I can say these people are in danger. They spend their money unwisely and their preference to relax is quite dangerous. Narration: Due to shortage of time we have to sum up this program, but we would like to make a point which is, our attitudes towards fortune and money need to change. It is because HIV is not based on our economic status, life style and the like. CLIP: - Most Ethiopians who live abroad are better off in terms of information about HIV, sex and sexuality. Because of this, they have developed this mentality that they are not vulnerable. But I don't think they should take this kind of risk. Broadcast by xxx, on date y. Question: How would you judge it according to clarity of purpose and clarity of scientific information?

ILLUSTRATIONS OF USE OF DIFFERENT THEMES AND FOCUS IN MEDIA COVERAGE OF HIV/AIDS

Ethiopian media coverage of HIV/AIDS: findings about types of stories as a subject – news, features, editorial? In the Panos study it was found that journalists had given less attention in producing human interest stories. Even though the Addis Zemen had the greatest HIV and AIDS coverage, from its total of coverage 735 of the articles, the majority were news stories. This indicates that the newsroom activity on covering the epidemic highly concentrated on event activities rather than covering the issues with human interest stories. The editorial share of the paper only covers 1% of the total coverage, and the features coverage has taken 12.65 % of the total coverage. The same is true of The Ethiopian Herald. Most of its space is devoted to the news (62.2%) and the features and regular column together has taken a space share of 18.3%. In contrast to these, Reporter newspaper covered only 95 of the space from the total coverage, whereas the regular column and the feature took 45% of the space from the total HIV and AIDS coverage. The Addis Neger private weekly newspaper did not have a regular HIV and AIDS column or did not have considerable news or other stories coverage. – Panos report, 2009.

Ethiopian radio: Urban gardens: Income generation is one way for PLHIV to live positively. In the dust and sun of Addis Ababa, urban gardening projects are flourishing, bringing life and health to the people who tend them, and the people who benefit from their harvest. Story by: Habtam Getachew, Amhara Mass Media Agency, in Bahir Dar, Amhara. Language: Amharic. Listen online at: http://www.internews.org/multimedia/audio/africa/ethiopia_radio.shtm Questions: what does this programme demonstrate about the angling of a story on HIV/AIDS? What is its focus – political, social or other?

UNIT 1: DISCUSSION

Discussion 1: What is important? Discuss your individual experiences in reporting about HIV/AIDS and/or as an audience member reading and hearing about HIV/AIDS from media. As a group identify 4 main topics that you all agree are the most important now to focus on in Ethiopia regarding HIV/AIDS. Nominate a note-taker to then write up these points as bullets and submit to the Facilitator. (Discuss using online chat facilities, and post your written group presentation on the course site for the moderator's review).

UNIT 1: ASSIGNMENT

Assignment 1: What we need to know about HIV/AIDS. Develop a check-list article or radio/TV piece that presents and succinctly explains the 'Ten facts to know' about HIV/AIDS. Make this 'Need to Know' checklist understandable for all levels of readers / listeners. (Submitted piece: 500 word print article or 3 minute radio/TV script).

(This assignment should be submitted to the course moderator via the online facilities and/or email, and once marked and returned to you it will be uploaded to the course site for view by all participants).

UNIT 1: FEEDBACK

(Each course participant will receive written feedback from the course moderator, and then be available for reading other participants' assignments and participate in a feedback session lead by the course moderator.)

UNIT 2: MEDIA ETHICS, ROLES AND RESPONSIBILITIES IN THE FACE OF HIV/AIDS

Unit objective: To educate learners about strategic thinking regarding how the media approaches HIV/AIDS; including the media's roles and responsibilities and ethics. The learning objective for this Unit is that learners gain a greater understanding about media ethics and about how the journalist's role in responsible journalism.

UNIT 2: READINGS

Please read the Key Readings for this Unit: (Available in Reader)

- The ethical guidelines produced by the Southern Africa Editors' Forum
- The role of the media
- Background to Ethiopian media, Panos report, 2009

Online reading - please view online the following sites and content:

- The media and HIV AIDS. Geneva, UNAIDS, 2004. Role of the media. <http://www.kff.org/hivaids/upload/The-Media-and-HIV-AIDS-Making-a-Difference.pdf>
- You Just Signed his Death Warrant: AIDS Politics and the Journalists' Role, Garrett, Laurie, 2000: This article discusses the duty of journalists to demand the truth, to hold government accountable, and to do so responsibly so there are few negative consequences of their reports. <http://www.lauriegarrett.com/durbanspeech.pdf>
- Storytelling About AIDS: A Duty of Care: Journalism ethicist Bob Steele discusses caring about the people whose stories you tell, and thinking about the consequences of your work. http://www.poynter.org/content/content_view.asp?id=5588

UNIT 2: NOTES

Please read the Notes for this Unit. In this Unit we will examine thinking about how media should respond to HIV/AIDS and what factors there are in this coverage; such as media ethics. The role and responsibilities of media in the face of HIV/AIDS is a significant issue, as is the need for 'responsible' journalism that does not endanger people.

DO MEDIA HAVE SPECIAL ROLES AND RESPONSIBILITIES IN THE CONTEXT OF HIV/AIDS?

The media in the context of HIV/AIDS has a great many roles and responsibilities, but what balance is required? There is the Watchdog role and the public service role, and a key concern to preserve and not endanger lives through reckless reporting that either stigmatizes people or provides incorrect information.

Themes:

- ☐ Responsibilities of media
- ☐ The role of media in public service
- ☐ The role of media in witnessing and observing

The role of media in Ethiopia: 'In Ethiopia, where only 12 out of every 100 people have access to electricity and some 80 per cent of rural residents have no clean water, access to information may seem like a luxury. In fact, fostering a mature information culture is one of the best ways of helping people to help themselves. In 2005, the Red Cross World Disasters Report concluded, "People need information as much as water, food, medicine or shelter. Information can save lives, livelihoods and resources. Information bestows power," Markku Niskala, Secretary General, International Federation of Red Cross and Red Crescent Societies, IFRC, World Disasters Report, 2005. Yet people's information needs take a back burner in low-resource settings such as Ethiopia, where the focus is most often on direct provision of humanitarian aid. (However) Journalists in Ethiopia do play an important role, and much more could be done. Successful media advocacy has become an important part of the public health landscape. Media stress the importance of participation and empowerment, important steps in the development of civil society. Accurate, skilled journalism assists people to make informed choices and understand government policies and initiatives. Media have an important role to play in mediating between the state and all facets of civil society.....' Media play a key role in Ethiopia's development; by Sonya De Masi, Internews Country Director for Ethiopia. (July 2009). www.internews.org/regions/africa/ethiopia_mediadev.shtm].

WHAT ARE THE SPECIFIC ETHICAL ISSUES WITH COVERAGE OF HIV/AIDS?

The ethics of HIV/AIDS coverage of akin to those for mainstream journalism, but there are also additional concerns; particularly in regard to how journalists engage with people as sources and voices.

Themes:

- ☐ Media ethics and HIV/AIDS
- ☐ Responsible journalism

QUESTIONS TO CONSIDER:

- What do you think should be the three primary aims in your coverage of HIV/AIDS?
- What do you think are the most important issues to focus on in regard to HIV/AIDS?

UNIT 2: ILLUSTRATIONS

ILLUSTRATION OF THE ROLE MEDIA PLAYS

South Africa: Behaving better? The media, HIV/AIDS and stigma: 'Given its spread and influence, the media is an important tool in the fight against HIV/AIDS. But it should not be assumed that the commercial media will operate in the public interest or be a watchdog over the powerful. The definition of "public interest" is often contested and those who control the media need to be engaged and lobbied if they are to address HIV/AIDS adequately. There is no general consensus within the media about what the role of the media is, although most journalists covering news are likely to accept that one of their responsibilities is to act as a watchdog – but this role is usually restricted to being a watchdog over government rather than all those who have power. In addition, media convergence has brought with it another kind of "convergence" in terms of the definition of who a journalist is. DJs and talk show hosts sometimes also describe themselves as journalists now and their primary task would be to entertain.....', by Kerry Cullinan, this paper was presented to the Centre for AIDS and Development Research (CADRE), 2004. It critically discusses two dominant assumptions: 1) That the media has a role/responsibility in reducing stigma and denial 2) That knowledge leads to changes in behaviour. It provides a realistic look at South African's media environment and capacity of media to fulfill its role/responsibility. www.health-e.org.za/uploaded/75b5f79d585ff438d8fb317f5adb3d22.pdf

UNIT 2: DISCUSSION

Discussion 2: Media ethics and HIV/AIDS. Review the ethical guidelines produced by the Southern Africa Editors' Forum (in Course Reader) and discuss with your fellow course participants whether you agree with them, and how you as a group would prioritise them if you were only able to have 4 of them as formal policy in your media house. Nominate a note-taker to then write up these points as bullets and submit to the Facilitator.

(Discuss using online chat facilities, and post your written group presentation on the course site for the moderator's review).

UNIT 2: ASSIGNMENT

Assignment 2: The role of the media. Interview a person who is knowledgeable about HIV/AIDS – this could be an NGO person, health worker, government official etc (you can get suggested experts from ARC) – and interview them about what they see as the role of the media in the battle against HIV/AIDS in Ethiopia today. (Submitted piece: 700 word print article or 5 minute radio/TV script).

(This assignment should be submitted to the course moderator via the online facilities and/or email, and once marked and returned to you it will be uploaded to the course site for view by all participants).

UNIT 2: FEEDBACK

(Each course participant will receive written feedback from the course moderator, and then be available for reading other participants' assignments and participate in a feedback session lead by the course moderator.)

UNIT 3: THE EXPERIENCE OF MEDIA REPORTING ABOUT HIV/AIDS

Unit objective: To inform learners about the realities of media coverage of HIV/AIDS to date, examining issues of use of channels and mediums, and quality criteria about presentation and content. The learning objective for this Unit is that learners gain a greater understanding about how the media cover HIV/AIDS, the choice of channels and assessment of presentation.

UNIT 3: READINGS

Please read the Key Readings for this Unit: (Available in Reader)

- Findings about Ethiopian press coverage of HIV/AIDS, from Panos Report, 2009
Online reading - please view online the following sites and content:
- Radio and HIV/AIDS: Making a Difference (The Essential Handbook) http://data.unaids.org/publications/IRC-pub05/jc429-radio_en.pdf .
- Media coverage of HIV/AIDS and TB issues in Ethiopia: Challenges and opportunities – content analysis on selected newspapers, Addis Ababa, Panos Eastern Africa, November, 2009 <http://www.comminit.com/en/node/315670>

UNIT 3: NOTES

Please read the Notes for this Unit. In this Unit we will examine how media have actually covered HIV/AIDS since its advent in the 1980s, and what channels and options media have used to reach different audiences. We will also examine how this coverage is assessed according to quality criteria about presentation, content and frequency.

HOW HAVE MEDIA COVERED HIV/AIDS AROUND THE WORLD?

A brief history of media coverage globally

How people have experienced media coverage and exploration of HIV/AIDS over the years has differed across the world.

Global media trends in the 1980s included pseudo-science, controversy and denial. Around the world media communications was largely circumspect and focused on the US experience of the epidemic, rather than framing it as a potential threat to the world.

By the early 1990s media in the developed world began to question the severity of the HIV/AIDS 'crisis', and to explore issues of funding, scandals and debate about appropriate strategies.

From the mid 1990s, in many developing countries, the advent of treatment prompted strong media debate about treatment access.

In hyper endemic regions such as Sub-Saharan Africa HIV/AIDS response communication trends have developed from early 'diffusion of information' strategies to a long-term focus on 'behavior change communication', more latterly there have been developments in 'social change' focus, and a particular development in edutainment and advocacy communication.

In many places the challenge of self censorship has slowed down media abilities to communicate effectively about HIV/AIDS. Not wanting to confront difficult issues such as sexuality, gender power inequalities and marginalised people and risk behaviour has hampered some media.

World Aids day has become very well established as a key annual event around which response and advocacy activities are planned, and to which media are invited. There is a clear trend for this day to become a convenient 'peg' for journalists.

In 2004 UNAIDS noted that some broadcasters are 'mainstreaming' the HIV issue across a number of programmes, ensuring that the message permeates a diverse range of output, not just outlets and public service messages dedicated specifically to the issue. The fact that the virus affects all sections of society and all walks of life is subtly reinforced if it is explored in this way. As a result, many people who might not necessarily pay much attention to a traditional HIV/AIDS campaign, or who would not choose to watch HIV/AIDS programming, are nevertheless exposed to HIV-related education messages.

Themes:

- Broad trends in media coverage
- The variety and differences in stages of coverage around the world
- The history of gradual progress in HIV/AIDS coverage
- Particular problem areas: coverage of the science, the impact, other issues

USE OF MEDIUMS AND OPTIONS

Changes in the media landscape

The media channels available for HIV/AIDS communication has developed since the 1980s when HIV/AIDS first emerged; with increased fragmentation of the media environment due to the rise of digital and satellite TV, greater numbers of radio stations, the rise of community media and improvements in the regulatory environment for media in many countries.

Some of the developments in this area that impact on the communication of HIV/AIDS include: the development of community media, particularly community radio which is a significant platform for HIV/AIDS communication to local audiences; development in the restructuring of public service media in many countries, with moves away from concepts of stringent 'state' broadcasting functions to more 'public service' remits.

The advent of new information communication technologies (ICTs) and in particular the Internet, have significantly increased the options for communication. The advent of digital media has diversified the base of media ownership, with more fragmented environments arising as digital TV and radio and the wealth of online platforms compete for audience attention.

Themes:

- ❑ Print media approaches to HIV/AIDS coverage
- ❑ Broadcast media routes
- ❑ New media options

PRESENTATION OF THE HIV/AIDS STORY

The quality of HIV/AIDS coverage is frequently analysed using content analysis methodologies, which examine the actual content that is produced and assess it based on quality criteria such as accuracy, tone, use of language etc.

Themes:

How has the story been presented?

- ❑ quality criteria
- ❑ accuracy of information
- ❑ language and framing

QUESTIONS TO CONSIDER:

- What is the history of media coverage in Ethiopia; in different mediums such as newspapers, TV and radio?
- What quality criteria is the priority in HIV/AIDS reporting – accuracy, production values, human interest?

UNIT 3: ILLUSTRATIONS

ILLUSTRATIONS OF PRESENTATION OF HIV/AIDS STORIES IN THE MEDIA

Ethiopian media coverage of HIV/AIDS – findings about presentation – what the journalists and editors say: Lack of varied formats: Media executives are not willing to change their style of presentation, which is mostly ‘inverted pyramid’ style (answering the questions of ‘What’, ‘Who’, ‘Where’, ‘When’, ‘Why’ and ‘How’ – the 5 ‘W’s & 1 ‘H’) to a more enticing media format (e.g. feature or human interest stories) to attract the audience. – Panos report, 2009.

Ethiopian media coverage of HIV/AIDS – findings about extent of coverage:

The result shows that most of the stories were constructive and informative, yet significant proportion of them could only be characterized as being of average quality. Addis Zemen had constructive (27.4%), informative and average (4.6%) articles; followed by The Ethiopian Herald with constructive and informative 17.2% and average 12.5% respectively. The proportion as 15.2% and 33.3% of their articles as being balanced respectively. The figures showed significant score in terms of balance.

Technical competency of the articles: shows that most of them were either of competent or average quality. On Table 10, it is indicated that 32.1% of Addis Zemen and 24.5% of Reporter had average quality on competency. The Ethiopian Herald had 12.5 % competency while stories of Addis Zemen only showed 1.2 % which were incompetent. – Panos report, 2009.

Ethiopian media coverage of HIV/AIDS – findings about focus of coverage: What are the main thematic focus areas? In the Panos study the subjects of reporting mainly focused on the issues of prevalence (29%) and prevention (22%) and politics of AIDS (2%). Work place (4%) issues have taken a low coverage on newspapers observed. The study found that HIV and AIDS coverage was not consistent and it was more likely that the coverage were event-oriented rather than that of planned activities. The highest rate coverage of newspapers were related to International HIV and AIDS Day's celebrations conducted by different governmental and NGOs in the months of November and December. Beyond that the coverage of HIV and AIDS in all four newspapers have different features. For instance, HIV and AIDS coverage reached its highest peak in November in Addis Zemen, Whereas in The Ethiopian Herald the highest coverage was in the month of May, In the case of Reporter its highest coverage is in the month of July 2008, Addis Neger has given a very low attention to the epidemic in its coverage. – Panos report, 2009.

Ethiopian media coverage of HIV/AIDS – findings about where in the newspaper are the stories appearing: In the study it was found that many of the articles in selected newspapers show that the news coverage placement took 40.3% and features coverage consist of 18.7% from the total number of stories computed. It is also found that out of the 40.3% of the news, 87.8% of them are placed far from the front pages, which means they appeared on inside pages of the newspapers, which illustrate that less emphasis was given to the issues. Placement of an article on the front pages of the newspapers often indicates the importance of its occurrence. In Addis Zemen, 12.1% of the news were published on the front pages, 0.11% of the stories were given priority in the front pages of The Ethiopian Herald newspaper, No news had been placed on the front pages of either the Reporter or Addis Neger. – Panos report, 2009.

UNIT 3: DISCUSSION

Discussion 3: Mediums for HIV/AIDS reporting – TV, radio, newspapers, online. Each participant will choose one medium and defend it in a debate style discussion listing 4 key pros and cons; all participants will then vote on the most convincing defense and present a joint final judgment giving reasons for your choice of winner. Nominate a note-taker to then write up these points as bullets and submit to the Facilitator.

(Discuss using online chat facilities, and post your written group presentation on the course site for the moderator's review).

UNIT 3: ASSIGNMENT

Assignment 3: Assessing media outputs on HIV/AIDS. Examine the following article – or your own selection of a piece of print or broadcast journalism - and assessing for quality according to the criteria listed in the content analysis criteria document in the Course Reader [Facilitator to select an option or learners to be given option to select own from current media outputs]. Critically analyze the piece in a 600-800 word written report following the format of the quality indicators in the content analysis document.

Ethiopian radio: Persons living with HIV/AIDS who are also disabled

Narration: She is a house wife and mother. She has lived in Addis for several years and she also has a disability. She knew her HIV status five years ago. CLIP: - My name is Sosina Tillaye and my disability is with my back and my legs. I knew my status in the year 1995 E.C. It was years after my husband died. Being HIV positive and disabled is so difficult. The community has this negative attitude towards disability by itself, when HIV is added to it, it is hard to handle the situation. Though we try to live this difficult life, the community makes it worse for us.

Narration: Sosina Tilaye also told me that being HIV positive and disabled had a double impact on her. Women with a disability are more vulnerable to HIV due to this negative attitude of the community towards disability. CLIP: - Women with disability are often times deprived of their right to education and most of them are dependent economically. Furthermore there is the widespread belief that women with disability are not sexually active. For this reason some men target disabled women to fulfill their sexual gratification. I think this issue should be addressed and there is a lot to do to ensure women with disability access HIV/AIDS information.

Narration: To enable those HIV positive disabled to help them selves and their families and also to strengthen networking there should be a system which ensures experience exchanges amongst themselves. CLIP: - Based on my personal strength and the experience I shared with our members, I now can take care of my children and myself. Nowadays I have been able to try to make my neighbours aware about the virus and live my life carefully.

Narration: Regarding the effort to prevent disabled from [being infected with] HIV, Ato Dawit Yitagesu from Addis Ababa HIV/AIDS Secretariat said the following. CLIP: - I think the very important role to prevent HIV transmission lies with the individual. When we talk about the vulnerability of the disabled and say it is a bit different from the vulnerability of the general community, it is based on the facts that we already discussed. In addition to those facts, the disabled themselves should take the initiative to access the necessary information, to get tested and know their status, for instance if they are mature enough to start their own family they should avoid having sex before marriage. Those who already know their HIV status, there is free ART access with other psycho-social supports. It starts from themselves. There are different kind of campaigns against this epidemic and they should engage themselves in these activities and change their own behaviors and live by those changes.

– Broadcast by x, on date y

Observations and questions: This radio story is incoherent and unfocussed. It has no natural sound, it is badly edited and the audio quality is bad. The journalist selected the wrong clips and there are redundancies. What does this article illustrate about the importance of editorial clarity and of production quality?

(This assignment should be submitted to the course moderator via the online facilities and/or email, and once marked and returned to you it will be uploaded to the course site for view by all participants).

UNIT 3: FEEDBACK

(Each course participant will receive written feedback from the course moderator, and then be available for reading other participants' assignments and participate in a feedback session lead by the course moderator.)

UNIT 4: HIV/AIDS REPORTING AND PEOPLE

Unit objective: To sensitize learners about the framing of people connected with HIV/AIDS; including examining media portrayal of mainstream and marginalised risk groups and people living with HIV/AIDS (PLWHA). The learning objective for this Unit is that learners gain an understanding about the concerns about negative portrayal of people, and the consequence of HIV/AIDS coverage for people.

UNIT 4: READINGS

Please read the Key Readings for this Unit: (Available in Reader)

- Ethiopia: In search of “made-to-measure” HIV prevention - targeting those most at risk
- ‘How Does HIV Media coverage rate? Views and Voices of those who know best’

Online reading - please view online the following sites and content:

- The full report ‘Voice and Visibility: Frontline perspectives on how the global news media reports on HIV/AIDS’ www.internews.org/pubs/health/20061100_voice&visibility.shtm
- Media Monitoring Project: HIV and AIDS Gender Baseline Study, 2006
http://www.mediamonitoringafrica.org/index.php/programmes/category/hiv_and_aids/

UNIT 4: NOTES

Please read the Notes for this Unit. In this Unit we will examine how media relates to people who are associated with the topic of HIV/AIDS; such as risk groups and people living with HIV/AIDS. How media ‘frames’ people in coverage of HIV/AIDS is a major area of challenge as stigma and discrimination is a frequent factor.

FRAMING OF HIV/AIDS BY MEDIA

‘Framing’ of people and HIV/AIDS

HIV/AIDS communication, and the entire HIV/AIDS discourse, has often been characterized by dichotomous framing of people in regard to HIV and AIDS – the innocent and the guilty; those who belong and those who are ‘outsiders’, the mainstream and the marginalised.

The outsiders: ‘Outsider’ framing has been characterized by framing of people as foreigners, westerners, minority groups. This has included a range of characterizations of the ‘other’, that ensures there is distance between the norm, the public, and these ‘other’.

The guilty: Much early communication was characterized by the framing of people as either guilty or

innocent in regard to HIV/AIDS. The 'guilty' were framed as being deviants, criminalized, deserving of illness, complicit and to be feared and avoided, even incarcerated / destroyed.

The innocent: The 'innocents' highlighted in communication included unknowing partners (mainly women), hemophiliacs or recipients of infected blood, children orphaned by HIV/AIDS or infected through mother to child transmission, and more latterly in the past ten years, based on more sophisticated analysis of drivers of HIV/AIDS, youths or women with limited power to avoid sex/infection.

The victims: Part of the narrative of guilt/innocence has been the characterization of positive people as 'victims'; by definition these 'victims' are innocent, even if somewhat complicit or weak or ignorant in some instances. This 'victim' framing has been very obvious in the language used to communicate about HIV/AIDS in the media; victims of infection by irresponsible HIV+ partners, or generalized 'victims' of a disease that strikes indiscriminately.

Themes:

- ❑ How 'framing' of HIV/AIDS influences coverage
- ❑ Framing the issue of HIV/AIDS
- ❑ Framing of people in HIV/AIDS

MEDIA AND MAINSTREAM 'AT RISK' GROUPS

Mainstream risk groups

Women and girls - In sub-Saharan Africa, 59% of adults with HIV/AIDS are women. There are major issues of vulnerability regarding women and HIV/AIDS. Reasons why women are at high risk range from a combination of biological, social, cultural and economic factors, which contribute to women's increased vulnerability to HIV infection. In 2004 UNAIDS launched The Global Coalition on Women and HIV/AIDS to raise the visibility of the epidemic's impact on women and girls around the world. In the countries hardest hit by the epidemic, HIV is up to three times as prevalent among young women as among their male peers. In countries with generalized epidemics, the majority of women aged 15 to 24 do not have access to information or resources about reproductive health and HIV/AIDS.

Children and youth - As a group children are a high risk due to mother to child transmission. Children accounted for one in six new HIV infections globally in 2007, with the vast majority of these infections occurring during pregnancy or delivery, or as a result of breastfeeding, according to UNAIDS 2008 Global Report. Children who have been orphaned or abandoned because of HIV/AIDS may be homeless or otherwise highly marginalized, suffering poverty and often not in schooling. Over half of all new infections each year, worldwide, are among young people ages 15-24, reported the Global Youth Congress in 2005. According to UNAIDS young people need information, skills, youth-friendly services, and a safe and supportive environment to receive the information, skills and youth-friendly services. The main challenges facing children and youth in regard to HIV/AIDS are their lack of knowledge about how HIV/AIDS is transmitted, and subsequent 'risk' behaviour.

Themes:

- ❑ Woman as a key mainstream 'at risk' group, particularly young women
- ❑ Children and youth as 'at risk' groups
- ❑ Men and boys as 'at risk' groups

MEDIA AND MARGINALISED 'AT RISK' GROUPS

Marginalised risk groups

Media coverage of marginal risk groups has been done in ways that often deny the humanity and individuality of the people concerned. Risk behavior and risk groups have been conflated in much reporting in this area; causing people to be too tightly associated with activity, denying human agency and ability to change.

Men who have sex with men (MSM) - The wording 'men who have sex with men or MSM' was adopted in HIV/AIDS response as a catch-all phrase to include the many men who were not necessarily gay identifying but who never the less were at high risk of infection due to homosexual activity, for example in prison populations. MSM have been faced with a significant double stigma, primarily due to social intolerance of homosexuality and secondly because of an association with HIV/AIDS. In societies where homosexuality is not tolerated by the authorities and public discourse about homosexuality is hostile there is little space for effective open communication towards, or by, this group of people, and a need for tolerance and good media coverage.

Commercial sex workers (CSW) - Commercial sex workers have the highest infection rates in the world; they are vulnerable themselves, and may infect their clients, according to the Global Prevention Working Group in 2007. As a group, and as individuals, they are highly stigmatized and discriminated against. Commercial sex workers have been the most significant and consistency 'guilty' sub-group as evident in media communications around the world. The voice of the CSWs is not sufficiently represented either in media outputs or via development communication content.

Injecting drug users (IDUs) - Injecting drug users (IDUs) are a high risk group who contract HIV/AIDS through the sharing of needles. Media around the world has reflected the public discourse i.e. demonstrating a high degree of stigma identifying drug users as deviants, who may possibly deserve what problems come to them.

The highly mobile - Highly mobile people in developing countries have been identified as particularly 'at risk' of HIV/AIDS. They include trans-migrants, such as migrant workers, who have 'homes' in more than one location; itinerant or mobile populations, such as truckers and traders, and those in temporarily dislocated communities such as refugees and internally displaced persons. Media often reflects a public discourse that discounts many highly mobile people as 'outsiders' and potentially dangerous to the stability of communities; they are by definition are not embedded within their communities, and many are viewed as outsiders and a threat.

Themes:

- ☐ Media coverage of marginalised people generally
- ☐ The specific categories of 'at risk' marginalised people : MSM, CSW, the highly mobile

MEDIA AND PEOPLE LIVING WITH HIV/AIDS (PLWHA)

Media coverage of people living with HIV and AIDS (PLWHA)

Globally the media portrayal of people living with HIV/AIDS was largely sensationalized in the early decades, often based on erroneous 'facts' and scare stories, and presenting the contracting of HIV/AIDS an immediate death sentence. However since the 1990s people living with HIV/AIDS have become more visible and less stigmatized in the media, and more involved in advocacy. The profile of positive people rose during the 2000s, particularly of the growing global community of HIV positive people advocating for treatment access.

Understanding about the need for participation and for the voice of positive people to be acknowledged and amplified grew in the media during the 90s and 2000s; for example the articulation of the aspirations of discordant couples and single positive people to live as normal lives as possible.

Issues in coverage of people and HIV/AIDS: A major issue within media coverage of HIV/AIDS has been communication about and with people living with HIV/AIDS. PLWHA has ensured great stigma and discrimination in many instances. Stigma is still severe in many countries; however there are trends for improvement; with greater social acceptance and understanding about PLWHA in many countries. There are many people who are 'hidden' PLWHA; people who have not publicly announced their status. Testing is a major issue in regard to people who may be HIV+. The advent of treatment changed the circumstances and life expectancy of PLWHA radically, and access to treatment then became a key theme. Positive living and normalisation are now priorities themes, in the past ten years there began to be more awareness that positive people are 'normal' and like any other people with rights and hopes that characterize a common humanity - such as hopes about having families, of finding love and of living in a way that is not detrimentally conditioned by stigma, lack of human rights or gender power disparities.

'Over the past five to ten years, people on the front lines in HIV prevention, care and treatment, and people most affected by HIV/AIDS, agree that coverage has improved slowly. But the gaps in reporting are noticeable and there is significant room for improvement in the way the news of HIV/AIDS is treated,' reported Internews in its research 'Voice and Visibility: Frontline perspectives on how the global news media reports on HIV/AIDS', 2006. The International Federation of Journalists (IFJ) also reported similar findings in 2006 based on their own research; 'standards for reporting on the sensitive issue (of HIV/AIDS) are improving, but there is still much room for improvement' - the Media Monitoring Project in 2006.

Themes:

- ☐ The need for coverage that examines: stigma and discrimination, testing and disclosure, treatment and access, positive living and normalisation
- ☐ Engaging with PLWHA as sources and voices

QUESTIONS TO CONSIDER:

- How are people living with HIV/AIDS framed in your experience?
- Are mainstream 'at risk' groups clearly identified and targeted in current HIV/AIDS coverage that you see and read?
- Where are the 'at risk' marginalised people in your community? What are the locations where people who are very mobile congregate, have you interviewed any of them about their attitudes to risk?

UNIT 4: ILLUSTRATIONS

ILLUSTRATIONS OF 'FRAMING' OF HIV/AIDS

Ethiopian website article: 'Speaking of the Listeners':

As I entered the compound of Medical Missionaries of Mary Counseling and Social Service Center (MMM), I found a group of women in the midst of discussing a story from the Betengna Radio Diaries series. All the women, including the facilitator, are living with HIV, an element they share with the

diarist Sirak Abebe, whose story they were immersed in listening to a few minutes ago. Tesfanesh Tadesse, the facilitator of the discussion welcomed me and found me a seat amongst the women. Tesfanesh then turned her attention to the more quiet women to encourage them to speak. A lot of them murmur that they had nothing different to say. “Your thoughts can never be completely similar,” Tesfanesh tells them as she waves her hand as though to brush their reluctance aside, “you can at least rephrase them.” She turns to me with a look that begs of patience, as if I’m irritated and ready to leave. The women are obviously shy and for a minute, I almost feel like an intruder. But Tesfanesh is skilled and slowly, the women’s opinions begin to trickle free. As I sit through their gradual conversion from inertness to alertness, I start to realize how much I take for granted the fact that people who have disclosed their HIV positive status must be outgoing and outspoken, simply because they have the courage to tell us their sero status. And even here, among a group of women who are fearless to disclose and talk about their sero status every day, there existed fear of public speaking.

Tesfanesh tells me that when she took the facilitator’s training last month, she didn’t think she would be bold enough to facilitate a group discussion. “I was very shy and normally had trouble speaking to a group of people,” she says. So what changed? Apparently, listening to Betengna has helped this otherwise bashful woman turn into a confident speaker, simply by raising issues that matter to her. “Each day we spend discussing something new means more to me, especially knowing that I have the power to help the discussion move forward. I share what I know and I learn a lot from people. I have developed my communication skills to a new level,” says Tesfanesh. An MMM staff member tells me, “It was during an HIV/AIDS Networking Association meeting that one of our social service givers learned about the Betengna Radio program and we decided to use it as way of stimulating discussions about HIV/AIDS.” In addition to the PLWHIV listening groups, MMM has formed other listening groups for housewives, youth, physically impaired people and their families, home-based care givers and orphans.

Like Betengna’s producers, MMM believes that Betengna diarists’ stories can have positive implications for people from all walks of life regardless of their sero status. Overcoming fear of speaking in public for groups like PLWHIV may not have also been on their agenda, but it definitely counts as a benefit. Especially, when considering how uncomfortable people are initiating or participating in discussions focusing on topics normally deemed as ‘taboo,’ such as sex, reproductive health, or HIV. Burtukan Damte, a mother of two, has been helped by MMM for about three years and is a member of the new Betengna listeners group. “I really enjoy listening to Sirak’s story,” is all she can tell me... for now. Story By: Gelila Bogale, AIDS Resource Center (ARC) www.etharc.org. Email: gelilab@etharc.org. Questions: What does this article demonstrate about how media ‘frame’ people as both subjects and objects in HIV/AIDS reporting?

Ethiopian newspaper: ‘Real Life Drama’:

ADDIS ABABA, 12 March 2010 (PlusNews) - On stage in the Ethiopian capital, Addis Ababa, Mestihet Temane, 27, enacts the story of how, after the death of her parents, a young woman winds up alone on the streets with no money, no confidence and no support. “Sometimes I cry when I’m singing and so do a lot of the people listening,” she told IRIN/PlusNews. Mestihet is a member of Mekdim Ethiopia National Association, a local NGO that performs HIV-related dramas at offices, colleges and community centres. The drama and music club members who put on the plays are a mixture of orphans and people living with HIV - their harrowing stories of abandonment and discrimination are often semi-autobiographical.

Despite public attempts to tackle the subject of HIV, the status of many of Mekdim’s actors is not revealed to audiences; many of them also keep their HIV status secret in their personal lives. “A colleague

, ‘if I knew you had HIV I would not have swapped clothes with you’,” Dawit*, a 21-year-old actor said. “Even now there is a problem with HIV and discrimination.” Mickey*, a dancer, says he suffers psychologically when his colleagues discuss the HIV-positive status of other dancers in a derogatory manner; Fatiya*, 17, has kept her infection hidden from her landlord due to fear of eviction.

According to Tilahun Sheko, Mekdim’s programme manager, while the plays have significantly increased the number of visitors to the voluntary counselling and testing clinics that accompany the performances, many in Addis, particularly the wealthy, are still “more worried about their reputation than getting treatment”. Alemu Anno Ararso, the director of the multi-sectoral response coordination directorate at the Federal HIV/AIDS Prevention and Control Office, said just like the government’s “community conversations” - where participants are encouraged to discuss and share their experiences, including traditionally taboo issues - the Mekdim plays were a useful tool in demystifying HIV. “They tell the stories and how it is transmitted,” he said. “They are giving their life experiences; no one can know more than they can.”

However, Alemu acknowledged that despite the government’s efforts to tackle stigma, the problem persists. “Ethiopians prefer to keep silent. We don’t want to disclose ourselves. If I have a problem, I don’t want to talk about it,” he added. “That is why the community conversation strategy has been used. They listen to their friends and everything comes out.” Alemu further noted that the issue of stigma affected HIV programming. “We have problems of uptake of services and it revolves around stigma. If you’re found to be HIV-positive you will be discriminated against, so people decide not to get tested,” he said. “We can understand the effect by proxy; it’s all because of discrimination. A local NGO, Network of Networks of HIV Positives in Ethiopia, is working on a stigma index - due to be completed this year - that will reveal the root causes and extent of stigma in the Horn of Africa nation. “HIV is everybody’s business, so everybody has to talk about it; you can fight HIV by improving knowledge and behaviour,” he added. * Not their real names. <http://www.plusnews.org/Report.aspx?ReportId=88404>. Question: what does this article demonstrate about framing the HIV/AIDS issue?

ILLUSTRATIONS OF THE PORTRAYAL OF MAINSTREAM RISK GROUPS

Ethiopian newspaper: Headline - ‘Anti-AIDSs are not stable’: This article is about a group of youngsters who established anti-AIDS club. These youngsters have no other income and all of them have come from low income families. Despite this they are very committed and devoted to their efforts and are passionate to serve their community. They employ plays, music and other activities in their effort to create awareness about HIV. The article also highlights the challenges these youngsters face from their own community. It heavily criticizes the members of the anti-AIDS club by stating their hard work contradicts the way they act and dress when they have events to raise awareness in the community. They [the girls] usually wear bra and mini miniskirt and some of the community members found it offensive and counter to the norms or acceptable behaviour and doubted the youngsters’ awareness of HIV and ability to protect themselves from getting it. Newspaper – Enbilita, published October 12th, YEAR? Observations and questions: The problem with this article starts from the lead ‘anti –AIDSs’ (Tsre-Aedsoche) has a negative connotation in Amharic. The major problem of the article is the writer contradicts himself. It is difficult to understand the writer’s intention. It is confusing whether he wanted to praise the youngsters or criticize them. Question: What does this article show about how a journalist’s own bias and views can influence how he/she presents HIV/AIDS issues?

ILLUSTRATIONS OF THE PORTRAYAL OF MARGINALISED RISK GROUPS

International radio: 'Growing pains': High levels of poverty and HIV push many families to breaking point. What's the impact on children? In this feature we visit an early child development site outside Johannesburg and hear how to mend the parent-child relationship. Music by Jolyon Birchall, narration by Tonicah Maphanga, March 2009. This audio feature is part of a set about South Africa, AIDS and childhood. By Anna Egan, Panos London.

The other audio features are: A place to grow / Fledgling years / HIV, we are all affected / A family pulls together / Children left behind and their right to grieve. Quality examples of radio programming on HIV <http://www.panos.org.uk/?lid=26720>:

ILLUSTRATIONS OF MEDIA PORTRAYAL OF PEOPLE LIVING WITH HIV/AIDS

Ethiopian radio: 'Reborn': Tiruwork learned she was HIV positive after giving birth to her fourth child, who doctors said was also positive and would live no longer than 6 months. She decided to wait out her son's life expectancy and then end her life. But with the support of her family and ART, she is happily raising her son who is now 6, and describes herself as feeling "re-born." Story by: Meskerem Bekele of Population Media Centre Ethiopian Station: Radio FM Addis 97.1. Language: Amharic. http://www.internews.org/multimedia/audio/africa/ethiopia_radio.shtm. Question: what does this programme demonstrate about the 'framing' of a person living with HIV/AIDS?

Ethiopian radio: Positively riding the streets of Addis. "Positively riding the streets of Addis" is about, Giremew, a young man who has been living with HIV for more than 5 years. Now in his late 20's, he learned he was HIV-positive while working as an assistant taxi driver, called 'woyalla' in Amharic. Woyalla start in this job at a very young age, boys who manage passengers on the bright blue and white mini-buses that ply the streets of Addis Ababa, hanging from the window calling destinations at every stop, finding room for just 'one more person' in the crush of commuters. Giremew worked as a woyalla for 17 years, but says being HIV positive made it difficult to continue. Once he learned of his status, he began anti-retroviral treatment immediately. Though the treatment improved his health, the stigma he faced from some of the taxi drivers and owners made him depressed and caused him to lose hope. Realizing this, his fellow woyallas and taxi queue organizers raised the issue of Giremew at their Community Conversation and praised him for disclosing his HIV status. They wanted to support him and determined he should work as a taxi queue organizer or 'terra askebari'. Now every evening from 5pm Giremew brings order to the chaos of taxis, vying for passengers and competing to be the first to fill up and speed off towards their destination. "Thanks to my friends, every evening I earn 15 to 30 Birr (1-3 USD). Now I can help myself and I am happy with my life. I adhere to my treatment. If I am in crowded area or with someone who doesn't know my HIV status, I take my medicine and take the opportunity to tell whoever is with me about HIV and how to prevent it." Giremew's friends say they admire him for his courage and openness. They say his adherence to ART is a testament to his determination. And his hard work and strength is seen by many as an example to those who would give up in the face of lesser challenges. Background: Messay is a senior journalist at the FM station of the national broadcaster, Ethiopian Radio. He first trained with Internews in 2006, received an equipment grant in 2008 in recognition of his consistent and high-quality reporting of stories related to HIV and AIDS. This story was produced during an advanced workshop Internews held in partnership with the Federal HIV/AIDS Prevention and Control Office which focused on MARPs (Most at Risk Populations) which are a priority of Ethiopia's national AIDS strategy. Mobile workers, in particular transport workers, are considered a high risk group for HIV transmission. Story by: Messaye Wondimeneh. Station: Ethiopian Radio 97.1 FM Language: Amharic. http://www.internews.org/multimedia/audio/ethiopia/ethiopia_radio_taxis.shtm Question: what does this radio programme demonstrate about framing positive people?

Ethiopian website article: 'Painting over HIV/AIDS'

Many goodwill organizations and individuals work tirelessly combating HIV/AIDS. They use different techniques in aiding our HIV/AIDS devastated communities. Recently I met a gentleman by the name Liqu Alemu, an ordinary looking man with an extra ordinary passion, imagination and devotion to fighting HIV/AIDS. His efforts and hard work are exemplary for those who chose to take notice. He briefly shared with me his life path, the work he does and his reasons for doing them.

Liqu comes from a religious household where his parents worked diligently to meet all of his needs. Nevertheless, he did not shy away from taking the responsibility of learning the ethics of hard work as a child. He worked running errands for missionary workers who happened to be his neighbors. Although his childhood dream was to become an engineer, life dealt him a different deck of cards. In his mid-twenties, Liqu started working for Agricultural Equipment and Technical Service here in Addis Ababa. Although he landed a job far from what he wanted as a kid that never dulled his passion of reading, learning and helping others.

While working at Agricultural Equipment and Technical Services, Liqu noticed a frequent occurrence of HIV/AIDS related illness and death among his co-workers and their families. The recurrent incidence raised Liqu's concern and curiosity. He started to read about HIV/AIDS. The more he learned about the disease, the more he wanted to share his findings with his co-workers in hopes of sparing their lives. The idea of sharing his knowledge through paintings came to him. Liqu knew that paintings are the most powerful tools in capturing attention and installing long lasting information in people's memories. So he decided to use descriptive paintings to depict information about HIV/AIDS as well as other life skills that he acquired through reading or from his own life experiences. Liqu dove right to work compiling materials for painting and hired a painter to draw them for him. Liqu's work does not stop there; he oversees the entire painting process of each of his ideas to insure that all the important ideas are presented accurately.

Through his exhibitions, Liqu has met many people from all walks of life with amazing knowledge. Liqu describes his experience in developing idea for his paintings and of his audience as follows "I have gained a great deal of knowledge about HIV/AIDS through reading. Often I try to think of ways in which I can simplify this information into ways that are easy to understand and beneficial to others. For example: I have come across an article once that explained why there is no cure for HIV/AIDS. The article stated that developing cure for HIV has become impossible because the virus inserts itself in to our DNA and replicates through the normal cell replication process. This poses a problem in the vaccine or medication developing process since there is no specific replication step that is used solely by the virus and can be targeted. This information was completely new to me. At the same time I wondered how many of my co-workers and community members knew about it and how many of them would benefit from this knowledge. I thought of a simple yet educational way in which this material could be presented. I decided to use a chameleon in place of the HIV virus. In the painting you see a woman with a chameleon on her dress. The chameleon has completely taken the color of the dress ideally to the point that is hard to identify. Further down from the woman you see a man with that same chameleon on his cloth and this time the chameleon has taken the color of the man's cloth. The caption at the bottom of the painting explains that HIV hides it itself and works in our body in a similar fashion used by the chameleon. This is how I develop ideas for painting, by gathering information and simplifying them to ideas that people can understand."

Thus far Liqu has made over one hundred painting that were presented to employees of 90 different governmental and nongovernmental organizations. According to him, his exhibitions are not only events that he uses to transmits messages but they are also stages where he learns from his audience weather it is new information to implement in his future work or about the areas he needs improvement. Most of all, the feedback he gets from his audience bring him the satisfaction of knowing that he has touched people in one way or other.

Not only does Liqu spend his own money and resources to cover all expenses for the paintings, he also uses his annual vacation time to put on the exhibitions. Liqu's hard work was given certificates of recognition from many governmental organizations and has also gotten the support of his employer who has given him a one month extension in addition to his annual leave period. The extra leave time from work he was given enables Liqu to put on more shows. Yet Liqu never feels deserving of any recognition for what he does and considers his work his duty as an Ethiopian. However, his one and only dream is to receive the support of individuals, governmental and nongovernmental organizations in making his creations accessible to the wider community of Addis Ababa and Ethiopia at large. He states "My money and effort are put on a cause that I believe in. I am truly blessed and happy for that. I believe my creations would have a greater impact in the battle against HIV/AIDS if many more people could have access to the knowledge presented through them." Story By: Helina Terefe, AIDS Resource Center



Ethiopian website: 'Breaking the Silence through Ethiopian Coffee Ceremony'

Under the scorching sun of Aba Koran, one of the slums of Addis, Zahra Saeed speaks with vigor about the evils of stigma and discrimination to a group of people. Even the fasting of Ramadan does not deter her from speaking loud. Zahra is married and the mother of a ten year old boy. She makes her living by sewing tapestries. Taking care of people around her and shouldering responsibilities are her day to day routines. "It has been a year and half since I started attending 'Bunna Tetu' (an Amharic phrase meaning drink coffee)" she says. Since then, Zahra has gone through a considerable change. She claims that more than increasing her awareness about HIV/AIDS, 'Bunna Tetu' has inspired her to give voluntary home caring service for HIV patients in her neighborhood. She strongly believes 'Bunna Tetu' has been helping the people of her Kebele immensely. She smiles ironically when she tells the story of Ato Daniel who was once ostracized by his neighborhood for revealing his positive sero-status.

Ato Daniel, who is in his late 30s, recalls that his neighbors used to be afraid of shaking his hand and talking to him as a result of the misconception about the transmission of HIV. 'Allamduhilahi' (Thank God) says, Zahra "We prepared our coffee ceremony in Ato Daniel's neighborhood and discussed the details of HIV/AIDS openly and Ato Daniel got at least his greetings back." Zahra and Daniel look at each other with a feeling of triumph when they talk about the attitude change their neighbors have undergone towards people living with HIV. Ayelech, the representative of kebele04/05 Health and HIV Unit said that the kebele receives funds from HAPCO via Arada sub city to undertake the 'Bunna Tetu' gathering. According to Ayelech, the program started seven years ago in their kebele and people meet every fortnight to drink coffee and talk about what is happening in their neighborhood regarding HIV/AIDS. She also said that besides the financial support from AA HAPCO, different NGOs working on HIV/AIDS and reproductive health are helping them in many ways such as providing health workers regularly to 'Bunna Tetu' so that people have a very clear understanding of AIDS.

During 'Bunna Tetu' meetings, people mainly acquire knowledge about HIV/AIDS regarding Anti Retroviral Therapy, Voluntary Counseling and Testing and, Prevention of Mother to Child Transmission. Stigma and discrimination are also major points of discussion during these community meetings. In addition to bestowing the great aroma of coffee, the ceremony is freeing and empowering individuals like Ato Daniel and Zahra to openly discuss about HIV which will ultimately contribute to curbing the epidemic. Story By: Gelila Bogale, AIDS Resource Center (ARC) www.etharc.org. Email: gelilab@etharc.org. Questions: what does this article demonstrate about media approaches to HIV/AIDS reporting?

UNIT 4: DISCUSSION

Discussion 4: Audiences and risk groups. As a group discuss and identify 2 mainstream risk groups who are also audience segments [For example it may be women generally, specifically young women, or youth generally or specifically young men ...]. Alongside each of the groups identify their most important HIV/AIDS information needs (3 per group) and identify potential media content that could address these needs. Nominate a note-taker to then write up these points as bullets and submit to the Facilitator.

(Discuss using online chat facilities, and post your written group presentation on the course site for the moderator's review).

UNIT 4: ASSIGNMENT

Assignment 4: My neighbor at risk. Interview a local person who is in the category of ‘marginalised risk group’ [For example they may be highly mobile, a commercial sex worker, an injecting drug user, a man who has sex with men – ARC can assist you in identifying such an interviewee]. Prepare an interview guide for yourself and be aware of how you unconsciously ‘frame’ this person – note down your thoughts – are you thinking of them as innocent or guilty, as an outsider or an insider etc. Conduct the interview and write it up as a Q&A for publication. The focus of the interview should be on what that person thinks about their ‘awareness’ of being ‘at risk’ and their subsequent attitudes and behaviour.

(This assignment should be submitted to the course moderator via the online facilities and/or email, and once marked and returned to you it will be uploaded to the course site for view by all participants).

UNIT 4: FEEDBACK

(Each course participant will receive written feedback from the course moderator, and then be available for reading other participants’ assignments and participate in a feedback session lead by the course moderator.)

UNIT 5: CHALLENGES IN HIV/AIDS REPORTING

Unit objective: To inform learners about the particular challenges to effective reporting of HIV/AIDS; including issues of cultural and social opposition, stigmatizing language, and internal media blockages. The learning objective for this Unit it for participants to gain a greater understanding and skill in negotiating the specific reporting challenges that exist in HIV/AIDS reporting.

UNIT 5: READINGS

Please read the Key Readings for this Unit: (Available in Reader)

- *Language Dos and Don’t of HIV/AIDS*
- *Challenges facing Ethiopian media, from Panos Report, 2009*

Online reading - please view online the following sites and content:

- HIV-related Language - PAHO 2006 Update,
<http://www.ops-oms.org/English/AD/FCH/AI/HIVLANGUAGE.PDF> & UNAIDS Terminology Guidelines
http://data.unaids.org/pub/Manual/2007/20070328_unaids_terminology_guide_en.pdf

- HIV/AIDS language resources developed by the Kaiser Foundation as part of their Reporting Manual on HIV/AIDS: Commonly Use Acronyms - www.kff.org/hiv/aids/upload/7124-06Sec6.pdf, HIV/AIDS Glossary - www.kff.org/hiv/aids/upload/7124-07_Sec7.pdf, and Important Terms in Antiretroviral Therapy - www.kff.org/hiv/aids/upload/7124-06Sec13.pdf

UNIT 5: NOTES

Please read the Notes for this Unit. In this Unit we will examine the challenges that confront media in approaching HIV/AIDS as a story; this includes examination of cultural and social challenges, and internal media challenges such as ‘gatekeepers’ and capacity.

There are many challenges that journalists face in reporting about HIV/AIDS, these range from the cultural challenges of reporting, personal bias (of reporters) and stigma more generally that is revealed through people’s reluctance to speak to the media, and continuing misconceptions including that HIV is punishment ‘from God’. What are the challenges?

CULTURAL AND SOCIAL CHALLENGES

The specific challenge of reporting about sexual issues

Profound taboos and silence prohibit talking openly about the reality of HIV and perpetuate stigma and discrimination. Most experts agree that frank and open discussion about sex is generally extremely difficult, but hugely important in addressing the reality of HIV/AIDS. A growing aspect of media coverage of HIV/AIDS is in the area of ‘normalising’ sexuality and relationships within the context of HIV+ positive people. There are examples of newspapers hosting match-making services for people seeking long-term partners, and in generally covering ‘positive living’ in a way that does not stigmatise people living with HIV and AIDS and those around them.

Themes:

- ☐ Challenge of stigma and discrimination
- ☐ Challenge of reluctance to broach communication about sexual issues
- ☐ Challenge of religious and parental opposition to communication about HIV/AIDS
- ☐ Challenge of the some of the ‘drivers’ of HIV/AIDS – power, gender, poverty

LANGUAGE AND INFORMATIONAL CHALLENGES

The specific challenge of language

The use of language is one particular challenge that is very significant for reporters, and which has great effect for good and bad. How people talk and write about HIV/AIDS and about people in HIV/AIDS contexts has been an area of challenge for many media; and sadly such language has frequently had the effect of stigmatizing people or presenting negative framing of HIV/AIDS themes.

Language reflects public discourse and what is acceptable and not acceptable; and people in the media are also part of that society and so often share views common in their society, resulting in media language that can sometimes mirror the discrimination and fears that exists in society. If it is acceptable in society to speak about HIV positive people as deviants or criminals then it will follow that such framing is acceptable in the newspapers and on the airwaves in that society.

There are increasing amounts of online resources about this that have been designed to be accessed by communicators; and numerous examples of journalists being supplied with lists of appropriate language, of 'good and bad' words. However it is the willingness of journalists to avoid stigmatising language because they understand the repercussions and seek to do good that is the core of this issue.

Themes:

- ❑ Translating scientific language and information for your audience
- ❑ Identifying inappropriate and victimizing language

INTERNAL MEDIA CHALLENGES

Media challenges in coverage of HIV/AIDS

Stigma and the media - Media response to the epidemic was initially stymied because of stigma and discrimination surrounding the affected and infected groups, and their marginal social position. This is still a problem today.

Low medical/scientific knowledge and the media - The media often did not have the capacity to cover the scientific aspects effectively (and the science was not fully known). From the point of view of many scientists, journalists have tended to over-report denialism by reporting it as a valid balanced diversity of opinion, instead of putting it in the context of genuine, global scientific consensus.

Denial coverage in the media - From 1987 onwards HIV/AIDS denialists received a relatively high level of media space, beginning in the US. International media focused on South Africa became a hotspot for media covering HIV/AIDS dissenters, although this has not been a major issue in other countries. Media not keeping up with changes in risk groups - Media stigmatised groups were seen as high risk, even as these groups changed within society.

Themes:

- ❑ Editorial reluctance to cover HIV/AIDS
- ❑ Journalists' own bias and stigma

QUESTIONS TO CONSIDER:

- What do Ethiopian media say are some of the challenges they face?
- What are some of the challenges in good coverage that people living with HIV/AIDS and others identify in the media?

UNIT 5: ILLUSTRATIONS

ILLUSTRATIONS OF LANGUAGE CHALLENGES

Ethiopian media coverage of HIV/AIDS – findings about language – what the journalists and editors say: One of the most important challenges is to turn professional jargons (scientific gibberish) into clear, concise language. Health professionals are highly stuck to the figures and statistics, becoming a misleading puzzle to a journalist that covers HIV and AIDS cases. The problem of telling stories by showing percentage impacts is rarely treated well. – Panos Report, 2009.

ILLUSTRATION OF INTERNAL MEDIA CHALLENGES

Ethiopian media coverage of HIV/AIDS – findings about editorial policy and media environment: Findings of the report were that there are no coherent newsroom policies about sustaining coverage and no special health desks/health beats or columns dedicated to the subject of HIV and AIDS and TB. The media coverage of HIV and AIDS and TB issues in Ethiopia is not sufficiently consistent based on well ahead planned activities of the newsrooms. Of the four papers reviewed only two (50%) of newspapers do not have a written editorial line and do not systematically set agenda on covering the issues. “We don’t have a sound editorial line to cover HIV and AIDS-TB issues coherently, but it doesn’t mean that we do not have sensitivity in covering the issue,” said Zerihun Tesfaye, editor of Addis Neger’s health page.

The interviewed journalists and editors added that there is challenge of motivation and relationship between layers of management. Media managers claim that journalists covering HIV and AIDS issues have no motivation and have no adequate concern about HIV and AIDS. From the point of view of HIV and AIDS reporters, editors are not updating themselves on new developments concerning HIV and AIDS and other health related issues.

Reporters also are facing definite “story fatigue” among editors about HIV and AIDS coverage. Editors consider HIV and AIDS –TB cases as commonplace and that there is comparatively wide spread awareness of their causes, treatment and preventions. Thus, there is an undermining tendency of their coverage as “easy to cover issue”. – Panos Report, 2009

UNIT 5: DISCUSSION

Discussion 5: Media challenges. Please read the excerpt of the Panos report on Ethiopian newspaper coverage of HIV/AIDS in 2008 that looks at the challenges that exist (in the Course Reader). Then collaboratively produce a brief report stating which 5 issues you as a group believe are the most serious specific challenges, and what strategies should be put into place to alleviate these challenges. Nominate a note-taker to then write up these points as bullets and submit to the Facilitator.

(Discuss using online chat facilities, and post your written group presentation on the course site for the moderator’s review).

UNIT 5: ASSIGNMENT

Assignment 5: the voice of PLWHA. Interview a persons living with HIV/AIDS (PLWHA) or a family member of PLWHA, about what language means to them and what they would like to read/hear and what not in coverage of HIV/AIDS. While seeking to get their personal story of experiencing stigma and discrimination due to inappropriate language used in the media also be open to what other insights they have to share, particularly examples of where media have really done a good job in portraying people and HIV/AIDS. Write up the interview as a 600 word article for a Sunday supplement of a national paper, style to piece as positive and upbeat – for publication under the title ‘Watch you language’, targeted at a general audience.

(This assignment should be submitted to the course moderator via the online facilities and/or email, and once marked and returned to you it will be uploaded to the course site for view by all participants).

UNIT 5: FEEDBACK

(Each course participant will receive written feedback from the course moderator, and then be available for reading other participants' assignments and participate in a feedback session lead by the course moderator.)

UNIT 6: SOURCES, VOICES AND RESEARCH

Unit objective: To provide learners with information about sources, voices and resources in HIV/AIDS; examining access to varied sources, and the need for a plurality of voices, and information about useful resources, particularly those available online. The learning objective for this Unit is to gain an increased understanding and practical skill in effective HIV/AIDS content research methods and accessing available sources and voices.

UNIT 6: READINGS

Please read the Key Readings for this Unit: (Available in Reader)

- ***Quid Pro Quo: A Journalistic Look at NGO-Media Interaction in Africa***
- ***Understanding and Reporting on HIV/AIDS Data***
- ***Using the internet for researching HIV/AIDS***
- ***Freely available manuals for media about reporting HIV/AIDS***
- ***Websites and portals that provide quality information and resources about HIV/AIDS***
- ***Teshager Shiferaw: Implication of Types of News Sources: Survey of HIV/AIDS News Stories in Addis Zemen, EPA, 2007***

Online reading - please view online the following sites and content:

- ***Media Support in HIV/AIDS Fight: Need for Closer Liaison between Journalists and HIV/AIDS NGOs***, Malan, M: Internews, 2005.
http://www.internews.org/articles/2005/20051200_maisha_malan.shtm

UNIT 6: NOTES

Please read the Notes for this Unit. In this Unit we will examine the use of different sources in HIV/AIDS reporting, and the importance of a diversity of voices. We also examine the use of research tools such as the internet.

SOURCES FOR HIV/AIDS STORIES

Sources used by journalists for stories about HIV/AIDS range from 'official' sources such as government officials and medical practitioners, to the 'human story' sources such as people living with HIV/AIDS, carers and risk groups. There has been a tendency in media coverage of HIV/AIDS to focus more firmly on official sources rather than human interest ones

Themes:

- ☐ Identifying and accessing official sources
- ☐ Identifying and accessing other sources, particularly NGO and PLWHAs
- ☐ Ensuring mixture of sources

VOICES IN HIV/AIDS STORIES

It is essential for quality coverage of HIV/AIDS to include a wide range of voices, including advocates, people from mainstream and marginalised risk groups and people living with HIV/AIDS and their carers and neighbors / community.

Themes:

- ☐ Ensuring a mixture of voices – official, civil society, community
- ☐ Accessing the voice of ordinary people
- ☐ Accessing the voice of PLWHA
- ☐ Engaging with advocacy voices

RESEARCHING HIV/AIDS

The range of research routes

Accessing 'official' information about HIV/AIDS is not always easy, and journalists often face the challenge that in many contexts data about HIV/AIDS prevalence has not been available because it has not been gathered; it has been either uncollected or the gathering of this knowledge was blocked. There are also challenges in gathering the information because of taboos against discussion of sex and sexuality and consequently of HIV/AIDS. These access challenges need to be met through creative use of other routes, such as researching via resource centres, international and local civil society routes and online.

International information routes - Information on HIV/AIDS globally by centralised information dissemination by WHO and UNAIDS – using communication routes such as websites to place statistical and scientific information about the disease. Other international institutions and organisations have also been involved in providing the key ‘facts’ about the disease to different audiences via websites, and national governments have also done so to varying degrees.

Local information routes – there are a wealth of local information routes available to the inquiring journalist, ranging from HIV/AIDS resource centres, such as ARC in Addis Ababa, to NGOs, clinics and associations of positive people. A selection of these links can be found in this module’s Resource section.

Online information routes – increasingly the Internet presents options for researching many different aspects of the HIV/AIDS story, in this module you will find a list of useful online resource websites, online bibliographies and online training manuals free for your use.

Themes:

- ❑ The importance of systematic research for accuracy and current data
- ❑ Researching HIV/AIDS through official government and institutional routes
- ❑ Researching HIV/AIDS through civil society and community routes
- ❑ Online research

QUESTIONS TO CONSIDER:

- What are the main issues in working well with sources?
- What do you think about the extent of PLWHA voices in the Ethiopian press coverage of HIV/AIDS?
- What are your main needs and challenges in online research?

UNIT 6: ILLUSTRATIONS

ILLUSTRATION OF SOURCES

Ethiopian media coverage of HIV/AIDS – findings about sources: What are the main sources being used for the stories? In the study it was found that the major sources of such stories were government sources (55.74%), PLWHAs (12.5%) and NGOs (9.6%) while researchers and sources from the United Nations agencies took only 2.2% and 2% share respectively. – Panos report, 2009.

Ethiopian media coverage of HIV/AIDS – findings about sources: What are the challenges?

Strong dependence on government sources: and they depend on government institutions as major sources of their stories
 SOURCES: Mistrust between sources and media: Healthcare professionals do not have trust on journalists covering HIV and AIDS–TB issues. Most of the time, healthcare professionals are dictating the journalists to be their mouth-pieces rather than leaving the journalists to do their job from their own initiatives.

Sources not understanding how journalists need the information: Health professionals stick to “brochure type” of explaining the HIV and AIDS issues to journalists, and not making the health issues alive and relevant. Many health professionals find it difficult to communicate to non-experts (reporters). NGOs that have good stories and best practices to share are not able to feed the media (reporters); rather most of them are interested in promoting their organizational images and agendas. Problematic relationship and access to PLWHA as sources: Oftentimes, accessing people living with HIV and AIDS as interviewees is difficult. In most cases, interviewees are said to ‘feel used’, assuming that the journalist is making money for himself/herself or for his/her media organization through the coverage of PLWHA’s situation.

Lack of economic balance amongst PLWHA sources: Economically well-off people and high ranking officials living with HIV are not available as sources. As a result, most of the stories covered by the media are about the life experiences of “ordinary people” (prostitutes, street children and other poor people). – Panos report, 2009.

ILLUSTRATION OF VOICES

Ethiopian media coverage of HIV/AIDS – findings about voices: In the study it was found that the main actors given voice in the coverage of the issues for Addis Zemen and The Ethiopian Herald were not government representatives. Out of all issues studied the main actors were PLWHAs at 83.8 % in Addis Zemen, and 77.1 % in The Ethiopian Herald and 61.4 % at the Reporter. – Panos report, 2009.

Ethiopian newspaper: UNAIDS

Lead: Ethiopia achieved a lot in prevention and control of the HIV/AIDS pandemic; UNAIDS disclosed. Addis Ababa (Walta Information Center, WIC): The Ethiopian government has achieved a lot in its effort to protect against and control the HIV/AIDS pandemic, higher program advisor of UNAIDS has disclosed. The Advisor, Mrs. Aliti Zwandor, said as a result of the government emphasizing the problem and designing a strategic plan which can implemented nationwide, its efforts have now become fruitful. Some ten years ago, the number of people who contracted and died of AIDS was high and nowadays the number has become low, she said. The Advisor stressed that HIV/AIDS is not only a case of poverty but also an economical and social problem. And she praised the government for prioritizing HIV and implementing early intervention to control the spread of the disease. In addition she said UNAIDS closely follows the Ethiopian government’s effort in controlling the spread of the disease and the agency is working in strong collaboration with the government on some of the activities. - Addis Zemen, published October 28, 2008. Question: What do you think is the source for this article? Whose voice(s) is being heard in the article? What is the angle and format of the article?

ILLUSTRATION OF RESOURCES

FREELY AVAILABLE MANUALS FOR MEDIA ABOUT REPORTING HIV/AIDS

- **Radio and HIV/AIDS: Making a Difference (The Essential Handbook):** This 128-page handbook about using radio – as well as other mass media – for HIV/AIDS communication campaigns was produced by Media Action International and is supported by UNAIDS. The manual features a series of guidelines for broadcasts on HIV/AIDS, responsibilities in reporting, creative ideas, and successes from around the world. http://data.unaids.org/publications/IRC-pub05/jc429-radio_en.pdf

- **Reporting Manual on HIV/AIDS:** This reporting guide is designed for journalists who are covering the global epidemic for the first time and for those who have covered it previously. The material in this updated edition covers a broad range of subjects including the unique challenges of reporting on HIV/AIDS, treatment and prevention strategies, key figures in the struggle against HIV/AIDS and global efforts to finance the campaign against HIV/AIDS. The epidemic is not only a battle against a virus. It can also be a battle about ideas, cultural taboos, stigma and discrimination. For that reason, we have included information about the political and social aspects of the epidemic and provide journalists with guidance about navigating these issues effectively.

<http://www.kff.org/hivaids/ReportingGuides.cfm>: Full Manual (.pdf) / HIV/AIDS Reporting Basics / Ethics Guidelines / Frequently Asked Questions About Covering HIV/AIDS / Understanding and Reporting on HIV/AIDS Data / HIV/AIDS Information on the Internet: How to Search and What to Look for / Commonly Used Acronyms / HIV/AIDS Glossary / HIV/AIDS Timeline / Frequently Asked Questions About HIV/AIDS / HIV Prevention / Important Terms in Antiretroviral Therapy / AIDS Vaccine Q&A / Resource List

- **Radio Against AIDS. Radio and AIDS Prevention:** What You Need to Know. World Association of Community Radio Broadcasters. http://www.amarc.org/raa/html/handbook/hbk_main.htm.
- **Reporting on HIV/AIDS in Africa: A Manual:** Produced by the African Women's Media Center, this very thorough guide to reporting offers journalists in Africa ways to make their reporting more effective and interesting, how to interview people infected with or affected by HIV/AIDS, using health and HIV-specific terms accurately, good sources of information, and seeking new angles. Professional standards of ethics and reporting are also covered. <http://www.iwmf.org/docs/reportingonhivaids.pdf>

WEBSITES AND PORTALS THAT PROVIDE QUALITY INFORMATION AND RESOURCES ABOUT HIV/AIDS

- **The AIDS Resource Center (ARC):** This resource centre in Addis Ababa serves as Ethiopia's premier source of HIV and AIDS information. The ARC is a central library and clearinghouse for the most up-to-date and accurate multimedia materials on HIV and AIDS, sexually transmitted diseases (STDs) and tuberculosis (TB). These resources provide a broad range of health, policy professionals and the general public with crucial information to fight the battle against HIV and AIDS. <http://www.etharc.org>. ARC houses a press clippings collection of Amharic and English press clippings. This collection was begun in September 2002; clippings are collected daily from all the local and national newspapers, and are available for view at the AIDS Resource Center, and soon searchable electronically. ARC Multimedia Resource Collection. Resources about ART & Ethiopia - <http://plwha.etharc.org/resources>
- **Kaiser Family Foundation.** Global Health Facts website: www.globalhealthfacts.org & Kaiser Family Foundation, HIV/AIDS focus: Background, fact sheets, data, resources. <http://www.kff.org/hivaids/index.cfm>
- **Knowledge for Health:** Collectively developing "toolkits" of up-to-date and evidence-based resources that make information easy to find and easy to use; Adapting existing toolkit knowledge resources for local and regional use; Developing new toolkit resources—articles, guides, curricula, fact sheets, job aids, and eLearning courses <https://www.k4health.org/node/2>
- **Media Materials Clearinghouse: HIV/AIDS Treatment Communication:** The MEDIA/MATERIALS CLEARINGHOUSE (M/MC) is an international resource for all those with an interest in health communication materials: pamphlets, posters, audiotapes, videos, training materials, job aids, electronic media and other media/materials designed to promote public health. http://www.aidsportal.org/Article_Details.aspx?ID=7209

- **Media Resource Desk:** SAfAIDS has collaborated with the Southern Africa Editor's Forum and UNAIDS to create a Media Resource Desk to provide quick access to accurate and user-friendly information on HIV and AIDS prevention, care, treatment and support. Under the MRD, a number of resources for journalists which include, factsheets, newsletters and newsflashes are produced. <http://www.mediaresourcedesk.org>.
- **Source Online library:** here you will find a range of publications related to HIV/AIDS and communication. http://www.asksource.info/res_library/hiv.htm
- **UNAIDS media centre:** <http://www.unaids.org/en/KnowledgeCentre/Resources/PressCentre/default.asp>

UNIT 6: DISCUSSION



Discussion 6: Sources. Share your own experiences of sources, giving examples of where you have worked with a good source person and example of where you have not had success. After sharing your experiences with your fellow participants as a group write up a five point criteria list about what makes an effective source. (For example - they are accessible, they are knowledgeable... etc). Also make a contact list with telephone numbers etc drawn from your own collective knowledge of helpful sources. Nominate a note-taker to then write up these points as bullets and submit to the Facilitator.

(Discuss using online chat facilities, and post your written group presentation on the course site for the moderator's review).

UNIT 6: ASSIGNMENT

Assignment 6: New voices, new angles. Interview someone completely new about HIV/AIDS, a source that you have never thought about or used before who can give you a different angle; for example they may be from a different profession (a musician, a minder, a farmer...) or a different population segment (old or young, homeless or householder...). Write up the interview as a 600 word article.

(This assignment should be submitted to the course moderator via the online facilities and/or email, and once marked and returned to you it will be uploaded to the course site for view by all participants).

UNIT 6: FEEDBACK

(Each course participant will receive written feedback from the course moderator, and then be available for reading other participants' assignments and participate in a feedback session lead by the course moderator.)

APPENDIX - FACILITATOR'S GUIDE

This course follows the pedagogical process of the MA in journalism and communication, Faculty of Journalism and Communications, Addis Ababa University.

Because of the dual purpose of this training course – to be a resource for a taught course as well as potentially to be an online course – the format follows standard online training methodologies of providing readings and illustrations to read/view as well as social networking opportunities to discuss the issues with fellow trainees and to enable participants to deliver assignments for review by a facilitator and peers.

The course is structured to offer the same percentage division between taught aspects and collaboration and self-learning as other similar courses within the MA in journalism and communication at Addis Ababa University; i.e. 20% of collaborative learning, 40% of independent/self learning and 40% taught blocks.

This course is designed to be implemented over a 12 week period, or 210 hours. There are 6 Units in total within the course; each anticipated to take 2 weeks to complete (or 35 hours); the first week is designed to focus on learning and the second week primarily is designed for engagement and practical assignments; with a focus on trainees gaining practical and individual experience of the issues under examination.

Each Unit comprises of the following: 7hrs (20% of time) of teaching through reading of the notes and the mandatory readings; 7hrs (20% of time) is allocated for reviewing the various illustrations of how Ethiopian media and other media have approached HIV/AIDS; discussion and collaborative learning amongst participants will account for a further 7hrs (20%) of time spent; 10.5 hours (30%) is allocated for the independent assignments; finally participants will be expected to engage in feedback and discussion about the whole Unit, this will take 3.5 hours (10% of the Unit time).

CONTENTS OF A LEARNING UNIT

Each of the six Units is composed of the following elements:

1. **Unit outline** - Each Unit is presented with its constituent sections clearly outlined.
2. **Notes** – Each Unit begins with Notes. The aim of these Notes is to provide an overview structure for trainees about the content of that Unit, and the key learning points.
3. **Readings** - Each Unit contains mandatory and additional readings, these are itemised in the relevant section of the Unit and also listed alphabetically in the Course Reading List. Each reading has been source to illuminate and provide scholarly breadth to each particular topic under study. Each of the readings should be freely available for viewing/download online. Trainees do not have to pay for viewing content or to register with any third parties in order to read any of the listed readings. If there are any problems with accessing the readings the Facilitator should replace that text with a similar one if possible that is freely available.

3a. **Key Readings** - One 'Key Reading' has been identified for each Unit; this has been done in order to assist Facilitators in identifying what readings to include in a printed handout if this were to be provided. It has also been done in order to provide learners with a more accessible full text article from the course site once it is online, to ameliorate any access problems they may encounter with other sites. It should be noted that this one key reading is not the sole mandatory reading, but it is the one that has been identified as particularly useful for that Unit.

4. **Illustrations of journalism related to HIV/AIDS** – illustrations of how journalists have approach the topic of HIV/AIDS are presented here, this includes examples of both good and bad practice. They are in the form of both text and audio visual. All examples should be accessible via the web, with no additional recourse needed to other publications or broadcasts.

3. **Discussions and group work** – Discussion and group work present the learner with an opportunity to reflect upon the topic and the illustrations that have been presented; in collaboration with other learners they will address questions / do a group assignment about the topic.

4. **Assignments** – The assignments require learners to undertake an independent journalistic assignment related to the topic; this may be in the form of print or broadcast media outputs, as relevant.

5. **Individual feedback** - The individual assignments will be marked and feedback given to each trainee in writing by the Facilitator and there will be an opportunity for one on one feedback between the trainee and Facilitator.

5a. **Group feedback** - In addition there will also be an opportunity for group feedback and discussion about each of the assignments – as they will be available for reading/viewing by others in the group once marked.

FACILITATING CLASSROOM-BASED TRAINING

In line with the pedagogy of the MA in journalism and communication at Addis Ababa University taught courses with this timescale are generally taught in blocks of 5 days, with each day been composed of at least 2 hour blocks of teaching, over six or seven weeks; therefore a total of 70 hours block teaching over the course.

The Facilitator of the course is performing the role of a Lecturer and in this role he or she is responsible for teaching the trainees (learners) about the content of the course. It is the responsibility of the Facilitator/Lecturer to convey the learning points of each Unit. Rather than being self-directed in reading Unit contents (i.e. the notes, readings and illustrations) the learners receive direct input from the Facilitator/Lecturer in a traditional methodology of classroom presentations and learning.

Group discussions will be facilitated by the Facilitator/Lecturer within the classroom setting, with questions directed to individual learners and group work assigned to small groups of learners. The delivery of the assignment and the marking and feedback to these will be done within the context of the classroom timetable.

FACILITATING ONLINE TRAINING

When the training course is placed online then registered users, i.e. trainees, will be able to access the course via internet. These trainees will require a consistent internet connection as the content includes downloadable readings and viewing of online content for illustrations of HIV/AIDS reporting across multiple mediums, such as newspapers, radio and TV. The Facilitator will also require a stable and consistent connection.

As this is a moderated online course it has fixed times for discussion, submission of assignments and trainer feedback. Due to this fixed nature of the course it has to be conducted within a formal timeframe of a two week period for each Unit. This is not a self-taught online course, but rather a group course that is delivered online but which follows a timeframe. In this way it should be envisaged as an 'online' classroom in which learners learn together, discuss and give each other feedback.

The role of the Facilitator is to enable the online trainee to gain the greatest benefit from participating in the course, and they can best benefit by being guided and supported through the Units. The Units are designed to be undertaken over the course of two weeks, and it is the responsibility of the Facilitator to ensure that trainees are aware of this timeframe and following it. It is also important that the Facilitator is available for at least for 4 hours per week for responding to trainees questions and comments via chat facilities such as Skype chat.

The Facilitator is responsible for the receiving and marking each individual assignment as well as all the group assignments, and for providing feedback about each of these. The Facilitator is responsible for facilitating peer feedback and discussion; however it is the trainees' responsibility to participate fully in these group activities.



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