HIV & AIDS STIGMA, NAMIBIAN NEWSPAPERS AND HEALTH POLICIES, 2000 - 2012: AN INVESTIGATION OF FRAMING, PRIMING AND AGENDA-SETTING EFFECTS

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ABSTRACT

Media representation of *Human Immunodeficiency Virus (HIV)* and *Acquired Immune Deficiency Syndrome (AIDS)* disease has greatly influenced how the disease and those who are affected by it are perceived in the society, thus often causing stigma towards those infected and affected.

This dissertation therefore investigated to what extent stigma is present in print media reporting on HIV & AIDS in Namibia. This is because controlling the spread and managing HIV & AIDS in the country has been a major challenge not only for the nation but for other southern African countries due to the high prevalence (Lewthwaite & Wilkins, 2009, p.333).

Using purposive sampling, the researcher selected articles in two Namibian newspapers – *The Namibian* - the largest private newspaper and *New Era* - the largest government newspaper in Namibia, all totaling 1334 to determine framing of HIV & AIDS stories. This approach was also used to identify texts as well as headlines which were content analyzed because purposive sampling is quite useful given the nature of reporting on HIV & AIDS in the local press (Wimmer & Dominick, 2014, Leedy & Ormrod, 2005). Priming, Framing, Agenda-Setting and Social Construction of Reality theories undergirded the research (Goffman, 1974; Iyengar & Kinder, 1987; Scheufele & Tewksbury, 2007; Berger & Luckmann, 1966) while its philosophical basis was constructivism (Phillimore & Goodson, 2004), which is a theoretical framework which argues that human beings construct meaning from a combination of their lived experiences and ideas.

There are many findings of the research as there are three stand alone chapters but a brief from all the three: (1) That high level of stigma exists in framing HIV & AIDS stories in the two newspapers; (2) the complex nature of coverage of HIV & AIDS stories is evident in the way reporters write stories about the epidemic as well as those who are affected by HIV & AIDS; (3) how the stories are presented exhibits thematic and contextual characteristics of the epidemic; (4) Policy developers need to incorporate media as key stakeholders; (5) Few of critical persons that deal with issues of HIV or AIDS such as reporters and others working with HIV & AIDS organisations are aware of the UNAIDS Terminology Guidelines – UNAIDS needs to correct that; (6) UNAIDS' advise that organisations should not use HIV/AIDS should also be subject to their own use of the words as in their various documents, they still use HIV/AIDS; (7) Specialised training of media reporters on HIV & AIDS as well as other stigmatised diseases is inevitable.

The principal contribution to knowledge of this study is that a high level of stigma is still driving the way HIV & AIDS is reported in Namibia. Secondly, HIV & AIDS reporting should be regarded as a specialized area requiring specialized training to be given coverage in a neutral and value free manner in the mass media. Thirdly, it is proposed that Namibia specific AIDS reporting guidelines such as this study produced be formulated to address this shortcoming. Words form local languages can be added to the final Reporting Code.

Key Words: HIV & AIDS, media, stigma, priming, framing, agenda-setting, social construction of reality, theme analysis, guidelines

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LIST OF ABBREVIATIONS AND/OR ACRONYMS

AIDS: Acquired Immune Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretroviral

CDC: Centre for Disease Control

EFN: Editors Forum of Namibia

HAART: Highly Active Antiretroviral Therapy

HIV: Human Immunodeficiency Virus

KFF: (Henry J.) Kaiser Family Foundation

MMWR: Morbidity and Mortality Weekly Report

MoHSS: Ministry of Health and Social Services

ONAP: Office of National AIDS Policy (USA)

PEPFAR: President's Emergency Plan for AIDS Relief

SADC: Southern African Development Community

UNAIDS: United Nations Programme on HIV/AIDS

UNGASS: United Nations General Assembly Special Session on Drugs

UNESCO: United Nations Educational, Scientific and Cultural Organisation

UNFAMILIAR TERMS

1. **Framing** in mass media is how news coverage shapes the way the consumer of the information is affected.
2. **Agenda setting** in media describes the ability the media has to influence the importance placed on the topics of the public agenda
3. **Priming** refers to how we react to a preceding event or stimulus.
4. **Thematic analysis** looks for emerging themes in interviews or other data to understand a context or phenomenon.
5. **Discourse analysis** - focuses on knowledge about language beyond the word, clause, phrase and sentence that is needed for successful communication.
6. **Interpretivism** is how researchers interpret elements of the study and integrates human interest into a study.
7. **Social constructionism** is the view that all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context.
8. **Constructivism** is the view that knowledge is constructed in the human being when information comes into contact with existing knowledge that had been developed by experiences.
9. **Paradigm** can be explained as a belief system (or theory) that guides the way we do things, or more formally establishes a set of practices.
10. **Positivism** is a philosophical system recognizing only that which can be scientifically verified or which is capable of logical or mathematical proof, and therefore rejecting metaphysics and theism.
11. **Parastatal** - of an organization or industry, especially in some African countries) having some political authority and serving the state indirectly.
12. **Stigma** - a mark of disgrace associated with a particular circumstance, quality, or person
13. **Metaphor** – is a figure of speech in which a word or phrase is applied to an object or action to which it is not literally applicable.
14. **Ideology** – is a system of ideas and ideals, especially one which forms the basis of economic or political theory and policy.
15. **Myths** – is a traditional story, especially one concerning the early history of a people or explaining a natural or social phenomenon, and typically involving supernatural beings or events

*Definitions are derived from www.wikepedia.com

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Deuteronomy 31:6 Be strong and courageous. Do not be afraid or terrified because of them, for the Lord your God goes with you; He'll never leave you nor forsake you. Determination, keeping my eyes on the prize and God's back-up has finally paid off. It's taken me close to 10 years of different versions and countries working on this PhD and lesson learnt; studying is a personal journey – not a marathon to be won.

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DEDICATION

This study is dedicated to a number of key people: people living with HIV or AIDS world wide and especially those who have endured stigma in various ways from a disease that no one deliberately wishes to get infected with and to those affected by the infection of their loved ones and which has caused them to be stigmatised too.

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DECLARATION

I, Perpetua Wanja Njuguna, hereby declare that this study is a true reflection of my own research, and that this work, or part thereof has not been submitted for a degree in any other institution of higher education.

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Chapter 1

Introduction

1.1 Background to the Study

This study investigated framing of stigma in print media reporting on *Human Immunodeficiency Virus* (HIV) & *Acquired Immune Deficiency Syndrome* (AIDS) in Namibia as well as its priming and agenda setting effects.

The term stigma as used in this study is described as "bodily signs designed to expose something unusual and bad about the moral status of the signifier" (Goffman, 1963, p.1). Goffman explains that the signs on the person which were permanently created through a cut or a burn, were meant to advertise "that the bearer was a slave, a criminal, or a traitor – a blemished person, ritually polluted, to be avoided, especially in public places" (p.1). This negative labeling has also been used against those living with HIV or AIDS since the first case was reported in 1981 (*Morbidity and Mortality Weekly Report*, 1981). And because of this, stigma has been a stumbling block in containing the spread of HIV because in the early years of the disease and in a number of countries to date, people living with HIV or AIDS are still treated as 'other', 'different' 'not good' among many other terms used, which Goffman (1963, 1964) discusses. It is important to note that

The study was based on how two Namibian newspapers – *The Namibian,* the English newspaper with the highest circulation and *New Era*, the government parastatal newspaper with the highest circulation – framed HIV & AIDS stories in Namibia from 2000 to 2012. The year 2000 was three years before the roll out of

Antiretroviral (ARV) medication, which helps to boost the immune system for those with HIV or AIDS. According to July 2010 Ministry of Health and Social Services (MoHSS) National Guidelines for Antiretroviral Therapy (ART), "treatment with Highly Active Antiretroviral Therapy (HAART) started with six pilot hospitals in 2003. This was rapidly rolled out to involve all 34 state hospitals in Namibia. This was in response to the high demand for HAART services across the country given the high number of HIV-positive Namibians in need of ARV therapy" (p.4).

In Africa, HIV & AIDS has been the continent's greatest health challenge in the 21st century (De Cock, Marum & Mbori-Ngacha, 2003). The authors note that since it was first identified in Africa in 1983, millions have died from the disease. However, there has been a remarkable reduction in prevalence or number of deaths in many African countries, including Namibia, but the numbers of new incidences are still high (UNAIDS, 2016). In Namibia, the disease was first identified in 1986 (Ministry of Health and Social Services, 2015). According PEPFAR (2017), AIDS remains the number one killer in Namibia, with 3900 deaths per year and in 2018, 4500 new infections (UNAIDS Data 2018). The *2016 Sentinel Survey* estimated 17.2% prevalence, the first increase since 2002 (Ministry of Health and Social Services, 2016). However, it is important to note that this figure continued to fall and reached 12.6% as of 2018.

The spread of HIV & AIDS in Africa is attributed to many reasons. It has been argued that because the initial studies undertaken on AIDS focused on Europe and North American societies, the death toll increased in Africa unnoticed (Denis, 2006). The author posits that at those early stages, there was little intervention to curb the spread of the disease, thus compounding the problem. However, due to the high

mortality figures from AIDS, researchers came to the realisation that Africa was the continent most affected.

Managing a disease with such a high prevalence in the continent has not been easy, as a report by UNAIDS (2016) indicates. The report notes that the HIV & AIDS pandemic has been a combination of many epidemics, each having distinct characteristics due to geographical area and the kind of populations that it affects. This results in a variety of types and frequencies of risky human behaviours and practices which spread the disease, a good example of this being unprotected sex with various partners or, for drug users, the sharing of needles.

Other challenges, according to the report, are access to ARVs due to the huge numbers of those infected and the logistics of distributing these medicines in, for example, war-torn areas. Of importance to this research are impediments to HIV & AIDS treatment such as the stigma that prevents those infected from accessing treatment or counseling and cultural beliefs that get in the way of quickly dealing with the disease. Stigma in particular is seen as a catalyst for the 'silence' that is prevalent among those who are infected (Njuguna, 2010; Rompel, 2001, p.92). In this regard, the media, among other culprits, has been seen as a source of stigma through stereotypical reporting because when the media uses stereotypes they "perpetuate social injustice" (Vivian, 2009, p.410). Vivian states that, "with benign stereotypes, there is no problem, but the media can perpetuate social injustice with stereotypes" (p.410). An example of this would be a story in the media that insinuates that because a person has HIV, they will ultimately die; yet there are now

ARVs which prolong life while dealing with opportunistic illnesses that have previously played a key role in millions of AIDS-related deaths.

The challenges of high prevalence in Africa and across the world were identified in a UNAIDS (2011) report and reiterated in a later report in 2018. The 2011 report provided data showing that although there were commitments made during the 2001 and 2006 *United Nations General Assembly Special Session on Drugs* (UNGASS), there needed to be a concerted effort to respect the human rights of the populations at risk, as this was still well below what is expected. Some of the human rights violations noted included violence, social stigma, poor access to HIV services and laws that criminalize homosexuality, drug use and sex work (UNAIDS, 2011, p.4) which continue to this day, as revealed in the UNAIDS (2019) report on *Discrimination and Stigma*.

To facilitate this study, HIV & AIDS Reporting Guidelines from three organisations were used to provide a reference on the choice of stigmatising words and/or terminologies to look out for. The three guidelines were *United Nations Program on HIV/AIDS (UNAIDS) Reporting Guidelines*, *Kaiser Family Foundation Reporting Guidelines* and *UNESCO Guidelines on Language and Content in HIV & AIDS-Related Materials*. Whereas the three were used as reference documents for words and terminologies that are stigmatizing to people living with HIV, it is important to note that the latter two used UNAIDS as a point of reference in their guidelines. However, it is worth noting that *Kaiser Family Foundation Reporting Guidelines* are specific to journalists reporting on HIV & AIDS while the UNAIDS and UNESCO Guidelines offer a wider variety of material that can be used by both journalists and others such as researchers and report writers.

The study used a mixed method design which allowed the researcher to determine the different roles played by the media, the government and those involved in ensuring that stigma is not practiced against those who are HIV positive or have AIDS. Although this research did not interview persons living with HIV or AIDS, many of those who work closely with them in various organisations assisted in providing information on how matters of HIV & AIDS are dealt with in Namibia; this is reviewed in Chapter 4. In answering closed questions, they explained how reporting impacts on those who are infected or affected while, at the same time, providing what they view as the role of the media in dealing with the wider HIV & AIDS problems of stigma and the spread of the disease in the country.

Another reason for this study is that while there have been many studies on stigma relating to HIV & AIDS, little research has been undertaken to study stigma in print media reporting on HIV & AIDS and specifically in Namibia at dissertation level. Lacking too is research that documents stigma in newspapers over the specific time period covered by this research: 2000-2012. While there is extensive research available that documents stigma towards the mentally ill (Ritterfeld and Seung-A Jin, 2006), certain drugs such as methamphetamine (Schwartz and Andsager, 2008), homosexuality (Hymes, Greene, Marcus et al, 1981) and migrants from foreign countries (Doyal and Anderson, 2004), there is a lack of similar studies on HIV & AIDS stigma in print media specific to Namibia.

MacQuarrie, Eckhaus and Nyblade (2009) also document the lack of this kind of research. In research undertaken for UNAIDS, the authors state that while HIV-

related stigma and discrimination have been acknowledged as impediments to mitigating the HIV epidemic ever since its early days, literature on programs or activities aimed at reducing this stigma is lacking (p.3). However, the authors state that a substantial body of literature, both qualitative and quantitative, supports the hypodissertation that stigma inhibits access to services and adherence to treatment (p.5). They further note a lack of literature investigating whether the availability of Antiretroviral Therapy (ART) drugs reduces stigma and discrimination. This is either because few treatment centers have had this treatment for sufficiently long periods to exert influence on stigma or because the lack of quasi-experimental study designs used in existing studies make it difficult to attribute changes in stigma to the introduction of ARV treatment (p.7). This research therefore aims to fill that void by investigating the framing of HIV & AIDS in Namibian print media and specifically to review whether the presentation of stigma changed over time.

In matters that concern HIV & AIDS, stigma has been documented since the first case of AIDS was reported on June 5, 1981 in the U.S.A's Centre for Disease Control (CDC)'s weekly journal, *Morbidity and Mortality Weekly Report* (MMWR), this at a time when it was believed to spread only through sex. It was also a general belief that those who were infected were bound to die quickly, a factor that created fear of infection from association with those with the disease, thus causing stigma and stereotyping. Due to this stigma and stereotyping, controlling the spread of, and managing HIV & AIDS has been a challenge not only for Namibia but for other southern African nations. Of the 15 southern African countries in the Southern African Development Corporation (SADC), eight of these, namely Botswana, South Africa, Swaziland (now Eswatini), Mozambique, Lesotho, Zaire, Namibia and

Zimbabwe have had adult prevalences that exceeded 15% of the population (Lewthwaite & Wilkins, 2009).

Whereas the first case of AIDS in Namibia was reported in 1986 (UNAIDS, 2011 Report), AIDS was first discovered in the summer of 1981 (Greene, 2007). Initially called Gay Related Immune Deficiency Syndrome (GRIDS) because it had been identified in gay men around the years 1980/81 (Bloor, 2002, p.2), the name AIDS was recommended by the Centre for Disease Control in 1982 (p.1) when it was discovered that the disease did not only affect gay men but also heterosexual adults. Since then, the disease has spread all over the world with figures for Africa alone showing that more than 60% of those living with HIV or AIDS in the world come from Africa, whose population is only 15.2% of the world population.

According to the *UNAIDS Factsheet 2018*, there were more than two million new infections worldwide with up to 1.1 million AIDS related deaths during the preceding year. During that year, about 870,000 new infections and 420,000 AIDS related deaths were from eastern and southern Africa. This means that the spread of the disease is still a major challenge in southern Africa and the media has a role to play in curtailing this spread. However, it is worth noting that there was a decline in incidences (new infections) in 2010 and 2016.

The view of reporting on HIV & AIDShas changed since the 1980s and 1990s when "….HIV/AIDS [was] linked in the media with what Sander L. Gilman (1988) [called] 'the four H's'; 'homosexuality, hemophiliacs, heroin and Haitians' (in

Williams & Miller, 1995). Nevertheless, reporting on the disease is still a challenge in different societies, including Namibian society.

1.2 Statement of the Problem

The purpose of this study was to investigate framing, priming and agenda setting of stories in print media reporting on *Human Immunodeficiency Virus* (HIV) & *Acquired Immune Deficiency Syndrome* (AIDS) in two Namibian newspapers, *The Namibian* and *New Era.* The study gauged if the discourse of the stories played a role in how people living with HIV or AIDS are viewed in the country and whether these views have contributed to stigmatising people living with HIV or AIDS thus exposing them to what Goffman (1963) and Folk (2001) call the "outsiders" mentality towards them. The research also investigated framing of media in HIV & AIDS policies in Namibia and four other African countries in a bid to reduce the prevalence of the disease.

The study reviewed how stories are written, when stories are written and the words and terminologies used that are deemed inappropriate by the HIV & AIDS Reporting Guidelines used in this study. Besides the stories, this research also interrogated the role of the media in health policies in Namibia, as compared to four other national policies, to determine if the government sees the media as a partner in the reduction of HIV & AIDS. Furthermore, the research also interviewed persons who work with people living with HIV or AIDS as well as journalists to enrich the study and to gauge the intention and importance of the media in framing stories in the context of the fight against HIV & AIDS.

UNAIDS reports (2011, 2016, 2019) show that stigma continues to be an impediment in reducing the prevalence of HIV or AIDS in many countries worldwide and particularly in Africa, which is most affected by the disease. Since AIDS was first identified in Africa in 1983, over 43.8 million people worldwide have died from AIDS-related illnesses (UNAIDS, 2018), the majority of them from Africa. But while there has been a remarkable reduction in prevalence and the number of deaths in many African countries, the number of new infections are still relatively high and therein lies the problem – HIV & AIDS is still a major health challenge. The *UNAIDS Global AIDS Update (2018)* report covering 160 countries indicates that although there has been progress in reducing HIV prevalence worldwide through ARVs, the UNAIDS (2019) report notes that,

> studies on stigma and discrimination and health-seeking behaviour show that people living with HIV who perceive high levels of HIV-related stigma are 2.4 times more likely to delay enrolment in care until they are very ill.....Such fears also discourage the uptake of prevention and testing services. For example, fear of the HIV-related stigma and discrimination that may result from an HIV-positive test result and having that result disclosed to others, either through self-disclosure or otherwise, has been identified as a disincentive to HIV testing in a range of settings (p.2).

Impediments in addressing HIV & AIDS are stigma (which prevents those infected from accessing treatment or counselling), cultural beliefs (that get in the way of dealing with the disease early) and many others. Stigma in particular was seen as a reason for the silence commonly found among those who are infected in Namibia (Rompel, 2001). This research therefore aimed to fill the void by investigating the framing of HIV & AIDS in Namibian print media, framing of media in HIV & AIDS policies as well as attempting to uncover priming effects through interviews with persons working in the HIV & AIDS field and reporters who previously wrote some of the stories.

1.3 Objectives of the Study

The objectives of the study were four-fold:

1. Analyse framing of HIV & AIDS in the Namibian print media.
2. Examine the discourse of HIV & AIDS in two Namibian newspapers based on established reporting guidelines.
3. Determine if the framing of media contents have priming and agenda setting effects from the purview of HIV & AIDS organizations' workers.
4. Investigate framing of media in HIV & AIDS policies by reviewing to what extent dealing with stigma and discrimination are seen as a major problem in prevalence and if media is portrayed as a partner in the Policies in relation to reduction of HIV or AIDS prevalence.

1.4 Significance of the Study

The principal original contribution to knowledge of this dissertation was to support an understanding of whether the media has played a role in stigmatising people with HIV or AIDS through their reporting or terminologies used in the print media. The researcher argues that the way the media reports on HIV or AIDS creates an opinion on how to view the disease, as media has been identified as a catalyst for the reduction or the increase of stigma through reporting (Vivian 2009). Any bias or use of words that portray those living with HIV or AIDS negatively in the stories is therefore critical as it can lead to stigma or stereotyping.

Through review of literature, the researcher found that there had been no known extensive study of framing of stigma in Namibia print media and framing of media in HIV & AIDS policies during period 2000-2012. The study will make an important contribution to the literature on stigma, news frames and HIV & AIDS policies as

none was found that documents HIV & AIDS stigma specific to Namibia newspapers over the time period such as the years that this research is analyzing – 2000 to 2012. Further, readers of this study will understand the need for more sensitive HIV & AIDS reporting and through provision of a Namibia specific guideline code to facilitate training of reporters on specialized HIV & AIDS reporting.

1.5. Limitations of the Study

Whereas the study reviewed HIV & AIDS stories from 2000 to 2012, through judgemental sampling (Van Dijk, 1999, Wimmer & Dominick, 2011 and Tongco 2007), this was not done consistently but every other year (2000, 2002, 200, 2006, 2008, 2010, 2012), and for the first two months of the year (January/February), two middle months of the year, (June/July) and the last two months of the year November/December). Further, only stories with the HIV or AIDS headline were selected. This means that similar stories could have been left out. Another limitation was that the study did not involve interviews with Persons Living with HIV or AIDS (PLWHA) and therefore, views of those infected do not contribute to the study. The study also did not attempt to uncover priming effects among the general population occasioned by the framing of news stories on HIV & AIDS stigma.

1.6 Delimitations of the Study

The study's focus was quantitative and qualitative content and discourse analysis. This involved a review of two daily newspapers in Namibia from the purview of guidelines on HIV & AIDS reporting, as well as interviews with officers in organizations working in the HIV & AIDS sector to determine if framing of HIV &

AIDS stories have priming effects. It is therefore noted that other methods of research could have been used for such a study with equally good findings.

1.7 Methodology

In this section, the research methodology that was used for this study will be discussed. There are many definitions of research methodology but this study found Kothari (2004) definition relevant to this study. He defines it as:

> a way to systematically solve the research problem. It may be understood as a science of studying how research is done scientifically. In it we study the various steps that are generally adopted by a researcher in studying his research problem along with the logic behind them. It is necessary for the researcher to know not only the research methods/techniques but also the methodology,"... Thus, when we talk of research methodology we not only talk of the research methods but also consider the logic behind the methods we use in the context of our research study and explain why we are using a particular method or technique and why we are not using others so that research results are capable of being evaluated either by the researcher himself or by others (p.21).

1.7.1 Research Design

This study used a mixed-methods approach. Mixed methods refers to "research in which the investigator collects and analyses data, integrates the findings, and draws inferences using both qualitative and quantitative approaches or methods in a single study or program of inquiry" (Tashakkori & Cresswell, 2007, p.4). Cresswell (2014) argues that, "the core assumption of this form of enquiry is that the combination of both qualitative and quantitative approaches provides a more complete understanding of a research problem than either approach alone" (p.4). In this dissertation, quantitative methods were used in the enumeration of words that have been identified by the HIV & AIDS Guidelines as 'stigmatising' while qualitative methods were used in analysing the words and terms used in newspapers stories as well as in the analysis of interview data. In a qualitative approach, open-ended data is sought and provided, while in a quantitative approach, close-ended data is sought and

provided. Cresswell (2014) posits that this blending "provides a stronger understanding of the problem or question than either by itself" (p.215). In a mixed-methods approach, there are numerous ways of data collection and a researcher chooses the one that suits them best. In this dissertation, a mixed methods approach involved:

- collection of both qualitative (open-ended) and quantitative (close-ended) data to respond to the research objectives,
- analysis of both forms of data,
- procedures for both qualitative and quantitative data collection and analysis and
- integrating both by merging, connecting or embedding the data.

This approach was used to create a balance of data collected using both methods in order to provide meaningful results and insights. This involves counting stigmatising words in the stories (quantitative) and analysing the words and terms (qualitative) as well as finding thematic patterns in the interview data.

1.7.2 Population

The study population consists of the fourteen daily, weekly and bi-weekly newspapers in Namibia (Larsen, 2007) and a thousand or so national affiliates of the network of HIV & AIDS organizations. However, only two of the newspapers were selected for the research: *The Namibian* and the *New Era* newspapers. For interviews, only nine organizations were chosen alongside three media personnel. The reason for the choice of the above population is explain further in the next section, sampling.

1.7.3 Sampling

Judgmental sampling, also known as purposive sampling, was used to choose the population for the study. Van Dijk (1999), Wimmer & Dominick (2011) and Tongco

(2007) explain that the method utilizes some form of random selection which gives the researcher a choice on what to do and how to do it. Tongco (2007) defines purposive sampling as “the deliberate choice of an informant due to the qualities the informant possesses” (p.1) to choose what he or she wants to review. Tongco further states that “it is a non-random technique that does not need underlying theories or a set number of informants” as the “researcher decides what needs to be known and sets out to find people who can and are willing to provide recommended by among others, the information by virtue of knowledge or experience” (p.1).

In view of this, the researcher chose *The Namibian* and *New Era* based on their high circulation figures and varied readership. *The Namibian,* the largest private newspaper and *New Era,* the largest government parastatal-owned newspaper, were purposely chosen due to their varied and diverse audiences and to reflect different ownership patterns. The study universe was HIV & AIDS stories over a 13-year period from 2000 to 2012. The researcher then decided to choose every other year to review: 2000, 2002, 2004, 2006, 2008, 2010 and 2012. The year 2000 was chosen because it provided a time frame of three years before Antiretroviral (ARV) medication was rolled out, helping to boost the immune system for those with HIV. This was to gauge the ‘pre’ and ‘post’ ARV’s reporting on the disease and if there were differences in ‘hopeless’ (before medication) versus ‘hopeful’ (post medication) tones in the stories.

The stories chosen for review had ‘HIV’ or ‘AIDS’ or both in the headline. The interviewees were officers from eight HIV & AIDS organizations and three media personnel from the two newspapers, while they worked as reporters. Further, the six

months of the year chosen (January/February, June/July and November/December) were selected after a pilot study reviewing the newspaper stories in 1998, 1999, 2000 and 2001. This assisted the researcher to detect whether there was similarity in reporting, when stories are reported, what kinds of words are used among many other variables that determined the necessity of the research, the years and months for the research and the kind of interviewees for the study.

1.7.4 Procedure

The data was collected for content and discourse analysis. These two types of analysis are relevant as they allow one to identify words and terminologies and the meanings assigned to them. Content analysis indicates how and when a particular word or terminology is used, but discourse analysis identifies why the word or terminology is used, thus allowing us to get under the surface of the language (Graham, 2003). In this study, the word and how it is framed in the sentence and within the wider context (social or ideological), can tell us why it is used.

Supporting Graham's (2003) definition, Krippendorff (2013) defines content analysis as a research method that involves the systematic reading of a body of texts, images and symbolic matter. He explains that these data may not necessarily be from the author or user's perspective, but content analysis is recognised as a scientific method of research and is well regarded. In defining content analysis, Wimmer and Dominick (2011) call it a systematic procedure of examining the content of recorded information. The two authors concur with Krippendorff (2013) in their analysis of 'systematic examination' of written data as Krippendorff explains that, "content

analysis entails a systematic reading of a body of texts, images and symbolic matter, not necessary from an author's or user's perspective" (p.13).

Content analysis is supported as being a potentially effective research method by Neundorf (2003). In this dissertation, content analysis was used as part of a mixed-methods approach to evaluate words and terms in order to determine if there had been stigma in print media reporting on HIV & AIDS in Namibia. Discourse analysis was used to review the terminologies and meanings in the stories, looking at patterns of language across texts as well as the "social and cultural contexts in which the texts occur" (Paltridge, 2012, p.12). The author further explains that,

> Discourse analysis examines patterns of language across texts and considers the relationship between language and the social and cultural contexts in which it is used. Discourse analysis also considers the ways that the use of language presents different views of the world and different understandings. It examines how the use of language is influenced by relationships between participants as well as the effects the use of language has upon social identities and relations. It also considers how views of the world, and identities, are constructed through the use of discourse (p.13).

In this study, through the use of UNAIDS Guidelines, the meaning of words that were selected for review were determined by using discourse analysis as explained by Paltridge (2012).

1.7.5 Research Instruments

A code book patterned after the *United Nations Program on HIV/AIDS (UNAIDS) Reporting Guidelines*, *Kaiser Family Foundation Reporting Guidelines* and *UNESCO Guidelines on Language and Content in HIV & AIDS- Related Materials* was used for content analysis, while an interview guide with in-depth questions was used for the key informant interviews. Further, HIV & AIDS policies created between 2000-2012 were reviewed for Namibia and four other African countries.

1.7.6 Procedure

The news stories were accessed via newspaper online archives and physical libraries. Using judgemental, also known as purposive, sampling only stories that had ‘HIV’ or ‘AIDS’ in the headline were selected. Further, using content and discourse analyis, the researcher then read through the stories to identify words and terminologies that were listed as not fit to be used under *United Nations Program on HIV/AIDS (UNAIDS) Reporting Guidelines*, *Kaiser Family Foundation Reporting Guidelines* and *UNESCO Guidelines on Language and Content in HIV & AIDS-Related Materials*. For the interviews, questions were sent to key persons identified for this study and then, after explanation on privacy of data and identification through provision of codes, face-to-face in-depth interviews with key persons in HIV & AIDS organisations as well as media personnel were carried out. For the HIV & AIDS policies, using framing theory, policies from five countries – Namibia, Botswana, Lesotho, Malawi and Uganda – were also identified online and reviewed for the framing of the words ‘stigma’, ‘discricimination’ and ‘media’. Although only the above five national policies were reviewed, reference to others used to elaborate on creation and follow through of policies were also part of the sample. Conclusions in the study were provided based on all the above mentioned procedures.

1.8 Data Analysis

The qualitative data from news stories were examined using content and discourse analysis. The data were analysed based on pattern matching – matching findings with the terminology codes in the guidelines as supported by Treadwell (2014), who explains that pointing out areas of convergence and divergence alongside explanation-building enables one to form a conclusion. The interviews underwent thematic analysis with passages being examined and grouped into themes emerging

from the responses. Braun & Clarke (2006) define thematic analysis as "a method for identifying and analysing patterns in qualitative data" (p.58). The authors view thematic analysis as "theoretically flexible because the search for, and examination of, patterning across language does not require adherence to any particular theory of language, or explanatory meaning framework for human beings, experiences or practices" (p.58). In this study, anlysing the interviews under thematic analysis provided a window of understanding on how different persons in different organisations can have similarity in their thoughts on a subject, thus providing key themes.

1.9 Research Ethics

The researcher obtained an ethical clearance letter from the University of Namibia before embarking on this study. Confidentiality applied across the board as all respondents are referenced as interviewees and given codes without any mention of their names, positions and affiliations. The data collected from respondents as well as policy documents and newspapers were used only for the purpose of this study. They were all acknowledged, as expected, accordingly. For the interviews, as well as other sources, quotations are presented as they appeared in the interviews as well as in the original sources and no alteration has been done. References are provided in each chapter. The data collected from the respondents will be deleted by the interviewer after five years.

1.10 Structure of the Dissertation

This dissertation is divided into six chapters. Chapter 1 is the introduction, which discusses the background of the research, the statement of the research questions, aims of the research, objectives of the research, research methods and

methodologies, limitations and de-limitations. In Chapter 2, the research will present the literature review on HIV & AIDS, the data available since its first case in 1981 and its relationship to stigma and stereotypical reporting. Theories regarding stigma and stereotypes:, framing, agenda setting, priming, social construction of realities and thematic analysis for the interviews will be reviewed. Chapter 2 provides information that the research bases its study on, showing the gaps in the research that this study seeks to fill. Among the topics that will be presented are the effects of media on reporting on HIV & AIDS, myths and ideologies about the disease in newspapers, stigma in media reporting on HIV & AIDS, ethical issues in health reporting, the press in Namibia and the guidelines used in the research.

As per UNAM's *Postgraduate Studies Prospectus 2019* item No. B.17 (b) p.18, Chapters 3, 4 and 5 are 'stand alone' chapters which provide the findings of the research based on newspapers, interviews and HIV & AIDS policies. In Chapter 3, data and findings on newspapers will be provided. The chapter is divided into: introduction, data and findings of *New Era* newspaper including stigmatising words used often in the stories, data and findings of *The Namibian* newspaper including stigmatising words used often in the stories, location of stories and news values, the theoretical framework used in reviewing the newspapers section, style of writing of journalists in the newspapers reviewed, management of the media houses and a summary of the chapter.

Chapter 4 provides findings from interviews done with 11 participants from a cross-sections of fields but related to the study. These are organizations that work with people living with HIV or AIDS and media personalities who reported on HIV or

AIDS at some point and are also currently in positions of authority in the media in review. Various themes emerging from the interviews are discussed and conclusions provided. In Chapter 5, findings from government HIV & AIDS policies and their relationship to how HIV or AIDS is viewed in Namibia, as well as the role the media plays in these policies, will be presented.

In Chapter 6, a summary of the research and will offer results of the research, a discussion, conclusion based on the analysis and findings of chapters by addressing the research objectives and recommendations. The chapter will review the contribution to knowledge that this research will make as mentioned in Chapter 1, limitations of the research and will conclude with suggestions eminating from the study as well as provide a draft of a Namibia specific Code of HIV & AIDS words that can be used while reporting on the disease.

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Chapter 2

Literature Review and Theoretical Framework

2.1 Introduction

Media reporting on Human Immunodeficiency Virus (HIV) & Acquired Immune Deficiency Syndrome (AIDS), since the first case of AIDS came to light in the summer of 1981 in the USA (Greene, 1994) following a similar disease in Congo in 1978 that was later identified as AIDS (UNAIDS, 2019), has remained one of the critical issues on how the disease has been viewed worldwide. Although perceptions of HIV & AIDS reporting has changed since the 1980s and 1990s and thereafter when "….HIV/AIDS [was] linked in the media with what Gilman (1988) [called] the four H's: Homosexuality, haemophiliacs, heroin and Haitians" (Williams & Miller, 1995), reporting on the disease continues to be a disputed area. It is also a source of critical research, with guidelines on reporting being continually updated, such as *UNAIDS Terminology Guidelines*.

In this research, the focus is on whether media framing stigmatised people living with HIV or AIDS, how those who work with HIV & AIDS organisations interpreted media stories including where a story is placed, and how those who create HIV & AIDS policies viewed stigma and discrimination as well as the role of the media in reduction of prevalence of the disease in the countries under review.

2.2 HIV & AIDS Challenges in Africa

In the 21st century, the HIV & AIDS pandemic has been Africa's greatest health challenge so far. According to the Centre for Disease Control (CDC) whose

magazine, *Morbidity and Mortality Weekly Report (MMWR)* reported the first case of AIDS in 1981, "HIV is a virus spread through certain body fluids that attacks the body's immune system, specifically the CD4 cells, often called T cells. Over time, HIV can destroy so many of these cells that the body can't fight off infections and disease" (CDC, n.d). When this happens, "opportunistic infections or cancers take advantage of a very weak immune system and signal that the person has AIDS" (CDC, n.d). AIDS is the last stage of HIV infection where the body can no longer defend itself and may develop various diseases, infections and if left untreated, death occurs soon thereafter. To date, there is still no cure for HIV but with the right treatment through provision of Antiretroviral Therapy (ART) – which is a combination of antiretroviral (ARV) drugs that suppress the HIV virus and stops the progression of HIV disease – alongside care and support, many people living with HIV are now able to live long and healthy lives.

Since AIDS was first identified in Africa in 1983, over 40 million people worldwide have died from AIDS-related illnesses, the majority of them from Africa. In 2018 alone, about 1.1 million died (460,000 from Africa), while about 44 million globally were living with HIV. New infections have declined by 40% since the peak in 1997 (UNAIDS, 2019, p.1) and AIDS-related mortality has declined by 33% since 2010 to 1.6 million deaths (UNAIDS 2019, p.2). But while there has been a remarkable reduction in prevalence and the number of deaths in many African countries, the number of new infections is still relatively high. There were 2.3 million new infections in 2018 compared to 3.8 million in 1997 – of these, 1,460,000 were from Africa and therein lies the problem – HIV & AIDS is still a major health challenge. According to the *UNAIDS Global AIDS Update (2018)* covering 160 countries, there

have been major gains since a global treatment target was set in 2003 in eastern and southern Africa, the world's most affected regions. The report notes that the number of people on treatment has increased since 2010 from 8 million to 24.3 million in 2018 (p.1) but also identifies huge challenges including new types of infections as well as a change in the distribution of new infection to lower ages. New infections estimated in 2015 were estimated at 2.4 million worldwide, with an estimated 44 million people living with HIV (UNAIDS Fact Sheet, 2018, p.5).

2.3 Cause of Fast Spread of HIV & AIDS in Africa

Historically, the rapid spread of HIV & AIDS in Africa is attributed to many reasons. One is that because the initial studies undertaken on AIDS focused on Europe and North American societies, the death toll increased in Africa unnoticed. In those early stages, there was little intervention to curb the spread of the disease. However, due to these high figures from AIDS, researchers eventually began to note that Africa was the most affected by the disease (Denis & Becker, 2006). And since then, managing the disease in the continent has been a monumental task, as a report by UNAIDS and WHO (2003) stated, and continues to be a major continental problem (Global AIDS Update, 2019).

In expounding on why HIV & AIDS spread so quickly in Africa, the UNAIDS and WHO (2003) report notes that besides there not being a clear understanding of how the disease spreads, for example through having multiple sexual partners, the pandemic was said to have been a combination of many epidemics according to distinct geographical origin and population type. Besides having multiple partners, the research showed how a variety of other risky human behaviours and practices

played a role in spreading the disease, such as needle sharing among drug users. Other challenges according to the report were access to ARVs due to the huge numbers of those infected and the logistics of distributing these medicines in, for example, war-torn areas. Many of these challenges continue to date. UNAIDS has clustered different regions together making it easier to see which areas are affected most and how best to tackle these challenges (UNAIDS Fact Sheet, 2019).

Besides Africa, which has been most affected by HIV and AIDS, the disease continues to have high prevalence in other continents as seen in the two tables below. This is attributed partly to governments not prioritizing efforts to curb the spread of the disease as discussed in Chapter 5 on HIV & AIDS Policies. The two tables below depict 2011 and 2016 figures, the prevalence and the shifting of regional figures provides an insight into how the disease is progressing worldwide and in Africa.

Table 2.1 HIV & AIDS PREVALENCE PER CONTINENT IN 2011

Sub-Saharan Africa	22,400,000
Asia	4,700,000
North America	1,400,000
Western & Central Europe	850,000
Eastern & Central Asia	1,500,000
Middle East & N. Africa	310,000
Caribbean	240,000
Oceania	59,000
Total	31,459,00

Source: UNAIDS 2011 World Report on HIV and AIDS

In the table below, UNAIDS has now merged some regions. For example, Eastern & Southern Africa are in one group. This is the region which has previously been hard hit by HIV or AIDS prevalence.

Table 2.2 HIV & AIDS PREVALENCE PER CONTINENT IN 2018

Eastern/ Southern Africa	23,200,000
Western & Central Africa	6,300,000
Latin America & Caribbean	2,790,000
Asia and the Pacific	7,100,000
Western & Central Europe & N. America	2,400,000
Eastern Europe & Central Asia	1,900,000
Middle East & N. Africa	390,000
Total	44,080,000

Source: UNAIDS 2018 Fact Sheet on HIV and AIDS

The report indicates that whereas the number of those becoming infected yearly has dropped, every year since 2010, about 2.3 million adults have still become newly infected with HIV. What this means is that HIV & AIDS is still a major world problem despite the interventions put in place. This is one reason why this study remains relevant. According to UNAIDS, new infections in Eastern & Southern Africa where Namibia lies, account for 25% of new infections worldwide. It is important to note that in countries where government policies have prioritized the fight against HIV and AIDS, prevalence continues to drop (UNAIDS Fact Sheet, 2018).

The challenges of high prevalence as shown in the tables above are many and ongoing. The report indicates that although there were commitments made during the

2001 and 2006 *United Nations Office on Drugs & Crime (UNGASS)* declarations that there must be concerted efforts to respect the human rights of many populations at risk, the interventions and successes have been far below what was expected. Some of the human rights violations that continue to date include violence, social stigma, poor access to HIV services and laws that criminalize homosexuality, drug use and sex work (UNAIDS 2018).

2.4 Challenge of Stigma in HIV & AIDS in Africa

Other impediments in addressing HIV & AIDS are stigma which prevents those infected from accessing treatment or counselling and cultural beliefs which prevent early intervention. Stigma, in particular, was seen as a reason for a 'silence' that is prevalent among those who are infected (Rompel, 2001, p.92).

Stigma refers "to bodily signs designed to expose something unusual and bad about the moral status of the signifier" (Goffman, 1963, p.1). Goffman further described how the signs ensured that anyone who saw those with the unique markings easily identified them, as "the signs were cut or burnt into the body and advertised that the bearer was a slave, a criminal, or a traitor – a blemished person, ritually polluted, to be avoided, especially in public places" (p.1). However, Goffman says it is not only negative attributes which are used to stereotype individuals but such attribution only occurs when we feel the individual fits the stereotype (p.3). This study is based on the fact that the consistent use of certain words in media reporting can create a stereotype about those living with HIV or AIDS.

Goffman's studies on stigma have been used extensively to explain how its use has been reinforced in various societies, when it suits those who stigmatise. Folk (2001) for example discusses how widely practised in every human society stigma has been so as to place boundaries on those that human beings considered "outsiders" and not approved of (p.11). These boundaries have played a critical role in people living with HIV or AIDS remaining silent. Folk (2001) identifies specific stigma that American society directs at the mentally ill, homosexuals, retarded people, those who are exceedingly obese, the old, single women and Native Americans. He calls it "existential" (p.11) and mentions another type of stigma that people are subjected to due to their conduct, which he calls "achieved" (p.11). These people could be immigrants, the homeless, prostitutes, addicts of various sorts and criminals. Whichever of the two types of stigma is used, it is noteworthy that "stigma and stigmatization not only create negative reactions in the audience that perceives the feature that defines the outsider, but the stigma and stigmatized are themselves part of that negative audience" (p.21).

Discussing the three most common types of stigma, Goffman outlines them as firstly "abominations of the body" – for example physical deformities. For many people whose HIV status progresses to AIDS, these "abominations" are present showing in lesions, extreme loss of weight and many others. In the pre-ARV period when HIV was viewed as a death sentence, having lesions as the disease progressed was a source of extreme stigma. The second is character blemishes such as being perceived to be weak, dishonest, with a mental disorder, homosexuality,, addiction and others. In the early stages of the disease, HIV was viewed as a disease that was only transmitted through sexual intercourse. Later it was discovered that transmission

could also take place through intravenous needles or blood transfusion besides mother to child transmission.

Goffman (1963) categorizes the third as "tribal stigma of race, nation, religion," (p.4) and says these are like blemishes that families inherit, thus transmitting them through generations in the family and which in return, "contaminates" all members of that particular family (p.4). This form of stigma has been been meted on families who have persons living with HIV and especially spouses and children. Cases of spouses, especially females, being chased from home when their husbands die have been documented in various cultures (Chapoto, Jayne & Mason, 2011). The authors explain that

> the HIV/AIDS pandemic has substantially increased the number of widow-headed households in Africa. Many narratives and qualitative studies highlight gender inequalities in property rights and the difficulties that widows face in retaining access to land after the death of their husbands (p.511).

From these three categories of stigmatization, human beings give different labels to those they stigmatise, which Herek (1999) describes as "prejudice, discounting, discrediting, and discrimination directed at people perceived to have AIDS or HIV, and the individuals, groups, and communities with which they are associated" (p.1107).

Stigma and discrimination continue to be a major problem compounded by ignorance and misunderstanding, as the *UNAIDS Confronting Discrimination report (2017*) outlines. The report laments that, despite

> …..decades of public information campaigns and other awareness-raising efforts.…Populations at increased risk of HIV infection face high levels of stigma due to, among other things, their gender, sexual orientation, gender identity, drug use or sex work. Stigma towards people living with or at risk of HIV drives acts of

> discrimination in all sectors of society—from public officials, police officers and health-care workers to the workplace, schools and communities. In many countries, discriminatory laws and policies reinforce an environment of violence and marginalization. This stigma and discrimination discourages people from accessing health-care services, including HIV prevention methods, learning their HIV status, enrolling in care and adhering to treatment (p.2).

As discussed in Chapter 5 on HIV & AIDS policy findings, discriminatory attitudes and behaviour are facilitated by punitive laws and policies. The report explains that in 2016, a total of 72 countries still had laws that, in effect, criminalized HIV while, "between 1 April 2013 and 30 September 2015, four countries in sub-Saharan Africa passed new HIV criminalization laws: Botswana, Côte d'Ivoire, Nigeria and Uganda" (p.10).

Of importance to note in this research is that data provided by surveys that are population specific continue to show that "discriminatory attitudes towards people living with HIV have declined slowly, but progress has been uneven across countries and between women and men" (p.11). Stigma is still practised worldwide, as revealed by research in many countries between 2009 and 2014, with over 50% of the respondents aged 15-49 indicating they would not buy vegetables from people living with HIV (p.8). The study further showed that out of 65 countries,

> In 22 of these countries, more than 10% of people living with HIV reported they had been denied health care, and more than 1 in 10 people living with HIV reported they had been refused employment or a work opportunity because of their HIV status in the 12 months before the survey. In 30 countries where surveys were conducted, 1 in 10 people living with HIV reported they had lost a job or another source of income because of their HIV status (p.11).

The report further explains that those who are supposed to protect, support and heal those living with HIV are often the same people who discriminate against them:

> ….denying access to critical HIV services, resulting in more HIV infections and more deaths. It is the responsibility of the state to protect everyone. Human rights

> are universal—no one is excluded, not sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners or migrants. Bad laws that criminalize HIV transmission, sex work, personal drug use and sexual orientation or hinder access to services must go, and go now. (UNAIDS Data 2018, pp.2-3)

Stigma affects those living with HIV or AIDs in ways that those without might not understand. Boafo & Foreman (2000) summarised the effects aptly:

> Perhaps the greatest problem confronting those living with HIV and those working in AIDS care and prevention is the stigma attached to the virus that arises from the powerful combination of disease, apparent illicit sexual intercourse and death. Stigma prevents many from recognizing they are at risk of infection; it prevents many others from admitting they are HIV-positive, which in turn prevents them from seeking physical and psychological support and from protecting their partners; and stigma prevents a compassionate response from individuals and society at large to the disease. Stigma feeds on itself. Fear of saying "I have HIV" leads to denial and adds to the secrecy and shame that surround the disease. Denial too feeds on itself; the more people who deny they have HIV or are at risk, the easier it is to believe that society itself remains unaffected, even when hundreds a day are dying of the disease (p.7).

On writing about stigma and HIV in Namibia, Rompel (2001) explains that due to the stigma shown to people with HIV in Africa, it is not surprising then that while in the Western world celebrities have openly 'come out' to discuss their HIV positive status, in Africa, this is yet to become regular, possibly adding to the stigma. The writer further explains that whereas in North America and Europe, affected celebrities and artists were a part of prevention campaigns for example former basketball champion Magic Johnson who revealed his status at a point few would have, due to his celebratory status. In Namibia and many developing nations, this is very rare. Rompel (2001) notes that "there are no 'famous' persons amongst those who have publicized their status" (p.92). He gives the reasons for this anonymity as, among many others, "shame associated with admitting to being infected, which is connected to an essential motivation not to speak about sexual taboos" (p.92). The author also says that another reason for not 'coming out' is because many of those

who are infected fear isolation which might also put their "families under immense pressure" (p.92), as Goffman (1963) also observed. Rompel (2001) also sees another reason for the silence in Namibia, including factors that are common in the developing world where employees are denied insurance benefits or where insurance policies are exceedingly high if a person is HIV positive or in the worst case scenario, are dismissed from their jobs once it is discovered they are HIV positive. This was confirmed by one of the interviewees in this study, as mentioned in Chapter 4. It is important to note that denial of insurance policies has since changed in some countries but remains a major challenge for many people living with HIV or AIDS.

These kinds of stigmatising practices do not only come through individual actions but also when national policies or programmes do not address discrimination against a particular category of people (as will be discussed in Chapter 5 which addresses HIV & AIDS policies and the media). This research reviewed the HIV & AIDS national policy of Namibia with the *Ministry of Health's Report on the 2010 National HIV Sentinel Survey* being a central document in terms of how issues of HIV & AIDS are dealt with in Namibia. Other similar documents were considered from neighbouring countries – Botswana Lesotho and Malawi – plus Uganda which was the first country in Africa to tackle HIV & AIDS head on. These key documents are reviewed and discussed extensively in Chapter 4. Gostin & Lazzarini (1997) highlight the importance of national policy documents as some policies, programs or actions are "discriminatory" and contain information based on irrational fears, misconceptions or on "underlying prejudices against particular racial, ethnic, or other minorities," (p.76). When this happens at a national level, containing the spread of HIV or AIDS becomes a difficult task. There was scant recognition, in the

documents reviewed, of the critical role of working with the media to disseminate government policies on HIV and AIDS.

Related to stigma, and also found in the HIV & AIDS arena, is stereotyping. This occurs when generalisations become the norm, often based on incorrect information in newspapers or coming from people in authority. Stereotyping is another form of discrimination which "has traditionally referred to the content of an assumed set of characteristics associated with a particular social group or type of person" (Biernat & Dovidio, 2003, p.89). It also refers to "generalizations about a group of people whereby we attribute a defined set of characteristics to this group. These classifications can be positive or negative" (p.89). In the case of HIV & AIDS, these stereotypes were often associated with the physical look of anyone who suddenly lost weight, had rashes or lesions or other physical signs on their bodies, especially when noticed by someone who knew the person before.

Macrae, Stangor & Hewstone (1996) state that stereotypes are twofold: within the mind of the individual or shared throughout society, which has been common towards people living with HIV or AIDS. The authors premise is that stereotypes can be positive or negative, as in Hamilton's (1981) *Seminal Volume,* "they develop as an individual perceives his or her environment" (p.5). Macrae *et al* suggest that this information, which is subject to bias, is stored somewhere in the mind and used when the need arises. The importance of providing the right unbiased information to readers then becomes critical. Stereotypes influence what information is sought out, attended to and remembered with the possibility that they can be learned from parents, leaders, peers and the mass media (p.5).

When the media uses stereotypes, it perpetuates them, as Vivian (2009) states, "with benign stereotypes, there is no problem, but the media can perpetuate social injustice with stereotypes" (p.410). This is visible for example when a written piece in the media insinuates that because a person has AIDS they will ultimately die, despite the provision of ARVs in Namibia since 2003, prolonging life for decades.

It is important therefore that reporters understand their role in ensuring that what they report does not create stereotypes, thus stigmatising persons living with various health challenges. Research has identified "cognitive and motivational factors that contribute to the development of stereotypes" (Biernat & Dovidio 2003, p.91) which also apply to stigmatization. The authors explain that for example, if stigma happens because of a physical or social reason such as a family being associated with something the society does not like, such as drugs, this becomes the cue for social categorization and when this happens the grouping becomes a prototype and can result in exaggeration of differences (p.91), a categorization that Goffman (1963, p.92) discusses. This is common in the HIV & AIDS arena, as in many countries where education on behavioural change or how HIV is transmitted is not widespread, HIV is still regarded as a 'death sentence'.

2.5 Media Effects on Reporting on HIV & AIDS

There are many reasons that the content in the media is studied. McQuail (2005) explains that, "the first reason for studying the content in the media in a systematic way stemmed either from interest in the potential effects of mass communication, whether intended or unintended, or from a wish to understand the appeal of content

for the audience" (p.340). McQuail posits that initially, research was based on the assumption that media content "reflected the purposes and values of its originators" (p.341). Receivers in this case are expected to have understood these messages as those who produced them intended them to but that is not always the case as this study discussed elsewhere in Chapter 3 on Newspaper Reporting Analysis.

But over the years, understanding how the media content affects its consumers has become what McQuail (2005) calls "more complex and challenging" as "the most interesting aspects of media content are often not the overt messages, but the many more or less concealed and uncertain meanings that are present in media texts" (p.341). For example, looking at the terms and words in some of the stories on HIV and AIDS, words like 'victim' might mean that someone has 'the misfortune' of becoming HIV positive but the writer might also mean that 'woe unto you if you get this disease' and the reason why the word has been declared inappropriate by UNAIDS when reporting on HIV & AIDS.

Alhough many reports in the recent past show that the newspaper industry is facing problems from "competing media, new technology and ongoing lifestyle shifts" (Vivian, 2009, p.80), the newspaper still remains a popular source of news, especially for those aged 40 and above and depending on the local ability to access other media. The reason for the popularity of the newspaper might be because, "newspapers cover more news at greater depth than competing media" (Vivian, 2009, p.79) and the fact that a reader can always go back to the newspaper to either complete reading a story or re-read a story again. Giving an example of the *Washington Post* on a typical Sunday, Vivian (2009) notes that the newspaper can

carry up to 300 items more than television, something common even in the developing world or because “newspapers have a rich mix of content – news, advice, comics, opinion, puzzles and data. It’s all there to tap into at will” (p.79).

In what Lippman (1922) called “pictures in our head”, the media has provided photoes of emaciated people or graveyards, when stories of people living with HIV have been reported. Despite the existence of Antiretroviral (ARV) medication, “media continue to use stereotypical depictions of nearly everyone despite criticism primarily because of their function in simplifying the comprehension of the story and characters for the audience” (Vivian, 2009, p.79). In writing on HIV & AIDS stories, the media sometimes use stock photographs of people with AIDS in a story on HIV and AIDS, even though the picture may not necessarily be about the person in the photograph. By doing this, they can create a recall in the mind of the reader about the previous notion of a ‘death sentence’ for anyone who contracts HIV.

The importance placed on the media to ‘inform’ at all costs, has become more complicated as access to information becomes easier, thanks to the Internet and social networking as well as what is now known as media convergence. “Media convergence is a theory in communications where every mass medium eventually merges to the point where they become one medium due to the advent of new communication technologies (Chakaveh & Bogen, 2007 p.811). Competition for survival, especially in the print media, becomes an ever increasing challenge. The need to report from conflict and war zones or on diseases that have shaken the world such as HIV and AIDS, poses different types of challenges, as “newspapers have picked up the torch handed them in the Watergate era with its revolution in ‘the

public's right to know' and combined it with simplification and sensationalism. So, now we know more about who our president lies down with and less about what he stands for" (Mercier, 1996, p.87).

Due to convergence, newspaper content is now easily available and the more reason that reporters have to be careful how the present their content. This is further because "where we once read a newspaper and turned the pages, we can now 'select and click', but we can also watch, listen, subscribe to digests, and even contribute, e.g. by commenting on comment pieces, and have selected content routinely downloaded directly to the device of our choosing" (Holliman, 2010 p.4). This requires extra care in how and what reporters serve the readers.

Sensational reporting has not only affected daily news reporting but also challenging topics such as HIV and AIDS. Stigma and stereotyping of those infected or affected by HIV & AIDS has been one of the impediments to containing the spread of the disease throughout the world. Many reasons for this negative feelings towards AIDS have been recorded but one of the reasons believed to play a role in stereotyping and stigmatising of HIV or those infected or affected by it are that, AIDS was first diagnosed among the gay community in the USA, a sexual orientation that is stigmatised too. As the media started reporting on the 'new' disease, most stories were either negative or signified a hopeless situation and negative words/terminologies as well as images depicting 'near death' were used. This is widely believed to have been a major cause of stigma towards those infected with HIV and AIDS.

Due to the connection to homosexuals, ethical moralists depicted its occurrence as a punishment from God (Williams and Miller, 1995). In the USA for example, an obituaries study on *Variety* magazine carried out in 1990, found out that just as is happening in obituaries today, there was no mention of AIDS, but perhaps of pneumonia, cancer or a long illness. The obituaries would not mention same sex partners of the deceased but would mention the widow or widower if it was a heterosexual relationship (Nardi, 1990). That stigma towards those with the disease continued even beyond the provision of ARVs in the late 1990's as explained elsewhere in this chapter.

In explaining the magnitude of ethical and sensitive reporting by the media and which may result in stigmatising those living with HIV or AIDS, Foreman (2000) explains that;

> An informed and ethical approach to reporting HIV/AIDS is no different from an ethical approach to HIV/AIDS in the workplace, in a hospital or any other setting. However, the media have greater influence. A doctor who betrays the confidentiality of an individual's HIV status generally harms only that patient; a newspaper which betrays that confidentiality not only harms that patient but feeds into the cycle of discrimination and stigma described above (p.27).

2.6 HIV & AIDS Reporting in Namibia

Reporting on HIV & AIDS may have changed since the 1980s/1990s when "….HIV/AIDS [was] linked in the media with what Gilman (1988) [called] 'the four H's': homosexuality, hemophiliacs, heroin and Haitians" (in Williams & Miller, 1995), yet reporting on the disease is still a challenge in different societies and in Namibia in particular.

Discussing the challenges of reporting on HIV & AIDS in Namibia, Rompel (2001) posits that due to the many terms used to label the disease, silence from those who

are infected to those who report on it, is preferred. The terms "HIV or AIDS" are rarely used. "AIDS is often called "the disease" or "the three-letter-illness" (p.92). Amongst the Ovambo people, which is the largest ethnic group in Namibia with 50% of the inhabitants (World Atlas, n.d), HIV or AIDS is called *"omukithigwonena"* which translates to "modern disease" or "development disease". Rompel (2001) says that this kind of language, labelling HIV or AIDS translates to it being associated with modern living conditions. Giving an example of a key figure in the country who blamed it on the West, this further fuelled attitudes towards HIV and AIDS. Rompel explains that this senior politician, said that "HIV & AIDS was invented by a US American biological development program during the Vietnam War" (p.92). Such alleged utterances from key people stereotype the disease and impact on measures aimed at cutting down on its spread, moreso as these are respected figures in the society.

Another critical area of concern is that, as expected in a developing nation, anything heard or seen in the local media in Namibia reaches a wide audience. Rompel (2001) indicated that 97% of the population had access to a radio while the television is more common in urban areas. On the other hand, although newspapers in many parts of the world are fading away, in Namibia, newspapers play a major role in informing the people, one copy of a newspaper being read by up to 10 people in both rural and urban areas. Rompel (2001) also notes that for social science research "it is more convenient to gather and investigate data from daily newspapers, than to analyse audio-(visual) data" (p.93). This is in comparison to some countries, especially developed ones, where the newspaper industry is facing problems from "competing media, new technology and ongoing lifestyle shifts" (Vivian, 2009, p.80). The

newspaper still remains a popular source of news, especially for those aged 40 and above (Vivian, 2009, p.79) which is significant including for most of those in positions of authority.

Rompel (2001) also explains how HIV & AIDS stories are covered by the newspapers in Namibia creates stigma or stereotyping. The author notes that the use of words such as “estimated AIDS cases”, “HIV hospitalisations” or “HIV-tests” often confuse the public about the real extent of the epidemic. This is even more the case because individuals find it hard to relate these abstract figures to their own experiences. The media is sometimes seen as perpetuating its own agenda as Mercier (1996) elaborates: “the media are busy trying to ‘reflect’ society by giving their audiences and readers affirmation of their preconceived notions, while the afflicted groups lament media's ‘directing’ society by perpetuating outdated mental shorthand” (p.361).

2.7 Stigma in Media Reporting on HIV & AIDS

Since the first case of AIDS was reported in 1984, journalists have written thousands of stories across the globe. However, due to the way stories are written and the appearance of many stories which failed to meet reporting standards, journalistic HIV & AIDS reporting guidelines have had to be strengthened by organisations such as UNAIDS and the Kaiser Family Foundation.

In writing about social challenges, due to the power that the mass media has, words “can soothe, hurt, honor, insult, inform or misinform” (Braun, 2009). The media shapes the way the public sees and understands the world around them. The power of

the media to impact on public perceptions and the believability of the content make it one of the most significant influences in developed societies. The author explains that media has continued to use language that is sensational, perpetuating the stereotypes and myths associated with, for example, mental illness which makes the community fearful of those suffering from these kind of illnesses.

In other countries such as Israel, Braun (2009) says that media-related education strategies have been instituted to increase information and awareness about diseases that are stereotyped such as mental illness, as the “media represent society’s cultural norms, and can be instrumental in changing culture” (Tal, Roe and Corrigan, 2007, 53). This forms one of the recommendations later in Chapter 6.

In Renata Simone’s *HIV/AIDS Reporting Manual (2009)*, the importance of reporting sensitively, appropriately and using the right words, asking the right questions, using the right images and terminologies is emphasized (Simone, 2009, p.1). Simone, a journalist commissioned by the Kaiser Family Foundation – a USA-based internationally recognized organisation that deals with health education to create the reporting manual – states that writing the AIDS story is not just like any other story and much caution is required in the questions journalists ask, the terms they use, the way they go about interviews and even the use of stereotypes and myths, as well as discerning ‘what is’ and ‘what is not’. Generally, in reporting on HIV & AIDS, much care must be taken, specifically in the use of language and stereotyping. It is recommended in the guidelines that, for example “how someone got infected is not necessary information” (p.2).

Simone's observations on language used in the media is supported by Speech-ACT Theory for example. This is a theory associated with discourse analysis, which is used in this study. The theory is associated with Ludwig Wittgenstein, a German philosopher, and J. L. Austin who began schools of thought called "language philosophy" and "language game" respectively (Littlejohn, 2002, p.77). According to Wittgenstein, the meaning of language depends on how it is used. He notes that the way language is used is like a game, where one plays by the rules. Their beliefs were later interpreted by Searle (1998), who opines that "when one speaks, one performs an act" and the act may be "stating, questioning, commanding, promising, or a number of other possibilities" (p.78). How these words are interpreted depends on the individual, and this is key in how words used in HIV & AIDS stories are interpreted.

To ensure that the right words and terminologies are used in writing about HIV or AIDS, there are many documents/guidelines that specifically list words that they recommend should not be used as they stigmatize People Living with HIV & AIDS (PLWHA). However, as mentioned previously, after an extensive review, this research will only use three documents, the *United Nations Program on HIV/AIDS (UNAIDS) Reporting Guidelines*, the *Kaiser Family Foundation (KFF) Reporting Guidelines* and *UNESCO Guidelines on Language and Content in HIV & AIDS-Related Materials*. This is because all the other guidelines refer to the former two for most of their data. These three guidelines will be used as primary data due to their reliability and resourcefulness. *The KFF HIV Reporting Manual* in particular is reviewed annually, making it an up to date and reliable reporting manual, while the UNAIDS manual is more general, covering both reporting and research.

While the subject of stigma in HIV & AIDS has been studied since the first case of HIV was reported in March 1981 (MMRW, 1981), no extensive study into stigma in HIV reporting in Namibia has been carried out. So far, only Rompel (2001) has looked at reporting on HIV & AIDS in Namibia but without referring to words and terminologies. There have been other studies on reporting on HIV & AIDS in Namibia by Mchombu (2000) and Chanda, Mchombu & Nengomasha (2008) but again, not on words and terminologies used in print media but on specific reporting on various cadres of persons in Namibia.

2.8 Ethical Issues in Health Reporting

Reporting on health, death, crime, social problems such as suicides, abductions, domestic violence and other social issues requires specialized reporting (Simone, 1999). All stories require the utmost accuracy and empathy/sensitivity in writing about an individual's health, including the use of photographs or captions. Gastel (2005) says that authors needs to think about what good will come out of a story, what harm could result, whether it is consistent with basic values such as truthfulness, whether it is fair, respectful and caring towards the subject and whether there are alternatives to the writer's actions (p.250). Many Codes of Ethics in media houses emphasize this too. In media institutions in Namibia, there are basic Codes of Ethics that have been formulated by the *Media Institute of Southern Africa (MISA)* (see Appendix 5). Gastel (2005) advises strictly adhering to local ethical codes. Ethical issues arise in choice of topic and content, conflict of interest, privacy, confidentiality, use of photographs and images, especially in connection with individual health matters (pp.253-259).

Responsibility in reporting on health is emphasized by Schwitzer et al (2005) who reviewed three HIV-related unsubstantiated stories by popular media, whose impact was especially damaging. The stories, concerning the side effects of single-dose Niverapine to mothers, were unwarranted and undermined the use of the drug, leading to a rise in neonatal HIV infections. However, whether the journalists were aware their reporting was not in accordance with acceptable or ethical reporting is not documented.

2.9 Use of Myths, Metaphors and Ideologies in Reporting on HIV & AIDS

Other ways that the media has been seen to frame their reporting is in use of myths or ideologies about HIV and AIDS. The importance of factual reporting by the media to counter the myths which circulated in the formative stages of the epidemic and which still abound is highlighted in *Achieving Fairness and "Balance" When Myths Are Rampant* (KFF HIV & AIDS Reporting Manual, 2012) and by Simone (2009). For example, besides sexual and blood transfusion transmission, the disease was often wrongly said to be spread through any contact with persons who were HIV positive.

Other myths in the early days of HIV & AIDS in Africa were that HIV did not cause AIDS, a myth which still exists, with well-known leaders such as former South African president Thabo Mbeki reiterating the same (Kallings, 2008). Kallings' emphasis is that, "our job as journalists is to be fair and accurate. Our job is not to give equal time to all who have opinions, but to weigh the evidence based on the facts and to report the truth in our best judgment" (p.2).

Presently, there are still many myths about HIV & AIDS in newspapers from different regions of the world that contribute towards the stigmatisation of people with HIV or AIDS. Godwin et al (2006), in "*Five Myths about the HIV Epidemic in Asia*", describe how Africa is portrayed negatively, stigmatising Africans who might visit Asia. For example, their first myth relies on the belief that there is a risk that the epidemic in Asian countries will have the same disastrous "development impact" as in sub-Saharan Africa, but on a much worse scale, given the huge populations in Asia.

Although the use of metaphors has been in existence for centuries, Gibbs (1992) argues that the study of metaphors has been embraced in recent times by academics adding that "theories of metaphor and metaphorical meaning are in good supply these days" (p.574) and being embraced by those interested in learning about language and meaning. He argues that this renewed enthusiasm about metaphor "has resulted in hundreds of articles, dozens of books and conferences and even the birth of some new journals, all devoted to an understanding of the nature, function and meaning of metaphor" (p.574).

In describing the theory of metaphors, Tendahl (2009) states that other models such as Aristotle's Poetic and Rhetoric model are used to describe metaphors (ibid, p.1). Sontag (2002) refers to this model in her use of metaphors to describe three illnesses – cancer, tuberculosis and AIDS. She says that Aristotle's description of metaphor "consist[s] in giving the thing a name that belongs to something else" (p.91). Tendahl states that in this model, which is relevant to this dissertation, "metaphors

are elliptical versions of similes or comparisons" (2009, p.1). However, this has been disputed by some writers, including Lakoff and Johnson (1980) and Reddy (1979/1993), who argue that "metaphors are used not only to describe similarities, but also in order to create them" (p.1). Lakoff (1994) stated that the "metaphor is not just a matter of language, but of thought and reason" (p.211) whereby a user of the metaphor has a meaning and reason for the meaning attached to the metaphor.

In discussing metaphors further, Sontag (2002) argues that although metaphors are used widely and that "one cannot think without metaphors'' (p.91), not all metaphors should be used, such as those used in politics to describe the 'right' wings and the 'left' wings. She gives examples of metaphors termed 'anti-explanatory' such as those used in the Bible, for example, by St Paul who asks that Christians should view their bodies as 'temples' (1 Corinthians 6:19). In this case, use of 'temples' in relations to AIDS, cancer or other ailments which can be terminal, can also create confusion in terms of the finality of this 'temple'. However, and with relevance to this dissertation, she discusses the metaphor that views the body as a fortress and thus associated with catastrophe – "the fortress image has a long prescientific genealogy with illness itself a metaphor for mortality, for human frailty and vulnerability" (p.94). Stereotypical descriptions of HIV or AIDS which dwell on mortality have been likened to how tuberculosis and cancer were misrepresented as "intractable" and "capricious" by Sontag (2002, p.5), who posits that, "I want to describe, not what it's really like to emigrate to the kingdom of the ill and live there, but the punitive or sentimental fantasies concocted about that situation: not real geography, but stereotypes of national character" (p.5).

The use of metaphors to describe illnesses or other incidents negatively is also discussed by Teirney *et al* (2006) in reviewing the reportage of the 2005 *Hurricane Katrina* and particularly the media's focus on the apparent looting, civil disorder and lawlessness that followed the disaster. The writers suggest that the media emphasized what they termed a "war zone" in referring to the aftermath of the hurricane, a metaphor that became popular in reporting on this disaster thereafter. They add that after the media used these words to describe what was happening in New Orleans at the time, the "war zone" metaphor was "quickly reflected in the discourse of both public officials and military personnel who were deployed in the impact region" (p.71). Quoting Alvarez (2005a, 2005b), Tierney *et al* state that with so many military and security personnel in the area helping to normalize or rescue victims, terms such as "I'd thought we'd just entered a war zone" and "the region looks like a war zone" (p.71) became commonly used words. Newspapers such as the *New York Times, Times-Picayune* and others were quoted using war-related metaphors to describe the situation (p.71). Similarly, in reporting on HIV or AIDS, words such as 'death sentence', 'victims', 'fight against' and many others discussed in Chapter 3 create a similar feeling of negativity towards a situation as *Hurricane Katrina* did.

Sontag (2002) further explains that 'military' kinds of metaphors used to refer to disease are unfortunate as they contribute to the stigmatization of certain illnesses and those who are ill. She states it was this stigmatization of people with cancer that led her to write her first book on illness and metaphors, *Illness as Metaphor* (p.97). She explains that when she discovered she had cancer, what "enraged and distracted" her from her illness was "seeing how much the very reputation of this illness added to the suffering of those who have it" (p.97). However, she says that, although illness

should not be viewed metaphorically, she admits that this is not possible and this is seen in a number of papers that discuss metaphor and its use, especially by the media.

In discussing AIDS, Sontag (2002) notes that, unlike cancer but like syphilis, the disease is thought to have one single cause (p.102). She describes AIDS as a disease with "a dual metaphoric genealogy": it is compared to cancer due to its "invasive" nature, but, when discussing how it is transmitted, this changes to a different metaphor which Sontag says is older: 'pollution'. Sontag also suggests that when military metaphors are used to describe AIDS, there are changes from how these metaphors are used to describe cancer. She says that, with cancer, the metaphor on causality involves "domestic subversion" where rogue cells inside the body mutate to infect other organs, whereas in AIDS the enemy is an outsider – an infector – which causes the disease to spread. Sontag describes the military metaphors used in describing AIDS in a very interesting way: "A defense system consisting of cells that among other things, produce antibodies to deal with the threat is predictably, no match for an invader who advances 'single-mindedly'" (p.102).

Quoting a story in *Time* magazine from late 1986, Sontag (2002) narrates how the writer described infection as "high-tech warfare for which we are being prepared (and inured) by the fantasies of our leaders and by video entertainments" (p.104). She describes how the story showed that, as the virus attacked the body, death had to happen eventually, within months or a few years. Those who have not already succumbed are "under assault, showing the telltale symptoms of the disease" while

millions of others "harbor the virus, vulnerable at any time to a final, all-out attack" (p.105).

Due to the use of these "countless metaphoric flourishes", Sontag suggests that cancer is seen as caused by a betrayal of the body and thus is synonymous with evil, or the fault of someone who has indulged in "unsafe" behavior such as drinking alcohol (cancer of the esophagus) or cigarettes (cancer of the lungs) and thus punishment for living unhealthy lives. AIDS too is judged to be more than just weaknesses – "it is indulgence, delinquency – addictions to chemicals that are illegal and to sex regarded as deviant". The author says that the sexual transmission of AIDS is considered "as a calamity one brings on oneself" (p.130).

However, when it comes to AIDS, the main metaphor used is "plague" – something Sontag (2002) says was originally used to describe the cancer epidemic but is now used to describe AIDS. She says that plague has been used "metaphorically as the highest standard of collective calamity, evil, scourge". The author argues that the only other diseases that have conjured up as many metaphors as AIDS are syphilis and leprosy (p.130). She also looks at another metaphor – 'visit'. Unlike in the Bible and Greek antiquity, plagues are no longer 'sent' but people are 'visited' by these plagues (p.130).

This anomaly in the use of metaphors is discussed by Gibbs (1992, p.578), in his discussion of the works of Beardsley (1962), Bickerton (1969), Binkley (1974), Levin (1977), Loewenberg (1975) and Mathews (1971), who suggest that if a metaphor were interpreted literally "it would be grammatically deviant, semantically

anomalous, conceptually absurd.'' It is therefore not surprising that, in concluding her personal feelings on the use of metaphors to describe diseases, Sontag (2002) says that, although not all metaphors used to describe illnesses are "unsavory and distorting" (p.179), she is eager to see military related metaphors used in describing AIDS "retired" because human beings are not being "invaded" and the body is not a "battlefield". She says that, "the ill are neither avoidable casualties nor the enemy" (p.180) meaning that they should be respected as individuals dealing with the challenge of illness.

As mentioned earlier, in relation to metaphor, ideology is another negative perception that journalists use and which creates a bias towards those with illnesses. In a content analysis study of five international media groups, which she calls "leading and alternative wire services" Bardhan (2001) looks at ideology in reporting on HIV & AIDS internationally. She says that although the use of ideation as a morality tale in reporting has diminished, reporting from transnational media such as *Associated Press, Agence France-Presse, Reuters, TelegrafnoyeAgenstvoSovetskovoSoyuza and Inter Press Service* differs in reporting about different regions of the world.

Bardhan's view, which is also supported by Fairclough (1995) and McCoy (1993), is that news is a cultural product that reflects the ideological beliefs and practices of those who operate news-making mechanisms (Fairclough, 1995; McCoy, 1993). In other words, more often than not, what media outlets produce is aligned to the management/culture of the particular organisation. McCoy further reiterates that in their everyday work, despite their 'spot-news' mentality, journalists are ethnographers, cultural coders "who shape and signify issues and events through

selection, rejection, foregrounding and backgrounding" which determines what story the audience finally gets to read and how they interpret it. Pollack (1996) reiterates this by explaining that in social construction of reality, "the basic premise for how and why individuals view the world in a certain manner and what role the media play in shaping that view", matters to the audience. Gamson et al (1992) also discuss the importance of a good media system in a democracy to "provide its readers or viewers with broader social forces that affect the conditions of their everyday lives" (p.373), so that the audience can make decisions from an informed background.

McCoy (1993) concludes by saying that newer and better ways of reporting on HIV & AIDS are needed. Bardhan (2001) further adds that, "the old frames need to shift, the old actors need to give way, and the urgency of AIDS in the hardest hit areas of the world along with the implications of this phenomenon for the globally interrelated nature of HIV needs to be given more prominence" (p.305). She sees the roles of the transnational media as much more than just reporting on HIV&AIDS. "Transnational wires could address all these issues by formulating well-informed policies specific to AIDS–HIV coverage" (p.205).

2.10 The Press in Namibia

To understand how the media carries out its responsibilities in Namibia, it is important to review its history. The first newspaper in Namibia (formerly South West Africa) was founded during German colonial rule, with the first edition of the *Windhoeker Anzeiger* appearing on 12thOctober, 1898 (Rothe, 2010, p.12). Following the independence of Namibia in March 1990, many publications as well

as broadcasting stations sprang up. However, an equal number shut down, although Rothe does not give the exact numbers.

Whereas the print media has been vibrant with over 15 newspapers (this has since changed since 2016 when many of them either folded or went online (AllAfrica.com January 2019)), other forms of media are still very limited. There are two television stations – the government owned *National Broadcasting Corporation (NBC)* and the privately owned, *One Africa*. However, South Africa's pay television, Digital Satellite TV (DSTV), that is viewed across Africa, is also available in the country. Previously, the media in Namibia had been composed of a very vibrant print media and a growing broadcast media – growing because currently, NBC is working on increasing the number of channels the station will have as well as migrating digitally. Many newspapers are published on paper and online.

Most newspapers in Namibia are published in English with the exception of two – *Die Republikein* which is published in Afrikaans and English and *Allgemeine Zeitung,* which is published in German, catering for languages spoken widely in the country. *Die Republikein* is considered to have a large volume circulation of 18,000 while *Algemeine Zeitung* has a circulation of between 5,000-6,000 copies per day (Wikipedia). Some of the other newspapers are three dailies *New Era* and *The Namibian* on which this study is based, and the *Namibian Sun.* The others are weeklies such as *Windhoek Observer* and *Namibia Economist* the latter now being an online for-pay newspaper. Other newspapers included *Informante, Confidente* and *The Villager* which were weeklies, viewed as tabloids, which have also had challenges with only *Confidente* remaining in hard copy alongside an online version.

Informante is only found online. Previously, while *Confidente* and *The Villager* were sold, *Informante* was distributed free, although some newspaper distributors sold it for whatever amount the buyer could part with, making it a very popular tabloid.

There are other newspapers with a smaller circulation, weeklies, bi-weeklies and monthlies, such as the bi-weekly *Namib Times* with a circulation of 8,000, which targets readers in and around the coastal towns of Walvis Bay and Swakopmund. It is the only strictly regional commercial newspaper in Namibia (Rothe, 2010, p.34). In the Southern coastal town of Luderitz, there is the *Butcher News* which, although privately owned, is registered as a 'non-profit publication'. Another is the *Etosha Gazette* for the Tsumeb region and the monthly *Namibia Sport* with a circulation of 2,000 (Rothe, 2010, p.39). The *Southern Times*, owned by the government and Zimbabwe government's Zimbabwe Newspapers Ltd (which publishes the *Herald* in Zimbabwe, the equivalent of *New Era* in Namibia), has been in existence in both Namibia and Zimbabwe since 2004. However, although its circulation is low (2,000), the newspaper is found in most of the Southern African Development Corporation (SADC) countries (p.39).

On its website *The Namibian* gives its circulation figures as 32,000 while *New Era* gives circulation figures of 11,000. *The Namibian* is owned by the NMG Group while the *New Era* is government owned. The circulation figures have been acquired directly from the newspaper offices and have not been independently verified.

It is important to note that a story in January 2019 highlighted the fact that since 2016, due to downsizing or closure of newspapers, more than 40 journalists had lost

their jobs. In the story on allafrica.com, Kahiurika and Ngutjinazo (January 2019), it was reported that many major newspapers let go of their media staff due to financial constraints that forced some to digitize.

Currently, the interests of media and journalists in Namibia are represented by the Editors' Forum of Namibia (EFN), formed by media organisations and personnel from both private and state sectors (Rothe, 2010) after the Namibian Chapter of the Media Institute of Southern Africa (MISA) folded. MISA was founded in 1992 to provide compliance with the famed 1991 *Windhoek Declaration on Press Freedom.* This declaration was a statement made during a UNESCO seminar from April 29 - 3rd May, 1991 based on promoting independence of the media in Africa. The document was a call for, free, independent, pluralistic media worldwide, characterizing free press as essential to democracy and as a "fundamental human right" in line with Article 19 of the *Universal Declaration of Human Rights*. In particular, this declaration came about due to the problems faced by print media in Africa. During the 10th declaration of what has become the World Press Freedom Day on May 3rd, broadcasting was also included in the declaration.

The Namibia chapter of MISA existed to promote freedom of the press, train journalists and provide important media publications. It hosted the annual Namibia Media Awards and has in the past worked with Friedrich-Ebert Stiftung to compile the *African Media Barometer*. Complaints against the media are now handled first by the Media Ombudsman, then by a Media Complaints Committee and as a last resort by a Media Appeals Board (Rothe, 2010). So far, this has worked well and only in a few cases has a complainant taken an issue to a court of law.

2.11 Code of Ethics in Namibia

The media in Namibia relies on a Code of Ethics that is enshrined in the internationally accepted *South African Society for Professional Journalists' Code of Ethics*. All its principles are relevant to this research, in particular those that touch on accuracy in reporting, corrections when mistakes have been discovered, maintenance of confidentiality, maintaining public interest in all reporting, privacy, harassment, intrusion into grief or shock, misrepresentation, maintaining dignity, use of offensive language and sensitivity to reporting on children.

However, it is important to note that for a long time Namibia lacked a media self-control mechanism until the Media Ombudsman's position was created in 2005 by a group of key media institutions, called the *Namibian Editors Forum*, with funding from the *Media Institute of Southern Africa* (MISA). There are no known press regulations but Codes of Ethics and in extreme cases the Namibian Laws are used to regulate the media. Of importance to note is that this Code of Ethics has no mention of the importance of being sensitive to reporting on special issues such as stigma or discrimination regarding HIV or AIDS.

2.12 Freedom of the Press in Namibia

Both freedom of opinion and freedom of media are enshrined in the country's Constitution. Internationally, Namibia is considered one of the countries with the freest media in Africa. The *International Press Institute* says that, "Namibia enjoys a climate of open and free reporting, an exception on a continent where the words of journalists are often stifled or meet with harsh penalties" (IPI, 2008, n.d). The control comes from the extensive influence of the government on some media. The *African*

Media Barometer, which measures the media environment in the continent, attests to this freedom of expression and existence on the media in Namibia

However, before independence in 1990, this freedom of the media was not the case. From 1884 to 1915, the media were subjected to extensive control firstly by Germany which had colonised South West Africa as it was then known, and later by South Africa during its occupation under apartheid. During this time, the media was controlled by the government in Pretoria and "had to decide between censorship and harassment on the one hand or self-censorship on the other" (Rothe, 2010, p.12).

Rothe states that the media operated within a legal framework that ensured the curtailing and controlling of freedom of expression and free access to gathering and disseminating information. Any private media at the time was not able to do its work due to intimidation and constant harassment from the South African government. Criticism of the government was rare and only *The Namibian* newspaper, founded in 1985, was able to criticise once in a while, although this resulted in harassment from the security forces and even bombings, especially in the first five years of existence and after independence.

2.13 Effects of Media Ownership

Another critical area reviewed in this dissertation is whether media ownership determines the kinds of stories published, which McKnight (2009) and Reah (1998) concur in evaluating. In his study of the UK *Sunday Times* and ideology, Reah goes further to explain that, besides ownership, the editor of a newspaper also determines the content. He contends that the *Sunday Times* newspaper became associated with

'free market populism' after ownership changed to Rupert Murdoch. He however also posits that the editor of the newspaper, Andrew Neil, who headed the newspaper from 1983-1994, played a key role through his radical set of ideas that were pro ordinary people as opposed to elites and establishments. This factor is relevant in this study because whereas *The Namibian* has more freedom of publication, the *New Era* is more limited in its diversity and reportage, the difference being due to the ownership of the newspapers.

The above mentioned circumstances of the two newspapers – *The Namibian* and *New Era* – provides a window into the varied ways of reporting on HIV & AIDS.

2.14 Framing of HIV & AIDS in the Media

Framing in mass media is how news coverage shapes how the consumer of the information is affected by it. Goffman (1974) defines framing as a way of organizing experiences that we encounter as we use frames to identify what is taking place. He calls it the study of the 'organization of experience'.

Framing is a very effective tool for convincing the reader that what they are reading is correct, as Parenti (2009, p.124) explains. He gives various examples of media manipulation such as suppression by omission, 'attack and destroy' strategies, labelling, face-value transmission, false balancing and framing. Hiebart (1996) says that framing is a very effective tool that relies more on propaganda than lies. Through the distortion of facts, by "using emphasis and other auxiliary embellishments", (Parenti, 2009, p.28) communicators are able to create the impression that they want a reader to have without necessarily "resorting to explicit

advocacy" and ensuring that they remain as close to being objective as is visibly possible. Giving an example of how framing is packaged to convince the reader, Hiebart (1996) says that the way the news is packaged, how much information is provided, where the story is placed – for example whether on the front page or hidden in other pages – the tone that the story is presented in (sympathetic or slighting), the kind of headlines or photographs used, all play an important role in convincing the reader. In the case of a broadcaster, the visuals and auditory effects are used to play a similar role.

Scheufele (1999) concurs. Discussing framing theory and the concept of framing, he says that how something is presented influences the choices people make. With media in mind, readers make decisions depending on the information that has been presented to them. This is in line with the rational choice theory that Scheufele also presents, in which people will always strive to make decisions depending on the choices they have. On the other hand, Baran and Davis (2006) state that expectations, involving stereotypes, attitudes, typification schemes and racial or ethnic bias, emphasize that our expectations are based on previous experiences, which means that these are socially constructed. These can be difficult to change even when they are contradicted by factual information to the contrary, are often associated with – and can arouse – strong emotions that include hatred, love or fear. They argue that due to these strong emotions, our ability to make sense of new information that could lead us to a change in our belief can be difficult (p.280).

Goffman (1974) states that human beings are always monitoring the social environment for cues that signal when they should make changes, which in return

provides the media with an elaborate way to reinforce something that they have already fed the public (p.284). This would explain a difference found between media reporting on HIV prior to availability of ARVs and post ARVs as seen in stories reviewed for the years 2000-2006. Whereas words described as 'stigmatising' as per the guidelines the researcher is using are prevalent in the earlier years, post ARVs these words appeared less often which might be attributed to training which, according to one interviewee, was rare but important and determined how he wrote stories on health or HIV & AIDS thereafter. This is further explained in Chapter 6 on findings.

McQuail (1994) says that framing is characterised by the belief that the media has specific effects. Vreese (2005, p.12) says, "(f)raming involves a communication source presenting and defining an issue". He further states that framing is used widely in the communication discipline as a way of guiding both the investigator on how to review the content in the media and how it affects the opinion of the public. Vreese's paper is a good illustration of "how framing can be used as a tool to study media content" (p.12) and this can be used as a model for the current research project.

However, framing has a number of challenges that researchers have identified. For example, Vreese (2005) says that because of its increased popularity, the concept of framing in analyzing media creates inconsistency while applying it. He explains that the term 'framing' is used inconsistently to mean different things to different researchers. For example, the term has been used inconsistently especially in literature and cautions that a researcher needs to know the different types of frames

so that a reader can understand the reason why the various frames work in different ways. Scheufele (1999) notes that framing can be difficult as it is characterised by 'theoretical and empirical vagueness' which he attributes to lack of 'a commonly shared theoretical model underlying framing research' Scheufele, (1999, p.1). However, Iyengar (1999) suggests that framing has been used positively to 'operationalize' agenda setting or priming – which is the memory that one remains with after being exposed to something – and that priming can trigger that memory later if something similar happens.

2.15 Theoretical Framework

The use of theories in research is critical as they are "guidebooks for interpreting, explaining, and understanding the complexity of human relations" (Littlejohn, 2002, p.18). The main purpose of a theory, therefore, is to ask the question "What is going on?" (Williams, 2003, p.16). In this case, theory is used to "explain how and why something has happened or why someone has behaved in a certain way" (p.16). He explains that theory informs research and guides researchers on how they should organize the gathering of facts and observations of the world.

Due to having three areas of study – Newspapers, HIV & AIDS policies, and Interviews – five related key theories were used. Among these are three; framing, priming and agenda setting, which are better known as media effects theories and social construction of reality theory were used for the newspaper and HIV & AIDS policy analysis while thematic analysis (which is both an analysis tool and theory) was used for interviews. It is important to note that framing and priming are closely interrelated. These theories are discussed more extensively in Chapters 3, 4 and 5.

2.16 Chapter Summary

This chapter examined the literature and highlighted the history of HIV & AIDS in Africa, how it has affected the continent and the various challenges and landmarks such as the eventual reduction in prevalence are discussed. Stigma and how it affects those who are living with HIV or AIDS and further, how media reporting on the disease affects those living with it was also reviewed. Discrimination and stigma were highlighted as impediments to reducing prevalence, gauged against the guidelines provided by UNAIDS and by those who work closely with people infected or affected by the disease. This is critical as the role of the media is to ensure objective, sensitive and ethical reporting, especially on issues involving individual health and more so, on diseases that carry a negative label on them such as HIV or AIDS, cancer and TB.

The theories used in this study were also discussed. Three of the theories – *Framing, Priming* and *Agenda* setting – are also classified under Media Effects Theories. The other theories utilsed are *Social Construction of Reality* and *Thematic analysis* which is also a theory combined with analysis, is used in this study to interrogate the interview responses. The use of these theories helps to explain the relationship between knowledge, previous research, theories and the essential elements of the research in terms of reporting and its effects on readers.

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Chapter 3

Framing of HIV & AIDS Stigma in the Namibian Print Media

Abstract

This research investigated the framing of stories in two Namibian newspapers - *New Era* and *The Namibian* - and the occurrence of stigma in reporting on Human Immunodeficiency Virus (HIV) & Acquired Immune Deficiency Syndrome (AIDS) in Namibia from 2000 to 2012. Using guidelines from the *United Nations Program on HIV/AIDS (UNAIDS, 2015)*, *Kaiser Family Foundation Reporting Guidelines* (2009) and *UNESCO Guidelines on Language and Content in HIV/AIDS - Related Materials (2013)* the study evaluated how stories were written, when the stories were written, what words and terminologies were used by reporters and which pages the stories appeared in. Content and discourse analysis were employed to evaluate the number of words and terminologies as well as the language used. Purposive sampling was used to identify the years, months and kinds of stories to be evaluated.

The findings show extensive presence of stigma in the stories reviewed. In summary, the findings are that: (1) many words used to describe or report on people living with HIV consist of stigmatizing words used by writers; (2) *The Namibian* had more HIV & AIDS stories at 250 than New Era with 165; (3) *The Namibian* had 95 words that stigmatise people living with HIV or AIDS, more than *New Era* which had 77; (4) the most common words used by reporters which stigmatise those living with HIV are: 'AIDS Victims/AIDS Sufferers', 'Fight Against HIV', 'Win Against', 'Battle Against' 'AIDS fight'; (5) many stories on HIV did not appear on pages 1 to 5 which are considered as 'very important' under news values (Galtung & Rage,

1965; Mensing and Greer, 2013) and although a few appeared on page 5 most stories appeared on later pages such as 17 & 19; (6) many stories are written after an event where ‘an important’ member of the community/organisation/embassy is addressing and few are ‘standalone’ stories such as a feature on a person living with HIV or AIDS; (7) there are few stories on HIV or AIDS written during the month of December even though World AIDS Day is celebrated on 1st December and (8) there are fewer stories written as the years go by, showing a media fatigue on HIV & AIDS stories. It is envisaged that the study results will be significant to determine whether journalists in Namibia and in other countries with high prevalence, require special training to report on HIV & AIDS.

Key Words: HIV, AIDS, Namibia, stigma, stereotyping, framing, agenda setting, content analysis, discourse analysis, guidelines, news values.

3.1 Introduction

This chapter presents the findings and analysis of words and terminologies found in two newspapers, *New Era* and *The Namibian*, viewed as stigmatising people living with Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS). The study reviewed how HIV & AIDS stories were written, when the stories were written and the words and terminologies deemed inappropriate by various sets of standard *HIV & AIDS Reporting Guidelines*.

Reporting on HIV & AIDS requires care and sensitivity as one of the impediments to the disease’s treatment is stigma that prevents those infected from, for example, accessing treatment or counselling. This is besides cultural beliefs which deter people from quickly dealing with the disease. Namibia has had a very high prevalence of people with HIV or AIDS. Prevalence has ranged from 220,000 in

2000 to 247,126, which is approximately 10% of the population (Haufiku, 2017). However, resultant annual deaths have reduced from 10,000 between 1991 and 2015 to 4,000 in 2018 (PEPFAR, 2018) while infections reduced from 15,000 in 2002 to approximately 4,500 in 2018 (CDC, 2020). At the same time, prevalence has shifted to younger persons aged 15-24 which is a critical population in any country (UNAIDS, 2018).

Due to the high prevalence, many interventions were created to deal with the reduction of the disease. These included advertising on ways to avoid infection and infecting others, which would appear in the media from electronic to print, as well as stories to educate the masses (Chanda, Mchombu & Nengomasha, 2008, quoting Kiai, 2000:37). The authors posit that, “one of the instruments in the education drive is the media. According to Kiai, the mass media attract great interest because they are perceived as powerful and influential tools” (p.188). Since the first case of AIDS was reported in Namibia in 1986 (MoHSS, 2016), the media has published varied stories and therein lies the challenge of reporting on HIV or AIDS.

As mentioned in Chapter 1, the role of the media in reporting on the disease has been seen at times as a source of stigma through stereotypical reporting. When the media uses stereotypes they “perpetuate social injustice” (Vivian, 2009, p.410). Through consistent repetition of certain words in their reporting, this caused victimisation of those living with the disease, while possible creation of stereotypes that hurt those with HIV or AIDS in the society was also encountered. Vivian (2009) states that, “with benign stereotypes, there is no problem, but the media can perpetuate social injustice with stereotypes” (p.410). An example of this would be a story in the media

that insinuates that because a person has AIDS, they will ultimately die; yet there are now Antiretrovirals (ARVs) which prolong life while dealing with opportunistic illnesses that have previously played a key role in the millions of AIDS-related deaths.

Using content and discourse analysis, the study reviewed: guideline goals, stories from *New Era* and *The Namibian* newspapers, stigmatising words and their prevalence. This study also discussed the themes emerging from the particular words used in the stories, and compare the two newspapers in the critical HIV & AIDS reporting months: November, December, January. November leads up to World AIDS Day on 1st December and January marks one month after December. These three months are critical in the study as they provide a window to whether or not there will be more or less pre and post stories around World AIDS Day on December 1.

The chapter also reviews page numbers and placement of HIV or AIDS stories in the two newspapers and the news values of the stories, the cities/towns where the stories were written from, the language of the stories, analysis of writers for the *New Era* and *The Namibian* stories, style of writing of journalists in the newspapers reviewed, when HIV & AIDS stories are written and to conclude, limitations and a summary of the chapter.

3.2 Aim of the Study

The overall aim of the research was to examine the discourse of HIV & AIDS stories, terms and terminologies in two Namibian newspapers, *The Namibian* and

New Era, and how the stories played a role in the portrayal of people living with HIV or AIDS. The issue is whether these views have contributed to stigmatising people living with HIV or AIDS, exposing them to what Goffman (1963) and Folk (2001) call the “outsiders” mentality. The researcher argues that the way HIV & AIDS is reported creates an opinion on how to view the disease, as the media has been identified as a catalyst in the rise or fall of stigma. How the stories are written, and how terminology is used, are critical. Any bias or prejudice can lead to stigma or stereotyping. This brings to the fore the importance of this study on how a reporter presents information and, in particular, which words or terminologies are used and the frequency of their use.

3.3 Statement of the Problem

The purpose of this study was to investigate framing, priming and agenda setting of stories in print media reporting on HIV & AIDS in *The Namibian* and *New Era* and to gauge if the stories and terminology used stigmatised people living with HIV or AIDS.

Stigma refers “to bodily signs designed to expose something unusual and bad about the moral status of the signifier” (Goffman, 1963, p.1). Goffman further described how the signs ensured that anyone who saw those with the unique markings easily identified them, as “the signs were cut or burnt into the body and advertised that the bearer was a slave, a criminal, or a traitor – a blemished person, ritually polluted, to be avoided, especially in public places” (Goffman, 1963, p.1).

Following a review of the literature, the researcher found two publications on HIV reporting in Namibia. One reported on HIV in two major towns in Namibia – Katima Mulilo and Windhoek (Chanda Mchombu & Nengomasha, 2008) on "*The Representation of HIV/AIDS in the Media and its Impact among Young People in Namibia,*" and a chapter in a book by Mchombu (2000) on *The Coverage of HIV/AIDS in Namibian Media: A Content Analysis Study*, there had been no known extensive study of framing of stigma in Namibia print media during the period 2000-2012. Furthermore, although there has been extensive research documenting stigma towards, for example, homosexuality (Hymes et al, 1981) and migrants in foreign countries (Doyal & Anderson, 2005), there has been no research that documents HIV & AIDS stigma specific to Namibian newspapers over a specific time period such as the years that this research is analysing – 2000-2012.

3.4 Objectives of the study

The objectives of the study were two-fold:

1. To analyse framing of HIV & AIDS in the Namibian print media and
2. To examine the discourse of HIV & AIDS in two Namibian newspapers based on established reporting guidelines.

3.5 Significance of the Study

The principal original contribution to knowledge of this study is to support the understanding of whether the print media has played a role in stigmatising people with HIV or AIDS through their reporting and terminologies in the stories. Extensive research on framing of stories on HIV & AIDS has been conducted for example, *Prevalence of HIV/AIDS frames in Kenya Newspapers* (Kiptiness & Kiwanuka-

Tondo, 2019), *Framing of AIDS in Africa: Press-state relations, HIV/AIDS news, and journalistic advocacy in four sub-Saharan Anglophone newspapers* (Angela et al, 2013), *Framing AIDS in China newspapers* (Wu, 2007), *Reporting on HIV & AIDS in US and Chinese newspapers* (Jing, 2006), *Portrayal of HIV/AIDS in two popular African American Magazines* (Clarke et al (2006). However, a contextual gap exists in the framing of stories on HIV & AIDS in print media in Namibia. This research therefore aims to fill the void by investigating the framing of HIV & AIDS in Namibian print media, as well as attempting to uncover priming effects through interviews with persons working in the HIV & AIDS field.

In addressing the objectives of this study, the study will establish a knowledge base on the framing of HIV and AIDS. Based on the findings, the study highlights the need for training journalists on specialised reporting about HIV & AIDS and other stigmatised ailments. Secondly, a Namibia-specific HIV & AIDS Reporting Guideline will ensure that, henceforth, reporting on HIV & AIDS is done within a framework that respects and is sensitive to those living with HIV or AIDS and their families.

3.6 Period of Study

This research covered a 13-year study period conducted on newspapers published between 2000 and 2012 in *The Namibian* and *New Era* newspapers. Within this 13 year period, articles published every second year since 2000, were considered: 2000, 2002, 2004, 2006, 2008, 2010, 2012 which totalled seven years. The months reviewed were January/February, June/July and November/December. The year 2000 was selected as a pilot study mentioned elsewhere was done for four years – 1998,

1999, 2000 and 2001 to gauge necessity of the study. It was found necessary to carry out this study from the year before the pilot study ended as changes were evident from 2000 that necessitated this kind of study. It is important to note that Antiretroviral (ARV) medication was introduced for people living with HIV or AIDS in 2003, three years later, providing a mechanism for hope and the reduction of AIDS related deaths. It was expected that there would be an improvement/change in how people living with HIV or AIDS were viewed in the society post ARVs provision.

3.7 Datelines of the Coverage

Datelines of stories are also critical. Datelines include not only dates but also the town from where a story is written, normally placed at the beginning of the story. This was important as it showed where stories were written from and whether it was a major town or a small town, and if some towns had more reporting than others. For example, were there more stories written from the capital city, Windhoek, in comparison to the coastal city of Swakopmund about 450 kilometres from Windhoek?

In Namibia, Independence Day (March 21st), is celebrated in a different town every year and the head of state attends the function. The same applies to World AIDS Day celebrated on December 1st. Every year, the main celebration happened in different regions and the head of state or a key government figure such as a minister and a representative of the United Nations attended the events. By using datelines, the researcher was also able to identify in which locations stigmatising words were used the most – the bigger towns or the smaller towns? Was there more or less use of

stigmatising words in the capital city than in other towns? It was also possible to gauge if there was more reporting from towns other than the capital, Windhoek, thus enabling any recommendations for further training to be geographically focused.

3.8 Limitations of the study

Limitations of the study are divided into three sections: story sources, reporters in the coverage and distribution of coverage in Namibia.

3.8.1 Story Sources

Using purposive sampling, the stories analysed were identified from only specific months: the first two months of the year, the two middle months of the year and the last two months of the year: January 1-31st and February 1-28/29th, June 1st-30th and July 1-31st and November 1-30th and December 1-31st.

The targeted months were identified after reviewing stories from all the months of the year for four consecutive years in a four year pilot study – 1998, 1999, 2000 and 2001. The review showed a pattern of fewer stories in the first two months of the years, an increase of stories in June and July compared to the first five months of the year and an increase of stories in the months towards the end of the year. For example, in both newspapers for the four years sampled, it became apparent that few HIV & AIDS stories were written in January. This might be related to, the fact that most HIV stories are written just before or after a meeting where a political leader or an organisation's leader will give a speech or has given a speech. December and January are normally what are called 'quiet months' in Namibia according to *The Rambler* (2018) where most media close early before Christmas holidays and do not resume until January the following year while many Windhoek residents also travel

upcountry into their homes until the January the following year.

Besides the celebrations before and after Christmas, there are few public activities that take place in these months, especially in the capital, as most people travel upcountry for the festivities. Newspapers then take a break until New Year. However, the pilot study found that there is extensive reporting of HIV & AIDS issues at the beginning of December, possibly due to the celebration of World AIDS Day. Towards mid-December, these stories subside and in January, there are even fewer stories on HIV & AIDS. The pilot study therefore demonstrated patterns of relevant stories throughout the year and suggested which months to sample.

3.8.2 Reporters in the Coverage

Only stories by Namibian or local reporters were reviewed. 'Local' was defined by looking at bylines and the media outlet. Local stories are from either of the two newspapers' reporters or the *Namibia Press Agency (NAMPA). NAMPA* is a government-owned agency responsible for news distribution and picture services to local and international customers. Most media outlets in Namibia rely on *NAMPA* for local news, especially where they do not have a reporter in the region. The media houses also get international stories through NAMPA from *Agence France Press (AFP)*, British Broadcasting Corporation (*BBC)*, *Reuters* and many others. Stories by writers who were not from Namibia or that were from non-Namibian outlets were not analysed as these do not demonstrate Namibian reporting on HIV and AIDS. This enables the findings and conclusions of the study to focus on the situation in Namibia.

3.8.3 The Distribution of Coverage in Namibia

The two newspapers carried stories from towns across Namibia. The choice of coverage was specific to a story that carried in its headline, the word 'HIV' or 'AIDS' or both. The stories also had to be those written in English not local languages, there being many languages and dialects. It is important to note that in the two newspapers reviewed, three pages of *The Namibian* newspaper are written in a local dialect while the rest is in English. In *New Era*, one page towards the back of the newspaper is written in *Otjiherero*, a dialect spoken by the second largest tribe in Namibia while *Kundana* newspaper was setup to cater for the Oshiwambo speaking/reading Namibians.

In terms of literacy levels and who would be expected to read the newspapers, a UNESCO (2015) statistics report posits that the literacy level in Namibia is high at an adult literacy rate of 88.27% with the male literacy rate being 88.63% and the female rate being 87.95%. This means that the readership of the two main newspapers would be high and might be expected to reach a wide audience. Two years previously in 2013, a UNESCO National Literacy Program on Namibia reported that 57% of Namibians have had access to a primary education while the youth literacy rate is 87.1%. The adult literacy rate was 76.5% as of 2007. That means that many Namibians can read in English as well as other languages. However, the affordability of a newspaper may be a challenge, as a United Nations (2015) report indicates an unemployment rate of 29.9% of the 2.3 million Namibians, which is a very high number for such a small population.

3.9 Delimitations of the study

It is important to note that there were many HIV & AIDS stories published that did not have HIV or AIDS in their headline. These were not used as the limitation was only for those with HIV or AIDS in their headline and therefore these fell out of the scope of the study.

3.10 Material and Methods of Study

In this section, various topics that appertain to the period of study, the population of study, how the study was conducted and the various methods used are discussed.

3.10.1 Use of Mixed Methodology Approach

In view of the various approaches above, this study used a mixed methods approach. Mixed methods refers to

> a process of research in which researchers integrate quantitative and qualitative methosd of data collection and analyiss to best understand a research pupose. The way this precess unfold in a given study is shaped by mixed methods research content considerations and researcher's personal interpersonal and social contexts (Clark & Ivankova, 2016, p.4).

This study uses mixed methods in various ways. There is a combination of qualitative method which Clark and Ivankova (2016) explain as, "a research approach that focuses on exploring individuals experiences with a phenomenon by collecting and analysing narrative or text data expressed in words and images" (p.4). Then there is quantitative method – "a research approach that examines the relationships between variables by collecting and analysing numeric data expressed in number or scores," (p.4). In this study, the quantitative method approach is used in the enumeration of words that have been identified by the guidelines used as

‘stigmatising’ while qualitative methods were used in analysing the words and terms used in newspapers stories while qualitative methods were used for the in-depth interviews to form the data for the research. In a qualitative approach, open-ended data is sought and provided while in a quantitative approach, close-ended data is sought and provided. Creswell (2014) posits that this blending “provides a stronger understanding of the problem or question than either by itself” (p.215).

In a mixed methods approach, there are numerous ways of data collection and a researcher chooses the one that suits them best. Again, Creswell (2014) argues that in using a mixed methods design, it is important to list what mixed methods entails and for this research, the following were used:

- collection of both qualitative (open-ended) and quantitative (close-ended) data to respond to research questions,
- analysis of both forms of data rigorous conducting of procedures for both qualitative and quantitative data collection and analysis,
- integrating both in the design analysis by merging, connecting or embedding the data (p.215).

In this study, the above are used to create a balance of data collected using both methods in order to achieve maximum results when analysis is undertaken. This involves enumeration of stigmatising words and terms in the stories (quantitative) and analysing the words and terms as well as the open ended interviews (qualitative). This is explained further below in the justification for using a mixed method approach.

3.10.2 Justification for Using a Mixed Methodology Approach

In Chapter 1, it was explained that there has so far been limited extensive research reviewing the words and terms that stigmatize people living with HIV or AIDS in Namibia. This was a result of an exploratory study with a number of people in the

media and non-governmental organisations (NGOs) that work in the area of HIV & AIDS in Namibia (and Botswana where this research was originally started) who also confirmed this gap. Sekaran (2000) explains that this kind of pilot study is undertaken to gauge if there has been a similar study known to academics and professionals in the field. Van Maanen (1979) and Patton (1990) support the use of qualitative research approach while undertaking an exploratory study. Van Maanen described the explored studies as interpretative, which he says seek to “describe, decode, translate and otherwise come to terms with the meaning” (p.9) of happenings around the world.

In this study, content and discourse analysis of words, terms and interviews with media managers and journalists, as well as reference to HIV & AIDS reporting guidelines from various organisations, have been used to review the framing of HIV stories in newspaper reporting. Bertrand and Hughes (2000) argue that, when it comes to media research, both quantitative and qualitative methods, or both, can be used as long as one’s questions or hypotheses fit the research. They argue that “the boundaries between two major academic and intellectual traditions that study media (social sciences and humanities)” (p.13) have weakened over time with the various paradigms operating simultaneously or across disciplines.

Using a mixed methods approach is regarded by Johnson & Onwuegbuzie (2004) as a “natural complement to traditional qualitative and quantitative research” (p.14). In their study, the two authors argue that mixing different types of methods in research should be seen as a third research paradigm, suggesting that both quantitative and qualitative methods are important as well as useful in conducting research. The two

researchers suggest that "the goal of mixed method research is not to replace either of these approaches but rather to draw from the strengths and minimize weaknesses of both in single research studies and across studies" (2004 pp.14,15). In this study the analysis of the words/terms found in the newspaper stories creates findings that can be cross-checked and enriched by the in-depth interviews and the analysis from HIV & AIDS policies. By reviewing the words or terms used by reporters in the stories, it is possible to identify any links between the data collection methods. This is discussed extensively in the findings, but as an example of the value of using mixed methods is seen during an interview with one of the respondents who explained that HIV & AIDS stories appear on front pages when something negative has happened. While reviewing a story on the front page for words/terms this researcher indeed found phrases such as 'AIDS victim', 'AIDS orphan' and other words, showing the correlation.

Another researcher who supports mixed methods approach for this kind of research is Creswell (2014). He posits that this method is now emphasized in a number of journals, such as *Journal of Mixed Methods Research, Quality and Quantity, Field Methods*, and the *International Journal of Multiple Research Approaches*. He adds that others, such as the *International Journal of Social Research Methodology, Qualitative Health Research*, *Annals of Family Medicine*, encourage mixed methods research. Of importance to note in this study, according to Creswell, is that studies that include AIDS prevention have also used a mixed methods approach while books by Creswell and a co-author Plano Clark (2011), Tashakkori & Teddlie (1998, 2009 & 2010) are devoted specifically to mixed methods research.

This research approach has been used in other studies on newspapers, not only in the area of HIV and AIDS, but also to review coverage of various illnesses and other social issues by newspapers. These include health and ethnicity (Wang & Rogers, 2013), kidnapping (Constantinescu & Tedesco, 2007), distribution of power (Entman, 2007), NGOs (de Souza 2010) and elections (Strömbäck & Luengo, 2008), off-label drug use (Patel *et al*, 2011), HPV vaccination (Hilton *et al*, 2010), mental health (Soffer & Ajzenstadt, 2010), interactive options on online journalism (Shulz, 2006) and the appearance of women in politics in newspapers (Pedersen, 2002).

In a similar way, Wekesa and Coast (2014) used a mixed methodology of 514 surveys and 41 in-depth interviews with persons living with HIV or AIDS in a study of fertility desires and their rationales among men and women who reside in informal settlements (slums) in Kenya and who are aware that they are HIV positive and also use varied antiretroviral therapy treatment (ART). The mixed methods study analysed how people living with HIV or AIDS consider their future fertility and what factors contribute to their fertility desires among people living with the same conditions. By using a mixed methods approach, the study was able to provide important data that showed that those living with HIV & AIDS desire to have children just like those who are not HIV positive despite the stigma they endure.

Other methods that were used in this study were content and discourse analysis, which van Dijk (1991) used successfully in a research project that reviewed stories on racial profiling in the British media. The researcher used both content and discourse analysis to gather data on how race is reported in the UK press. Van Dijk explains that, "besides the usual content analysis which provides the necessary

figures that show the overall prevalence and distribution of some of the properties of ethnic affairs coverage, this detailed analysis of textual structures requires the more refined, qualitative approach provided by discourse analysis" (p.x).

Thus, whereas content analysis in this study was used to quantify the words and terms used in the newspapers, discourse analysis was used to expound on the language and basis and reasons for the use of these words and terms. This determines how the reader views the information in the newspapers, which van Dijk (1996) in another research project based on critical discourse analysis refers to as "control of public discourse" (p.355). In this study, van Dijk (1996) also touches on a critical area of this argument, which is that the ordinary reader and the elite reader engage with a newspaper differently - one at the level of informing and the other at the level of receiving the information. The reader will more often than not, believe what they are reading, which is what the writer expects. He explains that, while most people may have "control over their day-to-day discourse with family members or friends, they have limited or passive control over their use of media" (p.355). He posits an important factor in the readership of newspapers by ordinary citizens, who he equates to "more or less passive targets of text or talk" (p.357). This is seen with "citizens' bosses or teachers, or of the authorities, such as police officers, judges, welfare bureaucrats, or tax inspectors, who may simply tell them what (not) to believe or what to do" (p.357), a critical factor that in this study could suggest how HIV & AIDS stories are perceived by the various categories of readers.

However, van Dijk's discussion of readership passiveness may need to be adapted due to the impact of the Internet and in particular Web 2.0, although this would

depend on Internet access in a particular country. In Namibia for example, Internet access is still a challenge, especially in areas that are far from the key administrative towns. Many towns for example in the Northern and Southern parts of the country still have challenges accessing the two networks, MTC and Telcom, while the Internet is yet to reach many of the rural areas in the country. According to the usage and population statistics organization, Internet World Statistics (2019), there were only 797,027 Internet users by December 2018, which represents 30.2% of the Namibian population.

Content and textual analysis of stigmatizing terms in newspapers was also used in a mixed methods study in China by Zhang (2010), who investigated newspaper reporting on extramarital affairs and divorce in China using statistical as well as textual analysis. The study combined statistical data about behaviours and attitudes with a textual reading of contemporary newspaper and magazine articles related to extramarital affairs. According to Zhang, the study was based on a *Chinese Health and Family Life* survey undertaken between 1999-2000, and provided data that showed that about 15% of married men and 5% of married women in China have engaged in extra-marital affairs.

In the same manner that this research reviewed 1334 stories in two newspapers, Pickle, Quinn & Brown (2010) used a similar method to review 201 articles on the coverage of HIV & AIDS in Black Newspapers in the US from 1991 to 1996. While this study analysed two newspapers (*The Namibian,* privately owned and *New Era,* government owned) over 13 years, Pickle, Quinn & Brown (2010) analysed five newspapers: the *New York News, Oakland Post, Washington Afro American, Atlanta*

Enquirer and *Chicago Citizen* over a shorter period of time.

Lagone et al (2014) also used mixed methods while reviewing newspaper reporting on public discourse on HIV & AIDS in Uganda between 1996 and 2011. During this period, Uganda was viewed as a success story in fighting stigma due to an open culture, which meant not only that it was discussed nationally, but many people, including clerics, came out to reveal their HIV status. Building their study on previous reviews of the *New Vision* newspaper for the years 1986-1995, Lagone et al (2014) examined the continuing national discourse by young people about HIV & AIDS and, in particular, how young people were reported in comparison to adults.

3.10.3 Research Philosophy

This study also made use of a research philosophy. A research philosophy is a belief about how one, with the backing of various research instruments, decides that data should be gathered, how it should be analysed and how it should be used. Research philosophy "refers to epistemological, ontological and axiological assumptions and undertakings that guide an inquiry in a research study, implicitly and explicitly" (Pathirage et al, 2008, p.5). Epistemology refers to 'how' the researcher is aware of the route that knowledge should be acquired or accepted, ontology is 'what' this knowledge is and the assumptions about reality that surround it and axiology provides information on the assumptions of the value system. All the above may influence the kind of research and approach to the study that a researcher chooses.

Research philosophies are grouped into two general categories – positivism and interpretivism – the latter including constructivism and which suits this research.

Positivism and interpretivism each presents varied reasons informing their use. Rubin and Rubin (2012) posit that "positivists claim there is a single, objective reality that can be observed and measured without bias using standardized instruments" (p.15). On the other hand, constructivists and, specifically, interpretive constructivists, "accept that there is a reality but argue that it cannot be measured directly, only perceived by people, each of whom views it through the lens of his or her prior experience, knowledge and expectations" (p.15). An example here would be if for a long time, a reader has seen some kind of words used over time, they can become part of the reader's reality. That plus other surrounding experiences such as how they have seen people with HIV or AIDS treated can also become part of their reality which they view people with the disease generally.

Interpretivism, which this research is using, is unlike positivism in that the notion of a single objective measureable reality is not accepted. The interpretive stance is that subjective, multiple constructed realities exist (Davis, 2003; Lincoln & Guba, 1985). In this kind of research, Creswell (2014) posits that the views of the target audience, reader of the stories and the researcher create the realities. To capture these multiple realities, Bernard (2000) explains that less rigid data-collection techniques are often used, such as in-depth interviews, content and discourse analysis, as are used in this research. Seakhoa-King (2007) explains the difference in assumptions between the research philosophies used by positivists and interpretivists. Quoting Jenner (2001) and Creswell (1994), Seakhoa-King (2007, p.113) explains that "the positivist researcher keeps a distant and independent relationship from those being researched that enables him or her to provide an outsider's account, also known as 'etic' (Phillimore & Goodson, 2004;Walle, 1997). Supporting Creswell (1994), Seakhoa-

King's views are that "such separation between the researcher and those being researched ought to ensure that the researcher's biases are excluded, and therefore prevented from contaminating the outcomes of an inquiry" (2007, p.113). On the other hand, referencing Lincoln and Guba (1985) and Davis (2003), Seakhoa-King (2007) explains that the research philosophy of interpretivism which this research uses "provides a contrasting approach to the research philosophy of positivism. It rejects the idea of a single objectively measurable reality, positing instead the existence of subjective, multiple constructed realities" (p.113).

Of importance to this research is what Seakhoa-King (2007) explains about those people involved in a similar research situation as this one. These people include the researcher, the individuals being investigated, and the reader or audience interpreting the research who he says are regarded as the creators of these realities (Creswell, 1994). Seakhoa-King explains that, "interpretivists contend that these multiple realities can only be captured through the employment of relatively less rigid data collection techniques, such as those within a qualitative research approach e.g. the in-depth interview technique" (2007, p.114) which this research is using in Chapter 4 and which Bernard (2000) supports.

Given the above, a constructivist approach was considered to be the most appropriate for this study of possible stigma in print media reporting on HIV & AIDS in Namibian newspapers. Constructivism encompasses observations, understanding, gathering rich data, incorporating stakeholders' perspectives, as well as the choice of specific sources for the provision of data (Phillimore & Goodson, 2004) all of which were used in this research. The research philosophy of constructivism, which is a

theory of knowledge that argues that human beings construct meaning from a combination of their experiences and ideas, fits well with research based on constructing meaning from newspaper data, and many researchers investigating newspaper reporting have used this approach.

This approach has already been used in reviewing the construction and framing of HIV & AIDS in newspapers in India (Souza, 2007). The author explains the critical role the media plays in India in constructing the framing of HIV & AIDS in the country, a nation he describes as having one of the highest prevalences of people living with the disease in the world, after South Africa. Referring to Airhihenbuwa & Obregon (2000), Souza explains that, "there is growing acknowledgement that the HIV/AIDS problem needs to be understood as a cultural phenomenon constructed in large part by the media" (2007, p.257). Bardhan (2002), quoted by Souza (2007), explains that "HIV/AIDS is as much a biomedical reality as it is a social, symbolic, and communicative reality" (p.257). This helps to explain how HIV & AIDS is beyond just a disease but its interpretation or construction depends on how it is understood socially, symbolically and further and of importance to this study, how it is communicated to the society.

To further explain the interpretative construction of reality Schoepf (2001) explains that "the construction of HIV/AIDS is extremely intriguing because of the complex cultural and psychological meanings to its causes, consequences, and solutions—has important implications for policy making" (p.258). This resonates with the interpretative constructionism used in this study, and that the "core of understanding is learning what people make of the world around them, how people interpret what

they encounter and how they assign meanings and values to events or objects" (Rubin & Rubin, 2012, p.19). In this study, how HIV & AIDS stories were written in the newspapers and therefore, how the readers interpreted the stories was of concern to the researcher. Further, in this study, how stories are written matters because readers could interpret the stories depending on what they read, words they see used often, thereby instilling a certain belief or idea about something is critical. Further, in these stories, when leaders used certain words, for example 'AIDS Victims' or 'AIDS orphans', though this research does not specifically review how readers interpreted these words, there is a possibility that they could view them through the lenses that they use to view leaders, which could be positively or negatively biased.

Use of constructivism in media research has also been used to evaluate the use of the 'reporter' voice in two Japanese front-page stories on America's handover of power to the Iraqi Interim Government on 28 June 2004 and by Knox and Patpong (2010) in an analysis of how two online newspapers in Thailand reported on the violence that erupted during protests in October 2004 following the arrest of six men. In the above two studies, just as this research investigates, the impact of the voice of the reporter in the way a story is written and the agenda setting in the reportage is critical, as the words and terms used in a story impact on the construction of meaning in the mind of the reader.

Schroader (2002) provides an explanation about the notion of constructed realities in media research by showing how the media affects its audience in the way it reports. Schroader reviewed BBC reporting in a single 1998 program where the national broadcaster chose high profile stories to report on, showing their significance as

opposed to anything else that happened around the world that year. This shows "how the media select, combine and present events in the real world in verbal and visual form, thus constructing versions of reality which shape the meanings and values that inform our attitudes and behaviours, primarily as citizens and consumers" (p.99). This supports the choice of methodology for this research to focus on what is actually reported and how it is framed, and also to identify what is not reported.

Another way that constructivism works is through media convergence, which Gamson *et al* (1992) suggest enables us to see and hear the same message through multiple media that in turn "can simultaneously market the same message in multiple forms through a dazzling array of new technologies" (p.52), while leaving little room to think critically and, instead, promoting "apathy, cynicism, quiescence, rather than active citizenship and participation" (p.51).

With the wide variety of information that a reader may have to sift through, Gamson et al (1992) explain that many readers are confused by the information they are bombarded with, and have to make their own conclusions depending on the information provided. This will depend on what prior knowledge of the topic they have. This therefore justifies the basis for this research into whether or not there are words that stigmatise those living with HIV or AIDS which could determine how they are viewed by readers having been bombarded with the words over a period of time. As mentioned elsewhere in this chapter, Gamson *et al* (1992) further argue that media texts and imagery can be interpreted in different ways, which they call 'polysemic': "Texts may have a preferred meaning and point of view which the

reader is invited to accept" (p.60) but a reader has a choice whether to accept the text or not.

Quoting Fiske (1987), Gamson *et al* (1992) conclude that what "the news readers get are a montage of voices, many of them contradictory, and its narrative structure is not powerful enough to dictate always which voice we should pay most attention to, or which voice should be used as a framework by which to understand the rest" (p.60), and this is the point at which the reader has to interpret the information they get from the media in their own way – with or without facts. This is viewed in light of the fact that many of the stories reviewed were published after an event especially attended by a key person in society, organisation etc. For a reader, what the reporter writes as important information – especially if those quoted are key people in society – impacts on how they may interpret the information in the stories.

3.10.4 Research Paradigm

This study also viewed the data from a paradigm perspective. Associated with Thomas Kuhn in his 1962 book, *The Structure of Scientific Revolutions*, a paradigm is a lens through which one undertakes research. It is divided into two dominant types of research – qualitative and quantitative - with each having its own ontology or truth to be discovered, as was done in this study by reviewing the language used by the reporters in the stories. A paradigm is also sometimes known as a framework (Denzin and Lincoln, 2000; Bertrand and Hughes, 2005). Denzin and Lincoln (2000) describe it as a critical tool that shapes how we think while conducting research, while Bertrand and Hughes (2005) explain that it allows us to ask questions and use research methods appropriate to the questions asked; this guided the researcher extensively throughout the study. However, Bertrand and Hughes (2005) posit that

this has to be narrowed down to just four important concepts: “ethics, epistemology, ontology and methodology” (p.157). They explain that for example, the ethical question here would be how a person would be a moral person in the world. On epistemology, the question would be how one can know the world and what would be the relationship between the inquirer and the known – this is critical as the researcher tries to put the readers’ mind into the reporters mind to enquire on why a story was written the way it was. Ontology would raise the basic questions about reality and human beings and their nature. Here then, “methodology focuses on the best means for gaining knowledge about the world” (2005 p.157).

In research, the assumptions of the paradigm guide how research is carried out and enable one to explain choice of methods (Rubin & Rubin, 2002) as this researcher did after reviewing the available data and appreciating what would work best for this study. Although Lincoln and Gube (2000) provide five categories of paradigms for qualitative research – positivism, post-positivism, critical theory, constructivism and participatory action research, the research paradigm that has been used in this study is constructivism, each individual constructing his/her own reality resulting in multiple interpretations. It is sometimes referred to as interpretivism. In this study, constructivism plays a critical role in how the reporter presents a story, the words or terms they use as their readers are left to construct their own interpretation based on either their experiences or past information they have on the subject.

3.10.5 Sampling Technique

To collect the data from *The Namibian* and *New Era* newspapers, using purposive sampling method, searches were undertaken to identify headlines that included the

words ‘HIV’ (Human Immunodeficiency Virus) or ‘AIDS’ (Acquired Immune Deficiency Syndrome). Purposive or judgmental sampling is recommended by among others, van Dijk, (1999) and Wimmer & Dominick (2011). Tongco (2011) defines purposive sampling as “the deliberate choice of an informant due to the qualities the informant possesses” to choose what he or she wants to review and that:

> It is a non-random technique that does not need underlying theories or a set number of informants” as the “researcher decides what needs to be known and sets out to find people who can and are willing to provide the information by virtue of knowledge or experience (2011, p.1).

A similar method was used by Pedersen (2004) in identifying female writers of letters to newspapers “by their signatures, feminine *noms de plume* or the content of their letters” (p.ii). Whitehead (2015), whose PhD dissertation analysed popular reporters and how they wrote on global nomadism, questioned why some words appeared more than others. Explanations included lack of knowledge about which words to use while one reporter identified his new way of writing, using less stigmatising words, as in line with the training he had received on reporting on HIV & AIDS.

3.10.6 Data Collection Methods

As mentioned under Sampling Technique, data collection from *The Namibian* and *New Era* newspapers was done using non-probability sampling known as purposive sampling, also known as judgmental sampling (Treadwell, 2014, p.135). A total of 1334 newspapers were reviewed. The method was used to identify words or images from stories in the newspapers. Non-probability samples are based on a judgment by the researcher (Treadwell, 2014, p.134) and in this study guided which newspapers to review, for how long and what to review. Wimmer & Dominick (2011) explain

that, “mass media researchers frequently use this non-probability sampling, particularly in the form of available samples, samples using volunteer subjects and purposive samples” (p.90). The words and terms from the newspapers were analysed using content and discourse analysis.

3.10.7 Data Analysis

Content and discourse analysis methods were used to analyse the words and terms in the newspapers with the aim of reviewing framing, agenda setting and priming in the stories. The two methods of analysis have gained currency over the years and their importance in these kinds of research has been seen as key to maximizing analysis of content (Shank, 2006, p.156). These methods support “archival research” that “involves examining records and identifying categories of events” (Graziano & Raulin, 2010, p.121) and so is appropriate to this research in reviewing past newspaper items with HIV or AIDS in the headline. The framework chosen for this study included a combination of framing, agenda setting, priming and social construction of reality by the newspapers, discourse analysis for the HIV & AIDS policies and thematic analysis for the interviews.

3.10.8 Use of Content Analysis

Two methods of data analysis were used, namely content and discourse analysis. The data collected involved words and terms in the newspapers. This was carried out with the aim of reviewing any framing, agenda setting and priming in the stories. Krippendorff (2013) defines content analysis as a research method that involves the systematic reading of a body of texts, images and symbolic matter. He explains that these data may not necessarily be from the author or user’s perspective, but content

analysis is recognised as a scientific method of research and is well-regarded. Similarly, Wimmer & Dominick (2011) call it a systematic procedure for examining the content of recorded information. The authors concur with Krippendorff's (2013) 'systematic examination' of written data and that "content analysis entails a systematic reading of a body of texts, images and symbolic matter, not necessarily from an author's or user's perspective" (p.13). Krippendorff further states that, although it is not the only method that takes meanings seriously, there being other ways of analysing texts, content analysis has the advantage of being easily applicable when reviewing large amounts of data while remaining unobtrusive (2013, p.xii) such as is done in this research, reviewing data across 13 years of reporting. Of importance to note from Krippendorff's (2013) work is that content analysis replicates and makes "valid inferences from texts (or other meaningful matter) to the contexts of their use" (p.24) and can tell us how and when a particular word or phrase is used. In this study for example, while reviewing when the word 'AIDS victim' was used, it was often during a speech by a keynote speaker at a function or by a reporter writing about people living with HIV or AIDS and problems they encountered. This enhances the fact that content analysis is also a scientific tool of research as it "provides new insights, increases a researcher's understanding of particular phenomena, or informs practical actions" (p.24).

In using content analysis, this study analyses how particular words are used, how frequently they are used, who uses them in the news stories and in what context. Daku, Gibbs and Campbell (2008) also used content analysis in a similar research project that investigated negative representations of HIV & AIDS management in newspapers in South Africa. Khonou (2013), while reviewing men's health

representation in the media in South Africa, used the *Sowetan* newspaper, to undertake content analysis of the reportage of stories on the health of men with a view to uncovering whether the health system was adequately caring for their needs.

Other studies have used content analysis to review the reporting of HIV across different continents. For example, Goodfellow et al (2013) reviewed newspaper reporting on medicine adherence in the UK and US during the period 2004-2011. They content analysed 12 newspapers in the UK and US with the highest daily circulation as well as their Sunday equivalents.

Exposure to newspapers or electronic media is also critical in this study as it determines how a topic or subject in question is regarded by the reader. This is important to this study because how readers relate to the messages determines how they view that message and how they feel about those discussed or mentioned in the message. This view was supported by Nanda and Pramanic (2010) in a study investigating how readers relate to messages in the media. The authors explain that this kind of exposure "has consistent effect on HIV-related stigma perceptions...." (p.461). The study examined whether variation in media exposure and gender would yield diverse stigma perceptions on HIV & AIDS. "Logistic regressions were undertaken modeling five different stigma perceptions for women and men in varying contexts such as maintaining secrecy of HIV infection, care and support to and service from HIV infected persons" (p.461).

Of importance to this study is that "the exposure to electronic as well as print media has consistent effect on HIV-related stigma perceptions. Newspaper and TV

significantly influence men's perceptions, whereas cinema and radio also play important roles in altering the stigma perceptions of women in different contexts" (p.461). Whereas how the different sexes viewed the stories depending on the medium of news is not part of the study, this is a critical point to note as it provides an understanding that the information shared by the media definitely has an effect on the audience although what kind of effect depends on what type of stories they are fed and what words are emphasized over time, among other categories of data presented.

3.10.9 Justification of Use of Content Analysis by Researchers

Content analysis of newspaper reporting has been used by many researchers to gain insight into media reporting and its consequences. The method is popular with researchers in the media because "it is an efficient way to investigate the content of the media, such as the number and types of commercials or advertisements in broadcasting or print media' (Wimmer & Dominick, 2011, p.156). Referring to Dovring (2009), the authors explain that the first example of what may be seen as content analysis is probably the "examination of 90 hymns published in Sweden in 1743" (Wimmer & Dominick, 2011, p.156). In modern times, the authors say, content analysis as we know it today is attributed to World War II's Allied intelligence units who, in a bid to identify the concentration of troops deployed on the continent, monitored how many songs and what type of songs were played on European radio stations.

The popularity of using content analysis in data collection when studying newspaper reporting is also mentioned by Riffe & Freitag (1997), where they explain that about

25% of the full-length articles that were published in *Journalism and Mass Communication Quarterly* between 1971 and 1995 used content analysis. Kamhawi and Weaver (2003) agree that content analysis was the most popular method of data collection in well-regarded mass communication journals between 1995 and 1999.

Stevens and Hornicks (2014) used content analysis to examine the effect of newspaper reporting of the testing for HIV amongst the Black community in the US 1993-2007. Patel *et al* (2009) also used this method while assessing newspaper coverage of off-label drug use in the US 1990-2010. While focusing on print-media reporting, the authors reviewed news articles from the nation's six top-selling nationals to evaluate claims that readers tend to trust print media more than broadcast media. As is done in this study, where the two newspapers with the highest circulation were chosen for analysis, Patel *et al's* (2009) study was restricted to the six newspapers with the largest circulation.

The selection of newspapers that reach a wide audience in Namibia both geographically and demographically is also supported by Patel *et al* (2009) who reviewed newspapers that reached a wide audience in the US because of geography and demography. Two newspapers were national, the general-interest paper *USA Today* and the business periodical *Wall Street Journal*. The nationally recognized *New York Times* and *Los Angeles Times* were also sampled. Two large regional newspapers, the *Chicago Tribune* and *Washington Post*, were included to provide geographic and demographic diversity. Of interest in the research was "the number of articles published, article themes, headline and content tone, concerns and benefits discussed with off-label use, drugs discussed, and primary individuals interviewed

for the article" (p.787), as some of these notions, such as specific words found in the headline, resonate with this study.

Content analysis of newspaper stories was also used by Kirby (2008) to analyse the success of programmatic approaches to AIDS prevention as well as the impact of the reduction of AIDS in Uganda, a country that was among the first to contain the spread of the disease and which also forms part of this study. Kirby reviewed stories in the following media - *The New Vision* 1986-1995; *Munno* 1985-1990; a book, *Slim* by Ed Hooper (1990) and an HIV report *And Banana Trees Provided the Shade: The Story of AIDS in Uganda* by the Uganda AIDS Commission (2003). Just like *The Namibian*, *The New Vision* has one of the highest distributions in Uganda. On the other hand, *Slim* is a newspaper reporter's first-hand account of the outbreak of AIDS between the years 1986 and 1989 and documents many events at that time and people's perceptions of those events while *And Banana Trees Provided the Shade* is a thoughtful summary of what Ugandans did to reduce AIDS prevalence in that country.

The above use of content analysis by various researchers provides support for the use of content analysis in this study and helps to show its usefulness in documenting various aspects of newspaper reporting on HIV & AIDS over the years.

3.10.10 Limitation of Using Content Analysis

All research approaches, including content analysis, have limitations. For example, content analysis is a purely descriptive method and describes what is there but may not reveal the underlying motives for the observed pattern ('what' but not 'why').

Wimmer & Dominick (2011) explain that "content analysis alone cannot serve as the basis for making statements about the effects of content on an audience" (p.153) which provides further justification for this study also using discourse analysis.

Another limitation is that by using content analysis to identify words or terms used only in stories that have HIV or AIDS or both in their headlines, this may also have excluded stories on HIV or AIDS which did not have the headline with the words HIV or AIDS or both. Pedersen (2004) found that the method to identify women writers through their signatures in *feminine noms de plume* or content of their letters may have "excluded some women correspondents who did not wish to reveal their gender" just as in this study the research focused on only stories with HIV or AIDS or both in the headlines. Pedersen's research focused exclusively on "correspondents who were willing to be identified as female in their correspondence to the newspapers. In this way, it was hoped to identify the issues which impelled women out of their domestic and private sphere and into the more public sphere of newspaper debate" (p.11). In a similar way, content analysis in this study may miss out on prevalence of some of the words if a story does not have HIV or AIDS in the headline.

3.10.11 Use of Discourse Analysis

Discourse analysis was used to interrogate the language, words and terminologies of the newspapers being reviewed. This section also presents a review of news values, in relation to the pages on which the stories were published. The issue of news values will be discussed further in the interview findings presented in Chapter 4. Fairclough (2003) explains that discourse analysis in social sciences is strongly influenced by

the work of Foucault (1972) and Fairclough (1992). A relevant definition is by Paltridge (2008) who explains that:

> Discourse analysis focuses on knowledge about language beyond the word, clause, phrase and sentence that is needed for successful communication. It looks at patterns of language across texts and considers the relationship between language and the social and cultural context in which it is used. Discourse analysis also considers the ways that use of language is influenced by relationships between participants as well as the effects the use of language has upon social identifies and relations. It also considers how view of the world and identities are constructed through the use of discourse. Discourse analysis examines both spoken and written texts (p.2).

This applies to the dataset under review, where a phrase such as 'HIV/AIDS' is frequently used but according to the *UNAIDS Terminology Guidelines*, inaccurately, as it makes the burden of the disease seem larger than reality: one cannot have both HIV and AIDS. This is further revealed by a key author in content analysis, van Dijk (1991), who explains that "discourse, then is said to include everyday interaction and form of consciousness, constituting the medium of the social construction of reality" (p.64). Discourse analysis "emphasizes the obvious, but as yet, not fully explored fact that media "messages" are specific types of text and talk" (p.64) and this is evident in many of the stories reviewed and the words and terms identified in this study (see Appendix III (A & B) on the stigmatising words found in the stories reviewed).

Van Dijk (1991) also used discourse analysis to investigate the portrayal of industrial disputes in the media in the UK (1976 to 1980) in a similar way to which this research reviewed the portrayal of people with HIV or AIDS in media reporting. Unlike content analysis, which not only enumerates but also investigates how particular words are used, discourse analysis explains to us why the language in those words is used. Chomsky (2000) explains that the study of language is "one of

the oldest branches of systematic inquiry tracing back to classical India and Greece, with a rich and fruitful history of achievement" (Chomsky 2000, p.3).

Another view of discourse analysis relevant to this study is made by Fairclough (2003) who explains that discourse analysis also provides examples of written and printed texts that might be analysed, such as shopping lists, newspaper articles, transcripts of (spoken) conversations and interviews, television programmes and web pages. However, he warns that although any language in use is a 'text', this could be limited depending on what one is analysing as, for example, television texts also include visual images and sound effects. In this study, the language used was examined for stigma as comments and language determine what a reader will conclude about the story and, in this case, about people living with HIV or AIDS.

Hall (1997) defines representation as,

> the process by which members of a culture use language (broadly defined as any system which deploys signs, any signifying system) to produce meaning. Already this definition carries the important premise that things – objects, people, events in the world – do not have in themselves any fixed, final or true meaning. It is us – in society, within human cultures – who make things mean, who signify (p.61).

Discourse analysis is also used to analyse language-use and political discourse in the stories reviewed. Many of the articles not only cover issues of HIV & AIDS but general health and give examples of the rhetoric used by politicians during meetings, as covered by journalists. Post (2014) in her research on the representation of breast cancer reporting in the South African press used discourse analysis to review eight newspapers articles on their coverage of the disease. The author finds two themes suggesting that "South Africa's social norms, values and ideologies surrounding health, and specifically breast cancer, are reflected in the media coverage," (pp.2-3).

Drid (2019) also reviewed how discourse analysis is used in analysing news. Using "van Dijik's analytical framework for the study of news discourse" (p.701), the author explains that "the multitude of techniques that discourse analysis offers may benefit researchers when examining unexplored contexts and forms of news. This might enhance better news production" (p.701).

In analysing how reporters write on HIV or AIDS stories after events, this can be supported by research that Buja (2010) did on the discourse analysis of a newspaper article. The author explains that her "attempt at analysing the discourse of a newspaper article could be classified as a pragmatic approach, which focuses on the speaker meaning at the level of utterances situated in a context" (p.260). The author posits that the pragmatic approach to discourse analysis suggests that human beings work with very minimal assumptions about one another and that they use these assumptions as a basis from which to draw specific inferences about one another's intended meanings" (p.260). This could then explain in this study the importance of messages presented by reporters from the various events and how a reader may interpret them and thereby the need to be sensitive to those living with HIV or AIDS.

Use of discourse analysis is also supported by Littlejohn (2002) who argues that the use of discourse analysis has continued to rise and, in recent years, it has also been used in the area of public relations communication research and other fields to examine "the organisation of language at a level of analysis beyond the clause or the sentence" (p.76). This enables a focus on whole conversations or written messages, the way language is used in a context that is social. In reviewing words and terminologies used in HIV & AIDS reporting, van Dijk (1991) and Littlejohn (2002)

agree on the use of discourse analysis. van Dijk argues that, for discourse analysis to provide a thorough investigation into the areas of research, it is important that it "pays attention to both the study of media discourse and to the critical examination of the discursive mechanisms involved" (1991, p.x).

In view of the above, through the use of discourse analysis, this study investigates how specific reporters write about HIV or AIDS and how the words and terminologies they use may be interpreted. An example of this type of discourse analysis is the word *'Tantaweka'* which is used among the Ovambo people, the largest ethnic group in Namibia. The word was often used to mean people who are on their death beds and is widely used to refer to people living with HIV or AIDS though, with the advent of ART, this word is rarely used any more. Littlejohn (2002) provides a window into the use of such terms and explains that "discourse analysis enables us to look closely at how messages are organized, used, and understood" (p.76). By using such words, Onyewadume (2003) explains that language may be defined as the relationship between what is going on in our heads and the bodily activity perceivable by others and interpreted by them.

This study also reviews news values in relation to the pages on which the stories were published. This is because according to Galtung & Ruge's (1965), the page number where a story appears is critical and shows prominence.

3.10.12 Justification of Using Discourse Analysis

In this study, the use of discourse analysis is critical since it is used to provide better knowledge on how the various terms are used in reporting on HIV & AIDS.

Fairclough (2003) emphasizes this by explaining that terminologies used in various genres, such are used in stories on HIV & AIDS, need to be understood correctly as "some genres have fairly well-established names within the social practices in which they are used, others do not" (p.66). This means that how different people interpret what has been said in a story, the words or terms used in the story will differ and this is reviewed further in the findings on newspapers in Chapter 6.

In the UNAIDS guidelines, it is argued that the common use of words and terms that may seem harmless, such as "AIDS victim" and "AIDS orphan" can have a negative effect on the reader. Through use of discourse analysis, van Dijk (1991) explains that, when writing stories for newspapers, a type of language is used which emphasizes the obvious but not fully explored fact that "media messages are specific types of text and talk" which might have hidden meanings (p.44). He uses discourse analysis to systematically analyse how ethnic reporting is done in the press. He does this by studying "news reports as a particular type or genre of discourse, and not simply as an un-analysed 'message', as would be the case in traditional mass communication research" (p.44).

Moqasa and Salawu (2013) have also examined language use in the reporting of HIV & AIDS stories in South Africa. They made use of discourse analysis to determine the compliance of the newspapers that they reviewed (*Daily Dispatch, Daily Sun, Sowetan* and *The Star)* to media guidelines about the use of appropriate language or terminologies when disseminating HIV & AIDS stories.

Jensen (1995) emphasizes the importance of news in our daily lives as he says that most of the social and political knowledge as well as beliefs that readers derive from the many news reports they read or watch on television every day determines their daily conversations. In other words, readers/viewers will, more often than not, discuss something they read or saw in a newspaper, television or social media and Internet when they meet. It is therefore important that reporters ensure that what they publish does not end up with bias, stereotyping or stigmatising those they have written about.

In another study where discourse and content analysis has been used, Jackson (2013) examines racial undertones in how mainstream television in the US covered the 2007 kidnapping and rape of Megan Williams, up to late 2009. The publicity that the case received provided an opportunity for researchers to review topics that are rarely examined, such as "white-on-black rape and white female perpetration" (p.46). Just as in this study, where the two high circulation private and government newspapers were analysed, use of content and discourse analysis methods in the study by Jackson analysed the four television news channels that are most widely watched in the US. Jackson found "stark differences in ideological constructions of rape and race ...., suggesting that some news sources do more to reproduce raced and gendered discourses of privilege than others" (p.46). In this study, the high circulation of the newspapers determines the reach of the information provided in the stories and thereby, the impact is higher than in smaller publications.

3.10.13 Limitations of Using Discourse Analysis

Just as there are advantages of using discourse analysis, so are there limitations of using this approach. For example, how a word is viewed as stigmatising by one person may be different to another. Powers (2001) notes that some of the limitations that arise from use of discourse analysis are because “no claim is made for the absolute truth of the claims made in discourse analysis, competing claims are possible regarding the same discourse” (p.64). For example, a term such as ‘AIDS victim’ may be viewed as stigmatizing in one context but may be perceived as appropriately used to denote someone who has been negatively affected. The guidelines used in this research indicate what the word ‘victim’ may mean to a reader or the affected person.

3.11 Theoretical Framework

The use of theories in research is critical as they are “guidebooks for interpreting, explaining, and understanding the complexity of human relations” (Littlejohn, 2002, p.18). The main purpose of a theory, therefore, is to ask the question “What is going on?” (Williams, 2003, p.16). In this case, a theory is used to “explain how and why something has happened or why someone has behaved in a certain way” (p.16). He explains that theory informs research and guides researchers on how they should organize gathering of facts and world observation

This study has been informed by four key theories in order to understand various aspects of the research. These are *framing, priming* and *agenda-setting* which are known as media effects theories and social construction of reality theory

3.11.1 Framing of Stories and Framing Theory

Framing in mass media is how news coverage shapes the way the consumer of the information is affected. In this research, the underlying rationale is that the power of media in setting the agenda on how People Living with HIV or AIDS (PLWHA) are viewed, is well documented (Herek, 1999; Rompel, 2001). Goffman (1974) defines framing as a way of organizing experiences that we encounter as we use frames to identify what is taking place. He calls it the study of the 'organization of experience'. Chong and Druckman (2007) define framing as "the process by which people develop a particular conceptualization of an issue or reorient their thinking" (p.104).

Framing is an effective tool for convincing the reader that what they are reading is correct. Parenti (2009) offers examples of media manipulation such as "suppression by omission, attack and destroy the target, labelling, face-value transmission, false balancing and framing" (p.124). Expounding on framing, Hiebart (1996) describes framing as an effective tool that relies more on propaganda than lies. Through distortion of facts, by "using emphasis and other auxiliary embellishments" (Parenti, 2009, p.28), communicators are able to create the impression that they want a reader to have without necessarily "resorting to explicit advocacy" and ensuring that they remain as close to being objective as is visibly possible. According to Hiebart (1996) the way news is packaged, how much information is provided, where the story is placed, its tone (sympathetic or slighting) and the kind of headlines or photographs used, all play a role in framing a story for the reader. For broadcasters, visuals and auditory effects play a similar role. Who says what about the disease is also critical while Chong & Druckman (2007) refer to framing as "the process by which people develop a particular conceptualization of an issue or reorient their thinking about an

issue" (p.104). Framing can therefore be defined as a process in which some aspects of reality are selected, and given greater emphasis or importance, so that the problem is defined, its causes are diagnosed, moral judgments are suggested and appropriate solutions and actions are proposed (Entman, 1993).

Scheufele (1999) concurs with Parenti (2009) and Hiebart (1996) and posits that how something is presented influences the choices people make. With media in mind, readers make decisions depending on the information presented to them. This is in line with the *Rational Choice Theory* associated with Scheufele (1999) where he emphasises that people will always strive to make decisions depending on the choices they have. These expectations are further analysed by Baran and Davis (2006) who conclude that the expectations people have include stereotypes, attitudes, typification schemes and racial or ethnic bias. They posit that our expectations are based on previous experiences, which means that these are socially constructed over many years and can be difficult to change, even when contradicted by strong factual information to the contrary, and are often associated with strong emotions that include hatred, love or fear. The writers argue that due to these strong emotions, our ability to make sense of new information that could lead us to change our beliefs can be difficult (p.280).

On the other hand, Goffman, (1974) states that human beings are always monitoring the social environment for cues that signal when they should make changes, which in return provides the media with an elaborate way to reinforce something that they have already fed the public (p.284) or change the attitude of the people by presenting a balance or a correction of their stories. This would explain the difference between

media reporting on HIV prior to availability of ARVs and post ARVs as seen in stories reviewed. Whereas words described as 'stigmatising' as per the guidelines are prevalent in the earlier years, post provision of ARVs in 2003 it is noticeable that some writers use fewer stigmatising words. This may be attributed to training, which, however, according to one interviewee in Chapter 4 (NN011), was rare but very important and determined how he wrote stories on health or HIV & AIDS thereafter.

This research provides various examples of how framing affected how society viewed those with HIV or AIDS and thereby forming various opinions about those living with the disease. McQuail (1994) argues that framing is characterised by the belief that the media has specific effects, given that people view it as a provider of information that one personally would not otherwise be privy to. Vreese (2005) suggests that "Framing involves a communication source presenting and defining an issue" (p.12) and posits that framing is used widely in the communication discipline as a way of guiding both the investigator and the reader on how to review the content in the media that affects the opinion of the public.

3.11.2 Agenda Setting Theory

"The press may not be successful much of the time in telling people what to think, but it is stunningly successful in telling its readers what to think about." — Bernard Cohen (1963, n.p.n)

The words above by Cohen (1963), who is also associated with agenda setting, sum up the importance of the theory. McCombs (2005) explains that "those aspects of public affairs that are prominent in the news become prominent among the public" (p.543) and this has been replicated the world over and is further illustrated below.

Photo by David Karell

Figure 3.1. How the media sets the agenda in our minds.

Agenda setting theory deals with issues that the media wants its audience to view as important, which is a key component of what this study entails, in that the views on HIV or AIDS and those living with the disease are created in the minds of the readers depending on how the stories were written, the slant they took, the continuity of the stories and the frequent use of certain words. The theory is also traced back to Walter Lipmann's book, *Public Opinion* where in the first chapter, '*The World Outside and the Pictures in Our Heads'* he argued that the mass media are the principal connection between events in the world and the images in the minds of the public.

Many years later, Max McCombs and Donald Shaw, in studies on the 1968, 1972 and 1976 American presidential elections, showed the relationship between residents interviewed and their views, which were related to what the media had highlighted as the most important election issue. The 1972 study, published in *Public Opinion Quarterly Journal,* revealed how the audience views what the media says as critical. In the current research, this is critical as the stories published, the messages in the

stories, where the stories are placed, words used or emphasized in reporting on HIV or AIDS were seen to represent the audience's opinion on the disease.

3.11.3 Priming Theory

Priming theory is closely related to agenda setting and is seen as the predecessor to agenda setting theory. Scheufele (2000) explains that "agenda-setting on the one hand and priming as a direct extension of out of agenda-setting" (p.299) with Iyengar & Kinder (1987) seeing the two theories as "based on the same assumption or premises," (p.299). Both theories are discussed interchangeably.

Priming refers to how we react to a preceding event or stimulus. Among many other scholars, the idea of priming emerged in Bargh, Chen, and Burrows' (1996) study whereby participants unwittingly exposed to the stereotype of age walked slower when exiting the laboratory. Since the study was done, a social psychology perspective that shows that behaviour is often driven by unconscious determinants has become widespread. This effect, known as priming, relates back to Jo & Berkowitz (1994) who theorise "that the presentation of a certain stimulus having a particular meaning 'primes' other semantically related concepts, thus heightening the likelihood that thoughts with much the same meaning as with the presentation stimulus will come to mind" (p.46). Berkowitz named the research the 'cognitive-neoassociationistic perspective' (Baran & Davis, 2015, p.175). Shrum (2009) explained that Jo & Berkowitz (1994) imply "that frequent viewing of violent media portrayal primes particular constructs (e.g aggression, hostility) and thus makes these constructs more likely to be used in behavioral decision as well as judgment about others" (p.56).

Scheufele and Tewksbury (2007) explain that priming “occurs when news content suggests to news audiences that they ought to use specific issues as benchmarks for evaluating the performance of leaders and governments. It is often understood as an extension of agenda setting” (p.4). Priming and agenda setting “assume that people form attitudes based on the considerations that are most salient (i.e., most accessible) when they make decisions” (Hastie & Park, 1986, p.4). In this study, priming was used mainly, for example, if a story often uses ‘AIDS victim’/’Fight Against’ whence the reader is more likely to create a negative mindset that those with HIV will ultimately get AIDS and secondly, there is a hopelessness felt towards anyone living with HIV. Iyengar & Kinder (1987) also argue that priming is a temporal extension of agenda setting.

By making some issues more salient in people’s mind (agenda setting), mass media can also shape the considerations that people take into account when making judgments about political candidates or issues (priming) (Scheufele & Tewskbury, 2007); this notion resonates with this study. This again may be viewed over time as the negative mindset develops in the minds of readers and any time one hears someone has HIV – which is often thought of as AIDS – the word ‘victim’ comes to mind. As Iyengar & Kinder (1987) in Baran & Davis (2015) explain about the “agenda-setting hypodissertation: Those problems that receive prominent attention on the national news become the problems the viewing public regards as the nation’s most important” (p.16).

3.10.4 Social Construction Theory

This research also engaged a social construction theoretical framework where the researcher reviewed the critical literature that underpinned the discourse on social

construction and framing which results in stigma and stereotyping towards those living with HIV or AIDS in Namibia. This was intended to provide further insight into the subject of framing in the two newspapers reviewed. The researcher reviewed works which address social construction such as Berger & Luckman (1966), Pearce (2009) regarding framing in the media; agenda setting and use of metaphors by Sontag (1991) concerning the power of the media in constructing realities for their audience; the ethical considerations towards the same (Bruner, 1991); and the effects of media communications on individuals and on society and the social role this information serves (McNair, 2009).

Altheide and Devriese (2007) in their research on the construction of reality by the media in reporting on military, criminal justice and religion and the consequent stigma this causes, explain that:

> the origin of words and images of ourselves and others is foundational in the social construction of order and meaning. Whatever labels we give to various things matters because symbols, particularly names, reflect an actor's sense of what is appropriate for an audience with respect to history and context, intentionality, and character. From the standpoint of symbolic interaction, we are symbolic entities that reflect appropriate meanings for others (p.383).

In constructing reality, sometimes the media reflect reality like a mirror and sometimes construct their own version of reality in a particular way. This demands a deeper look into agenda-setting which relates to the broader construct of a social concept of reality. This is discussed further elsewhere in this chapter in terms of the two Namibian newspapers and how they framed HIV & AIDS stories. There is also a relationship with political discourse which will be expounded in Chapter 6 when the results and conclusions are presented, as the variables that shape the news are critical in how people living with HIV or AIDS are viewed in Namibian society.

3.12 Research Population

The research population for this study consists of *The Namibian* and *New Era* newspapers. These are selected because they represent the highest circulation for the private newspaper (*The Namibian*) and the highest circulation for a government owned newspaper (*New Era*). A total of 1334 newspaper editions were reviewed: an average of 20 editions per month, for six months of the year, for the years 2000, 2002, 2004, 2006, 2008, 2010 and 2012. There are no weekend newspapers in Namibia. During the month of December, newspaper publication stops around 20th to 23rd. Publication resumes in January around 2nd-3rd or if it's a weekend, the following Monday. After taking a break on Friday and Saturday, *The Namibian* staff resume work on Sundays if it is not a public holiday. The *New Era* staff work on Friday up to lunch hour and part of the team resumes on Sunday for the Monday newspaper.

3.13 Goals and Use of Guidelines Used to Identify Words and Terminologies

In this section, the goals of the various guidelines used are provided. The *UNAIDS Terminology Guidelines (2015)* state that they were created specifically because "language shapes beliefs and may influence behaviours: thus, the use of appropriate language, arguably has the power to strengthen the global response to the AIDS epidemic" (p.3).

The words identified as potentially stigmatising are drawn from:

i. *United Nations Program on HIV/AIDS (UNAIDS) Reporting Guidelines (2015)*. Whereas the document started as a 20 page manual, the current one (2015) is a 64-page detailed manual
ii. The 94-page *Kaiser Family Foundation (KFF) Reporting Guidelines* (2009)
iii. The 138-page *UNESCO Guidelines on Language and Content in HIV -*

and AIDS - Related Materials (2013).

Both the KFF and UNESCO guidelines also refer to the UNAIDS guidelines. However, there are some words which UNAIDS recommends should not be used but they are found in the KFF Guideline as a normal word to use. An example is that the KFF guidelines use the term HIV/AIDS which, although it does not stigmatise, UNAIDS suggests should not be used and instead recommend the use of HIV or AIDS or HIV & AIDS as one can only have one and not both conditions. In addition, unlike UNAIDS which reviews its Terminology Guidelines regularly, Kaiser reviewed their reporting guidelines in 2013 while UNESCO guidelines have not been reviewed. The updated UNAIDS Terminology Guidelines used in this study was published in 2015.

It should be noted that, although the *UNAIDS Terminology Guidelines* provide 35 key words and other terms which they recommend should not to be used, only the words specified as stigmatising people living with HIV or AIDS were identified in this study. The use of the words that are not stigmatising are said to be grammatically incorrect. For example, some words such as ‘prevalence rates’, ‘HIV/AIDS’ and others do not stigmatise those living with HIV or AIDS but the guidelines explain that “the term prevalence rates is not used; prevalence is sufficient” (p.38). ‘HIV/AIDS’ is another term that the guidelines explain should not be used. UNAIDS guideline says that “the expression HIV/AIDS should be avoided whenever possible because it can cause confusion. Most people with HIV do not have AIDS” (p.8). Use of such words can subconsciously stigmatise people with HIV or AIDS as their constant use may cause framing in subconscious thoughts by the readers (Entman, 1993). When words such as HIV & AIDS are used together such as HIV/AIDS, the

guidelines' position is that the magnitude of the illness (HIV plus AIDS) may seem larger than it is in actual fact, given the provision of antiretroviral medication to prolong life.

The KFF guidelines provide a more journalistic focus than UNAIDS and UNESCO, which are general types of guidelines covering all writing from journalism to research. The KFF guideline "has been designed for journalists who are covering the global epidemic for the first time and for those who have covered it previously. The Kaiser Family Foundation undertook this project as part of its continuing commitment to supporting good journalism and to combating HIV/AIDS through public education and awareness" (p.3).

3.14 Identification and Definition of Variables

Articles were chosen for review using the following variables:

- headlines with HIV or AIDS,
- dateline (stories that appeared during the months of January/February, July/August and November/December in periods of the years 2000, 2002, 2004, 2006, 2008, 2010 and 2012),
- byline and source – local byline from a story written locally, not from an international source.

Other reviews were based on portrayal in the stories of people living with HIV or AIDS through stigmatising words and terminologies drawn from the three guidelines used in the research and pages that the stories are published in. Once a story with the words HIV or AIDS in its headline was identified, it was reviewed to identify whether it contained any of the words listed in the guidelines in accordance with above variables.

3.15 News Values of Stories

In the media, news values or how important a story is, is identified by its proximity to the beginning of a broadcast or front of a newspaper. In newspapers, the back page is also an important avenue for presentation of stories of high value, be it sports or other. Indicators of news values are given in Galtung & Ruge's (1965) list, still used by editors to decide where to use various stories, and discussed by Fowler (1991) who stated that "… a widely accepted analysis of news values in the following list of criteria factors formulated by Galtung and Ruge are worth studying in detail and in particular, it is worth reflecting on the great extent to which the factors are cultural rather than natural" (p.13).

The values identified by Fowler (1991, p.13) are: *Frequency* (where and how often a story was reported within a publication cycle of news); *Threshold* (intensity, which determined where a story appeared, such as when reporting a gruesome murder) with level of impact being important on whether it would be used or not; *Unambiguity* (if a story is clear and easy to understand, it will be used); *Meaningfulness* (where a story was more culturally familiar); *Consonance* (a predictable finality of a story); *Unexpectedness*; *Continuity* (a good story that is still in the news); *Composition* (a story that fits into the overall balance of a newspaper or broadcast); *Reference* (especially to elite people and nations and is of consequence). A reference to something negative can often be considered both unambiguous and newsworthy.

News values are often determined by senior people in the newsroom. In Namibia, Rothe (2010) explains that, based on interviews with editors of media houses, the final decision of where a story is placed depends on an editor. This is especially so

with newspapers with a high circulation such as *The Namibian* and *New Era* (the basis for this research) and *Republikein,* a newspaper written in the Afrikaans language and the largest non-English newspaper in Namibia. However, it is important to note that making the decision on where a story fits in, is not the only responsibility that the editors have. Rothe (2010) posits that these three newspapers editors also hold other responsibilities and are consulted on the main topics of the day, as well as other critical matters that arise in the newsroom.

There are various reasons an editor may have a final say in what story ends up where. According to Gwen Lister, then the Executive Editor of *The Namibian* and now Managing Director of DMH Group which owns the newspaper, bias on matters that might be close to the heart of the editor might find room in the newspaper. Reisner (1992) explains that "editors routinely signal front page newsworthiness by elaborating/defending their choices and work hard to defend the newsworthiness of their choices" (p.1). However, she also states that stories are more likely to be chosen to appear on the front page if they have been part of a recent ongoing story in the community or beyond.

Decisions on which stories appear on which page and at what level of the eye are done in different ways but are generally similar in all media houses. Cited in Rothe (2010, p.167), an editor for *Allgemeine Zeitung*, a German language newspaper in Namibia, explained that, "in 90 per cent of the case, there is consensus, everybody thinks the same way and says: this is the strongest story" (p.167). That means a decision on where a HIV or AIDS story is placed may be a decision by more than

one person, which could mean that the decision to use HIV or AIDS stories, or not, in certain pages is a decision made by many senior people in the newsroom.

3.16 Findings and Discussion

3.16.1 Coverage of HIV & AIDS Stories in the Two Newspapers

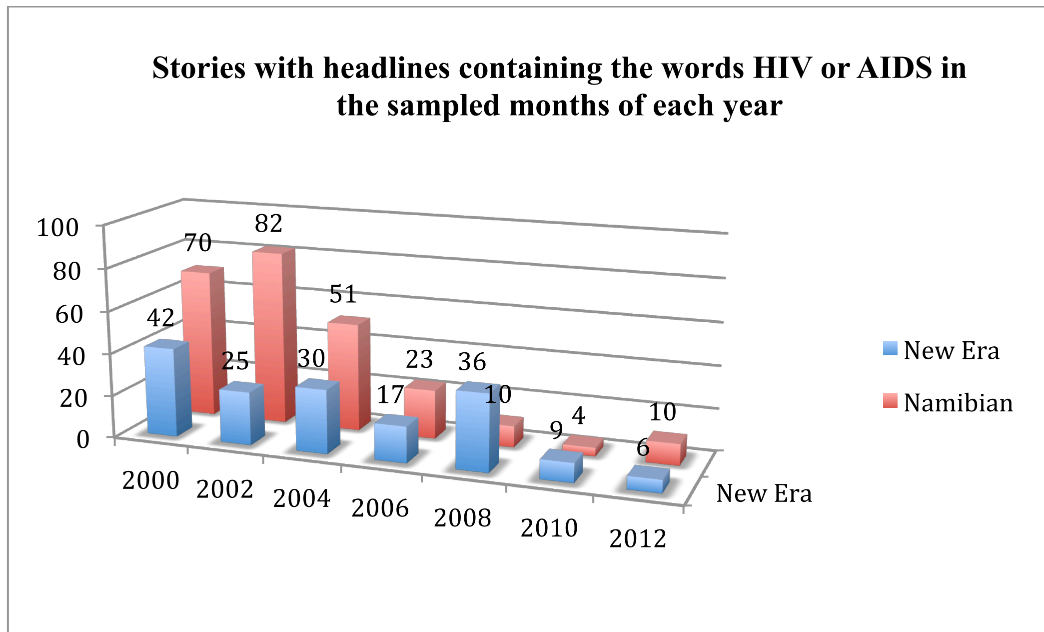
A number of key observations eminate from this study. One of those is the dwindling coverage of HIV & AIDS stories. This is noted elsewhere in this study under Findings, where by 2012 stories on HIV & AIDS had started to appear less often. This is also important in this study as it provided an insight into why one newspaper has more stories on HIV or AIDS than another, why there are fewer stories written on HIV & AIDS during the month of December in one newspaper than the other and further, the importance of training journalists reporting on HIV & AIDS for one newspaper and not the other.

In the six months a year and seven years in total under review, 417 stories from 1334 newspapers were found in the two newspapers and a summary is herebelow:

- In 2000, *New Era* ran 39 stories with a headline that included HIV or AIDS, while in *The Namibian*, there were 70 stories.
- In 2002, there were 25 stories in the *New Era* and 82 in *The Namibian*.
- In 2004, there were 30 stories in the New Era and 52 in *The Namibian*. In 2006, the *New Era* had 19 as opposed to The Namibian's 23.
- In 2008, the figure shot up to 36 in *New Era* while *The Namibian* had 10.
- The decline in reporting can be seen over the years for both newspapers whereby in 2010, there was remarkable reduction of *New Era* stories to nine while in *The Namibian* there were four.
- In 2012, only eight stories were published in the *New Era* as compared to 10 in *The Namibian*.

The following bar chart illustrates the trend:

Figure 3.2 Stories with HIV or AIDS headlines



The increase or reduction of stories in the newspapers can be compared to models and theories in health communication (Airhihenbuwa & Obregon, 2000) for HIV& AIDS. The authors emphasize that HIV & AIDS is to a large extent a construction of the media, a view that Parrott (1996) concurs with, where he explains that media frames can serve to close the sense-making gap, or the gap between what one group views as real and what another group experiences. This means that the media can choose to cover and write about HIV & AIDS stories or not and this would determine whether the stories remain alive or not.

On the other hand, HIV & AIDS fatigue was blamed by the media respondents interviewed as a reason for not writing more stories. This is discussed further in Chapter 4 which reviews the interviews with varied respondents. This emphasizes the finding that reporting largely involves the mindset of the reporter as well as the event being reported on and while what is reported on should be the event as it occurs, how it is reported is dependent on the reporter. However, it is important to

note overall that there are fewer stories with the headline HIV or AIDS in the *New Era* newspaper than in *The Namibian*. It is not clear why this is the case but it could be viewed in two ways:

- one, that HIV & AIDS fatigue keeps readers from stories that have HIV or AIDS in them or
- secondly that reporters chose not to write on these stories for other reasons.

3.16.2 Placement of HIV & AIDS stories in *New Era* and *The Namibian*

See Appendix II (a, b, c, d, e) on pages where stories are placed in both newspapers. In journalism the positioning of a story is critical since the page on which it is placed indicates a story's importance. Mensing and Greer (2013) explain that the most important stories in a newspaper are on page 1, followed by 2 and 3 and finally, 4 and 5. The back page may be equally as important but this depends on what the newspaper covers on the back page. A number of stories also continue from page 1 to other inside pages. *The Namibian* and *New Era* newspapers have sports on the back page and therefore these were not reviewed.

The above views also resonate with Mwangi's view (July 31st 2016), a seasoned journalist and former Nation Media Group (Kenya) editorial director. In a telephonic interview, Mwangi, who worked for the *Nation Media Group* in Kenya for over 30 years rising from a reporter to the overall chief, indicated that the most important pages were "primarily pages 1, 2, 3 and the back page. Page 1 is regarded as the "shop window" of the paper. From page 1, readers tend to turn either to pages 2 and 3 or the back page, before immersing themselves in the rest of the paper".

Understanding the implications of news judgment – in journalism overall and within each medium – has been an integral part of major communication theories including agenda setting, priming and framing. Mensing & Greer (2013) explain that "most newspaper readers understand clearly that articles placed above the fold on the front page are the most important in that issue and that the story with the largest headline is the top story for the day" (p.284). Clyde and Buckalew (1969) posit that news editors use the elements of conflict, proximity, and timeliness most frequently to determine the newsworthiness of a story. This means that editors decide, depending on the importance they give to a story, where to place it. Interviewees NN05, NN10 and NN11, who work in the media, concurred with this, as reported in Chapter 4.

Assigning stories to the newspapers is a critical editorial task. Asked how the page number of story was determined during his time at the Nation Media Group, Mwangi (July 31st, 2016) explained that they followed the rule of thumb "to assess the importance or value of the story in terms of newsiness, likely impact, interest (whether local, national, regional, or international), freshness or currency, etc. So, depending on how it scored against these criteria, the editor would be able to determine where to place the story within the full range of the paper".

On whether a story would have made it to page 1, Mwangi (2016) said:

> Most certainly, and often did. In the early days of the HIV/AIDS infection, reader interest was at its peak basically driven by several factors -- curiosity about this strange affliction that didn't seem to have a cure; the need to find out how it was spread and how one could avoid it; curiosity about its prevalence and the risk factor, etc. As the myth about the disease and rate of infection heightened, interest in news about global efforts to research a cure grew. In the mid-90s, for instance, Kenya was thrust into the world limelight when local researchers announced a "breakthrough" in the fight against HIV/AIDS with the development of drugs such as Kemron and Immunex. The claim itself was controversial and it generated a lot of drama; such stories were clear candidates for the front page.

Mwangi's sentiments resonate to some extent with one of the interviewees, NN11, a media staffer with one of the newspapers in Namibia, who noted that in the earlier days, HIV & AIDS stories made it to the front page but over the years this has reduced and even general reporting on HIV is rare, a sentiment that was expressed by many of those interviewed from organizations that deal with HIV & AIDS in Namibia.

As shown in the tables in Appendix II (A,B,C,D,E) indicating on which pages stories are placed and in Figures 3.2-3.5 below (stories on Page 1 appear in Appendix II (A) only), there were only a handful of stories on pages 1 to 5 of the newspapers during the period under review. Many of the stories relating to HIV & AIDS in *The Namibian* for example appeared after page five (see Appendix III (A) and (B) on Stigmatising HIV & AIDS Words and Pages). A recommendation is made for research on the page numbers where HIV & AIDS stories were found. For the purpose of showing news values, the number of stories that appeared only on pages 1 to 5 are provided in the tables. It is important to note as previously mentioned that both newspapers under review have sports stories on the back page which are also very popular pages in a newspaper.

In the tables, in the years 2000, 2002, 2004, 2006, 2008, 2010 and 2012, the following HIV or AIDS stories found their way into Page 1 to 5:

- page 1 were 15 in *The Namibian* and seven in the *New Era (*see Table 3.1) a total of 22 stories.
- page 2 (see Table 3.2), there were nine stories in *The Namibian* and eight in the *New Era* a total of 17 stories.
- page 3 stories (see Table 3.3), that appeared in *The Namibian* were 17 and 11 in the *New Era* while a total of 28 stories
- page 4 stories (see Table 3.4), were two in *The Namibian* and 10 in the *New Era* a total of 12 stories.

- page 5 (see Table 3.5), 22 stories appeared in *The Namibian* while eight appeared in the *New Era* newspapers a total of 30.

In total, the five key pages 1 to 5 had a total of 109 stories while the rest (308) appeared in the other pages.

3.16.3 Stories on Page 1 of *New Era* and *The Namibian* Newspapers

For the years under review, there were only a total of 15 page 1 stories with HIV or AIDS in the headline in *The Namibian* and seven in *New Era*. Of importance to note is that in the *New Era*, there were no such page 1 stories in 2002, 2004, 2010, 2012. This may suggest HIV & AIDS story fatigue, more so in the government owned newspaper.

Figure 3.3 Stories on Page 2 (See also Appendix II (B))

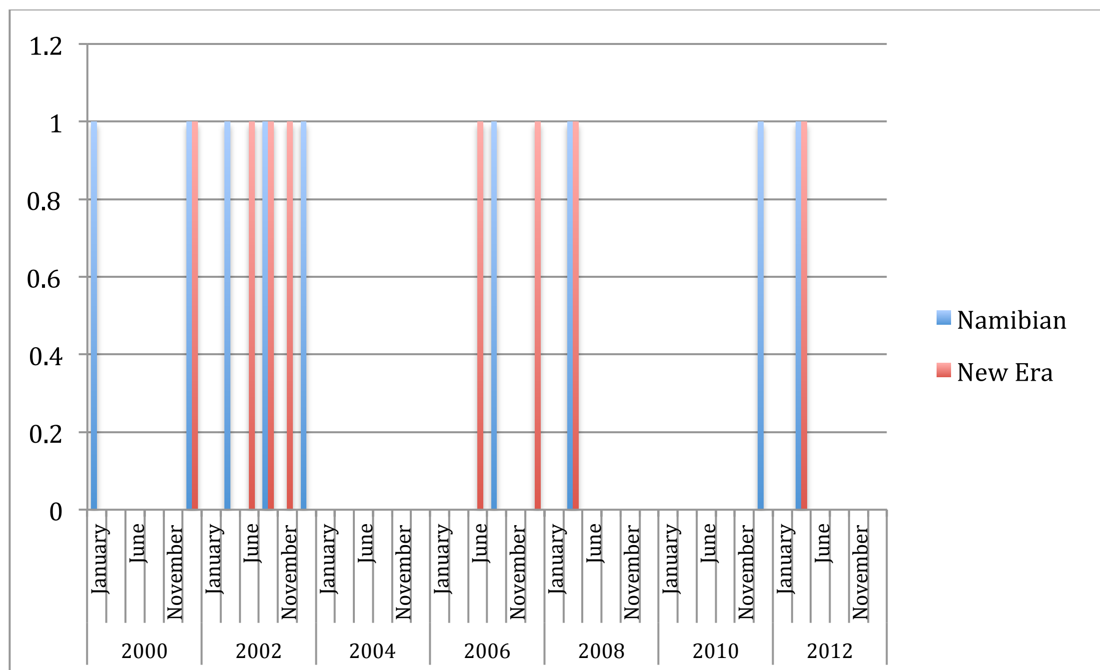


Figure 3.4 Stories on Page 3 (See also Appendix II (C))

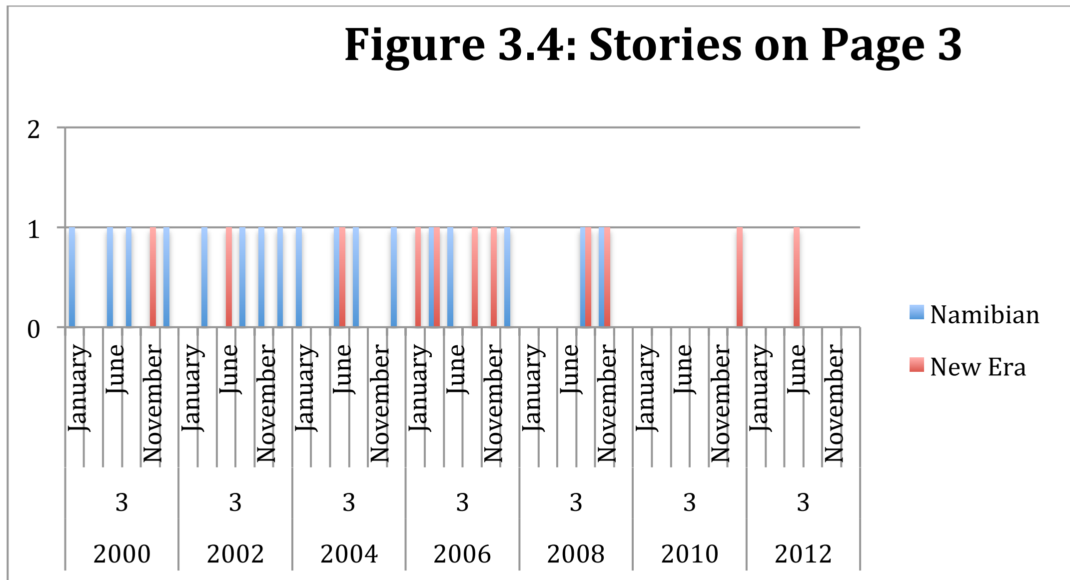


Figure 3.5 Stories on Page 4 (See also Appendix II (D))

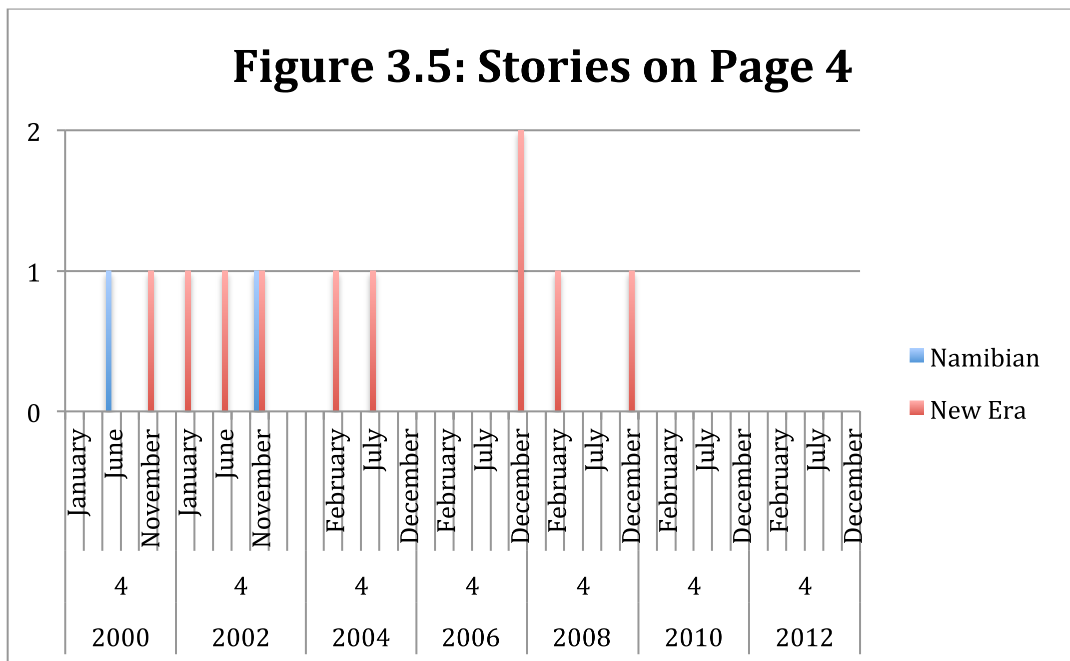
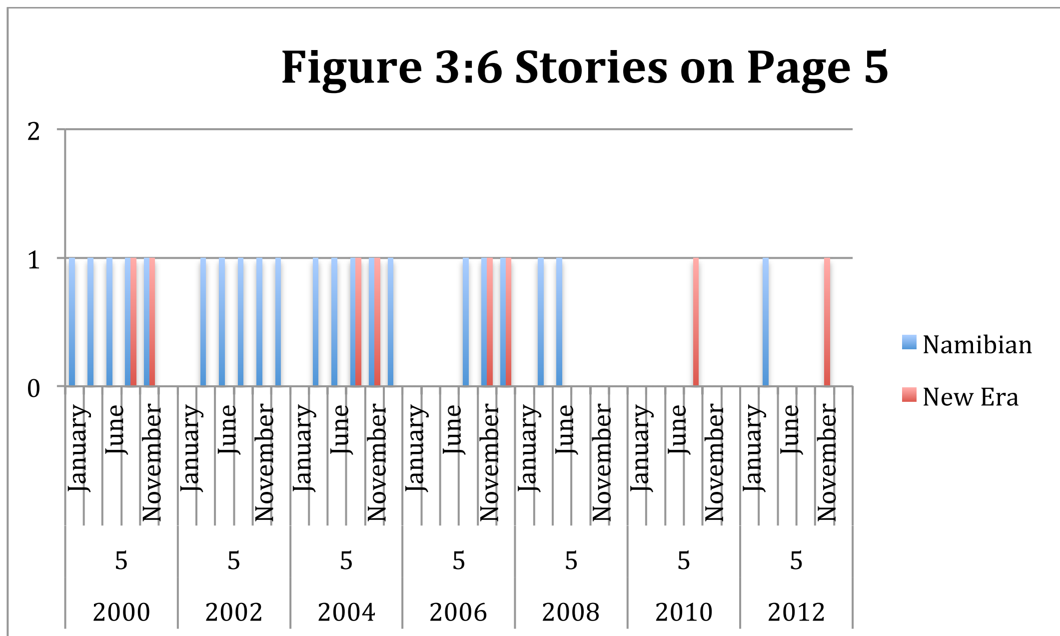


Figure 3.6 Stories on Page 5 (See also Appendix II (E))



A key occurrence to note are the findings for the month of December, with World AIDS Day falling on December 1. Whereas one would expect stories on the front page commemorating the day, this only happened occasionally. In *The Namibian* for example, December 1 only has stories in 2000, 2002, 2004 and 2010. In 2010, there are two stories on HIV & AIDS on the front page. On the other hand, in the *New Era*, stories in December appear only in 2006 and 2008. There are several interpretations to this and this will be revisited in the interviews as a number of respondents explained there was a lack of interest in HIV or AIDS stories and therefore, no need to publish them. Another interpretation to this would be disinterest by the media itself.

3.16.4 Data and Findings of *New Era* newspaper 2000-2012

See Appendix III (A) for Stigmatising words and page number of stories in *New Era.*

Table 1 in Appendix III (A) presents the dataset from the *New Era*. Many words were found to be related to the stigmatising words mentioned in guidelines but were not found within the guidelines framework precisely in that form. Some of the words identified are: 'deadly killer disease', 'killer disease', 'ravaged', 'outbreak of AIDS' and 'full-blown AIDS' which could easily create a negative mindset for the reader about persons with HIV or AIDS as having an ailment that is hopeless, as indeed the disease was viewed before the provision of ARVs which have helped to prolong lives.

3.16.5 Findings on *New Era* Stories

Table 1 in Appendix III (A) demonstrates that 165 stories in the *New Era* newspaper with HIV or AIDS in the headlines, some of which included stigmatizing terms as per the three guidelines, were reviewed. The stories appeared in pages 1-21 and 26. Of these, pages 5 and 17 have the highest number of stories at fourteen and eleven respectively. These are followed by page 7 with eight stories, page 4 and 6 with seven stories and page 3 and page 13 with six stories. Every page of the newspaper up to page 21 has a story while there is one story as far back as page 26. In terms of the most significant pages for newsworthiness, five stories appeared on the front page (page 1), regarded in the media as a key page for a story to appear, five on page 2, six on page 3, seven on page 4 and fourteen on page 5.

The first five pages are generally regarded as the critical pages for stories to appear in, as Galtung & Ruge, (1965) explained in their *News Values* list, which has been used for many decades. Their key values: *Impact*, *Audience identification* and *Pragmatics* of media coverage still guide the perceived importance of stories.

However, it is important to note that while these may be the top pages for stories to appear in, the respondents interviewed who work with organisations that deal with HIV & AIDS, do not hold the same view. Interviewee NN04 for example felt that for the media to use a HIV or AIDS story on the front page, it will more often than not be when there is something negative to report on. This is further discussed in Chapter 4 on Interviews.

Another key finding concerns the pages on which stories appeared during December, the month viewed as critical to HIV & AIDS as World AIDS Day is celebrated on December 1. Whereas it was expected that due to the celebration of World AIDS Day, there would be more stories appearing on page 1, only two stories in the years reviewed appeared on page 1.

Another key finding was the reduction of HIV & AIDS stories as the years progressed. Whereas in 2000 there were eleven stories, in 2002 this dropped to two but rose again to six in 2004, seven in 2006, nine in 2008 and then a major drop in 2010 and 2012, when only two stories appeared during the months of December.

3.16.6 Stigmatising words in *New Era* stories and their frequency

The table below details the words/terms and frequency that appear in the newspaper.

Table 3.1 –Stigmatising words in *New Era* Stories See Appendix IV (A)

	Stigmatising Words	**Frequency**
1	AIDS/HIV-AIDS cases	5
2	Scourge	1
3	AIDS diagnosed	1
4	Fight Against / Fighting HIV/AIDS / AIDS fight, HIV fight, War against HIV/AIDS / "Fight against" the pandemic / HIV battle	19
5	Victims / AIDS victims / AIDS patient / AIDS sufferers / HIV carriers / HIV / HIV/AIDS infected people / HIV carriers	16
6	HIV pandemic / HIV/AIDS pandemic / AIDS pandemic / Deadly pandemic	13
7	Combating the spread of the killer disease / Combat spread of HIV/AIDS / Campaign against HIV/AIDS / Struggle against AIDS / Combat HIV/AIDS / Conquering HIV/AIDS	7
8	AIDS infection / HIV Infection rates	3
9	Living with HIV/AIDS/ People living with HIV/AIDS	2
10	Died of HIV/AIDS	1
11	HIV positive women	1
12	HIV positive children	2
13	Outbreak of AIDS	1
14	HIV infected, HIV infected people, HIV/AIDS positive	3
15	Programs to fight HIV/AIDS	1
16	Curb spread of HIV/AIDS	1
	Total Prevalence of Words Found	**77**

3.16.7 Data and Findings of *The Namibian* Newspaper

Appendix III (B) demonstrates that 250 stories in *The Namibian* newspaper with HIV or AIDS in the headlines or both also included stigmatizing terms, as per the guidelines used in this research. In Table (B) in Appendix III, stories appeared on pages 1-15, 17-19, 21, 24, 25, 29. The pages with the most stories were pages 5 with twenty one stories, page 3 with nineteen stories, page 1 with seventeen stories followed by page 6 with ten stories and pages 2, 7, 11 with nine stories each. It is interesting to note that although that there were HIV & AIDS stories on more pages, these tended to be later pages than in the *New Era*, notably pages 24, 25 and 29.

A key finding concerns the pages where many HIV & AIDS stories in *The Namibian* appeared in December compared with *New Era,* pages 5, 3, 1, 6, 9 and 11 respectively having the most stories. While *New Era* had only two stories with HIV or AIDS on its front page, there were forty two front page stories in *The Namibian*. Whereas it was expected that due to the celebration of World AIDS Day, there would be more stories appearing on page 1, only two stories in the years of review appeared on page 1.

Another key finding was a major reduction of HIV & AIDS stories as the years progressed, as compared to *New Era*. Whereas in 2000 there were seventy stories, in 2002 they increased to eighty two but dropped to fifty one in 2004, twenty three in 2006, ten in 2008, three in 2010 and then picked up a little in 2012 back to ten. This showed a significant drop in the number of stories over the years. However, compared to *New Era* which had two stories during December, there were sixty five stories written during the months of December. This could be attributed to specialisation and training of journalists in *The Namibian* as opposed to the ones in *New Era* as explained in Chapter 4 on interviews by one reporter who wrote on health stories.

3.16.8 Stigmatising Words in *The Namibian* stories and their frequency

The words below were identified by counting how many times the word appeared in the different days in the six months in the period reviewd:

Table 3.2 - Stigmatising words in *The Namibian* See Appendix IV (B)

	Stigmatising Words	Frequency
1.	HIV/AIDS	10
2.	HIV-AIDS Positive/People Living with HIV/AIDS	4
3.	HIV positive pregnant mothers/HIV positive mothers	3
4.	Pandemic/AIDS Pandemic/HIV pandemic	13
5.	AIDS cases/HIV cases	2
6.	Succumbed to the epidemic	1
7.	Scourge of HIV-AIDS/ HIV-AIDS scourge	3
8.	AIDS diagnosed/HIV-AIDS status	2
9.	HIV-AIDS virus	5
10.	Victims of HIV-AIDS,/AIDS victims/Victims/AIDS patients/AIDS sufferers	18
11.	AIDS Infections/HIV infected people/HIV positive people/AIDS infected people	5
12.	Fight against HIV-AIDS/Fight/War against AIDS/War against AIDS/Battle against HIV-AIDS/Fight against HIV/Win against	13
13.	HIV Infection rates/Infection rate	2
14.	AIDS/HIV-AIDS orphans	3
15.	HIV-AIDS/HIV/AIDS drugs	4
16.	AIDS infection rates/HIV-AIDS rates	2
17.	HIV-AIDS testing	1
18.	Die of the virus/Dying like flies/AIDS deaths	3
19.	AIDS related diseases	1
	Total prevalence of Words	**95**

3.16.9 Analysis of Stigmatising Words Used Often In Both *New Era* & *The Namibian* Newspapers

In this section, stigmatizing words used in both the *New Era* and *The Namibian* are analysed. Using Content and Discourse analysis, a total of 30 words were identified in the dataset. The words are those that the *UNAIDS Terminology Guidelines* and other guidelines recommend should not be used. However, not all of the words stigmatise people living with HIV. Some of the words have a negative connotation but others are incorrectly used. Some of the words that are not stigmatising but are incorrectly used are: HIV/AIDS positive, HIV/AIDS virus, HIV/AIDS drugs, AIDS infection and prevalence rate. It is suggested by the guidelines that the use of such words might be confusing and might in the long run stigmatise those living with HIV or AIDS.

To review the words found – which should not be used or that stigmatize people living with HIV or AIDS – the words were grouped in accordance with similarity of meaning. The five groups are:

Table 3.3 – Grouping of Stigmatising Words/Terms

Group	Group of Words/Terms	Description of Words
1	HIV-AIDS Positive/People Living with HIV/AIDS, HIV positive pregnant mothers/HIV positive mothers, AIDS cases/HIV cases, Victims of HIV-AIDS,/AIDS victims/Victims/AIDS patients/AIDS sufferers, AIDS/HIV-AIDS orphans, AIDS Infections/HIV infected people/HIV positive people/AIDS infected people	Words used to describe those living with HIV or AIDS
2	Pandemic/AIDS Pandemic/HIV pandemic, Scourge of HIV-AIDS/ HIV-AIDS scourge	Words used to describe the disease
3	Fight against HIV-AIDS/Fight/War against AIDS/War against AIDS/Battle against HIV-AIDS/Fight against HIV/Win against	Words used to describe a combative sense towards the disease
4	HIV Infection rates/Infection rate	Words used to show the numbers of those who are infected
5	HIV/AIDS, HIV-AIDS virus	Words used to describe the disease by combining both words which should not be the case.

Van Dijk (1998) also used this method to review mostly British and Dutch newspapers. In his study, as well as using content analysis, he also used discourse analysis to review how the words and terminology depicting ethnic minorities are portrayed. A group of words/phrases with the highest frequencies in the stories were chosen as representative of the data set. As observed in the table above, the most common words/similar groups of words used across all the months –which the guidelines recommend should be avoided as they stigmatise or give negative thoughts towards people living with HIV or AIDS are:

1. ***Fight Against/Fighting HIV/AIDS/AIDS Fight, HIV Fight, War Against HIV/AIDS/Fight Against The Pandemic/HIV Battle*** – Combined together, these

words have been used 19 times across the years but more in single stories. In *The Namibian* the words have been used most: 13 times. In the UNAIDS guidelines, using these words stigmatises those living with HIV & AIDS because using "such terms unless in a direct quotation or because of the specific context of the text. One rationale for this is to avoid transference from the fight against HIV to a fight against people living with HIV" (*UNAIDS Terminology Guidelines,* 2015, p.8).

2. ***Victims/ AIDS victims/AIDS patient/AIDS sufferers/HIV carriers AIDS sufferers/Patient/Victim/HIV-AIDS Orphans* -** In *The Namibian*, the words were used 18 times. According to the *UNAIDS Terminology Guidelines (2015)* the word 'victim' is disempowering.

3. ***HIV Pandemic/HIV/AIDS Pandemic/AIDS Pandemic/Deadly Pandemic/AIDS Pandemic*** - The words with 'Pandemic' have been used 13 times across the months in both the *New Era* and *The Namibian*. UNAIDS guidelines say the word is imprecise and epidemic is preferred, "but be specific about the scale that is being considered local, country, regional or global" (p.10).

4. ***Combating the spread of the killer disease/ Combat spread of HIV/AIDS/Campaign against HIV/AIDS/Struggle against AIDS/Combat HIV/AIDS /Conquering HIV/AIDS*** – these words have been used 7 times in the *New Era* but not in *The Namibian*. Just like other words on this list, they should not be used "to avoid transference from the fight against HIV to a fight against people living with HIV" *UNAIDS Terminology Guidelines (2015)*, p.8)

5. ***AIDS/HIV-AIDS Cases*** **–** These words have been used 5 times in the *New Era* and 2 times in *The Namibian*. The guidelines explain that “No one is infected with AIDS; AIDS is not an infectious agent”. Avoid ‘HIV-infected’ in favour of person living with HIV or HIV-positive person (if sero-status is known).

3.16.10 Implications of Stigmatising Words

Use of the words described above has major implications as they portray people living with HIV or AIDS in a certain way in the minds of readers. For example, the term 'dying like flies' paints a particular negative image. People living with AIDS can, by the use of these words and phrases, be seen or described as almost less than human, as being so numerous that they cannot be counted, as being ‘othered’ (Goffman, 1963). This one image itself warrants a deep study in terms of discourse analysis. For example, what is the journalist implying when they use such terms?

In total, the *New Era* dataset included 77 stigmatising words while *The Namibian* dataset included 95 words. It should be noted that *The Namibian* dataset includes words which were not used in *New Era* while many of those used in *New Era* were also used in *The Namibian*. Some of the stigmatizing words used only in *The Namibian* include ‘Die of the virus/Dying like flies/AIDS deaths’, ‘*Tantaweka* (an Ovambo word for people who are on their death beds)’ and ‘Succumbed to the epidemic,’ among others.

The use of the words above could mean that either the writers were not aware that it is advised not to use such words or they were subconsciously or deliberately using

these words to portray those living with HIV or AIDS negatively in their discourse. Ren *et al* (2014) refer to the latter possibility as the “you versus us” dichotomy. While the media plays an important role in disseminating information, there is the ever-present danger that the media can also cause stigma, as it forms one of the key social contexts in which stigma in HIV & AIDS is embedded (Van Brakel, 2006).

Ren *et al* (2014) found that 26% of people living with HIV in China felt that the mass media used language that stigmatised them. Their study found that “nearly one out every three HIV/AIDS-related news stories published in Chinese newspapers in the twenty-first century contained language that stigmatized HIV/AIDS and people associated with the disease” (Ren *et al,* 2014, p.268). Words such as ‘AIDS Girl’ implied that certain people living with HIV and other key populations were at a higher risk, were deviant or dangerous (p.268). In this study, phrases such as ‘AIDS sufferer, AIDS infected’ were revealed, which could similarly create a distinction that Goffman (1963) discusses from those we feel are ‘outsiders’.

Reviewing the groups of words with the highest frequency, *Fight Against/Fighting HIV/AIDS/AIDS Fight, HIV Fight, War Against HIV/AIDS/Fight Against The Pandemic/HIV Battle,* all listed in the *UNAIDS Terminology Guidelines* (2015), depict a ‘war’ like atmosphere where the challenges of the disease might move from fighting the disease to fighting those living with HIV or AIDS. From the point of view of the person living with HIV, this may make them feel as though there is a war against them personally. Ren *et al* (2014) suggest that if the behaviours associated with HIV transmission are perceived as deviant and evoke social disapproval,

responsibility and blame will be placed on the individuals practising those behaviours, making them responsible for how they contracted the disease.

Quoting Fowler (1991), Ren *et al* (2014) explain that "in the genre of news reporting, accounts of an individual's illness experiences are most often used for the sake of personalisation, to provide some 'human interest' to issues and events" (p.269) which Fowler notes, is "the function of personalisation in news is to 'promote straightforward feelings of identification, empathy or disapproval" (p.269). This may lead to what Crandall (2000) calls 'responsibility attribution'. Crandall argues that people internalize responsibility attribution and thus come to believe that people living with HIV or AIDS are responsible for their own HIV infection. Ren *et al* (2014) therefore conclude that "responsibility attribution of HIV transmission provides cognitive and emotional cover for HIV stigmatization and allows people to excuse discrimination against and isolation of individuals living with HIV and an entire group" (p.269).

Lupton (1999), in an interpretive analysis of the representation of people with HIV or AIDS in the Australian press between 1994 and 1996, also found that the use of certain words could result in a negative interpretation. She discusses the use of phrases 'AIDS victim', 'AIDS survivor' and 'AIDS carrier' and what they reveal about contemporary approaches to HIV & AIDS as well as more general notions of morality and self-control related to the body, medicine, health and illness. It is argued that these dominant archetypes inevitably draw from previous representations of HIVAIDS, but at the same time demonstrate evidence of changing discourses and meanings.

On the other hand, and in direct opposition to Ren *et al* (2014), Lupton (1999) suggests that "one feature of particular interest is the moral judgments related to people with HIV/AIDS presented in these news texts appear to be based less on how they acquired the virus than the manner in which they deport themselves once infected" (p.37). Fowler (1991) concurs and posits that texts that "promote straightforward feelings of identification, empathy or disapproval to effect a metonymic simplification of complex historical and institutional processes" (p.15) are critical to a reader and determine how people living with HIV or AIDS are viewed. Two interesting positions emerge: one involves direct stigmatisation of people living with HIV; while the other is of those with HIV or AIDS self-stigmatising.

Fowler (1991), Lupton (1999) and Ren *et al* (2014) seem to concur that media reporting often reinforces categories that have been imposed in the minds of readers by reporters over a length of time. Categorisation here is said to be "an inevitable feature of personalisation in news accounts: Having established a person as an example of a type, our relationship with that person is simplified: we think about the person in terms of the qualities which we attribute to the category already pre-existing in our minds" (Fowler, 1991, p.92). Categorisation, therefore, "often serves discursively to support and reproduce discrimination against marginalised or disempowered groups" (p.92).

Expounding on stories of people with HIV or AIDS, the history of sociocultural meanings that have accumulated around that syndrome are ever-present, shaping and directing readers' responses to those individuals. "The use of the term HIV or AIDS

as an adjective to describe an individual – as in the terms 'HIV man', 'AIDS woman', 'AIDS sufferer' or 'HIV victim' – is more than simply describing a category of illness, but prompts readers to position that individual in certain defined ways" (Fowler, 1991, p.38). Of importance to note here is that how readers view the person who has HIV or AIDS, because this categorisation by the media is critical to how those living with HIV or AIDS are treated by society.

Some of the widely varying ways that readers may view a person living with HIV or AIDS is by sympathising, admiring, fearing or hating the person, depending on what effect the words have on them. This confirms how a negative choice of words and how they are understood can have a major impact. In Namibia for example, these findings resonate with those of Chanda, Mchombu and Nengomasha (2008) in their study of media reporting of HIV & AIDS in two towns in Namibia, Windhoek and Katima Mulilo. Quoting Corner (2000, p.388), the three authors explain how the media reports on HIV & AIDS have an effect on how audiences draw on personal and social frameworks of understanding and judgment in making sense and attributing significance to media messages. This is because "media messages are 'received' within quite radically transforming terms of socially situated viewing and reading" and the effect being that "the audience is able to consistently apply a self-conscious scepticism that can significantly modify and even reject that which does not fit with their situated experience and values" (Corner, 2000, p.339).

The views of Chanda, Mchombu and Nengomasha (2008) and Ren *et al* (2014) are in line with the findings of this research that how the media portrays HIV or AIDS is critical in how the audience might view people living with HIV or AIDS. Ren *et al*

(2014) portray framing in the media as “an important media effect that has powerful implications for the way people act and react toward social issues and events” (Ren *et al*. p.271). Quoting Bell (2006), Ren *et al* (2014) explain that, “in the context of HIV/ AIDS, framing refers to the way that the mainstream media select, package, and deliver information about the AIDS epidemic and the people involved” (p.271) and by so doing “the media, by producing implicit meaning through words, images, and practices, have great potential to stigmatize the disease and people living with HIV” (Parker & Aggleton, 2003, p.13).

The role of the media in shaping audience attitude is also emphasized by Clarke, McLellan & Hoffman-Goetz (2006), Altheide (2002), Clarke (1991), Lupton, Chapman, & Wong (1993) and Lupton (1994, 1999) who posit that the media can influence, and may help to shape, reflect, and resist a wide variety of attitudes, beliefs, and behaviours, as well as ongoing cultural and social structural forces. In particular, the portrayal of HIV & AIDS is emphasized by Lupton (1994, 1999). Clarke, McLellan & Hoffman-Goetz (2006) further explain that, “People may use information gathered from media sources to help shape, confirm, reject or legitimize their beliefs about particular diseases” (p.496), while Clarke (1991) Lupton, Chapman, & Wong (1993) and Sontag (1991) posit that media may directly or indirectly influence beliefs about the character traits, morality, and personalities of those who are, or who are expected to be, diagnosed with a particular disease.

3.16.11 Themes Emerging from Words in the Stories

Analysing the words identified in the dataset, five key themes emerged. These are:

1. Negativity (Ryan, 1971),
2. Scapegoating (Douglas, 1995),

3. Victimization (Ryan, 1971),
4. Blame shifting (Tannenbaum, 1938)
5. Labelling (Goffman, 1963).

It is important to remember that media framing can influence the audience's judgment by defining problems, suggesting responsibility, making judgments and recommending treatment (Entman, 1993). While framing HIV & AIDS, the mass media engage in problem definition (suggesting, perhaps, that HIV makes people contagious and incurable), causal diagnosis or responsibility attribution (for example, gay people created AIDS; drug users are responsible for their HIV condition), moral judgment (such as people living with HIV being promiscuous and that's how they got the disease) and treatment recommendation (for example that PLWHIV should be isolated and contained to avoid further transmission). Three of the four framing elements, including causal diagnosis, moral judgment and treatment recommendation are particularly relevant in the context of HIV transmission (p.271). The words are:

Table 3.4 – Groups of Similar Words and Themes

Group	Words	Themes
1	Fight Against HIV, Win Against, Battle Against, AIDS fight	**Negativity** – against people living with HIV or AIDS as a disease that needs combativeness **Positivity** – It could present them as warriors fighting in a battle.
2	People living with HIV-AIDS/HIV/AIDS, AIDS infected people, AIDS orphans, AIDS patients,	**Scapegoating** – refers to any material object, animal or person on whom bad luck, diseases, misfortunes and sins of a group are symbolically placed. 'ÁIDS patients' for example could depict a category of persons to be avoided.
3	Full-blown AIDS, Dying like flies, AIDS deaths, Victims, Die of the virus, AIDS sufferer, Deadly disease, Killer disease, AIDS ravaging, *Tantaweka* (ovambo for people on their death bed)	**Victimisation** – directed at people living with HIV or AIDS as hopeless and definitely destined to die from the disease.
4	AIDS related diseases, AIDS/HIV-AIDS Cases	**Blame Shifting** – Blaming others has been known to lead to 'kick the dog' effect' where those in authority blame an immediate subordinate. In this case, using the word 'Çases' or 'AIDS related diseases' shifts the blame from the disease to others.
5	Victims/ AIDS victims/ AIDS patient/ AIDS sufferers/HIV carriers/ AIDS sufferers/ Patient/ Victim/ HIV-AIDS Orphans	**Labeling** – this is done when blame is continuously and wrongly used to categorise someone; when done continuously it becomes 'normal'.

As depicted above, the words used to stigmatise people living with HIV or AIDS have been grouped under five themes.

3.16.12 Findings of Groups of Similar Words and Themes

Group 1 *Negativity* highlights 'Fight Against HIV', 'Win Against', 'Battle Against' 'AIDS fight' which are the most commonly used words in the stories. Under this theme, the words above showcase a 'combative' manner in relations to the disease. This, as the *UNAIDS Terminology Guidelines* suggest, could be shown as negativity

towards people living with HIV or AIDS, suggesting that the disease needs forcefulness to deal with it. It can be argued that the emphasis, in the long run, is bound to move from the disease to the people living with HIV or AIDS, creating a negative image of them in Namibia and which could result in actions well-known to be associated with stigma in such contexts such as dispossessing widows or the neglect of children whose parents have died of AIDS.

Group 2 *Scapegoating* includes the phrases, 'People living with HIV-AIDS, HIV/AIDS', 'AIDS infected people', 'AIDS orphan's and 'AIDS patients'. Scapegoating can be said to be any material object, animal, bird or person on whom the bad luck, diseases, misfortunes and sins of an individual group are symbolically placed. Lumping together 'infected people' and 'AIDS orphans' could portray those labelled thus negatively and De Souza (2007) gives two recommendations to the media to deal with this through more balanced and careful reporting to ensure that "the media provide voice to marginalized communities and become more adept at exposing political hedging and scapegoating" (p.265).

Group 3 *Victimisation* also suggests the combative nature of the disease, but where the themes negativity and positivity combined are used. Negativity – could be shown as negative against people living with HIV or AIDS as a disease that needs combativeness. Positivity – could present them as warriors fighting in a battle. The phrases: 'Fight Against', 'Combatting' the spread of the killer disease, 'Combat' the spread of HIV/AIDS, 'Campaign against HIV/AIDS', 'Struggle against AIDS', 'Combat' HIV/AIDS and 'Conquering' HIV/AIDS are similar and were used seven times in the *New Era* but not in *The Namibian*. The guidelines advise that such

phrases should not be used "to avoid transference from the fight against HIV to a fight against people living with HIV" (UNAIDS Terminology Guidelines, 2015, p.8)

Group 4 *Blame Shifting* involves blaming others and has been known to lead to 'kick the dog' effect' where those in authority blame an immediate subordinate. In this case, using the word 'Çases' or 'AIDS related diseases' shifts the blame from the disease to others. The words found under this category are AIDS related diseases, AIDS/HIV-AIDS Cases.

Group 5 theme is *Labeling*. This is done when blame is continuously and wrongly used to categorise someone; when done continuously it becomes 'normal'. Words in this category are such as Victims/ AIDS victims/ AIDS patient/ AIDS sufferers/HIV carriers/ AIDS sufferers/ Patient/ Victim/ HIV-AIDS Orphans.

The above themes, when unchecked, eventually become the norm and are accepted as the status quo. It is therefore important that a reporter is careful about the words used so they are not in the long run used to stigmatise people with HIV & AIDS through framing.

3.16.13 Comparison Between Critical HIV & AIDS Reporting Months: November, December and January in the Two Newspapers

December 1st marks World AIDS Day. From the findings in the newspapers reviewed, in the earlier years of the study, more stories on the subject of HIV & AIDS were run during November while January had a similar number of stories, with some stories that had not been reported by the time the newspapers went on Christmas recess appearing in January the following year. In both the newspapers,

the findings on reportage during November, December and January varied extensively as Table 3.5 and 3.6 below show. In the year 2000, there were six stories in *New Era* compared to nine in *The Namibian,* while in 2002 January in *The Namibian*, there were no stories on HIV & AIDS whereas the previous November and December had featured eighteen stories, one of the highest counts for the number of stories in that two month period. This may mean that after so many stories appeared around World AIDS Day there was no apparent need to report on the same in January.

On the other hand, an editor might have decided that an event that happened in December was no longer news in January and did not publish it. This trend might also be interpreted as signalling the beginning of a decline in reporting on HIV or AIDS, as the Table 3.5 portrays. Whereas there are more stories published in the months of November and December of 2000 and 2002, there is a decline in frequency in *The Namibian* from 2004. The highpoints in *The Namibian* were eighteen and sixteen stories in the Novembers of 2000 and 2002 respectively, while eighteen and nineteen stories featured in the months of December 2000 and 2002 respectively. In *New Era*, in comparison, had fewer stories, with eight and eleven during the Novembers of 2000 and 2002, with six and two stories in the Decembers of 2000 and 2002. It is however interesting to note that in November 2004, the number of stories in *New Era* rose to sixteen in November 2004 as compared to seven in *The Namibian*.

The decline in stories continued. In the last two years of the study – 2010 and 2012 – a total lack of stories is seen in some of months. For example, in January 2010, there

are no stories in either newspaper, while in November and December there are five stories in the *New Era* and none in *The Namibian*. In December 2010 there were two in *New Era* and three in *The Namibian*. In the final year of review, 2012, there were three stories in *New Era* and one in *The Namibian* in November, two in *New Era* and one in *The Namibian* in December and no stories in either newspaper in January 2012. This decline of stories is comparable to findings in the Chinese reporting of HIV & AIDS between 2000 and 2010. Below are two tables that illustrate the frequency of stories mentioned previously.

Table 3.5 – Comparison of Critical Months Reportage in Both Newspapers

Year	Month	New Era	The Namibian	Combined
2000	January	6	9	15
	November	8	18	26
	December	11	18	29
2002	January	7	0	7
	November	6	16	22
	December	2	19	21
2004	January	0	3	3
	November	16	7	23
	December	6	11	17
2006	January	2	2	4
	November	3	6	9
	December	7	6	13
2008	January	4	0	4
	November	5	1	6
	December	9	2	11
2010	January	0	0	0
	November	5	0	5
	December	2	3	5
2012	January	0	0	0
	November	3	1	4
	December	2	1	3

Table 3.6 – Total Number of Stories across January, November, December

	New Era	The Namibian	Combined
January	19	14	33
November	46	49	95
December	39	60	99

As observed in Table 3.6 above, in the months of January, there were fewer stories than in November and December. However, it is important to note that there is much more reporting on HIV & AIDS in *The Namibian* for the month of December, which is World AIDS Day month, than in *New Era* during the period under review. This may mean that in *The Namibian* (as mentioned in Chapter 4 by interviewee NN11), because of the training the journalists had on how to report on HIV & AIDS, these stories remained a priority. At the same time, training was not prioritised at *New Era* (as interviewee NN09 explains) - so interest in reporting on these stories waned.

3.16.14 Cities/Towns Stories Written From

The stories emanate from various towns around Namibia such as Windhoek the capital and important regional towns such as Swakopmund on the coast, Oshakati in the North of Namibia and Rundu in the Zambezi region. The Zambezi region has the highest HIV & AIDS prevalence in Namibia at 23.7% of total infections (MoHSS, 2015, p.12). Other stories were filed from Gobabis near the border with Botswana and other towns where the newspapers have offices or where the *Nampa* News Agency has correspondents. The research review was not restricted to any towns or regions. The only requirement was that the story carried the word HIV or AIDS or both in its headline. Stories were found to have been filed from most regions of the country. A possible area for further analysis would be to investigate how the stories were viewed in the different regions, as opposed to the city. In this regard it is important to see the value of good reporting, as national newspapers traverse the nation, yet their impact and reception in the different regions may vary.

3.16.15 Language Stories Written In

In this study only stories written in English are included. However, it should be noted that, during the time under review, there were also stories written in local languages in the newspapers. In both newspapers, there are several pages written in the Oshiwambo language in *The Namibian* while a mix of Nama and Oshiwambo is used in *New Era*, usually towards the end of the newspaper, just before the sports section. It should be noted that English is the official national language in Namibia. This is discussed further under limitations of the methodology in Chapter 3.

The importance of language use is emphasized by Berger and Luckman (1991) who explain that “as a sign system, language has the quality of objectivity. I encounter language as a facticity external to myself and it is coercive in its effect on me. Language forces me into its patterns” (p.54) and this means that what language the reporter uses is critical in how the reader interprets the story or words used in the story. The authors further explain that “language also typifies experiences, allowing me to subsume them under broad categories in terms of which they have meaning not only to myself but also to my fellow men” (p.54). This would be relevant to why the stories are written in two different languages in *The Namibian* – the majority of pages in English with four pages in a local language. The fact that some of the stories are written in English and others in a local dialect in the same newspaper shows the importance of the medium, ensuring that the same message is received by the English reader on the same day as the same message is received by an Ovambo or Nama reader. This was confirmed by the reporters interviewed for this research and is further discussed elsewhere in the literature review.

3.16.16 Extent of Coverage of Stories

The following highlight the extent of coverage of stories that were identified to have stigmatizing words.

1. There were three critical areas in story selection:

    a) the month,
    b) the number of stigmatizing words or terminologies and
    c) the page numbers.

2. The number of words in each newspaper were counted manually by reading through each story and then identifying words as per the guidelines.
3. The key attributes in reporting from 2000 to 2012 were identified as:

    a. **Title of Story:** A story with HIV or AIDS or both was recorded and then number of words identified were counted as per guidelines.

    b. **Dateline:** This is where the story is filed from and is used to identify the author and to see if there is consistency in the words they use.

    c. **Date:** Only certain months and years were reviewed. The dateline is critical during December when more stories are expected around World AIDS Day.

    d. **Page number:** Page 1 to 5 stories reflect high value news (Galtung & Ruge, 1965). These are shown in Table 2 in Appendix II.

    e. **Newspaper stories:** All stories with HIV or AIDS in their headline are grouped after the words and terminologies are identified - see Appendices II & II.

    f. **Newspaper reporters:** The identity of the reporters.

    g. **Towns where stories are covered:** this is critical as it provides a window to where stories with the most stigmatising words might have been written.

h. **Languages used:** The number of pages written in English and vernacular, for the sake of non-English speakers; a unique way in Namibia of providing news.

3.17 Analysis of Writers for the *New Era* Newspaper

In the *New Era*, most stories in the dataset were written by Lernard Amadhila and Elizabeth Nambodi. All author names are clearly in the public domain. In January, most of the stories were not written by local journalists, who are the subject of this study, but were solicited from foreign media outlets such as *Reuters*, *AFP* and others. Media outlets in Namibia have rights to these stories courtesy of Namibia Press Agency (*Nampa)*. This might have implications in how often HIV & AIDS stories appear in the newspapers, and might show why there is a trend towards less reporting about HIV & AIDS in the years under review. About 50% of the stories in the dataset are foreign stories that are not about Namibia sourced from *Namibia Press Agency (Nampa),* a news agency from which all newspapers in Namibia get stories. There are a few stories written from outside Windhoek. For example, Maggi Barnard writes from the coastal region.

As expected, there are many stories in November, immediately prior to World AIDS Day on 1st December, and a few more during December. The number of stories is determined by the editors although sometimes the initiative is taken by writers.

In December 2000, for example, only one stigmatizing word was found. This is because most of the stories that month were foreign-based. This might be due to the fact that foreign stories are perceived to go through more scrutiny or that overseas journalists might be more aware of the UNAIDS Guidelines than journalists in

developing nations. Another factor, raised by respondent NN11 and discussed in Chapters 4 and 6, is on training of reporters about HIV and AIDS. Many local reporters, according to the respondent, were not trained at the time. This might be easy to detect because the population of Namibia is small (2.3 million), the few media organisations work closely together, journalists know each other and will also know about any training programmes on offer, even if they can't attend.

In July 2000 and in many subsequent years, July has few stories on HIV or AIDS but in July 2002 there were many stories. This may well be because ARVs were rolled out during July 2002 and there was understandable interest in reporting on this new happening in the country.

Another interesting month was December 2002, a month during which there were many HIV & AIDS stories, with almost every story including words that should not be used: HIV/AIDS, HIV-AIDS orphans, Pandemic and AIDS patient. ARVs had just been rolled out and their effectiveness was yet to be seen. The mindset of "little hope for people living with AIDS" at the time was still strongly negative.

3.17.1 Analysis of Writers for *The Namibian* Stories

In *The Namibian*, most HIV & AIDS stories were written by the same few writers. For example, during the period 2000, 2002, 2004, 2006 most stories were written by Christof Maletsky and Crispin Inambao and occasionally by Max Hamata and Tangeni Amupadhi. Christof Maletsky was an editor at *The Namibian* for a long time until towards end of 2019 and Crispin Inambao is the News Editor at *New Era*. Tangeni Amupadhi became the first black Managing Editor at *The Namibian*. Max Hamata is now the publisher of a popular tabloid, *The Confidente*. From 2008,

writers included Christof Maletsky, Oswald Shivute who wrote from Oshakati a major town in the north, and Selma Shipanga who wrote from Windhoek, plus Margreth Nunuhe and Annely Inghepa. However, as is clearly visible from the data, fewer and fewer stories are being written on HIV & AIDS, something that many of those interviewed from HIV & AIDS Non-Governmental Organisations (NGO's) complained about. In 2012, most stories were written by Denver Kisting and Selma Shipanga. All of these names are clearly in the public domain.

Over the years, the number of stories where the headline includes HIV or AIDS has reduced and although this research does not review stories that do not have HIV or AIDS in the headline, it was noticeable that generally, stories on HIV or AIDS have decreased.

Table 3.7 - The number of stories where the headline includes HIV or AIDS

Year	Number of stories where the headline includes HIV or AIDS
2000	70
2002	82
2004	51
2006	23
2008	10
2010	4
2012	10

A further point to note is how, as the years progressed, there were fewer stories about HIV or AIDS during the months of November and December. This trend was discussed with the current editor of *The Namibian,* as reported under Discussion, Conclusions and Recommendations.

3.18 Style of Writing of Journalists in the Newspapers Reviewed

The style of writing of the three journalists interviewed is also of interest. They were responsible for many of the stories reviewed, along with other stories that were not reviewed as they did not have the key words in their headlines. For the purposes of preserving some privacy, the journalists were coded as NN05, NN10 and NN11. Whereas NN11 hardly used any of the words that are inappropriate, NN05 and NN10 continuously used the same words to a point where it became almost stereotypical to expect to find stigmatising words in the stories of NN05 and NN10. However, over time, stories by NN10 started changing with use of less stigmatising words. On enquiry, the respondent was asked why he reported rarely using the 'stigmatising' words than the others tended to. The reporter indicated that he and others in his company had received training on HIV & AIDS reporting and had become sensitized to how such stories should be reported. This will be discussed further in Chapter 6.

3.19 When HIV & AIDS Stories are written in the Namibian Newspapers

From the interviews with the two editors mentioned above, the following considerations were used to decide what to publish:

- Reporting on a function that either a political figure or leader had given a talk at
- Reporting on an event organized by an organisation which is HIV or AIDS related
- Reporting on a foreign visitor to the country as a guest at a function
- Reporting on a donation presentation to an organization, especially those which are HIV or AIDS related
- Reporting on the commemoration of a day, such as World AIDS Day, Namibia Condom Day and others.

3.20 Summary of Findings

3.20.1 Discussion of Study Findings in Relations to Theoretical Framework

The study was guided by four theories – These are *framing, priming* and *agenda-setting* which are known as media effects theories and social construction of reality theory.

Framing theory was used to show how the way stories are written, the words/terms used can be an effective tool for convincing the reader that what they are reading is correct. Therefore, whichever words the author uses are critical as a reader will more often than not believe what they read and regard the words used as correctly used. Parenti (2009) offers examples of media manipulation such as "suppression by omission, attack and destroy the target, labelling, face-value transmission, false balancing and framing" (p.124).

On the other hand Hiebart (1996) says that the way the news is packaged, how much information is provided, where the story is placed – for example whether on the front page or hidden in other pages, the tone that the story is presented in (sympathetic or slighting way), the kind of headlines or photographs used, play a very important role in convincing the reader. For a broadcaster, the visuals and auditory effects are used to play a similar role. Who says what about the disease is also critical. The various words presented in the tables as per the *UNAIDS Terminology Guidelines* that could cause stigma are critical to note as they are words that look like regular/normal words but over time, they build a mindset in the readers that could be negative or positive. Words such as HIV/AIDS used regularly show that someone has both HIV & AIDS yet that is not the case.

Another theory used was Agenda Setting. In using this theory, McCombs with whom the theory is also associated explains that “those aspects of public affairs that are prominent in the news become prominent among the public” (2005, p.543). In this study, this notion is critical as the stories published – including the messages in the stories, how often these messages are published, where the stories are placed, the words used or emphasized in reporting on HIV or AIDS – were all seen to influence the audience’s opinion on the disease. Furthermore, the views on HIV or AIDS and those living with the disease are created in the minds of readers depending on how the stories were written, the slant they took, the continuity of the stories and the frequent use of certain words.

Priming theory was the third theory used in this study. It is a theory closely related to agenda setting and seen as the predecessor to agenda setting theory. Scheufele (2000) distinguishes “agenda-setting on the one hand and priming as a direct extension out of agenda-setting” (p.299) with Iyengar & Kinder (1987) seeing the two theories as “based on the same assumption or premises” (p.299). In this study, priming may be viewed over time as a negative mindset develops in readers such that any time one hears someone has HIV or AIDS, the word ‘victim’ comes to mind. As Iyengar & Kinder (1987) in Baran & Davis (2015) explain the “agenda-setting hypodissertation: Those problems that receive prominent attention on the national news become the problems the viewing public regards as the nation’s most important” (p.16).

The final theory used in this study was a social construction theoretical framework following a review of the literature that underpins the discourse on social construction and framing. These two result in stigma and stereotyping towards those

living with HIV or AIDS in Namibia. The researcher reviewed works which address social construction such as Berger & Luckman (1966), Pearce (2009) regarding framing in the media; agenda setting and use of metaphors by Sontag (1991) concerning the power of the media in constructing realities for their audience; the ethical considerations towards the same (Bruner, 1991); and the effects of media communications on individuals and on society and the social role this information serves (McNair, 2009).

3.20.2 Key Findings

The following were the key findings:

(1) Many words used to describe or report on people living with HIV consist of stigmatizing words or words that UNAIDS Terminilogy Guidelines recommends should not be used by writers. The words which appear in Appendix I, II, III and IV reveal a lack of knowledge about which words, used commonly to date, stigmatise people with HIV or AIDS.

(2) *The Namibian* had more HIV & AIDS stories: 250 compared to New Era's 165. There are many reasons for this but key would be what respondents NN09 and NN011 explained (see Chapter 6 on Interviews), that there were occasional training sessions which sensitised journalists to what words were appropriate to use or not.

(3) The Namibian had more words (95) that stigmatise people living with HIV or AIDS than New Era (77): whereas this may be viewed as the newspaper having more stigmatising words, it is however possibly due to the fact that the newspaper had 85 more stories with the specific headlines (as mentioned earlier) than New Era.

(4) The most common words used by reporters which stigmatise those living with HIV are 'AIDS Victims/AIDS Sufferers', 'Fight Against HIV', 'Win Against', 'Battle Against' 'AIDS fight'; These words look normal to use and readers uses them commonly but, according the guidelines, portray a negative feeling that remains in the readers mindset.

(5) Many stories on HIV did not appear on pages 1 to 5 which are considered as critical under news values (Galtung & Rage, 1965; Mensing and Greer (2013)) but many appeared on pages 5, 17 and 19. This could be due to what, again respondent NN011 explained, as fatigue on reporting/reading of HIV or AIDs stories. In Chapter 7, a recommendation on dealing with this finding is provided.

(6) Again, as mentioned previously, many stories are written after an event where 'an important' member of the community/organisation/embassy is addressing and few are 'stand-alone' stories such as a feature on a person living with HIV or AIDS etc thus showing a disinclination by journalists to report on the disease.

(7) There are few stories on HIV or AIDS written during the month of December when World AIDS Day is celebrated on December 1. This is a great concern as pre and post World AIDS Day is expected to have more thoroughly written stories that show progress of the disease. This again could be attributed to fatigue regarding HIV & AIDS.

(8) There are fewer and fewer stories written as the years go by. This is expounded in Chapter 7 which brings forth the issue of fatigue and lack of training on how to write these kinds of story to be interesting to readers.

3.21 Conclusion

As seen in the findings from both newspapers, this study provided a window into how, over time, words/terms used by reporters have played a critical role in how readers and society in general view people living with HIV or AIDS – that is, if they can even differentiate between HIV & AIDS – thanks to the reporting over the years. There are many words and terminologies used in both newspapers which stigmatised people living with HIV or AIDS during the period under review while other words are recommended that they should not be used for various reasons in the UNAIDS Terminology Guideline in Appendix I. However, it is noteworthy that these as well as the number of stories have decreased over time and in the last three years of the study – 2008, 2010 and 2012 – the words and stories reduced significantly, something that was raised as a concern by some interviewees from organisations that deal with HIV & AIDS. This concern was raised with the editors of the media houses and the specific responses are recorded in the findings, under interviews.

Of importance to note is the effect of words or language used by reporters on people living with HIV or AIDS, as well as general readers of the stories. Hopson (2000) quoted by Mukasa and Salowu (2013) explains the importance of using appropriate language: "(s)elective use of language can trivialize an event or render it important, marginalize some groups and empower others; define an issue as an urgent problem or reduce it to a routine one. This suggests that journalists need to be careful in their choice of language, when reporting on HIV/AIDS issues, as this might help in curbing this epidemic" (p.143).

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Chapter 4

The Views of Stakeholders on Framing of HIV & AIDS in the Namibian Media

Abstract

This study investigated, through interviews, the framing of stories in two newspapers in Namibia *New Era* and *The Namibian* and if there was stigma in reporting on *Human Immunodeficiency Virus (HIV)* and *Acquired Immunodeficiency Syndrome (AIDS)* in Namibia from 2000 to 2012. The findings from the 11 interviewees showed that: through reporting, the media stigmatized people living with HIV or AIDS when they used words that made them feel less appreciated in society. Some of the words used were 'victims', 'AIDS patients' and 'AIDS orphans' among others. An interesting finding from majority of the non-media respondents was that when a story appeared on page 1, it was often negative, such as something to do with stolen funds within HIV & AIDS organisations. The majority of the non-media respondents felt there was inadequate reporting and when it happened, it was tended to the negative. All respondents felt there was media fatigue on HIV & AIDS reporting and this is also visible from newspaper findings in Chapter 3.

It is envisaged that the study results will be significant to determine if journalists require special training to report on HIV & AIDS not only in the two study countries but in other countries as well that might be facing similar high prevalence rates.

Key Words: Coding, stereotyping, thematic analysis, themes, media fatigue, media role.

4.1 Introduction

This chapter explores the views of the interviewees on framing of HIV & AIDS in Namibia and if the stories stigmatise persons living with HIV or AIDS in Namibia.
It presents the findings and analysis of interviews with 11 respondents. The interviews provided data that interrogated the views of those who work closely with people living with Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) and how words and terminologies found in two newspapers, *New Era* and *The Namibian,* were viewed as stigmatising people living with HIV or AIDS. Three of the respondents who were media staffers provided data on how HIV & AIDS stories were written, when the stories were written and the words and terminologies deemed inappropriate by *HIV & AIDS Reporting Guidelines*.

The first case of Human Immunodeficiency Virus (HIV) & Acquired Immune Deficiency Syndrome (AIDS) was reported in 1981 in the USA (Greene, 1994), while a similar disease reported in Congo in 1978 was later identified as AIDS. Since then, reporting on HIV or AIDS has remained one of the critical issues on how the disease has been viewed worldwide. During the early 1980 to 1990s reporting on the disease "…HIV/AIDS [was] linked in the media with what Gilman (1988) [called] the four H's "Homosexuality, hemophiliacs, heroin and Haitians" (Williams & Miller, 1995).

This kind of view is no longer to be found. However, reporting on the disease continues to be a source of concern. The guidelines on reporting such as *United Nations Programme for HIV/AIDS* (*UNAIDS) Guidelines* (2017) continue to be

updated and numerous research papers on the reporting of HIV & AIDS have appeared in an attempt to eliminate the discrimination and stigma found in journalistic and academic writing, and indeed in face-to-face or indirect discrimination of people living with HIV or AIDS.

Since AIDS was first identified in Africa in 1983, over 35 million people worldwide have died from AIDS-related illnesses (UNAIDS, 2016), the majority from Africa. While there has been a remarkable reduction in prevalence or number of deaths in many African countries, the number of new infections remain relatively high and therein lies the problem – HIV & AIDS is still a major health challenge. According to the UNAIDS Global AIDS Update (2018) covering 160 countries, there is a demonstration of major gains since a global treatment target was set in 2003 for eastern and southern Africa, the world's most affected regions.

UNAIDS also report that "in 2015 there were 2.1 million [1.8 million–2.4 million] new HIV infections worldwide, adding up to a total of 36.7 million [34.0 million–39.8 million] people living with HIV" (UNAIDS Global AIDS Update 2016, p.1). It is important to note that while the number of people on treatment has doubled since 2010 there remain huge challenges including the fact that new infections are more common among young people aged 15-24. This means there is still much to be done to keep the prevalence low, including improvements in reporting which is the focus of this research.

In this study, portrayal of people living with HIV or AIDS is dependent on the framing of stories by the media and therefore, how they are viewed in the minds of

the readers. This is because discrimination and stigma continue to be a major problem to date due to the fact that it is compounded by ignorance and misunderstanding. A UNAIDS (2017) report on stigma and discrimination shows how this creates barriers to accessing HIV prevention, testing and treatment services and putting lives at risk. The reports explains that, "irrational fears of HIV infection and negative attitudes and judgments towards people living with HIV persist despite decades of public information campaigns and other awareness-raising efforts" (p.4). The report affirms the basis for this study:

> Stigma towards people living with or at risk of HIV drives acts of discrimination in all sectors of society—from public officials, police officers and health-care workers to the workplace, schools and communities. In many countries, discriminatory laws and policies reinforce an environment of violence and marginalization. This stigma and discrimination discourages people from accessing health-care services, including HIV prevention methods, learning their HIV status, enrolling in care and adhering to treatment..….Such fears also discourage the uptake of prevention and testing services. For example, fear of the HIV-related stigma and discrimination that may result from an HIV-positive test result and having that result disclosed to others, either through self-disclosure or otherwise, has been identified as a disincentive to HIV testing in a range of settings (pp.3, 4).

4.2 Aims of Study

The aim of this study was to identify how respondents who work directly with people living with HIV or AIDS, or have written on stories on HIV or AIDS, view the framing of stories written on the disease. This study aims at applying – and contributing to the understanding of – theories of framing, agenda setting and the use of content, discourse and thematic analysis. It further aims to identify, among others, how reporting on HIV & AIDS can be improved in Namibia through, for example, specialized training on HIV & AIDS and other stigmatized illnesses such as mental illness, leprosy and cancer. The study also hopes to provide a platform to review how reporting on HIV or AIDS must be sensitive to those living with the disease to avoid stigmatizing them.

4.3 Statement of the Problem

The purpose of this section of the study was to investigate how the 11 respondents interviewed gauge reporting on HIV and AIDS. In this study, eight people who work with persons who have HIV or AIDS and three who work in the media were interviewed. Further, the media respondents were interrogated on reporting on HIV & AIDS at a personal level, about their experiences on reporting on the disease and how they went about writing the stories.

HIV & AIDS stigma and discrimination has been identified as a key contributor to the worldwide rise of prevalence. This stigma presents itself variously through the words used to label those living with the disease and through the denial of, for example, jobs and insurance policies. Stigma can also develop through the constant use of words which create an air of hopelessness, such as ‘AIDS victim’, ‘scourge’, constant mention of ‘death’ and general negative reporting on HIV & AIDS.

The report from United Nations Programme on HIV/AIDS (UNAIDS, 2017) shows that due to stigma and discrimination and health-seeking behaviour,

> people living with HIV who perceive high levels of HIV-related stigma are 2.4 times more likely to delay enrolment in care until they are very ill (p.1). In eight countries with available data, more than a quarter of people living with HIV reported that they had avoided going to a local clinic in the previous 12 months because of their HIV status (Figure 1) (2). Such fears also discourage the uptake of prevention and testing services. For example, fear of the HIV-related stigma and discrimination that may result from an HIV-positive test result and having that result disclosed to others, either through self-disclosure or otherwise, has been identified as a disincentive to HIV testing in a range of settings (p.2).

In this regard, identifying the catalysts of stigma in the media was critical.

4.4 Objectives of the study

The objectives of the study are:

1. Through interviews, to analyse framing of stigma and discrimination by the media in the HIV & AIDS stories.
2. To interpret the discourse of HIV & AIDS stigma and discrimination in the communities respondents work in.
3. To provide tentative solutions to sensitive reporting on HIV & AIDS.

4.5 Significance of Study

The principal original contribution to knowledge of this study is to support the understanding of reporting on HIV & AIDS in Namibia and whether the print media has played a role in stigmatising people living with HIV or AIDS through the words or terminologies they use. By interviewing personnel who work directly with people who have HIV or AIDS, as well as those who write about them in the media, the study addressed the objectives of this research extending knowledge based on how framing impacts the outcome of a story and thereby those who are HIV positive or have AIDS. The findings highlight, among other recommendations, the need for organisations partnering with the media to sensitize them on how to report stories on HIV and AIDS. Furthermore, to ensure that the language used does not stigmatise those living with the disease, collaboration between the media, UNAIDS and others to provide specialised training for writers of HIV or AIDS stories is paramount.

4.6 Material and Methods

This section explains how the interviews were conducted. This includes the selection of research participants, study population, methodology, theoretical framework, results, discussion and conclusion.

4.6.1 Variables used to choose research participants

The following variables played a role in the choice of research participants. For the eight who worked at HIV & AIDS related organisations, the following were key variables:

1) Able to use English as a medium of communication,
2) Place of work (the place where participant works had to be related to HIV and AIDS),
3) Knowledge of portrayal of people living with HIV or AIDS in the newspapers,
4) Knowledge of coverage of HIV or AIDS issues in the newspapers and knowledge of importance of page a HIV or AIDS story appears in.

For the three respondents who work in the media, the following were the key variables:

1) Able to use English as a medium of communication,
2) Profession – (journalism),
3) HIV & AIDS reporter or senior Media person,
4) Knowledge of past history of HIV & AIDS in Namibia

4.6.2 Study Population and Criteria for the Choice of Respondents

The study population involves interviews with 11 participants from a cross-section of fields – HIV & AIDS organisations and the media. The choice of respondents from the HIV & AIDS organisations involved word of mouth, the researcher engaging staff from Namibia Network of AIDS Service Organisations (NANASO) who provided a list of active organisations. The researcher communicated with more than 20 of the organisations and based on the demographic characteristic in Table 4.1, settled for eight organisations. The three media organisations were selected as they fell under the category of 'English Dailies' and the respondents had written

extensively on HIV & AIDS during the study period, as found in the stories that were reviewed. The respondents were informed of their rights and that the information they provided would have codes assigned to their responses so they are not directly linked to them or at any other time after the research.

Table 4.1 – Demographic characteristic of respondents for interviews

Code	Profession & Place of Work	Knowledge of HIV & AIDS	Knowledge of HIV & AIDS in Past Namibia
NN01	Program officer, Religious NGO working with people living with HIV & AIDS and orphans	Comprehensive as working with people living with HIV & AIDS for long.	Adequate
NN02	Program officer, Foreign aligned NGO working with PLWHA on testing, counseling etc	Comprehensive as working with people living with HIV & AIDS for long.	Adequate
NN03	Program officer, project providing legal services to underprivileged including people living with HIV & AIDS and orphans	Comprehensive as working with people living with HIV & AIDS for long.	Adequate
NN04	CEO in a foreign funded project working with people living with HIV & AIDS and orphans in 8 of the 14 regions in Namibia.	Comprehensive as working with people living with HIV & AIDS for long.	Workable – knew enough to be part of the respondents.
NN05	Senior reporter working for a Media – Daily Newspaper and who reported on HIV & AIDS stories previously.	Adequate – wrote on HIV & AIDS as a junior reporter but no specialised reporting train.	Adequate
NN06	Program director in an organization that deal with counseling including to people living with HIV or AIDS.	Comprehensive as working with people living with HIV & AIDS for long.	Adequate
NN07	Program director in an organization that deals with programs for people living with HIV or AIDS in the Northern and in Khomas region.	Comprehensive as working with people living with HIV & AIDS for long.	Adequate
NN08	Deputy director in an organization that deals with communicating public health messages to people living with HIV or AIDS and those not infected.	Comprehensive as working with people living with HIV & AIDS for long.	Workable – knew enough to be part of the respondents.
NN09	A health based organization that does HIV care and treatment for the key populations that include sex workers, MSM, and trans gender communities	Comprehensive as working with people living with HIV & AIDS for long.	Comprehensive – very knowledgeable.
NN10	Senior reporter working for a Media – Daily Newspaper and who reported on HIV & AIDS stories previously. Media – Daily Newspaper	Comprehensive – had the health beat for many years and wrote on HIV & AIDS as a junior reporter. Later attended health reporting training	Comprehensive – very knowledgeable.
NN011	Senior reporter working for the Media and who reported on HIV & AIDS stories previously.	Adequate – wrote on HIV & AIDS as a junior reporter.	Comprehensive – very knowledgeable.

4.6.3 Use of Terminology Guidelines with Respondents

In this section, the words and terminologies of the various guidelines used are discussed with the respondents. The aim was to gauge if they are aware of the

UNAIDS guidelines or any other reporting guidelines and if so, if they adhere to the guidelines. This information was important because among the guideline goals was to identify language that does not stigmatise those living with HIV or AIDS. Many of the respondents were unware of the guidelines but were aware of some words that should not be used when reporting on HIV or AIDS. The researcher explained the focus on the guidelines before the interviews because "considered use of appropriate language has the power to strengthen the global response to the AIDS epidemic" (UNAIDS, 2015, p.3) and it was therefore critical that respondents were aware of this important aim of the guidelines.

It should be noted that, although the *UNAIDS Terminology Guidelines* provide 35 key words and many other terms which are recommended not to be used, in this study (see Appendix I), only the words that are specified as stigmatising people living with HIV or AIDS were mentioned to the respondents. The use of the words that are not stigmatising is said to be grammatically incorrect. For example, some words such as 'prevalence rates', 'HIV/AIDS' and others do not stigmatise those living with HIV or AIDS but the guidelines explain that "the term prevalence rates is not used; prevalence is sufficient" (p.38). HIV/AIDS is another term that the guidelines explain should not be used. UNAIDS guideline says that "the expression HIV/AIDS should be avoided whenever possible because it can cause confusion. Most people with HIV do not have AIDS" (p.8). Therefore, use of such words can subconsciously stigmatise people with HIV or AIDS as their constant use may cause framing in the subconscious thoughts of the readers as explained by Entman (1993). When words such as HIV & AIDS are used together such as HIV/AIDS, the

guidelines says that the magnitude of the illness may seem much larger than it is in actual fact as there is now provision of antiretroviral medication to prolong life now.

4.7 Methodology

This study used interviews which were 'intensive' or 'in-depth' and which Wimmer and Dominck (2011) define as "essentially a hybrid of the one-on-one interview approach" (p.135) while Silverstone (2009) calls them 'open-ended' interviews and explains that they are flexible because one develops rapport with the interviewees and can actively listen. Wimmer and Dominick further explain that "open-ended questions require respondents to generate their own answers" (p.181) which this researcher experienced during the interview sessions. The respondents had freedom on how to answer the question, which created the opportunity to provide in-depth responses.

Another important result of the use of in-depth interviews was that the questions led to further questions and answers relevant to the study. For example, while answering the question on what the respondents thought about HIV & AIDS stories, the unexpected issue of a story appearing on page one of a newspaper arose. All non-media respondents felt that it was not the right place as more often than not, it was negative. So, these kinds of stories should be published on the inner pages. This is the opposite of what, in the media, is known as news values where the most important stories are placed within the first five pages (Gaitung & Ruge, 1965; Mensing and Greer, 2006).

Further supporting the use of interviews, Rapley (2004) gave the advantage of using open-ended questions in that “interviewers are able to follow up on aspects of interviewees” answers but above all, “allow them the space to talk” (p.25) and this was observed in most responses.

The interviews were transcribed and reviewed for themes. Codes were used for names to ensure confidentiality. Eight respondents hailed from Non-Governmental Organisations (N.G.Os) that worked with people living with HIV or AIDS directly, while the other three were from the media and had written extensively on HIV & AIDS. All interviewees were all able to respond to the questions, address the objectives in varied ways and provide examples which led to the themes listed below.

Further, a manifest level of coding which includes inductive/deductive methods and is supported by Saldana (2010) was used. In using codes, network table provided below and created by Attride-Stirling in 2001 helped to identify a number of similar themes.

Figure 4.1 Structure of a thematic network (Attride-Stirling, 2001)

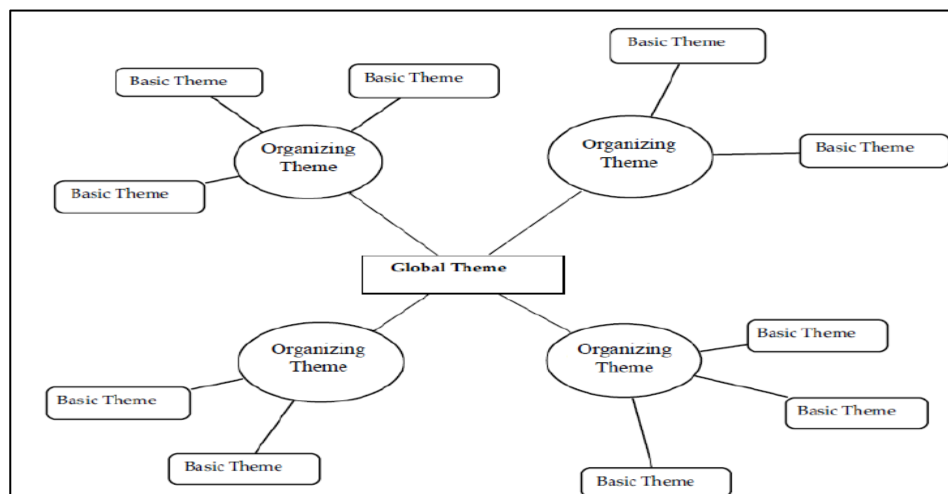

Figure 4.1 (page 174) suggests ways of dividing the themes into categories befitting the interviews and to identify how the discourse of framing is manifested. The focus was on their attitudes towards newspaper reporting on HIV & AIDS in the past in the two newspapers under review. These responses were then examined using the theory of thematic analysis. Neundorf (2019), quoting Saldaña, (2016, p.4) explains that these codes most often consist of words or short phrases that symbolically assign an "essence-capturing, and/or evocative attribute". The author says that they are viewed interactively, to be modified throughout the coding process by the investigator. Neundorf adds that, "thematic analysis assumes that the recorded messages themselves (i.e., the texts) are the data, and codes are developed by the investigator during close examination of the texts as salient themes emerge inductively from the texts" (p.212).

4.8 Theoretical Framework

This study used the thematic analysis which, according to Braun and Clarke (2012) is independent of any other theory and can therefore be used both as a theory itself and as an analytical tool. However, since there was discussion on framing by the respondents, this study also engaged framing theory which "is based on the assumption that how an issue is characterized in news reports can have an influence on how it is understood by audiences" (Pan & Kosicki, 1993). Most of the respondents posited that many stories they read in the newspapers on HIV & AIDS were biased. Some of the stories appeared on page one and were essentially negative reports which they felt had not been thoroughly investigated. Some of their comments are discussed eslewhere.

Thematic analysis is further credited to a number of researchers. Key among them is

Holton (1965) who is believed to be the brain behind the thematic analysis method of analyzing interviews who was followed by Merton (1975) and Braun & Clarke (2006). In their book chapter on thematic analysis published in the *A.P.A Handbook of Research Methods* (2012), Braun & Clarke define thematic analysis as "a method for identifying and analysing patterns in qualitative data" (p.58). The two authors view thematic analysis as "theoretically flexible because the search for, and examination of, patterning across language does not require adherence to any particular theory of language, or explanatory meaning framework for human beings, experiences or practices" (p.58). This means that thematic analysis is not restrictive and can be "applied within a range of theoretical frameworks, from essentialist to constructionist; thematic discourse analysis" (p.58). Due to this theoretical independence and the reason for its use in this study, it means that this type of analysis "can be learned without some of the potentially bewildering (for new students) theoretical knowledge essential to many other qualitative approaches" (p.58).

It is important to note that the goal of thematic analysis is to identify, analyse and report patterns within the data. In referencing the work of Boyatzis (1998) and Roulston (2001), Braun & Clarke (2012) explain that, "thematic analysis is a poorly demarcated and rarely-acknowledged, yet widely-used qualitative analytic method within and beyond psychology" (p.57). However, they posit that the two key principles that a researcher needs are accessibility and flexibility in order to provide a venue of entry into "qualitative research that teaches the mechanics of coding and analyzing qualitative data systematically which can then be linked to a broader theoretical or conceptual issue" (p.57).

4.8.1 Inductive vs Deductive Approach to Data Analysis

Critical to this study is what Braun & Clarke (2012) posit as the ability of thematic analysis to "straddle three main continua along which qualitative research approaches can be located: "inductive versus deductive or theory-driven data coding and analysis, an experiential versus critical orientation to data, and an essentialist versus constructionist theoretical perspective" (p.58). The inductive approach used involves bottom-up data coding and analysis driven by what is in the data. Braun & Clarke explain that "the codes and themes derive from the content of the data themselves—so that what is mapped by the researcher during analysis closely matches the content of the data" (p.58). Data was derived from questions sent to the respondents in advance and then interviews held thereafter. During the interviews, some of the questions led to further questions and responses, enriching the interview and the data collected.

The inductive approach is in contrast with deductive approach which "is a top-down approach, where the researcher brings to the data a series of concepts, ideas, or topics that they use to code and interpret the data. What this means is that the codes and themes derive more from concepts and ideas the researcher brings to the data—here, what is mapped by the researcher during analysis does not necessarily closely link to the semantic data content" (Braun & Clarke, 2012, p.59). In this study, by using similar questions with all the respondents and using an in-depth method of interviewing, which resulted in varied responses that went on to create unanticipated questions and answers, the inductive approach supported the objectives, especially the first two objectives: 1) Analyse framing of HIV & AIDS in the Namibian print media and 2) Examine the discourse of HIV & AIDS in two Namibian newspapers

based on established reporting guidelines.

However, it is also critical to understand that,

> in reality, coding and analysis often use a combination of both approaches. It is impossible to be purely inductive, as we always bring something to the data when we analyze it, and we rarely completely ignore the semantic content of the data when we code for a particular theoretical construct – at the very least, we have to know whether it is worth coding the data for that construct (Braun & Clarke, 2012, p.59).

In this study, both approaches were used at during different instances, for example when four respondents stressed that it was necessary also to interview people with HIV or AIDS to gauge their experiences with stigma: the reason for such interviews not being done at that point of the research was then explained, as the focus was stigma from a point of knowledge, as this researcher is a journalist.

To effectively use thematic analysis, this study used the six phases that Braun & Clarke (2012) provided. These are: "familiarizing yourself with data" (p.60), generating initial codes, searching for themes, defining and naming themes and reviewing potential themes and producing the report (p.61). One of the critical points in using thematic analysis is when reviewing potential themes. It is critical, as the authors explain and which this study found to be effective, to ask the following questions:

- "Is this a theme (it could be just a code)?
- If it is a theme, what is the quality of this theme (does it tell me something useful about the data set and my research question)?
- What are the boundaries of this theme (what does it include and exclude)?
- Are there enough (meaningful) data to support this theme (is the theme thin or thick)?
- Are the data too diverse and wide ranging (does the theme lack coherence)?" (p.65)

The above questions adequately guided the process of reading through the

transcribed interviews and creating themes.

4.9 Limitations of Interviews

In-depth interviews have many advantages, such as providing extra information that other data-collection techniques may not provide. They also have the advantage of interviewing in a relaxed atmosphere where the interviewee may feel at ease while answering the questions presented. However, these kinds of interviews have limitations too. The limitations include biases such as culture, gender and others, which have been a major impediment to the reduction of stigma across the world, and specifically in developing nations. Lindlof and Taylor (2011) explain that interviewees might have biases in favor of their own values and interests. The authors say that “people are also quite obviously cultural animals. As such, they come equipped with cultural codes that shape the structure and content of what they choose to say on particular occasions” (p.173).

Lindlof and Taylor (2011) further explain that how people articulate their knowledge, especially in the ways that they reflect the ‘how’, ‘when’, ‘to whom’ and ‘what’ is said, are critical in interviewing as they determine the information that the interviewer finally gathers (p.173).

Boyce and Neale (2006, p.3) suggest several limitations to in-depth interviews:

1. *Prone to bias* - this could be caused by the fact that the interviewer might not be able to prove that something is working while responses from stakeholders may be biased due to their interest in the research. They advise that the interviewer should try and design their data collection in ways that allow as little bias as possible.

2. *Time-intensive* because of the time it not only takes to do the interview but also to transcribe and analyse the results. They advise that as one plans for the collection of data, one should factor in this time issue.
3. *Interviewer must be appropriately trained in interviewing techniques:* To provide the most detailed and rich data from an interviewee, the interviewer must make that person comfortable and appear interested in what they are saying. They must also be sure to use effective interview techniques, such as avoiding yes/no and leading questions, using appropriate body language, and keeping their personal opinions in check.

In-depth interviews are "*not generalizable*" because small samples are chosen and random sampling methods are not used. However, because these kinds of interviews provide valuable insight into what happened at the time of review of data or what the feeling of those interviewed may not resonate with what the research is seeking to investigate, this type of data collection is still critical (pp.2,3).

4.10 Research Methods

This study used the 'intensive' or 'in-depth' interviews. Wimmer and Dominck (2011) posit that these type of interviews are "essentially a hybrid of the one-on-one interview approach" (p.139). The authors explain unique factors of these type of interviews and which were experienced during the study. These are that: "they generally use small samples" (p.181) and that "open-ended questions require respondents to generate their own answers" (p.181) which this researcher experienced during the interview sessions. The respondents had the freedom on how to answer the question which in turn created the opportunity to provide in-depth responses.

Another important result of the use of in-depth interviews was that questions created other questions and answers relevant to the study. For example, while answering the question on what a respondent thought about HIV & AIDS reporting, respondent NN04 said that she no longer reads newspapers as they have many negative stories surrounding funding on HIV & AIDS. On prodding further, the respondent said she actually reads newspaper but avoids stories on HIV & AIDS as she expects them to be negatively reported. She had the feeling that journalists are 'enemies' not partners in the working to reduce HIV & AIDS prevalence.

It is worth noting that while the respondents had been informed that the interviews would take 30 minutes or thereabouts, most of the interview sessions ranged between one hour and an hour and a half and were based on questions sent in advance - see Appendix V. Of importance to note is that there was excitement about the study and they all hoped it would be published at some point so it can reach a wide readership.

4.11 Results and Discussion

Following the use of thematic analysis, the following themes emerged from the discussions. These are: combination of bias and stigma, liberated feeling, no information, stigma, media fatigue, media role.

4.11.1 Bias and Stigma

Respondent NN09 in response to whether as an organisation they have any views on HIV & AIDS reporting said:

> "Yes we do. We have very strong views. As a matter of fact, we keep newspaper clippings on reporting especially on key population. We think that most of the reporting is biased and is not well informed. So one of our interventions, for this year (our year starts in October, ends in September following year). We want to

> meet with media forum, with editors' forum but we also want to train journalists on how to report some of these issues. So we think some of the reporting actually perpetuates stigma but we don't think that it is deliberate, we simply think that its because journalists don't know. So have views about that."

The above response showed clearly that HIV & AIDS organizations feel there needs to be better reporting on HIV and AIDS. From the above passage, the themes 'biased', 'not well informed' and 'stigma' emerged which are also in line with Objective 1 - Analyse framing of HIV & AIDS in the Namibian print media and a recommendation – training. Stigma caused by framing of stories resonates with Chiroiu (2004) in her research on mental illness reporting and UNAIDS (2019)'s on role stigma and discrimination plays in the society. Chiroiu explains:

> the media is merely one factor in shaping individual and community attitudes of mental illness, but it is a vital factor as it is a major and powerful source of information. How reporting of for example, mental illness in the media in Australia is done created negative images in the readers of the newspapers. "… negative reporting in the media affects attitudes. People who get their information mainly from the media were shown to have more negative attitudes, and interestingly, positive portrayals did not 'balance' attitudes. Negative news stories were shown to have a greater effect on people with mental illness and were linked to people's reluctance to seek help when symptoms first appeared (p.6).

The UNAIDS (2019) report on discrimination and stigma of people with HIV or AIDS indicates that those who do not understand much about the disease have "irrational fears of HIV infection and negative attitudes and judgements towards people living with HIV" (p.2). Due to this treatment of people with HIV or AIDS:

> Stigma towards people living with or at risk of HIV drives acts of discrimination in all sectors of society—from public officials, police officers and health-care workers to the workplace, schools and communities. In many countries, discriminatory laws and policies reinforce an environment of violence and marginalization. This stigma and discrimination discourages people from accessing health-care services, including HIV prevention methods, learning their HIV status, enrolling in care and adhering to treatment (p.2).

4.11.2 Theme: Stigma in stories

Another strongly opinionated response is from NN07 also resonates with stigma in

the above passage and themes. Answering a question on whether their organization is interested in how HIV is reported in the media, the respondent answered:

> It has not been a focus from our side, that I must say, because we have simply been focused on doing the work in the communities but I can see when you tell me about this project that of course it means something. If its reported on in a proper way it can also help to reduce the stigma and also help people to relax about this whole issue and do what is right. So therefore, other than it's very important. It is. But it has not been a focus area from our side.

Two clear themes emerged related to Objective 1 (Through interviews, to analyse framing of stigma and discrimination by the media in the HIV & AIDS stories). These themes are that better and sensitive reporting will help reduce stigma.

A respondent who is a senior member of staff at her organisation and coded NN02 also discussed stigma by the media.

> Because I have also been following and reading up about all these things. Whatever articles they have in the paper, I have always felt that people living with HIV are very much stigmatized by the media, the way it reports. There is not that sensitivity and its like HIV happens there and not here. That's my view, and yet when we are talking of inclusiveness and we want to help and we want to support, you want Namibia to talk of its stories as the affected and infected, it doesn't matter where you are talking. Whether you are talking from Finance Ministry, whether you are whoever, I want you to talk and know that with this high prevalence rate, we are at 18.2% at the moment, I don't know what the result will be, come the 1st of December, they are going to give us the result. It means all of us have been affected somehow, there is no way, and we cannot not talk about this thing. This is it.

A number of media interviewees also provided responses that proved this study was necessary and that there is a need for dealing with issues of stigma. Respondent NN11 in answer to the question on what beat he covered when he joined the profession, his answer led to other questions and highlighted the lack of well-trained journalists who could cover issues of health as their key beat instead of being mult-focused. He said:

> Yeah, look at the paper - we don't have people specifically for beats, you are just

> writing but my interest was in health and education, and politics. So, for instance, since we didn't have a specific reporter for health, I took the responsibility. When I joined in 93, around 93-95 that's when we really for instance started writing about HIV. It was quite new. People started coming out round about that time and someone needed to sort of take a bit of charge. I realized when we were writing then it was more about figures. That's when I sort of started getting interested and took it from statistic to face you know, having a human behind the story. So those were the two things, health and education. Even with education I used to do stories about what a policy would have.... because health and education they go hand in hand.

An interesting theme that can be subdivided into two other themes emerges here: media fatigue subdivided into: news reading depression and general bad news depression. 'Depressed by the news' clearly speaks to this respondent's media fatigue which translates to all areas of reporting and therefore, affects reporting on HIV and AIDS. In particular, the response resonates with Objective 2 which states that, "the study seeks to "determine if the framing of media contents have priming and agenda setting effects from the purview of HIV & AIDS organizations' workers".

Themes that emerge from the responses are categorized as per Attride-Stirling (2001). The Key Theme, or what she calls Global Theme, is *Stigma*. It has organizing themes: liberated, sensitive, discrimination, fatigue. Other themes based on general feelings about newspaper stories reporting on HIV & AIDS as well as general newspaper stories are: media fatigue, media reading depression, media role.

On how people living with HIV or AIDS are viewed in the society, respondent NN09 explained:

> I think stigma is still there; as a matter of fact, last week we had a meeting on the HIV/AIDS policy, whereby seven years ago, stigma was a very important issue to reflect in that policy. I think that we still have stigma, I was just talking to a friend whose cousin has just died of cancer, I think we were writing the eulogy and I was saying that its important that we educate on what he died of. I said I am now

> stigmatizing because in my community when people don't say what the person has died of its assumed that they have died of AIDS. Now, people tend to say, its cancer, they will name anything but AIDS. So there is still stigma but I think now comparing to a few years back, its better because we know who is living with HIV in most cases, not in all cases. We know who is living with HIV. We see long lines at clinics people go and get their medication but you still have cases of people not wanting to come out….

The issue of how HIV or AIDS is perceived is critical and the various other labels it gets such as calling it 'cancer' is perceived to be 'less' stigmatised.

Respondent NN09 also explained how,due to stigma, a spouse can be HIV positive but not be able to confide in his/her partner.

> Just this weekend I was talking to a sex worker who went to pick up her medication and she found her aunt's husband there and she was shocked, and she was angry because her aunt doesn't know. So she called me to find out what she should do, because she was so angry at this man. "He has been coming here apparently for more than a year, getting medication but as far as I know my aunt doesn't know he has been tested." So I said now, you need to talk to him, you are both HIV positive, you need to talk to him; he needs to decide if he is going to tell her or are you going to tell her. How you are going to tell her is important. Yesterday she called me and told me no, its going to be a family meeting because she will need the support of the family to hear this. So they worked it out but he still was not able to tell his wife. He went and got on treatment but his wife doesn't know her HIV status. So, me and my friend are making an assumption that he is the one who infected her but we don't know, because what if she is the one who infected him because those are also stigmatized things. Did I bring the disease home? Usually its better for men to bring it home than for women but why is it better that way? Why are women scorned more? Or looked upon in a bad light when they have brought the disease home?

From the above response, the fear of talking about HIV openly is evident. The discrimination when a man is the one who infects as against when a woman infects a man, is a critical observation.

NN06 commented on their view of stigma in Namibia, especially looked at from three years back and 10 years back:

> I think it has improved tremendously. If I remember well, when we started with working with HIV; we had serious cases where people didn't want to use the same toilet pot with people. I remember going to a funeral of a friend's family and one of the members of the family was HIV positive and every time she touched something., people would take it and throw it in the fire or throw away. That was years ago. Because they were so scared you would contract HIV by touching the same stuff but I think we are far beyond that now people know how the virus is spread. I think here and there you will meet one or two people who don't know. I think people are more accommodating because there is hope, there is life. There is a family member who is HIV positive. He was paralyzed when he was found HIV positive. He was hiding, he didn't want people to know about his status, and self stigmatized himself. He had a reason; the family initially was so scared of this person who was HIV positive. With ARVs, he recovered, he is now employed, he fends for himself, he is independent, and he can make his own life. Doesn't need any family to support him. He adheres to his treatment. At that time people didn't want him to have a partner, did not want him to drink alcohol because he is HIV positive. I think people have learnt and accepted that HIV is not a death sentence anymore.

On whether stigma has reduced in the previous 10 years since ARV's were rolled out, NN07 explained that:

> It has reduced a lot. In 2005 when we started one of the HIV & AIDS programmes, people were afraid because there were so many people who were dying around us and we went to funerals practically every Saturday and it was not nice. Treatment was only available at two places in the country - in Oshakati and here in Windhoek. From 2005 and onwards, the treatment was rolled out so that now at practically every hospital, every clinic and health facility the ARV treatment is available.

On infecting deliberately, NN03 explained that,

> There was a case about a pastor. I don't know whether its *Informante* or the *Sunday Times*, or *The Sun*. I can t recall whether he was taken through the civil courts or the traditional authority courts. This guy was having intercourse with women claiming that he will heal them somehow, but it was this year in Namibia. I think it was a tabloid. You are not doing tabloids?

4.11.3 Theme: Liberated

NN07 explained that,

> You can only liberate yourselves from HIV & AIDS and everybody else can only participate because it is a personal issue and whether you are infected already or not its up to you to deal with it. Either to stay negative if you are still negative or if you are positive, deal with it in such a reasonable way that you can live long and well

> with the virus. We can definitely feel over time that things have changed in the communities.

In the above response, the interviewer identified the feeling that HIV & AIDS was something to 'get freedom' from or 'to move away' from, further emphasising how stigma towards those with HIV or AIDS had penetrated almost every sphere of the community.

4.11.4 Theme: Framing of HIV & AIDS stories.

On whether reporting on HIV has changed from before ARVs to the time of the interview, respondent NN06 explained that there has been a lot of change:

> If I think a lot, I think the whole message was so scary years ago. Crush HIV out of Namibia! All those, insensitive messaging I think was around also; I think the ministry (of Health) spearheaded it at the time without the involvement of other stakeholders because they had to do something. The media was also not well informed at the time. If I think of the story. I don't know if you remember the sterilization case that is dragging on. I am trying to remember who was reporting during that time. I just remember recent cases where they rather told the stories of the people not having judgmental language. I remember vaguely from what happened in the earlier years. The language was very judgmental, very discriminatory but now I must say the language is better. During World AIDS day, there was a story of a woman and it was told probably by the woman. I didn't find any problems with it. I just mentioned earlier the language that they had been using earlier around the 'AIDS virus', 'AIDS orphans'. Here where I work, to use the word orphans, we want to do away with that because every child is vulnerable not only the orphans, orphans are probably even better cared for than the vulnerable child so I think we have made some progress in terms of reporting. I think the editors' forum is very open. Maybe not much has happened, if you say they haven't been trained on HIV reporting then I can believe that but it has changed. I know MISA Namibia has invested a little bit in training. I don't know what topics but you constantly hear they are training people on responsible and sensible reporting.

Respondent NN07 explained that there were many stories over time that stigmatized those with HIV or AIDS.

> "There are stories of support group members who have been kicked out. There is a woman who was kicked out by her husband from their family home because she was HIV positive but that's some years back. That's of course serious and you have

> couples that ran into serious difficulties when one found out that one was positive. There have been many cases where field officers have had to meet with both the partners many times to sort out those issues of blame. In many cases, coming to a conclusion when tempers had cooled down. There are also, the issues where one is positive and one is negative and how do they deal with that. There are issues of blame and of stigma and also denial so all these things are there but not to the same extent as before.

Respondent NN11, a media practitioner, explained how writing about HIV & AIDS stories was informed by his interaction with people living with HIV or AIDS, providing support for a recommendation that media personnel interact with persons who work with people living with HIV or AIDS, as well as those living with the disease. Asked why he wrote on HIV & AIDS stories, the respondent said:

> I felt that if we just throw statistics at people, at some stage it wouldn't really make sense to them. In fact I felt we might be contributing further to the stigma in the sense that someone is just a statistic not a person. So I then decided I need to write more but bring in the person in the story, how they cope with situations and how it affects others around them. That's why I really got involved in health reporting. AIDS was just part of it, you know almost everything on health.

On his experience writing the HIV stories, NN11explained:

> If you start writing about people it affects you. You get involved, you start understanding what the person is going through and that's what happened with me. I started understanding how people feel. You don't become part of it but you have a deeper understanding of what the situation is like, so, the more you get involved, the more you understand, the better stories you can write because a lot of times you have depth. For instance, I can take the example of how it improved or how it affected you. I started, in the beginning I was saying HIV/AIDS victims, killer, kills it changed I no longer use certain words.

4.11.5 Theme: Media Role

The various respondents had a lot to say about the media role in educating society on stigma and on how HIV is spread. On whether the media has any role in reducing prevalence, it was interesting to note the response from NN04:

> It depends on what print media it is. I do think that they have an important role, our newspapers, you focus on interest. I think it would be a good gesture if once a week, once a month they would run a nice story on HIV, whether its an interview with someone living with HIV, whether its just a one page ad on raising awareness, it

> hasn't been done. The little that I read the papers, I hardly see any good stories, even the television programmes if they maybe have like positive stories instead of negative images that they are showing.

Another respondent, NN06 had interesting views on media's role in reducing stigma through reporting:

> Media can create awareness articles like I mentioned. Positive articles, not negative things. Articles of healthy looking people, strong people, a successful person living with HIV who earns good money. It shouldn't be promoted to be this disease that just affects the poor and the promiscuous.

Respondent NN03 raised an interesting issue on tabloids reporting. She asked:

> Do tabloids have power to report on anything or? They should help create awareness. The challenge is to gauge whether... the awareness is there. It's an awareness thing, people are aware but they still misbehave. They can go beyond that, create awareness. In order for them to go beyond, it's the individuals to come out maybe, especially celebrities. Maybe people will change.

The statement above shows there is need for the role of the media, whichever type of media, in reporting on HIV and AIDS.

Respondent NN11, a media practitioner, explains the role of the media from a practitioner's perspective in explaining how he began writing HIV & AIDS stories:

> First you need to understand how I got involved into journalism. I got involved because I felt I had a duty to do certain things. I was involved in student politics and when independence came I felt I didn't contribute, that was when I started writing. I wasn't getting paid, I would just write to raise issues about a clean up campaign in Swakopmund for instance or some other community project, that's how I have continued and that's' how I got involved in health reporting.

The theme on the 'role of the media' emerged in diverse explanations which provide a clear explanation from both readers and practitioners that the media is expected to play a critical role in sensitive and responsible reporting.

4.11.6 Theme: Media Fatigue

Under this theme, respondent NN04 responded as per Objective 2, “Determine if the framing of media contents have priming and agenda setting effects” from the purview of HIV & AIDS organization workers. The respondent provided a clear response to this objective when she asked this researcher why the study does not include people living with HIV or AIDS. She explained that she is not keen on reading newspapers any more.

> From the outset Wanja, I am not a very avid newspaper reader. For about a year now, I just took a stance that the newspapers depress me and when I do read it I will scan, I will look for some good news but I wont avidly sit and look at the newspaper because it does depresses me.” Asked why she gave the particular response, the respondent said, “Its always-bad news, not specifically related to HIV, I mean, in general. Corruption here, murder here, death here, car accident here, rape here.

In response to what the media could do to get the young group of 15-24 age group who are at high risk of infection to get interested in reading on HIV or AIDS, Respondent NN04 said,

> They need to fall in with the more popular social modes of communication. *Facebook, Twitter, LinkedIn*, whatever. The media need to fall in with what's the most popular one that age group use and, I think if in school, the HIV knowledge could also be made less, devastating, that could also work.

On how media can help reduce prevalence among the youth, NN06 explained that in their social behavior change work, they find very interesting stories from young people but their attitudes towards sex and HIV & AIDS need special handling:

> One is cross-generational sex for material gain. In Katutura last month, we had a group of young people who said, "What you are telling us is the truth, we know its the truth but unfortunately I also need a cellphone, I also need that, I will go in a relationship with an older man. No matter what you say, I don’t think I can drop this relationship” so it could be a reason. In the Ohangwena region, we had some work. Also with social behaviour change because its conversations that we have with people. Young girls will tell you my parents cannot afford, I need to go to school, I will get into a relationship with a taxi driver at least I get a free lift. Or, I will get in a relationship with an older man because my parents cannot provide. I

> don't think it's purely an economic issue because of poverty that people get into this relationship. Its also sort of,.. Young people wanting things. Yes parents can afford the basic, food, a proper house but they see other teenagers having these things and they also want to have. I can believe more work needs to be done amongst that group because what we do then is we take them as individuals through counseling instead of having them in the bigger group and try and work on an individual level to see if that will bring change about.

NN04 also had an issue with how the media only reports on negative stories:

> But you will see a reporter putting it out as they, them...this one that I cut out, I wish I could find it. It (*The Namibian*) really talked about the AIDS people. It was round about 2011. You might find it because it was to do even with those fights between the mangers of the people living with HIV trying to expose the next level, who were instrumental in her stealing money on their behalf. Millions went out, so now the reporter because he has to be politically correct, he must mudsling the person who is living with HIV and it was how it went. Whether he was supposed to helping out the permanent secretary of the minister to take them out of the story.

On whether NN06 thinks media has a role in reducing prevalence, the response was,

> I think so, absolutely because what we try to do at behavioral level needs support at mass media level, otherwise you cant bring behavior change about if people just speaking their small groups and the bigger picture is not known to those people. I like the trend they took now with the World AIDS Day story. It was a positive story about a person who tested HIV positive years ago and her life now. I think I like that story. Probably, I think when they discovered he was HIV positive it was probably 2005/2006. Around that time, but since then, he is taking care of his extended family now, with this income, supporting. If I knew you were going to ask me that I would have made the effort to look at stories but that particular one I can remember now. I think its important not only to tell personal stories but to give those positive stories. If the media could support that type of thing also knowing that people are talking about MCP, talking about cross-generational sex, if the media could support that with clear information, clear stories. If they don't have information to link up with people who have the information, it would support the community. Whenever there was National Testing Day everyone would flock because you my friend were testing so I want to go without thinking of the repercussions, if I test positive you test negative what does it mean for me but because there is this mass reaction, everyone wants to. If they could really talk about these issues it will support the interventions.

On media's role in educating the youth on how to avoid getting infected, NN06 explained that:

> On the other hand f you were born with HIV because your parents were infected or you have been infected because you were not careful then of course you have to deal

> with it in a reasonable way. The media could help to promote that young people could understand that difference that its worthwhile staying negative. You must know your status, especially the girls that they should not accept unprotected sex but of course often many poor girls, girls in general wont have that bargaining power`. Print media would have a role to strengthen the power of girls in having their say. Also talk to the boys, young men that they should go for protected sex. These days we are also part of a campaign for promoting voluntary medical male circumcision and here the print media can also support in advocating for that even though its not a hundred per cent safe method, that it reduces the risk of HIV transmission so therefore its also worthwhile going for.

In line with media's role and the fact that journalists should write stories in sensitive ways, as respondents in the HIV & AIDS organisations suggest, it was interesting to note NN11's response as to how he decided he needed to improve his reporting:

> Yes basically (it was a personal issue). Yeah. Yeah you know I would attend a conference on HIV and my target was this story that we are talking about. The opening speeches, that was like, it wasn't really my main aim. I would go there to mix with people. I'd go and try to talk to people who had come from the regions, home-care givers, group leaders, people who had personal stories to tell. Those were the ones I used to go and talk to. Even though the conference would end, I would have probably 11 or 12 stories, ideas coming out of that. About people. So that's how, it was a personal issue.

NN11 further explains how meeting more regularly with people living with HIV or AIDS started affecting how he wrote:

> If you start writing about people it affects you. You get involved, you start understanding what the person is going through and that's what happened with me. I started understanding how people feel. You don't become part of it but you have a deeper understanding of what the situation is like, so, the more you get involved, the more you understand, the better stories you can write because a lot of times you have depth. For instance, I can take the example of how it improved or how it affected you. I started, in the beginning I was saying HIV/AIDS victims, killer, kills it changed - I no longer use certain words.

NN11 also explains how, post ARVs, he started seeing the difference in people living with HIV or AIDS and that meant there was hope and stories needed to change. Some of the people did not even have ARVs but they chose to live positively.

> I started meeting people who have been living, whilst they were in exile they were infected, so for 15 years or so they were already positive…..They didn't even have medication. ......So I started understanding, the positivity. When we were writing, I started writing about how you can live positively. I started interviewing people who had been living positively for years and what they were doing. That's' already was helping to educate others. It's not a death sentence; it's almost like any other sickness

From the discussions above, views about media's role in writing sensitive or positive stories about people living with HIV came through strongly. This is important as it creates a recommendation provided in Chapter 6 on media's role, responsibility and the need for strategic training in specialised reporting.

4.12 Findings

The interview findings can be summarised in several themes, listed below:

1) *Bias and Stigma* – as Ryan and Bernard (2003) explain on repetitive thoughts from respondents, many felt that media reporting is biased against issues of HIV and AIDS. They feel that media highlights negative stories on the front of a newspaper, yet there are many other stories to be written.
2) *Liberated feeling* - this theme created a conflict in that the respondent also seemed to feel the same way as the reporters – a sense of hopelessness. The comment of the respondent was:

> You can only liberate yourselves from HIV & AIDS and everybody else can only participate because it is a personal issue and whether you are infected already or not its up to you to deal with it. Either to stay negative if you are still negative or if you are positive, deal with it in such a reasonable way that you can live long and well with the virus. We can definitely feel over time that things have changed in the communities.

3) *Stigma* in stories – there is general feeling that reporters do not care about the stories they write and therefore do not engage with those who work directly with people living with HIV or AIDS to understand what they feel about

stories written. The comment by NN02 about negative reporting by media on issues of HIV & AIDS and the repercussions thereafter was reflected by this comment:

> That's the thing that it has always been negative. The last time as well we thought it was helpful but it always has it connotations. When people were throwing away their medicines because they were saying they don't have food to eat, they want the medication given together with grants for food and things like that. So that was aired but it has its negatives side that they throw away medicine, imagine when medicine is so expensive, it costs us more than US$100 per person to give the medication and it just also talks of how those who are giving the medication maybe they are not giving enough education to them. These are not free, yes you get them for free but somebody is paying for them. Our taxpayer's money but it seems that doesn't get through to the patients. They think government gives them for free but where does government get money??

4) *Media fatigue* – lack of stories on HIV or AIDS is of concern to all respondents and more so because the prevalence of the disease is still high, meaning that there needs to be a different approach to reporting on the stories so as to engage all stakeholders – from infected to non-infected and across various ages. Of importance to note is that engagement with the youth, who are averse to the current adverts or styles of engaging them in HIV & AIDS matters, has to be re-engaged in order to reach them better with critical messages.
5) *Media role* – the role of the media in ending stigma and discrimination is highlighted and respondents feel it is critical in helping to end stigma and discrimination in society. However, training the media on better reporting is critical.

Of importance to note is that 9 of the 11 respondents including a media practitioner concur that media has stigmatized people living with HIV or AIDS through stories written in the various publications. Overall, all respondents observed that there is a

need for specialized training of reporters so as to be sensitive on how to write about HIV or AIDS. Further, the respondents felt that spending time with those who engage directly with people living with HIV or AIDS is critical so that they can report from a point of knowledge. Finally, to deal with media fatigue, respondents felt that the media and stakeholders need to go back to the drawing board to find out where the fatigue lies. A SWOT analysis of reporting on HIV or AIDS is critical as well as engaging the ordinary citizen on what would help them find HIV & AIDS stories interesting enough to create behavioral change.

4.13 Conclusion

This study sought to investigate the framing of stories in newspapers. The main thrust was to identify if those who work directly with people with HIV or AIDS agree with the theoretical notions presented to them. It was important to know whether the theoretical research was collaborated by those on the ground. Several themes were identified using an inductive methodological approach based on thematic analysis following the six phases of creating themes out of interview responses. Of importance to note is that two of the three respondents from the media understood the importance of sensitive reporting while one did not seem to understand there was a difference in how he wrote the HIV & AIDS story compared to any other story.

The fact that one journalist was trained on HIV or AIDS reporting and that their reporting changed thereafter, while another was able to do the same from personal sensitivity, is worth noting. This shows the varied ways that a media practitioner can deal with the same issues and still be a responsible reporter.

The emerging themes clearly addressed many aspects of the three objectives:

1. Analyse framing of HIV & AIDS in the Namibian print media,
2. Examine the discourse of HIV & AIDS in two Namibian newspapers based on established reporting guidelines and
3. Determine if the framing of media contents have priming and agenda setting effects from the purview of HIV & AIDS organizations' workers.

The data and results presented could be used to identify niche areas for improved reportage by journalists. These could include that involves internships in organisations that work directly with people living with HIV or AIDS. Constantly updating themselves with information on HIV or AIDS to ensure they report ethically is also a critical personal responsibilty.

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Chapter 5

Framing of Stigma and Media in HIV & AIDS Policies in Namibia and Four African Countries

Abstract

Investigating the framing of *Human Immunodeficiency Virus* (HIV) and *Acquired Immune Deficiency Syndrome* (AIDS) policies in Namibia and four other African countries – Botswana, Malawi, Lesotho and Uganda – provides a window into the importance of collaboration between all critical stakeholders on matters of HIV and AIDS. The five countries have had major challenges with HIV & AIDS prevalence since each of them identified the first case of the disease in the 1980's.

Content and discourse analysis were employed to evaluate how often the words stigma/discrimination and media occurred in policy documents and in what context. This is to interrogate the importance of the emphasis on fighting stigma and engaging the media as a partner, given that the media are able to reach a wider audience nationally than other strategies such as advertising.

The findings show a critical need to engage the media in assisting with sensitization on reducing the prevalence of the disease. The findings are: (1) delay is evident in the creation of HIV & AIDS policies in all five countries since the first case was recorded and this could have contributed to the high rate at which the spread of the disease occurred; (2) comparing to China's regular reviews of HIV & AIDS policies that resulted in a change of tactics to address frequently occurring changes, the lack of policy reviews across the five countries is evident, and could have contributed to slowing interventions and increased prevalence; (3:i) there is extensive mention in the policies of stigma (19 times) and discrimination (60 times) but minimal mention

of media (6 times) (see Table 5.5) which could mean that media was not regarded as a key stakeholder in HIV & AIDS interventions; (3:ii) while stigma is mentioned variedly across the documents, emphasis on how to deal with it, especially using media, is non-existent.

Key Words: HIV & AIDS Policies, Namibia, Lesotho, Malawi, Uganda, Botswana, China, Thailand, stigma, media

5.1 Introduction

This study provides findings and analysis based on a review of the discussion of stigma and discrimination in *Human Immunodeficiency Virus* (HIV) and *Acquired Immune Deficiency Syndrome* (AIDS) policy documents from Namibia and four other African countries (Botswana, Lesotho, Malawi and Uganda) which also faced major challenges with the disease. The role the media plays in these policies was reviewed. The choice of countries was determined by the high prevalence as identified in consecutive United Nations Programme on HIV/AIDS (UNAIDS) annual Global Country Reports. The intention was to compare how the five countries dealt with their various policies. Further, besides some of these countries having the highest prevalence in Africa, Botswana and Lesotho have almost similar populations to Namibia, while Botswana is also a neighbour of Namibia, which means, regular cross-border interaction. The 2019 population of three countries in the region with similar HIV & AIDS prevalence are: Botswana at 2,322,822, Lesotho at 2,132,306 and Namibia at 2,513,702 (http://worldpopulationreview.com).

How countries have handled the HIV & AIDS pandemic has had a critical impact on prevalence rates in the countries, as has the role the media has played. There is a relationship between the countries in this study and how they handled the pandemic

right from its onset, as each borrowed from the other on how to deal with the disease. Because the spread of the disease was found to be cross-border, many researchers have studied Namibia, Botswana, Lesotho and Malawi as part of a single block from southern Africa. This analysis provides insights into how each country has dealt with the disease and how this impacted on prevalence.

Uganda was included based on the fact that it was the first country in Africa to register the presence of the disease in 1982. This was soon after the Centre for Disease Control (CDC) in the US declared in June 1981 that HIV & AIDS had been recognized as a disease that required urgent intervention (MMMR, 2001). Comparing how Uganda dealt with the pandemic with these other four countries enriched this research.

5.2 Aim of Study

The aim of this study is to demonstrate the importance of creating and implementing HIV & AIDS policies that assist in curtailing the spread of the disease nationally and in particular, if these policies embrace media as a critical stakeholder in the said agenda. The HIV & AIDS policies analysed in this chapter complemented and triangulated the analysis of data from the newspapers and interviews. This chapter also reviews who the key persons in the Introductions and Forewords of the documents are, as this could have had implications on how these documents were created, are used and the impact they have in how HIV & AIDS is dealt with.

5.3 Statement of the Problem

The prevalence of HIV & AIDS in the five countries under review in this study is among the highest in the African continent. Key among the reasons for the spread, and which is the basis for this study, is the stigma and discrimination allowed in media reporting of people living with HIV or AIDS.

Policies are critical documents in dealing with HIV & AIDS in any country. Without strong policies that are adhered to, the spread of the disease increases. It is important to note that in developing HIV & AIDS policies in order to deal with the many challenges of high prevalence rates, thorough engagement with all key stakeholders is of utmost importance. The media has been a key player in spreading and framing messages about HIV & AIDS in countries dealing with a high prevalence of the disease. However, the lack of a media role in these policies clearly shows that they are not regarded as key players in reducing prevalence. Rispel and Metcalf (2009) support the importance of strong and workable policies in a study of *Men who Have Sex with Men (MSM)* and HIV policies in South Africa. The framework, an initiative of UNAIDS and the World Bank, sought "to assess both the participation and engagement of country-based partners in the national HIV response and to assist international agencies with harmonisation and alignment of their responses" (p.134). From their findings, the authors suggest that how fast or slow the spread of the disease happens has much to do with how the policies dealing with the disease are followed through, or not. They posit that many countries are yet to address HIV & AIDS seriously in accordance with their government policies, even though policies were in place. The year 2009 marked more than two decades since the various countries reported their first HIV or AIDS case, yet to date – although prevalence has reduced – the countries under review still have many cases of new infections and

deaths. Whether these countries see the media as a key partner in reducing stigma towards those living with HIV or AIDS is another problem this study sought to identify. This study therefore interrogated how HIV & AIDS policies dealt with issues of stigma and discrimination and if government saw media as a partner in reducing prevalence. The study also reviewed when the policies were created vis-a-vis the first case of HIV in the country, what the government provided as a reason for creation of these documents and how frequently they were reviewed to accommodate changes in the spread of the disease.

5.4 Objectives of the study

The objectives of the study were:

1. To analyse framing of stigma and discrimination and media in the HIV & AIDS policies in the five countries under review.
2. To interpret the discourse of HIV & AIDS in the policies and the critical role the media plays as a partner with the government in dealing with stigma in the society.
3. To review authors of Forewords in the HIV & AIDS policies and relevance to reduction of prevalence of disease in the country.

5.5 Significance of the Study

The principal original contribution to knowledge of this study is to understand the role national HIV & AIDS policies play in reducing prevalence by reviewing the impact of the reduction of stigma and discrimination in the media and by the use of the media as a key stakeholder. Also found to be of critical importance was the role played by those who write the Forewords to the policies as this contributes to how the disease is dealt with. The anticipated contribution of the findings is to encourage

policy makers to embrace the media as a key partner in dealing with stigma and discrimination, giving them prominence in the policies, and thereafter engaging with them through specialised training on better and sensitive reporting about HIV and AIDS. This will ensure that the media will be better equipped to spread and support the message government requires the masses to know and take action on.

5.6 Research population

The population for this study was national HIV & AIDS policies for five countries – Namibia, Botswana, Lesotho, Malawi and Uganda – during the period under review, 2000-2012. It is important to note that some policies remained un-reviewed since inception while others including Namibia were developed into more strategic policies. Others may have been reviewed post the study's time frame.

5.7 Period of study

This research covered a 13-year study period and reviewed HIV & AIDS policies between 2000 and 2012. Though it is said that Anti-Retroviral medication (ARVs) were rolled out in Namibia in 2001, officially, they were rolled out in 2003 starting with six government facilities (*National Guidelines for ARV's 2016*). The year 2000 was identified because, according to these National Guidelines, it was three years before Namibia rolled out ARVs in 2003 for people living with HIV or AIDS, providing hope for the reduction of AIDS related deaths. It was expected that there would be an improvement/change in how society viewed people living with HIV or AIDS who were formerly seen as carrying a 'death sentence' but with the availability of ARVs to prolong life, this stigma was expected to reduce over the years.

5.8 Limitations of the study

Policies reviewed are limited to the five countries – Namibia, Botswana, Uganda, Malawi and Lesotho. Furthermore, the policies are only those available online as, due to time and distance constraints, it was practically not possible to communicate with the various countries to check for other policies which may not be available online. The policies reviewed are also limited to only 2000-2012 and therefore, any information on revisions that may have occurred thereafter is not included in this study.

5.9 Delimitations of the study

Though there are many countries with HIV & AIDS challenges in Africa, the study limited itself to the years 2000 to 2012 and to only the five countries mentioned above due to the high prevalence of HIV in these countries during those specific years. Except for Uganda, proximity to Namibia is also a key factor as neighbouring countries deal with similar challenges within their small national populations.

5.10 Definition and Role of Policies

Grindle and Thomas (1991) define policy in terms of changes or reforms that a government wishes to undertake. They view policies as involving skills, values and experiences with which those who will carry them out are equipped, in order to shape perceptions of what problems need to be addressed through public sector action. The authors emphasize the importance of ensuring that states undertake to do things through consulting other stakeholders in the society, whether these stakeholders are in conflict with the government or not, for example Non-Governmental Organisations (NGO's). This is important because, without working with all stakeholders, the policy will not be translated into action and therefore, the

aims of the policy will not be achieved. Further, in line with this study, the media's role is expected to be viewed as complementary and in partnership and not in conflict with those carrying out varied programs towards eradicating HIV & AIDS.

In view of Grindle and Thomas's explanation above, and of importance to this study, health policies are viewed as critical to how issues such as HIV & AIDS are dealt with. Kaur et al (2016) explain that health policies are "decisions, plans, and actions that are undertaken to achieve specific health care goals within a society" (p.45). Policies are important to any organisation or government as they determine the roadmap of the organisation or government in dealing with critical issues. In HIV and AIDS, for example, this is important to achieve an 'AIDS free' generation, adopting as well as implementing health care policies expected to reform the sector (Lane et al, 2016). The success of any public policy or national development plan rests on the capacity to implement it; namely, the availability of resources that enable the delivery of stated commitments (Makoa, 2004, p.71).

Though critical, countries burdened with a high prevalence of HIV & AIDS are less able to implement the policies and this might result in large numbers of people being infected with HIV or dying from AIDS as there is no consistency in dealing with the pandemic at government level. Lane et al (2016) further explain that, "countries with high HIV burdens often have low policy development, advocacy, and monitoring capacity. This lack of capacity may be a significant barrier to achieving the AIDS-free generation goals" (p.1), which Kaur et al (2016) concur with. The authors compared the HIV/AIDS policies of three developed countries (the United States of America, United Kingdom and Australia) and three developing countries (Nigeria, India and Sudan) and their impact on the HIV/AIDS epidemic. Of importance to this

study is that they find the outcomes of HIV & AIDS prevention programs to be based on:

- what kind of policy statements are created,
- when the implementation is done,
- how committed a government is to implementing the policies,
- the stability of the nation insofar as financial and political stability are concerned and
- the health infrastructure as well as the national delivery system (p.45).

Another factor is whether these countries involve international and national Non-Governmental Organisations (NGOs) as partners in implementing these policies right from the onset. The role that the media plays in partnership with those who create/implement these policies is interrogated in this study to gauge how the stakeholders expect to deal with stigma and discrimination in society.

However, a number of researchers have found that while national policies are enacted for the purpose of tackling a challenge such as HIV, those with the mandate to carry out the policies do not always stick to the plan. This may be due to the lack of a long term commitment to strategically addressing the issues of HIV and AIDS, as in Thailand. According to Ainsworth, Beyrer and Soucat (2001), through adhering to national policies on HIV and AIDS, Thailand was able to reduce the spread of HIV by targeting commercial sex workers and their clients by helping them adopt safer behaviour. Their research posits that, "there is substantial evidence of the substantial impact of the collection of policies and programs, although less information on the specific impact and contribution of each to the outcome" (p.33). The authors explain that while countries such as Thailand used policies to challenge high prevalence rates, they lament that the success also comes with risks: "the risk of

success is always complacency, and there is evidence that public policy momentum on AIDS was slowed in the late 1990s" (p.33). Over time, funding for AIDS projects was cut down thus reversing many of the gains the country had achieved. This further explains the importance of long term strategic planning for policies.

To examine whether existing policies were providing a stimulus to curtail the spread of the disease, a conference was held in Windhoek, Namibia, in 2009 to review public policy priorities in southern Africa countries. Hannam and Wolff's (2010) report on this conference, which discussed the policy challenges dealing with HIV & AIDS in the region, argues that these challenges have reversed health gains in the past but that the policies created, if followed through, will enable HIV & AIDS to be dealt with better than in the past. From the same conference, Haacker (2009), reviewing development impact and policy challenges in dealing with HIV & AIDS, argues that because southern Africa has the highest HIV prevalence in the world, strategic policies geared towards changing this scenario are critical.

During the conference, Johnson (2009) reviewed *Millennium Development Goal (MDG) No 6 to Combat HIV/AIDS*, *malaria and other diseases*, which aimed to ensure that by 2015, there would be a considerable reverse of the spread of HIV & AIDS and other major diseases. Quoting Karim *et al* (2009), Johnson (2009) explains that in the decade starting 2010, "HIV and associated tuberculosis epidemic will remain the biggest challenge and burgeoning HIV treatment costs may overwhelm health systems" (p.30).

To tackle the challenges created by the spread of HIV and AIDS, the various countries discussed in this study have created policies as well as related reports that seek to provide guidelines in dealing with the disease at different stages and in different categories. However, specific to this study was how stigma and discrimination is incorporated into policy and whether the media played a role in dealing with stigma. Further, the authorship of the Forewords to the policy documents is reviewed as this signifies how important government's commitment is and can make a remarkable difference to reducing the prevalence of HIV infections.

5.11. Forewords in HIV & AIDS Policies in Countries Under Review

In the policy documents from the five countries (Namibia, Lesotho, Botswana, Uganda and Malawi) reviewed in this research, it is important to note that all the Forewords have been written either by a key person in government or in some cases, the president. Their key messages are of importance to this study as they provide evidence that the government fully intends to ensure that HIV & AIDS is handled in a certain manner and provides guidance 'from the top' on reducing the spread of HIV as well as stigma towards those who are infected and affected.

This is supported by Grindle and Thomas (1991) who explain that those who make the decisions on what policies should be put in place are equally important to the process. The decision-makers are "frequently the most important actors in placing issues on an agenda for government actions, assessing alternatives, and superintending implementation" (p.43) while their actions are more visible in developing nations rather than developed ones.

In China, it was seen as critical that key persons in government were seen to be involved in the creation of policies or took an interest in what the policies were achieving, especially when it became apparent that prevalence figures were on the rise. Although top officials did not write Forewords, involvement in policy content had a remarkable impact on how the disease was viewed henceforth as Shen & Yu (2005) explain. The authors posit that in 2004, a day before World AIDS Day, President HU Jin Tao visited Beijing You'an Hospital to meet AIDS patients and medical staff in a bid to show support for those afflicted. The following year in February 2005, Chinese Premier WEN Jia Bao and colleagues spent Spring Festival Holiday with the children affected by HIV/AIDS in one of the most affected provinces in China, Shanghai County of Henan. Showing support from the highest political offices was meant to de-stigmatise the disease in the country (p.904).

In the same vein and as expounded elsewhere in this chapter, Shao (2006) explains that "Premier Jiabao Wen announced a new national AIDS control policy, '*Four Frees and One Care*' (free treatment, free Voluntary Counseling and Testing (VCT), free Prevention of Mother to Child Transmission (PMCT) and free schooling for AIDS orphans, and provision of social relief for HIV patients)," (p.2). This had a ripple effect on how the '*Four Frees and One Care'* policy become critical to those affected or infected in the year following the policy review.

In Namibia, the then Minister of Health and Chairperson of the *National AIDS Committee* Dr Richard Nchabi Kamwi, provided the Foreword where he summarized the document as "geared towards guiding efforts related to our expanded national response to the epidemic. It encompasses policy statements related to the creation

of an enabling environment; prevention; treatment, care and support; impact mitigation and workplace interventions and stewardship and management of our response" (Namibia Policy on HIV/AIDS, 2007, p.4). This was very critical to how matters of HIV & AIDS were to be dealt with in Namibia and potentially were the reason that many initiatives were put in place to reduce prevalence.

In the policy document in Lesotho, the Foreword is provided by the Right Honourable Pakalitha Mosisili, MP, Prime Minister of The Kingdom Of Lesotho where the key message is summarised in the statement that the "policy outlines Government's desire to promote equitable access to HIV & AIDS and treatment of opportunistic infections for all those in need as well as to improve healthcare services to all, including people in remote areas" (p.4). In Botswana, the Minister for Presidential Affairs and Public Administration, then Hon. Mokgweetsi E.K. Masisi provided the Foreword where he explained that the policy document arose from and reflected "the current socio-economic and legal situation in which the national response to HIV & AIDS is being undertaken" (p.3). In Malawi, none other than the President of the Republic of Malawi, then Dr Bakili Muluzi wrote the Foreword. His message was strong on dealing with a nation that at that time in 2003 had only three per cent of Malawians aware of their status and which led to a very high mortality rate. Of importance to note was a summary of his message:

> This policy specifically calls for renewed action on the ground, and gives Malawi the opportunity to embark on a new path in this noble fight. The guidelines provided in this policy were not developed in a vacuum, but draw upon the experience and lessons of the past 15 years in combatting the epidemic. The policy balances carefully the issues of rights and responsibilities and public health considerations, and emphasizes the continuum from prevention through care to treatment (p.5).

In Uganda, the Foreword was presented by Princess Kabakumba Labowni Masiko, the then Minister for the Presidency and Kampala Capital City Authority. At the time

of the policy document enactment in 2011, the country had "braved the HIV & AIDS Scourge for over two decades" (2011, p.i). In a summary, she explained that through "visionary leadership, innovation, open dialogue, involvement and commitment at individual, institutional and community levels, the country has registered achievement in addressing the epidemic" where prevalence had moved from 28% in the 1990's to 6.4% in the mid-2000s. The key message was that there was a need for the overall response to HIV & AIDS to be intensified to consolidate "past achievement in fighting the epidemic and improving the country's socio-economic indicators" (p.i).

Interrogating these policy documents, the various methods used have advantages and disadvantages. Of importance to note is that the policy documents have the blessing of the persons in the government who can ensure that these documents live up to their intentions. And as Laver and Garry (2000) posit, "for both theoretical and pragmatic reasons, policy documents represent a core source of information about the policy positions of political actors" (p.627).

5.12 Role of policies on HIV & AIDS in the Five Countries

In this section, the role of HIV & AIDS policies in Namibia, Lesotho, Botswana, Uganda and Malawi are explored as they determine the difference that these nations have made in dealing with the challenges in the spread of HIV and AIDS. As mentioned previously, how policies deal with HIV & AIDS is critical, as they determine the progress a nation makes in dealing with the spread of HIV and AIDS.

It is important to note that although the countries all had major challenges with the rapid spread of HIV and AIDS, they have dealt with the challenges in diverse ways, which have in turn resulted in divergent incidence and prevalence figures and the number of deaths, in comparison with their populations as Table 5.1, 5.2 and 5.3 below reveal. Through HIV & AIDS policies, they have been able to tackle many of the challenges and continue to do so, according to the International Labour Organisation (ILO) which provides data on HIV & AIDS policies around the world.

Of importance to note is that while stigma and discrimination towards people living with HIV or AIDS has been addressed, the role the media plays in policy is less clear. This research attempts to provide a better sense of the relationship between policy makers and stakeholders and whether policy makers see media as a key partner in reducing prevalence, stigma and discrimination.

Studying the five countries provided an insight into the importance of how, when a nation does not follow through on policies enacted to deal with the spread of the disease, the result is that prevalence remains stubbornly high. The success of these policies could be judged by the number of AIDS related deaths and also by the number of new infections.

Tables 5.1, 5.2 and 5.3 (page 214) provide a comparison in deaths and new infections from AIDS for 2001, the year after the study period began, up to 2011, the year before the end of the study period. To gauge progress since 2011 the *2018 UNAIDS World Global Report* figures, which are the latest, are also provided. According to the report, “the number of people dying from AIDS-related causes began to decline

in the mid-2000s because of scaled-up antiretroviral therapy and the steady decline in HIV incidence since the peak in 1997. In 2011, this decline continued, with evidence that the drop in the number of people dying from AIDS-related causes is accelerating in several countries" (p.12).

Table 5.1 Comparison of Populations vs Number of people living with HIV or AIDS – 2001

Country	Population	Number of People with Living with HIV or AIDS	Deaths from AIDS	New Infections
Namibia	2,212,307	160,000	8,600	23,000
Lesotho	1,947,701	250,000	14,000	26,000
Malawi	17,964,697	860,000	63,000	100,000
Botswana	2,182,719	270,000	4,200	27,000
Uganda	37,101,745	1,500,000	28,000	99,000

Sources: World Fact Book 2001 (http://www.CIA.gov) and
UNAIDS Fact Sheet http://www.unaids.org/en/regionscountries/countries

Table 5.2 Comparison of Populations vs Number of people living with HIV or AIDS – 2011

Country	Population	Number of People with Living with HIV or AIDS	Deaths from AIDS	New Infections
Namibia	2,212,307	190,000	5,200	8,800
Lesotho	1,947,701	320,000	14,000	26,000
Malawi	17,964,697	910,000	44,000	46,000
Botswana	2,182,719	300,000	4,200	9,000
Uganda	37,101,745	1,500,000	99,000	150,000

Sources: World Fact Book 2011 (http://www.CIA.gov) and
UNAIDS Fact Sheet http://www.unaids.org/en/regionscountries/countries

Table 5.3 Comparison of Populations vs Number of people living with HIV or AIDS – 2018

Country	Population	Number of People Living with HIV or AIDS	Deaths from AIDS	New Infections
Namibia	2,533,224	200,000	3,100	2018
Lesotho	1,962,461	340,000	6,100	13,000
Malawi	19,842,560	1,000,000	13,000	38,000
Botswana	2,249,104	350,000	3,200	2018
Uganda	40,853,749	1,400,000	23,000	53,000

Sources: World Fact Book 2018 (http:// https://www.cia.gov/library/publications/the-world-factbook/geos/wa.html) and UNAIDS Fact Sheet http://www.unaids.org/en/regionscountries/countries

The majority of the above countries had their first reported case of HIV & AIDS around the same time as Namibia circa 1985-1986, apart from Uganda where, as mentioned previously, the first case was reported in 1982 (*Uganda HIV & AIDS Policy*, 2011).

The extent of the ongoing worldwide HIV & AIDS challenges (UNAIDS Fact Sheet, 2018) indicate that a global response to reducing the spread of the disease is still required and that following up on policy implementation is critical. At the same time it is important to note that there continues to be a decline of new infections in Africa, unlike in some countries in Asia where new infections are rising. For example, despite the policies in these countries, according to the UNAIDS Fact Sheet (2015), "China, Indonesia and India account for 78% of new HIV infections in the region" (p.3) while the table below shows improvements in a number of areas. According to the UNAIDS Fact Sheet (2019), the following were the numbers of those living with HIV worldwide and in Africa and those who died of AIDS as of the end of 2018.

Table 5.4 People Living/Newly infected/Died from HIV or AIDS in Globally / Africa in 2018

	Living With HIV Globally (Millions)	Living With HIV Africa (Millions)	Newly Infected Globally (Millions)	Newly Infected Africa (Millions)	Deaths from AIDS (Millions)	Deaths from AIDS related causes	Accessing ART (Millions)
Adults	44.0	25.2	2.3	1.4	1.1	790,000	23.3
Children 15+	N/M	N/M	2.1	N/M	N/M	790,000	N/M
Children -14	N/M	N/M	0.26	N/M	N/M	N/M	N/M

*N/M – Not mentioned
Source: UNAIDS 2019 Fact Sheet (http://www.unaids.org/en/resources/fact-sheet)

Given the figures in Table 5.4 above, it is important to review the importance of policies in dealing with HIV & AIDS and specifically how the policies dealt with the media.

In Namibia, the role of HIV & AIDS policies was further expounded during the launch of the first HIV & AIDS policy document in 2007. The then President of Namibia, Hifikepunye Pohamba explained that because HIV & AIDS had become the "single largest threat to the development of Namibia," (p.1) and "its impacts are felt at every level of our society, and affect all individuals, families and communities, who are the fundamental building blocks of our social and economic development" (p.1) so it was critical that policies were put in place and acted upon.

During the same function, the then Namibian Minister of Health and Social Services and Chair of HIV & AIDS Committee Dr Richard Kamwi explained that the *National Policy on HIV/AIDS* had a mandate to guide efforts that were related to Namibia's wider national response to the epidemic. He said that the Policy document "encompasses policy statements related to the creation of an enabling environment; prevention; treatment, care and support; impact mitigation and workplace interventions and stewardship and management of our response" (Kamwi, in Namibia Policy on HIV/AIDS, 2007 p.2).

Creating policies strategically is key to any organisation or government's realisation of its goals for the future as they provide necessary guidelines on tackling different issues, as Grindle and Thomas (1991) explain. By creating these policies, governments show commitment and interest in providing solutions to problems. For

example, in the Namibian National Policy on HIV/AIDS policy document, Kamwi (2007) the Minister of Health at the time, explains that the policy was geared towards ensuring that efforts created to respond to the epidemic are met by the government and stakeholders. In the policy document, Kamwi reiterates that the policy "encompasses policy statements related to the creation of an enabling environment; treatment, care and support; impact mitigation and workplace interventions and stewardship and management of our response" (p.ii). Of importance to note in Kamwi's words is the mention of "workplace interventions" (p.ii) which means that the policy covers various sections of the country including places of work where a large population would be found.

In reviewing the policy documents, stigma and discrimination have been cited as major challenges in dealing with the spread of the disease and has facilitated the creation of Workplace HIV & AIDS polices. However, Hannam and Wolff (2010) found that whereas policies are enacted with the purpose of tackling a major challenge such as HIV, the agenda is not always followed. Their report of Namibia's 2009 policy review found that past gains had actually been reversed but that the policies, if followed through, would enable HIV & AIDS to be dealt with better. Haacker (2009) argues that because southern Africa has the highest HIV prevalence in the world, revised strategic policies are critical. This is against the background that most of the countries reviewed in this study have had HIV & AIDS policies dating back to soon after the first case of AIDS was reported.

Analysing the importance of policies that governments create, Johnson (2006) critiques the media and states that, while stories of high-profile people who, for

example, are involved in corruption or who are leading in political opinion polls make good reading and require attention, the ordinary person is more concerned with the quality of education, an efficient healthcare system and the performance of the economy. These kinds of stories, he explains, do not make headlines. This view is supported in Chapter 4 of this dissertation's *Interviews Analysis and Findings,* where the views of respondents from Non-Governmental Organisations and others dealing with HIV & AIDS in Namibia are analysed.

The important role that changes brought about by these policies play is emphasized by Johnson (2006) but the role of the media in these policies is not addressed. The author says that, "no less important is how these decisions produce changes outside the formal political system, like the effective use of transport, rising levels of health, good educational performance and an effective defense capacity – what are sometimes called policy outcomes" (p.1). In Namibia for example, policies could be seen as having moved the country from epidemic to manageable status, as deaths between 1991 and 2015 which were around 10,000 reduced to 4,000 in 2018 (*The Namibian*, June 2017). By 2017, the prevalence had reduced to 14% (Haufiku, 2017) from 22% in 2002 (*The Namibia Aids Response Progress Report 2015 Reporting Period: 2013 – 2014*). Further, access to ARV's is documented as being available nationwide following several editions of *National Guidelines for Antiretroviral Therapy*, the first of which was rolled out in 2003.

The critical factor of who is responsible in government to ensure that the policies are carried out is also stressed by Kaur et al (2016) in their review of three developed and three developing nations. They argue that, in developed nations, HIV & AIDS

are given priority and dealt with at a very high level contrasting with the situation in developing nations. In explaining the role of the decision makers, Grindle and Thomas (1991) suggest that the role national leaders play in enforcing these policies determines their success.

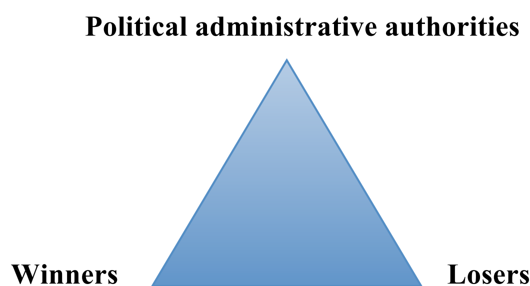
In the HIV & AIDS arena, policies that deal with the issues surrounding the disease and, in particular, how stigma and discrimination is dealt with are critical to the reduction of prevalence in a country. Discussing the importance of HIV & AIDS policy documents that impact on the spread of the disease in the southern Africa region, Hannan and Wolf (2010) explain that the disease has greatly impacted on government objectives in, for example, attaining stated targets in education or social policies that deal with poverty reduction in the affected countries. Because of this connection between the impact of HIV & AIDS and other government programmes, an HIV & AIDS policy then becomes a development policy (Hannan & Wolf, 2010). The two authors emphasize the importance of, for example, scaling up access to ARVs, which in turn "reduces inequities in access to care" (p.52). When access to medication is not streamlined, the impact of HIV & AIDS sometimes motivates broader policy changes, such as policies to broaden access to education in Swaziland, the report said.

Policies that deal with the issues surrounding the disease play a key role in ensuring that its spread is curtailed and measures put in place to assist those who are infected and affected. It is within these documents that dealing with stigma and other challenges that face people with HIV or AIDS are addressed. This resonates with Hill (2013) who emphasizes that, in order to review the reason for their creation and

what policies are intended for, there are two stages: "analysis of policy and analysis for policy" (p.5) which provide researchers with a view to what should be done with the policies they are reviewing. In this study, 'analysis of policy' in which single policies involving certain sectors of the government such as health, education and others will be analysed provides an insight into the importance given to dealing with stigma and discrimination. Hill (2013) argues that, although policies are defined as stances where political commitments to specific actions are expected, they are however complex and may not be as easy to carry out.

Quoting Knoepfel's *et al's* (2008, p.147) triangle of policy actors, Hill (2013) posits that these actors are positively and negatively affected by third parties and such actors can vary from organisation to organisation. In this study, these third party actors could be interpreted as the journalists who are critical stakeholders in disseminating information such as on behavioural change and that means, they need to be part of the policies but in the policies reviewed that is not the case. Below is Knoepfel's triangle of policy actors.

Figure 5.1 *Knoepfel et al's 2008 Triangle of Policy Actors*



Through his narrative, Hill (2013) provides what would be called a roadmap for why a policy is created and how it should run. Equating it to a journey, he suggests that a

potential policy maker needs to: “determine where you want to go, work out the best way to go there, go on the journey (and perhaps) reflect on that process for future reference” (p.7), which means monitoring and evaluating policies. However, he explains that the above statement is flexible and changes can occur depending on experiences along the way. Policies need to be reviewed from time to time to ensure that they live up to the goals they were created for and, where necessary, can be adjusted. In the HIV & AIDS policies that were reviewed, review of policies from time to time to ensure that they live up to the goals, was found to be lacking. This will be explored again in the findings section later in this chapter.

5.13 Materials and Methods

In this section, methods, methodology, research design, research population, sampling technique, data collection methods, data analysis, findings and discussion of data will be presented.

5.13.1 Mixed methods approach

This study used a mixed methods approach. Mixed methods research is defined “as the class of research where the researcher mixes or combines quantitative and qualitative research techniques, methods, approaches, concepts or language into a single study,” (Johnson and Onwuegbuzie, 2004, p.17). Cresswell (2014) describes it as simply using both qualitative and quantitative approaches of methodology. He explains that “the core assumption of this form of enquiry is that the combination of both qualitative and quantitative approaches provides a more complete understanding of a research problem than either approach alone” (p.4). This study uses this approach variously. In quantitative methods, content analysis approach is used in the

enumeration of how often the word ‘stigma’ and ‘media’ have been used in the policies reviewed while discourse analysis is used in the qualitative phase to analyse how the words are used in the policy documents. Cresswell (2014) posits that this blending “provides a stronger understanding of the problem or question than either by itself” (p.215). By using the two methods, the study identified the level at which stigma and discrimination and media are placed.

5.13.2 Content analysis

Content analysis is described as a “systematic reading of a body of texts, images and symbols, not necessarily from an author’s or user’s perspective” (Littlejohn, 2002, p.76). Krippendorff (2013) says the method “views data as representations not of physical events but of texts, images, and expressions that are created to be seen read, interpreted and acted on for their meanings and must therefore be analysed with such uses in mind” (p.xi), ensuring that the process is able to distinguish content in a different manner to other types of analysis (p.xiii). In this study, content analysis was used to enumerate the words stigma, discrimination and media in the policies. By enumerating the words, the researcher was able to identify how often these critical areas in the policies are mentioned. This is because according to UNAIDS (2017), in their report that reviewed stigma and discrimination and the repercussions thereof, due to fear of victimisation, people with HIV will not seek medical attention while those without, do not go for testing, thus disabling the agenda towards zero infections worldwide. In particular, the report says that:

> Stigma towards people living with or at risk of HIV drives acts of discrimination in all sectors of society—from public officials, police officers and health-care workers to the workplace, schools and communities....This stigma and discrimination discourages people from accessing health-care services, including HIV prevention methods, learning their HIV status, enrolling in care and adhering to treatment.....For example, fear of the HIV-related stigma and discrimination that may result from an HIV-positive test result and having that result disclosed to others, either through

> self-disclosure or otherwise, has been identified as a disincentive to HIV testing in a range of settings (p.2).

It is therefore critical that among other interventions, stigma and discrimination are regarded as a major impediment to reducing the prevalence rate and therefore, by showing how often stigma and discrimination was mentioned, showed the seriousness the policy creators assigned to it.

5.13.3 Discourse Analysis

The other method used to analyse data in this study is discourse analysis. This was used to analyse the language used where stigma/discrimination and media are mentioned. For the purpose of this research, authors define discourse analysis variously. Jones (2012) defines it as "the study of language....field of linguistics, which is the scientific study of language" (p.12). Bridge (2012) explains that discourse analysis "examines patterns of language across texts and considers the relationship between language and the social and cultural contexts in which it is used. Discourse analysis also considers the ways that the use of language presents different views of the world and different understandings" (p.13). Bridge's explanation resonates with this study's review of stigma and media in the policies presented. Besides the counting of the words in the policies which, as mentioned previously, falls under content analysis, how the word stigma/discrimination and media are used in the policies provides further reason for the use of discourse analysis.

Another view that Bridge (2012) provides and which is of importance to this study is that discourse analysis "examines how the use of language is influenced by relationships between participants as well as the effects the use of language has upon

social identities and relations. It also considers how views of the world, and identities, are constructed through the use of discourse" (p.13). This for example is seen in where exactly the words appear and the context under which they appear as discussed under discourse analysis, where Jones (2012) further explains that "discourse analysts study the ways sentences and utterances go together to make texts and interactions and how those texts and interactions fit into our social world" (p.2). In this study words such as stigma and discrimination could be interpreted by the different people involved in ensuring the policy becomes a reality. For example, this can be seen in expounding on how people with HIV or AIDS were treated differently by different categories of person they interacted with. Another example is how someone may view a media person – this is critical in whether they see them as critical stakeholders or merely as persons to report on events etc and not significant in reducing prevalence.

A critical point in the use of discourse analysis in reviewing the policies is factual writing (Brown & Yule, 2012). In describing transactional language as "factual or propositional information" (p.2), the two authors state that, as listeners or readers, we make the assumption that the information the speaker or writer provides is an "efficient transference of information" (p.2). Brown & Yule further explain that they do that because the language used in such a situation is primarily "message oriented" (p.2). It is therefore important that the recipient of this message understands it as the speaker or writer intended it to be understood.

In this study for example, the words that the Kamwi (2007) uses in the Foreword in the Namibia Policy on HIV/AIDS, "it (Policy) encompasses policy statements

related to the creation of an enabling environment; prevention; treatment, care and support; impact mitigation and workplace interventions and stewardship and management of our response," (p.2) can be interpreted variously. For example, the words 'enabling environment; prevention; treatment, care and support' raise the question on what these would mean to someone with HIV or AIDS or to a media person reporting on the policy document for example. For the person with HIV or AIDS, this shows government's concern on dealing with the challenges they face daily and to the media person, especially if he/she is not a critical part of the policy, it could be just another statement from the government.

That one reader reviews a text differently from another reader is supported by Gee (2003). He explains that discourse analysis focuses on the thread of language and related semiotic systems (p.85), explaining that language contains cues and clues that guide a reader in interpreting discourse in certain ways and not in others. It does not matter whether a reader is doing so on their own or with others. In this study, in what context the policy document uses the words stigma, discrimination and media illustrates the government's will to reduce the spread of the disease and thereby reduce prevalence of the same.

5.14 Theoretical Framework

The main purpose of a theory, is to ask the question "What is going on?" (Williams, 2003, p.16). In this case, a theory is used to "explain how and why something has happened or why someone has behaved in a certain way" (p.16). This study has been informed by two theories *Framing* and *Agenda Setting* which are known as media effects theories.

5.14.1 Use of Framing Theory

Goffman (1974) defines framing as a way of organizing experiences that we encounter as we use frames to identify what is taking place. He calls it the study of the ‘organization of experience’. On the other hand, Chong and Druckman (2007) define framing as “the process by which people develop a particular conceptualization of an issue or reorient their thinking about an issue,” (p.104).

Framing is an effective tool for convincing the reader that what they are reading is what it seems but in the case of HIV & AIDS policies, what one reads and what eventually happens could differ extensively depending on how they view the importance of the contents of the policies. This could eventually affect the programs for which these policies are created, positively or negatively. Chong & Druckman (2007)’s view of framing becomes important in this study in how stigma and discrimination as well as the role of the media are conceptualised by those who have the duty to not only create the policies but also to carry them through. Framing can therefore be defined as a process in which some aspects of reality are selected, and given greater emphasis or importance, so that the problem is defined, its causes are diagnosed, moral judgments are suggested and appropriate solutions and actions are proposed (Entman, 1993).

Scheufele (1999) posits that how something is presented influences the choices people make. With policies in mind, readers (who in this case are policy implementers) make decisions depending on the information presented to them. This could mean that someone reading and supposed to implement policy in one city might do something different to someone in another city depending on their

understanding of the narrative. This insight could also affect how implementers view the importance of the media in carrying through policy.

5.14.2 Agenda Setting Theory

Agenda setting is a theory that "establishes the salient issues or images in the minds of the public" (Littlejohn, 2002, p.319). Associated mostly with the media and what it wants the audience to view as important, the theory is also used in studying the government and its agenda for the citizen. McCombs (2005), with whom the theory is also associated, Lippman (1922) and others explains that "those aspects of public affairs that are prominent in the news become prominent among the public" (McCombs, 2005, p.543).

The theory is traced back to Walter Lipmann's book, *Public Opinion.* In expounding on his book, and of importance to this study, DeFleur and Ball-Rokeach (1989) explain that Lipmann posits that "people act not on the basis of what truly is taking place or has occurred but on the basis of what they think is the real situation obtained from depictions provided to them by the press-meanings and interpretations that often have only a limited correspondence to what has happened" (p.260). Littlejohn (2002) provides two levels of agenda setting which are relevant to this study, the "first establishes the general issues that are important and the second determines the parts or aspects of those issues that are important" (p.319). The policy makers can, by emphasis through frequent mention, influence the reader or executor regarding which issues are most important. In the polices reviewed in this study, frequent mention of stigma and discrimination show them to be critical issues but the less-frequent mention of the media show it to be regarded as less important.

5.15 Analysis of HIV & AIDS government policies on Stigma and Discrimination in Namibia and Elsewhere

The fact that all the five countries under review – Namibia, Lesotho, Botswana, Malawi and Uganda – did not create policies until about 10 years after the first case was reported shows a lack of either urgency or foresight in dealing with a disease that was to claim more people than any other had done in the 21st century. This may have contributed to the high prevalence in all five countries. Most of the initial policies on HIV & AIDS have remained as they were from the onset, with no new policy documents being created except in Lesotho and Botswana. In Botswana, the National HIV & AIDS Policy was first created in 1992 and then reviewed in 1998 and 2012, while that of Lesotho was first created in 2000 and reviewed in 2006.

However, there has been minimal review of policies in Botswana, Lesotho and Malawi with progressive changes dealing with current issues. This can be compared to countries such as China and Thailand which have been extensively studied by previous researchers. Shen & Yu (2005) explain that, 20 years previously, government policies on HIV & AIDS in China were based on the use of such prevention methods as "isolation, quarantine and compulsory testing and examinations" (p.903) including the banning of people who were HIV positive from entering the country under *Regulations Concerning the Monitoring and Control of AIDS in 1988.* All of these methods played a critical role in stigmatising those with the disease, as compared to later policies that sought different methods of tackling the spread of the disease.

By reviewing HIV & AIDS policies in other countries beyond the five under review, such as China, the specification in policy reviews of critical areas that require urgent interventions featured workplaces and others. In China, while in 1989 Article 24 under Chapter 4 of the *Law of Infectious Diseases Prevention and Control* required that all persons who were HIV positive had to be quarantined, causing stigma and discrimination, the law was reviewed and two major changes were created in the latest revised document that in "all infectious diseases infected should not be discriminated, including HIV/AIDS cases" (Shen & Yu, 2005 p.904).

Another milestone in China was the '*Four Frees and One Care'* policy, which was dubbed as one of the most important recent policies from the Chinese Government to fight against the epidemic. The *'Four Frees and One Care'* policy, announced at the United Nations High-Level Special Meeting in September 2003, involved the Chinese government's five commitments in the fight against HIV/AIDS. These commitments included:

(1) free anti-retroviral drugs to AIDS patients who are rural residents or people without insurance living in urban areas;
(2) free voluntary counselling and testing;
(3) free drugs to HIV-infected pregnant women to prevent mother-to-child transmission, and HIV testing of newborn babies;
(4) free schooling for AIDS orphans and children from HIV infected families; and
(5) care and economic assistance to the households of people living with HIV/AIDS. (pii9)

The success of the '*Four Frees and One Care'* policy clearly shows how a good HIV & AIDS policy can make a difference in a nation dealing with a high prevalence of the disease. Among the successes of the policy was a significant increase of people being tested, better reporting of newly infected, increase of those seeking ART treatment, reducing mortality rate, increase of pregnant women who sought screening and orphans taken care of by relatives. Of importance to this study was the

significant reduction of stigma in local communities, particularly in areas where the epidemic was driven by contaminated plasma collection (p.ii10).

Ainsworth, Beyrer and Soucat (2003, p.14) cite Thailand as a country where policies were followed through. The reduction in the spread of the disease was mainly because the government did not only create policies but because it was committed to reducing the spread of the disease, adjusting them where necessary. Having created a HIV & AIDS policy as soon as the disease was first reported in the country in 1984, this meant that the country became one of the few examples of a country with an effective AIDS prevention programme to deal with HIV and AIDS. In the country, they had actual figures of who was infected including sex workers and army conscripts, where they were, what they were doing and how to reach them including how many condoms for example were required and how many were distributed. The authors interviewed AIDS programme managers, technical specialists, donors and NGOs to highlight lessons from the country on effective policies on HIV and AIDS. They explain that at first the country dealt with the policy just like any "standard public health approach" (p.14). However, when this failed, they realised they had to deal with HIV in a different way to cut down on the spread and new infections.

By effectively investigating where the policy was not working effectively, such as in dealing with drug addicts and other such challenges, Thailand made AIDS prevention a national priority in 1991-92 and within a short time, the trend changed. The policy was also moved from Ministry of Public Health to the Office of the Prime Minister following a change of leadership and this meant the Prime Minister chaired the National AIDS Prevention and Control Committee, signalling commitment of the government to dealing with the epidemic (Ainsworth, Beyrer and Soucat, 2003). This

kind of commitment can work to ensure policies are followed through and are effective.

In relation to this study, whereas some countries such as Namibia have not had a new policy since the initial HIV & AIDS Policy enacted in 2007, a number of other related documents as well as policies in various government departments emerged thereafter with reference to the key Namibia HIV & AIDS Policy Document (2007). Most of these policies are Workplace Policies that deal extensively with issues of stigma in offices. In the Ministry of Health, there has been a *Mother to Child Transmission Policy* that dealt with challenges that came about following infection of children with HIV through their mothers. Of importance to note is that 2017 saw the creation of the *National Strategic Framework for HIV & AIDS Response in Namibia 2017/18 to 2021/22,* which was to be the new guiding force in Namibia's HIV & AIDS response. This could be viewed as an update for the previous policy that will see HIV & AIDS aligned with UNAIDS policy on towards zero HIV infections.

Each of the HIV & AIDS policies reviewed strongly recommended that people living with HIV or AIDS should not be discriminated against in whichever way. In all the policies reviewed, whereas the words 'stigma' and 'discrimination' are not used often, issues that border on stigma and discrimination are discussed throughout the policies. Some words and phrases have been carefully crafted to avoid creating any stigma or discrimination towards people living with HIV or AIDS, such as 'respect of rights of people living with HIV or AIDS', 'access to treatment' and 'no exclusion of marginalised (San)' people in Namibia and Botswana.

Another unique factor to note in all the policies is that only Malawi further explains how issues of HIV will be appended to the national Constitution in order to become law. Of importance to this dissertation is section A.2 of the Proposed Legislative Reform which stipulates that protection against discrimination will be amended in the Constitution under Section 20(1) of the Constitution “to include HIV/AIDS among the list of grounds on which discrimination is prohibited” (p.28). It further explains that under Section 30(1) of the Constitution, “which provides for affirmative action or positive discrimination in favour of women, children and the disabled, shall be amended to include PLWAs among those to receive special consideration for the right to human development” (p.28). It is important to note however that though not specific to those with HIV or AIDS, in the Botswana Constitution, there is “strong statements relative to the protection of individual privacy and property as well as shielding persons from, among others, discrimination and inhuman treatment by providing all with equal protection under the law” (p.8).

In all policies except the Botswana and Malawi national AIDS Policies, though stigma and discrimination was an important matter specifically mentioned in the policies, there was no direct mention of the media. There is however mention of ‘key stakeholders’ but one can only assume that media is a key stakeholder but without its mention, this is left to a reader to decide if or not ‘media’ is indeed a key stakeholder.

The lack of review or implementation of policies since their enactment is discussed by Lane et al (2016) who emphasized that for an AIDS-free generation to happen,

adopting and implementing the policies is critical. They mention in particular the fact that countries with a high HIV burden also have challenges in developing their policies, in advocacy for HIV & AIDS and in monitoring issues surrounding the disease. In their research, a number of reasons were cited as hindering progress in implementation of these critical policies. Some of these were "lack of time, personnel or government support" (p.1).

In recommending among others, training of personnel to be able to fast-track an AIDS-free generation, Lane *et al* (2016) explain that in many countries where the burden of HIV is high, policy development and monitoring is weak and recommend that "Because the success of policy reforms cannot be measured by the mere adoption of written policy documents, monitoring the implementation of policy reforms and evaluating their public health impact is essential" (p.1).

By interrogating reasons behind the Botswana document being reviewed for the third time, it is interesting to note that stigma and discrimination is definitely not a major issue of concern anymore. In the document, it is specified that,

> "To ensure the most effective response, a concurrent review of the National Policy was required to address critical and emerging policy issues such as vaccine trials, expansion of HIV testing, gender inequalities, and the public's continued access to quality health services in the face of increasing demand and overstretched resources, to name just a few" (p.8).

In general, there is varied data on areas that have improved significantly due to a number of factors that include policies that have been put in place. For example, Kaur et al (2016) explain that whereas by the end of 2014 an estimated 36.9 million people were living with HIV as compared to 28.6 million in 2000, new HIV infections had reduced by 35% in the same period while new infections in 2014 were

only 2 million compared to 3.1 million in 2000. The high number of those living with HIV could be attributed to a reduction in stigma and discrimination, providing an opportunity for more people to boldly test for HIV and get access to ARVs. A comparison of UNAIDS Fact Sheets 2014 and 2015 shows the number of people accessing ARVs in 2014 was 15 million increasing to 17 million in 2015: in 2000 it was a mere 770,000.

There has not been a significant decrease in deaths from AIDS however as the figure reduced from 1.2 million to 1.1 million compared to 1.5 million in 2000 (UNAIDS Fact Sheet p.6). A critical area to note is new infections of young persons aged 15 years and above which in 2000 stood at 2.7 million but 15 years later, the figure is still in its millions though lower at 1.9 million new infections. A significant reduction in infected children aged 0-14 years old is worth noting and this could be attributed to *Mother to Child Transmission* policies that have been enacted worldwide and specifically in sub-Saharan Africa. Whereas in 2000 the figures for new infections were 490,000, as of 2015 the figure was down to 150,000 globally.

Kaur et al (2016) explain that the six health policies they reviewed – three from developed nations (USA, UK and Australia) and three from developing nations (Nigeria, Sudan and India) provide insight into the importance of following up on policies in order to curtail new infections and deaths from AIDS related illnesses. Whereas for example Nigeria has the second highest HIV & AIDS burden in the world with an estimated 3,391,546 persons living with HIV, new infections have declined from an estimated 316,733 in 2003 to 239,155 in 2013 p.a. (p.47). The authors explain that in reviewing the policy statements from the six nations,

improving quality of life and treatment of those suffering from HIV & AIDS was the key issue while in the developing nations, elimination of stigma and discrimination of those infected with HIV or AIDS as well as improvement in access to health was the critical area of improvement.

As mentioned elsewhere in this section, the state actors involved in dealing with HIV policies as well as planning, development and implementation may provide an insight into how well policies are followed through. Kaur et al (2016) provide an explanation that might show why policies are followed through or not in different countries. In the developed countries they reviewed, in the USA for example, the Office of National AIDS Policy (ONAP) is directly under the White House while in the UK and Australia, the main state actors are Departments of Health and Federal Government Agencies. On the other hand, in developing nations including the five countries reviewed in this study, the authorities dealing with executing policy are Ministries of Health and National AIDS agencies. The authors noted that whereas in the developed countries there are more people living with HIV or AIDS involved in HIV & AIDS matters at national level, it is not the same in developing nations and there are also fewer civil society organisations involved in HIV & AIDS at policy level than in developed nations.

In a study by Zungu-Dirwayi et al (2004) that reviewed the HIV & AIDS policies of six southern African countries (Botswana, Lesotho, Mozambique, Zimbabwe, South Africa and Swaziland), the many challenges that the countries faced in following through on their policies, was discussed. The three-month study was undertaken to review these policies for a UN General Assembly Special Session (UNGASS 2001),

at which African leaders agreed to commit to creating multi-sectoral, national strategic plans that directly addressed HIV & AIDS epidemic, although these promises were not fulfilled. At that time, Swaziland and Lesotho had not developed any protocols and guiding documents on HIV & AIDS activities. Zungu-Dirwayi et al (2004) noted that implementation of the policies in all countries except Botswana was a challenge.

In the analysis of the above mentioned policies, and of importance to this dissertation , it was found that fear of stigmatisation and discrimination remained a major problem demanding intervention by the various governments, while traditional norms impeding effective provision of support for the affected also remained a significant concern. Monitoring and evaluation of the policies was lacking, while stigma and discrimination, spread of disease and violence against women were found to be interlinked with rape being a critical factor in infection levels (Zungu-Dirwayi et al, 2004).

5.16 Findings on stigma, discrimination and media role in policies from five countries.

Whereas there are many other topics dealt with in HIV & AIDS policies, this dissertation focuses on stigma and discrimination. Discussion of stigma and discrimination can be found in all of the policies reviewed. However, different countries deal with the topic in different ways and also give prominence to stigma and discrimination in different ways and levels. For some, there is mention of stigma and discrimination in almost each chapter while in others it is confined to the preface, Foreword and one other chapter. Of importance to note is that of all the countries whose policies were reviewed, only Botswana's latest HIV & AIDS Policy

(2012) extensively includes the role of the media as an integral part of policy in cutting down on stigma.

Since June 1981, when HIV & AIDS was recognized as a disease that required urgent intervention (MMMR, 2001), many countries put in place measures to contain the spread of the disease. The countries reviewed in this section – Namibia, Botswana, Lesotho, Malawi and Uganda – each have a published government HIV & AIDS policy and all include Stigma and Discrimination as one of their key targets.

The following findings provide an insight into the aspect of this dissertation that is based on a review of various policies on HIV and AIDS. The findings are divided into two:

1. Policy and stigma and discrimination of people with HIV or AIDS and
2. Policy and role of media in HIV and AIDS.

While stigma and discrimination have been tackled in national policies, they have also been dealt with at some length in Workplace policies of government ministries and other related institutions; while these are not being reviewed in this dissertation they are a possibility for further research.

In Lesotho, it is important to note that discussion on the policy document was kick-started in 1995 when a policy framework was developed by the Ministry of Health known as the National AIDS Prevention and Control Programme. This enabled the creation of basic policies for the management and coordination of HIV & AIDS and "provided a platform for the establishment of the first attempts to establish multi-sectoral coordination through the establishment of the Lesotho AIDS Programme

Coordinating Authority (LAPCA)" (p.xii). The document was updated in 2006 and was still in use in 2020.

The Lesotho National HIV & AIDS Policy is very detailed and encompasses many aspects of HIV & AIDS and those affected. In the executive summary, it is explained that the 2006 document was developed to provide a follow-up to the outcomes of the National Joint Review, which identified gaps in the 2000 policy as well as implementation strategies and a legislative framework. Of importance to this dissertation is that the review was to ensure "that there are no procedural, policy and/or legislative encumbrances to the mounting of effective national response to tackle the HIV epidemic in Lesotho and providing protection of individuals families or groups made vulnerable by HIV and AIDS" (p.ix). Of the five countries only Lesotho identified the critical matter of ensuring that discrimination of those affected by the disease does not take place.

In the findings presented below, information relating to stigma, discrimination and the role of the media are discussed. It is important to note that all the countries created their policies more than 10 years after the first case of HIV & AIDS was reported in the country. This could be viewed as playing a critical role in the high prevalence that these countries have had due to the late response in tackling the spread of the disease.

5.16.1 Findings on Policy and Stigma in HIV & AIDS in Namibia

In Namibia, while the first case of AIDS was reported in 1986 (UNAIDS, 2011), it was not until 2007 that the first policy on HIV & AIDS in Namibia was created,,

known as *Namibia National HIV & AIDS Policy (2007)*. The 46-page document is yet to be updated. However, the government did put in place a National Strategic Framework for HIV & AIDS Response in Namibia 2017/18 to 2021/22 which was to be the guiding force for the HIV & AIDS response over the next five years.

Stigma and discrimination is mentioned in almost all the rationales to the chapters. The word stigma is mentioned 10 times while discrimination is mentioned 15 times (see Table 5.5). The first mention is in Chapter 1 which sets out the Preamble stating that the policy was created because, among many reasons, the "Government and People of the Republic of Namibia had noted that the disease had reached epidemic proportions". Of importance to this study is point 7 of the preamble which states that it had been recognised that "social, political and economic conditions create and sustain vulnerability to the risk of HIV infection…" including the "reality that people living with HIV/AIDS (PLWHA) are discriminated against and marginalised, leading to a lack of individual and collective well-being, development and human security" (p.1). This statement shows that there is recognition of discrimination among those living with HIV or AIDS.

Stigma and discrimination is further mentioned under Policy Objective number 4 which states that the policy is meant to "facilitate the reduction of stigma and discrimination against people infected with, and affected by HIV/AIDS" and again under the Guiding Principle 1.5.5 which states that the "adverse effects of stigma and discrimination are key barriers to effectively combating the epidemic. Commitment to and the development of strategies aimed at reducing stigma and discrimination are thus central to an effective response to HIV/AIDS" (p.5). From these statements, it is

important to note that stigma and discrimination are seen as challenges in the pandemic and need to be addressed strategically. However, again, how this should be done is not clear.

Under Chapter 2, which is the rationale addressing the provision of an enabling environment for people living with HIV or AIDS, discrimination and stigma are mentioned and a call for the enactment of "sound policies" to ensure these two challenges are dealt with through 'strong leadership' is emphasized (p.7) but this is vague – what "strong leadership" means here is not clear. Stigma and discrimination are also mentioned under Policy Statements, where the emphasis is that "sectoral and workplace policies shall be put in place that effectively address discrimination on the basis of HIV/AIDS and take steps to effectively eliminate stigma and discrimination in all their institutions and in the implementation of sectoral mandates" (p.7). Again, it important to note that how this should be done is not clear and leaves the reader wondering what action the government would take to address the problem. There is also specification of minority groups where under 2.3.1, non-discrimination of women and children is outlined and emphasis made on women and girls being able to have control and to make decisions "responsibly, free of coercion, discrimination and violence, on matters related to their sexuality and reproductive health" (p.8). This mention in the policy is important but how it will be dealt with again, is not outlined.

In the same chapter under 2.3.2 Orphans and Vulnerable Children, subsection 2.3.2.1 *Social assistance and service delivery to orphans and vulnerable children,* emphasis on non-discrimination of orphans and vulnerable children "against on any basis,

including HIV status, in access to services and social assistance including social assistance grants, health care, education, foster care, adoption or placement in institutions" is made (p.9). There is a recommendation for laws and policies to be enacted to ensure all of the above recommendations are enacted but when these laws and policies should be enacted is not explained and one is left to guess how this can be done.

Under recommendation 2.4.4, there is a requirement that religious and traditional leadership play a role in what happens in their community to promote positive practices in their culture and religion. As mentioned in the introduction to this dissertation, religious and traditional beliefs were blamed for the spread of the disease. However, here, leaders of religious and traditional groups are also advised to ensure that religious beliefs and practices protect against the spread of HIV as well in caring for PLWH or AIDS in order "to discourage stigma and discrimination on the basis of perceived or actual HIV status" (p.15).

On media, it is important to note that it is not mentioned in the document. This means that the media is not seen as a critical stakeholder in addressing the pandemic.

5.16.2 Findings on Policies in Lesotho

The discussion on creating a national policy began in 1995 with a policy framework developed by the Ministry of Health known as the National AIDS Prevention and Control Programme. This enabled the creation of basic policies for the management and coordination of HIV & AIDS and "provided a platform for the establishment of

the first attempts to establish multi-sectoral coordination through the establishment of the Lesotho AIDS Programme Coordinating Authority (LAPCA)" (p.xii).

As already indicated, the 2006 National HIV & AIDS Policy (Makeka, 2006) was designed for removing "procedural, policy and/or legislative encumbrances to the mounting of effective national response to tackle the HIV epidemic in Lesotho and providing protection of individuals families or groups made vulnerable by HIV and AIDS" (p.ix). The importance of reviewing documents as well as following through on them is discussed further in the analysis of this chapter.

In the preface to Lesotho's 2006 National HIV & AIDS Policy (Makeka, 2006), Advocate Thabo Makeka, Chairperson of the National Aids Commission (NAC) identifies HIV & AIDS as a national disaster and that the "review of the policy was preceded by a Joint Review of the National Response (2005), which recommended, among others, the review of the 2000 policy. This document is therefore a culmination of a wide consultation and participation process, and provides the broad policy framework for action" (p.iii). The seriousness of the disaster was not under-estimated: the country's population was given as 2.2 million (Makeka, 2006) of whom 23% were HIV positive, but reduced to 1,942,008 by 2014 according to the www.CID.Gov website. In the document, the word 'stigma' is mentioned only three times while discrimination/non-discrimination is mentioned 14 times.

According to the 2006 *National HIV & AIDS Policy*, the "2000 Policy framework set the agenda for legislative review to enact specific policies to protect vulnerable groups, children and women and discrimination against PLWHAs" (p.xii). From the

2000 document, there emerged laws that would provide protection against discrimination of PLWH & A including the *Gender Policy, Social Welfare Policy, Married Persons Bill* and *Sexual Offences Acts of 2003*. In particular, an Act that protected PLWH & A as employees became a key piece of legislation against job loss on account of being found HIV positive. While clear that the government recognised the importance of dealing with stigma and discrimination, once again the review does not explain how that will be done.

In the 2006 document, issues of stigma and discrimination are presented in Chapter 6.1.3 (c & d), which requires that people living with HIV or AIDS are not discriminated against and they in turn, must live responsibly, and again in Chapter 7 which dwells on HIV & AIDS in the workplace and reiterates the same issues of stigma and discrimination. Under section 7.1.1 Rationale, Implementation of the HIV & AIDS policy is emphasized: "respect for the human rights and dignity of persons infected or affected by HIV & AIDS means there should be no discrimination against employees on the basis of real or perceived HIV status."

On media, just as in the Namibian National HIV & AIDS Policy, there is no mention of the role of the media in stigma or discrimination of PLWH or A. It is, however, noted that under 1.4.2 Impact of Epidemic point # 1.4 Identified Key Areas of Action 3, discrimination is mentioned: "Recognition of the need to ensure provision of resources and services in non-discriminatory manner, observance of transparency, accountability in the utilisation of resources for HIV and AIDS." (p.11). Under Point # 6, a subtle mention of stakeholder which could mean media is mentioned:

"Recognition of the multi-sectoral nature of the response where all stakeholders have a role to play and resources are harmonised for maximum impact" (p.11).

Another indirect mention is under Chapter 2, Goals and Objectives of the Policy 2.1.1 which includes: "To strengthen the relationships between the national coordinating body (NAC), the public sector, private sector, civil society and other implementing partners" (p.13). In the same chapter under guiding principles, protection of vulnerable groups from discrimination is also mentioned. "Promotion and protection of human rights: International human rights law and the Constitution of Lesotho guarantee the right to equal protection before the law and freedom from discrimination and provision of protection for vulnerable groups" (p.14). This creates the feeling that the government is keen to reinforce human rights of those living with HIV or AIDS but again, it is not clearly outlined how this will be done.

Another close but not specific mention of media is under *Behaviour Change Communication Rationale 3.21* where the document says that: "Development of more effective policy guidelines on Behaviour Change Communication (BCC) and Information Education and Communication (IEC) strategies will ensure that messages disseminated by various implementing agencies are similar and do not contradict each other and are acceptable to the different audiences." This is a very important point in this research as it directly addresses the reporter emphasising that the information the different agencies present to their audiences must be similar to what was actually said in the meetings, for example without exaggeration.

Under Chapter 5, dealing with Impact Mitigation, discrimination of prisoners is dealt with under point 5.8.1 Rationale. The statement says that, "Discrimination and confinement or isolation of PLWHAs in prison is unacceptable as it infringes on their human rights," (p.40). Persons with disabilities are also mentioned under 5.10.1 Rationale which emphasises that care of persons with disabilities is critical as "persons with disability commonly suffer discrimination and limited access to services and information and are more vulnerable to the impact of HIV than able-bodied individuals" (p.42). This point addresses a critical point where those living with disabilities should not be discriminated against not only due to their condition but also if they are HIV positive. What lacks here is how this will be implemented.

5.16.3 Findings on HIV & AIDS Policy in Uganda

Uganda is one of Africa's success stories in dealing with HIV & AIDS but is also a failure story. This is attributed to many issues raised by various authors but a key one is the lack of a policy on dealing with HIV & AIDS. Whereas the nation saw its first case in 1982, it was not until 17 years later in 1999 that the final draft of the national HIV & AIDS policy was completed and sent to the president for approval, having started on draft guidelines back in 1993. Not until 2011 was a National HIV & AIDS Policy created. In the 43-page document, stigma is mentioned once, while discrimination is mentioned three times and the media twice.

A 2010 article by *Human Rights Watch*'s Joseph Amon entitled *Uganda AIDS Policy: from exemplary to ineffective* explains how many of the successes in Uganda were reversed. In the article published in Uganda's *The Observer* of June 23, 2010, Amon argues that other reasons for this ineffectiveness are stigma, intolerance and

bias, widespread corruption, including the theft of millions of dollars targeted for HIV services, discriminatory, punitive laws and that policies are proposed instead of common-sense approaches. "There is no longer the sense that 'AIDS affects us all'" (pg.1). Amon (2010) posits that Uganda is a clear case of not following up on policies as originally stated in dealing with the epidemic at national level and this he says may be blamed for the 'ping pong' way the disease progressed in the country where, at one point, the prevalence had reduced and stigma was manageable but the country has regressed from many of these milestones due to the government's inability to deal with critical issues.

It is interesting to note that, several years earlier, when Uganda was viewed as a success story, Allen and Heald (2004) published a study entitled *'HIV/AIDS policy in Africa: What has worked in Uganda and what has failed in Botswana'*. They compare the policies of the two nations and argue that, besides the failure of national and local/religious leaders as well as social compliance, ways of dealing with the disease such as the basic promotion and provision of condoms at an early stage, proved to be counter-productive in Botswana but worked in Uganda. "Lack of condom promotion during the 1980s and early 1990s contributed to the relative success of behaviour change strategies in Uganda" (p.1141) while a reduction of stigma and discrimination has been one of the strong effects of how Uganda has dealt with people living with HIV or AIDS.

Though this dissertation does not aim to extensively analyse the success or failure of such documents, it is important to note that, while some of the countries studied have been positive about working with the policies or strategic plans they have and

updating or following through on them annually, others have not done so, which could be a contributing factor to the ongoing high prevalence of the disease. Again, even with these reviews, how issues are addressed on the ground is not made clear.

5.16.4 Findings on HIV & AIDS Policy in Malawi

Malawi has a 41-page *National HIV & AIDS Policy* that was created in 2003. In it, 1985 is mentioned as the first time a case of HIV was diagnosed in the nation and by the time of the creation of the Policy in 2003, more than 500,000 Malawians had lost their lives to the disease and thereby the importance to tackle the spread head on, it says, thus stopping the "business as usual" style of tackling the challenges according to the then President of the country, Dr Bakili Muluzi. In the Foreword to the document Muluzi (2003) mentions the challenges of dealing with the spread of the disease, such as Stigma and Discrimination, and says that all sectors in the government "have been mobilised in the fight, including the public sector, civil society, faith-based organisations, community groups and the private sector" (p.v) to assists orphans and care for those who are too sickly from the disease.

Stigma and discrimination are mentioned three and 15 times respectively while the media is mentioned once. Beside the mention in the Foreword, discrimination is mentioned as early as Chapter 1, section 1.4 where a mention of the fact that all people are guaranteed freedom from discrimination is discussed. It is also mentioned under guiding principles four times. In chapter three which deals with *Information, Education and Communication for Behaviour* change, the media is mentioned as a stakeholder, while stigma is mentioned twice and discrimination twice.

Discrimination is further mentioned in Chapter 4 on *Protection, Participation and Empowerment of People Living with HIV or AIDS* while under Chapter 5 on protecting the rights of women, it is also mentioned. Under ensuring that there is no denial of access to health for orphans, discrimination is also mentioned. In Chapter 7 on responding to HIV & AIDS in the workplace, discrimination is mentioned twice.

5.16.5 Findings on HIV & AIDS Policy in Botswana

The first case of HIV in Botswana was reported in 1985 since when the *Botswana National Policy on HIV & AIDS* has been reviewed twice. The current document, created in 2012, is a 19-page document – an increase from the previous 15-page document of 1998. The 1992 document was not available online.

According to the Foreword in the 2012 document reviewed for this study, the 1998 and 2012 policies were reviewed because the way the policies were designed apparently caused confusion in its articulation insofar as "the role of national strategic plans for HIV & AIDS was concerned" as each was found to have its own strategies and implementation guidelines. How the spread of the disease evolved also required new guidance to deal with it. The new document also took cognisance of the fact that due to "age, gender, socio-economic status, sexual orientation or disability, some Batswana are more vulnerable to the devastating effects of HIV & AIDS than others" (p.2).

In the 2012 *Botswana National Policy on HIV & AIDS* document, stigma is mentioned twice, discrimination six times and media twice. The Foreword is written

by Mokgweetsi E. K. Masisi, Minister for Presidential Affairs and Public Administration but there is no preface as is seen in the other HIV & AIDS policies.

When the Botswana *National Policy on HIV & AIDS* was first enacted in 1992, this was a culmination of a number of interventions which previously included *"Short Term Plan (1987-1989)* followed by the *Medium Term Plan I (1991-1996),* that promoted first a medical then a health system response to HIV and AIDS" (p.7). It was during this period, in 1992 that the first National HIV & AIDS Policy was developed.

Whereas in the 1998 document the issue of stigma and discrimination was addressed in Chapter 4.3, in the revised 2012 document, it is discussed in Chapter 7 and this could be interpreted in various ways one which could mean that stigma and discrimination are no longer a major issue of concern. In the chapter, discrimination is mentioned several times starting right at the beginning of the chapter where the rights of all individuals including the right not to be discriminated against as enshrined in Chapter II of the Botswana Constitution is explained. In the document, the Government acknowledges that "such discrimination especially in relation to an individual's HIV status has a detrimental effect on the ability of individuals to make informed choices about their own welfare and, further, limits the efficacy of the national response to the epidemic" (p.8).

Among the issues mentioned as being discriminatory and should not be entertained are pre-employment testing of citizens unless circumstances that have not been outlined demand that HIV testing may be required. Access to "education, insurance,

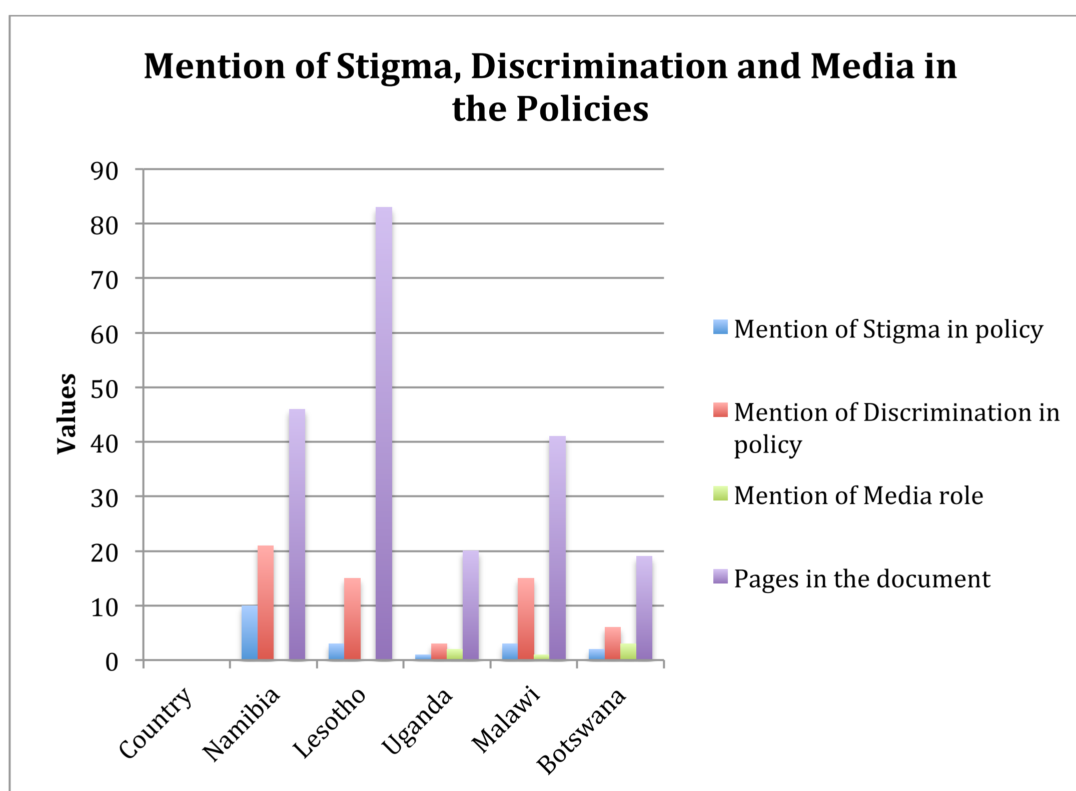
legal and financial services, housing and employment where available without being subjected to any form of discrimination or stigma" (p.8) is also emphasized.

This policy makes extensive mention of the media in preventing the spread of HIV in the 1998 document, Chapter 4, which deals with Multi-sectoral National Response. Under section 4:3, the emphasis on information, education and communication through the use of different media is made while in 4:9, the Department of Information and Broadcasting is mandated to provide a key role in actively informing and educating the population about HIV & AIDS and STDs through the development and broadcasting of "programmes, sports and advertisements on various aspects of AIDS" (p.6). It is further emphasized that the Department of Information and Broadcasting must link up with the Ministry of Health, NGOs and CBOs to strengthen capacity for effective public media involvement in HIV/AIDS prevention.

Table 5.5 Mention of Stigma, Discrimination and Media in the Policies

Country	Mention of Stigma in policy	Mention of Discrimination in policy	Mention of Media in policy	Pages in the document
Namibia	10	21	0	46
Lesotho	3	15	0	83
Uganda	1	3	2	20
Malawi	3	15	1	41
Botswana	2	6	3	19
Total	19	60	6	

Figure 5.2 Mention of Stigma, Discrimination and Media in the Policies



5.16.6 Findings on Media's Role in the Policies

Another important milestone that is relevant to this dissertation is the inclusion of the media as a stakeholder in curtailing stigma and discrimination of those living with HIV & AIDS. The review detailed the role that media would play to create publicity messages for condom promotion which had been denied before, to be done using radio, TV and film.

In all policies except the Botswana and Malawi National AIDS Policies, even though stigma and discrimination appeared as an important matter, there was no direct mention of media. There is however mention of 'key stakeholders'. One can only trust that media is a key stakeholder but without its mention, it is left to the reader to decide whether or not 'media' is a key stakeholder.

Lack of mention of media in the policies can interpreted in various ways:

1. Due to the lack of mentions of media, it is not surprising that stigma in print media reporting was prevalent in the newspapers reviewed, as there was no implementation of the policies targeting the media.
2. The countries did not feel that inclusion of media in the policies as a key stakeholder would actually play a critical role in helping to curtail the spread of the disease through stories. This is a key point that China realised in dealing with HIV & AIDS when policies did not seem to be working. During the period 2000-2010, there was increased media reporting on HIV & AIDS (Ren et al, 2014) but unfortunately this showed increased stigma and discrimination against those living with HIV or AIDS, which again had to be addressed.
3. It is interesting to note that in many of the newspapers reviewed, there are many small, half page and full page HIV & AIDS adverts yet this ‘stakeholder’ relationship is not mentioned in the policies as such.

5.17 Limitations of the HIV & AIDS Policies Analysed

It is important to note that whereas HIV & AIDS policies play a critical role in reducing prevalence, there needs to be a note of caution in the data that is provided on how countries deal with issues of the disease. Allen & Heald (2004) explain that the data provided for various policy research centres needs to be critically interrogated so as to provide accurate information. The researchers warn that “Policy documents and many academic publications on the HIV/AIDS pandemic cite data from countries to describe trends without any interrogation of how this information has been collected” (p.1141).

The HIV & AIDS policies reviewed had a number of limitations. These included the following:

1. Except for the *Namibian National HIV & AIDS Policy*, all the other policies that were reviewed were those available online. It was not possible to find out if the lack of review of these policies was a fact or the information was just not available online.

2. How large or small a document was did not determine what would be in the document insofar as mentions of ‘stigma’ or ‘discrimination’ were concerned. For example, in the 83-page Lesotho document stigma is only mentioned three times while discrimination is mentioned 15 times, whereas the Malawi document is 41 pages long and the Namibian one is 43 pages long.

3. *UNAIDS Fact Sheet* data varied. Whereas in 2014 the data for Africa was all under Africa, in 2015, the data are divided into regions and North Africa has been combined with data from the Middle East which makes it difficult to have conclusive figures on Africa. Although the numbers are relatively small – 230,000 living with HIV or AIDS in North Africa and Middle East – this skews the comparative data for those years.

Table 5.6: Years policy created and/or reviewed by 2012

Country	Year of 1st HIV Case	Year of 1st HIV & AIDS Policy	Year of First HIV & AIDS Policy	Previous Policy Reviewed	Previous Policy Reviewed & Year
Namibia	1986	2007	2007	No	N/A
Lesotho	1986	2000	2006	Yes	2000
Botswana	1985	1992	2012	Yes	1992 & 2000
Malawi	1985	2003	2003	No	N/A
Uganda	1982	2011	2011	No	N/A

5.18 Conclusion

This chapter sought to review how stigma is addressed in the policies of the various governments with an aim of identifying if there is an emphasis on stigma and further, if stigma in print media reporting on HIV & AIDS was specifically addressed.

In total, five HIV policies from the following countries were reviewed – Namibia, Botswana, Malawi, Lesotho and Uganda. These countries have had major challenges with HIV & AIDS insofar as the spread of the disease is concerned and having policies to address these challenges was critical and has curtailed the spread of the disease significantly. However, as mentioned in the findings, only Botswana specifically mentions media as a major stakeholder in dealing with the spread of the disease but none of the countries mentions media as one of the causes of stigma and discrimination towards those living with or affected by HIV and AIDS.
From reviewing these policies, it seems necessary in consequent research to review other related HIV & AIDS policies such as Workplace Policies in these and other countries and how these have played a critical role in dealing with issues of stigma and discrimination in the various sectors.

On the other hand, Kaur et al (2016) recommend that the inclusion of Key Affected People (KAP) and High Risk Group (HRG) into policies may go a long way in not only cutting down on new infections but on reaching more people which in the long run will reduce new infections. They also recommend "scaling up advocacy programs as well as enacting anti-discrimination laws" (p.54).

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Chapter 6

Results, Discussion, Conclusion, Recommendations

6.1 Introduction

This study set out to investigate to what extent stigma is present in print media reporting on *Human Immunodeficiency Virus (HIV)* & *Acquired Immune Deficiency Syndrome (AIDS)* in Namibia. This is because controlling the spread and managing HIV & AIDS in the country has been a major challenge not only for Namibia but for other southern African countries due to the high prevalence (Lewthwaite & Wilkins, 2009, p.333). The print media that provided the data for the investigation were *New Era* and *The Namibian* newspapers.

This chapter will address the significance of the study, why HIV & AIDS Guidelines were used to identify stigma, report on the findings, present conclusions, spell out the contribution to knowledge and finally make recommendations.

By analysing newspaper reporting, by interviewing key people from HIV & AIDS organisations and selected newspaper reporters, and by reviewing government policies the study makes a case for specialised training of reporters, specifically regarding diseases, as well as a review of the role of the media in government policies. Both considerations play a critical role in how the epidemic can be contained in Namibia and across the African continent and in specific regions (UNAIDS, 2019; Avert, 2019).

By end of 2018, 43.8 million people had died from AIDS related illnesses since the epidemic was discovered (UNAIDS *Global HIV & AIDS Statistics 2019 Fact Sheet*). The report further says that 98.1 million people have become infected with HIV since the start of the epidemic. HIV & AIDS prevalence has reduced but the disease is still a major challenge that needs strategic handling. The numbers of those living with HIV or AIDS remain high while new infections are still ocurring across the African continent and the globe in general. Therefore, it is critical to ensure that reporting on HIV & AIDS is done with the sensitivity and professionalism it requires.

According to Avert (2019), the East and Southern Africa regions are the most affected by the disease worldwide. Of the close to 44.0 million people living with HIV by end of 2018, 20.6 million people were in East and Southern Africa (Avert, 2019) while of the 1.1 million deaths in 2018, 310,000 were from those regions. New infections in the region numbered 800,000 people in 2018 (Avert, 2019) compared to 2.3 million people worldwide (UNAIDS *Global HIV & AIDS Statistics 2019 Fact Sheet*, p.1).

Of importance to note is that new infections are now more common among the younger generation of 15-24 year olds, increasing the importance of how reporting is done in order to be attractive and relevant to the younger generation and thereby to ensure they are better informed.

Among the many challenges that affect the incidence of new infections and the number of deaths are discrimination and stigma. These were highlighted as

impediments to reducing prevalence, were identified in the guidelines provided by UNAIDS and corroborated in this study by those who work closely with people infected or affected by the disease. This issue is critical as the role of the media is to ensure objective, sensitive and ethical reporting, especially on issues involving individual health and more so, on diseases that carry a negative label on them such as HIV or AIDS, cancer and TB.

This chapter therefore presents the results of the 13-year study on the presence of stigma in reporting on HIV & AIDS in *The Namibian* and *New Era* newspapers. The chapter also contains limitations of the research and makes suggestions on ways forward.

6.2 Significance of the Study

The literature review and background in Chapter 2 informed the motivation for investigating the framing of stories on *Human Immunodeficiency Virus (HIV)* & *Acquired Immune Deficiency Syndrome (AIDS)* in Namibia and to what extent stigma was present in the published rhetoric. Media representation has greatly influenced how the disease and those who are affected by it are perceived in society, causing stigma towards those affected. This formed the basis for the research. The conclusions presented in this chapter can be utilized, for example, to support the idea for specialized training of reporters about diseases that affect millions of people such as HIV and AIDS. Nor can the important role of the media in reducing prevalence in the country – through their strategic inclusion in key government HIV & AIDS policies – be overemphasized, as the media can be a critical stakeholder in supporting government messages and in reducing prevalence. Regular collaboration

by the media with organisations working with people with HIV & AIDS was also shown to have a critical role in sensitizing and educating reporters on language and terminology.

6.3 Use of HIV & AIDS Guidelines to Identify Stigma in Reporting

To facilitate this study, HIV & AIDS Terminology Guidelines from three organisations were used to provide a guide to the stigmatising words and/or terminologies to look out for. Throughout the study, it became clear that not only is the importance of the guidelines not emphasised, many of the respondents were unaware of them. This shows a clear disconnect between one of UNAIDS' key policy documents and actual reporters on the ground. The three guidelines *United Nations Program on HIV/AIDS (UNAIDS) Terminology Guidelines*, *Kaiser Family Foundation Reporting Guidelines* and *UNESCO Guidelines on Language and Content in HIV & AIDS Related Materials* provide basic knowledge that is critical in what to use or avoid when writing or documenting anything to do with those living with the disease. KFF and UNESCO refer to the UNAIDS guidelines thus showing the prime importance of the UNAIDS document. However, the KFF guidelines are more specific to media.

By reviewing the guidelines, and specifically the UNAIDS guidelines which are updated most often, it was illuminating to see the changes between earlier and more recent versions. Which words were left out or added provided a basis for interrogating which words/terminologies were found relevant as the years moved on, as stigma and discrimination, according to *UNAIDS Country Specific Fact Sheets*, reduces in some regions of the world but increases in others.

6.4 Theoretical Framework

Understanding how the theories and the data inform each other was critical. The main purpose of a theory is to ask the question "What is going on?" (Williams, 2003, p.16). In this case, theory is used to "explain how and why something has happened or why someone has behaved in a certain way" (p.16). Due to having sources of data as – Newspaper articles, Interviews and Government HIV & AIDS policies – five related key theories were used. Among these are three (*framing, priming and agenda setting theories*) which are better known as media effects theories. *Social construction of reality theory* was used for analysing the newspaper articles and HIV & AIDS policies, while *thematic analysis* (which is both an analysis tool and theory) was used for the interviews. It is important to note that framing and priming are closely interrelated. These theories are discussed more extensively in chapters 3, 4 and 5. The study was able to draw upon the five theories interchangeably due to the relationships between the areas of interrogation with regard to framing the media stories. Each theory was discussed alongside the respective data. The use of these theories helps to explain the relationship between knowledge, previous research, theories and the essential elements of this research in terms of newspaper reporting and its effects on readers.

6.5 Newspaper Findings

Based on the 13 year study period and specifically, seven of those years, the findings show the extensive presence of stigma in the stories reviewed:

1) Many words used to describe or report on people living with HIV consist of stigmatizing words used by writers. These were words such as 'AIDS victims', 'AIDS sufferers', 'AIDS orphans', 'Fight/Battle Against' and

numerous others. These words over time show a hopelessness towards those with HIV or AIDS.

2) *The Namibian* had more HIV & AIDS stories at 250 than New Era's 165. This might be a result of training which the reporters referred to.
3) At 95, *The Namibian* had more words that stigmatise people living with HIV or AIDS than *New Era*'s 77. This does not necessarily show that *The Namibian* stigmatised more than the *New Era* newspaper but is likely a reflection that there were more stories written in *The Namibian.*
4) The most common words used by reporters which stigmatise those living with HIV are: 'AIDS Victims/AIDS Sufferers', 'Fight Against HIV', 'Win Against', 'Battle Against' 'AIDS fight'. Of interest to note is the word HIV/AIDS. The UNAIDS Terminolog Guideline explains that use of this word shows that a person has both – and therefore, a heavy burden but one either has HIV or AIDS, Therefore, a differenciation should be HIV or AIDS and in writing on the disease, HIV & AIDS is preferable. On the surface, these words do not look like they would affect a reader's perspective on the disease but according to the *UNAIDS Terminology Guidelines*, emphasis on 'victim', 'sufferer' , battle and other show negativity and hopelessness and therefore, contribute to the stigma that is meted out to people with HIV or AIDS.
5) Many stories on HIV or AIDS did not appear on pages 1 to 5 which are considered as critical under news values (Galtung & Rage, 1965; Mensing and Greer (2013) although a few appeared on page 5. Most stories appeared on later pages such as 17 & 19. This clearly shows the lack of importance that HIV & AIDS stories were given. However, it is important to note that many of the respondents working with HIV & AIDS organisations viewed this as a positive thing. This is because they felt that any time there was a HIV & AIDS story on Page 1, it was more often than not on something negative that had afflicted HIV & AIDS organisations such as fraud.
6) Many stories are written after an event featuring 'an important' member of the community/organisation/embassy and few are 'stand-alone' stories such as a feature on a person living with HIV or AIDS. This clearly shows a lack of journalistic creativity in looking for stories outside of 'VIP' status. This

could be attributed to the lack of training and the need for improvements in this area, which is emphasized elsewhere as a recommendation.

7) There are few stories on HIV or AIDS written during the month of December when World AIDS Day is celebrated on December 1.
8) There were fewer and fewer stories written as the years went by.

It is envisaged that the study results will be significant to determine whether journalists, in Namibia and in other countries with high prevalence rates, require special training to report on HIV & AIDS.

6.6 Findings on Interviews

From the interviews conducted and the emergent themes, certain findings stood out:

1. *Bias and Stigma* – this theme emerged as combined and respondents feel that media reporting is biased against issues of HIV and AIDS. They feel that media highlights negative stories bringing them to the front of a newspaper yet there are many other stories to be written.
2. *Liberated feeling* - this theme created a conflict in that the respondent also seemed to feel the same way as the reporters – a sense of hopelessness. The comment of one of the respondents was:

   > "You can only liberate yourselves from HIV & AIDS and everybody else can only participate because it is a personal issue and whether you are infected already or not it's up to you to deal with it. Either to stay negative if you are still negative or if you are positive, deal with it in such a reasonable way that you can live long and well with the virus. We can definitely feel over time that things have changed in the communities".

3. *Stigma* in stories – this theme unlike bias and stigma also stood on its own in some of the interviews. There is a general feeling that reporters do not care about the stories they write and therefore, do not engage with those who work directly with people living with HIV or AIDS to understand what they feel about the stories written.

4. *Media fatigue* – lack of stories on HIV or AIDs is of concern to all respondents and more so because the prevalence of the disease is still high while infections continue to happen especially among the younger persons in the society. This means that there needs to be a different approach to reporting on the stories so as to engage all stakeholders – from infected to non-infected and across various ages. Of importance to note is that engagement with the youth who are averse to the current adverts or styles of engaging them in HIV & AIDS matters has to be re-vitalised in order to reach them better with critical messages.
5. *Media role* – the role of the media in ending stigma and discrimination is highlighted with respondents feeling it is critical in helping to end stigma and discrimination in society. However, training the media on better reporting is key to the media's role having a positive impact on society.

Of importance to note is that nine of the 11 respondents concur that media has stigmatized people living with HIV or AIDS. Overall, all respondents observed that:

1. They are unaware that there is a *UNAIDS Terminology Guildeline* that provides writers or any HIV & AIDS material with better ways of addressing matters related to the disease.
2. There is need for specialized training of reporters so as to be sensitive on how to write on HIV or AIDS.
3. Further, the respondents felt that spending time with those who engage directly with people living with HIV or AIDS is critical so that they can report from a point of knowledge.
4. To deal with media fatigue, respondents felt that the media and

stakeholders need to go back to the drawing board to find out where the fatigue lies.

5. A Strength, Weakness, Oppportunity, Threat (SWOT) analysis of reporting on HIV or AIDS is critical as well as engaging the ordinary citizen on what would help them find HIV & AIDS stories interesting enough to create behavioral change.
6. In this study, the following key themes emerged: bias and stigma, being liberated, stigma and discrimination, media fatigue and media role. These themes provided a basis for deeper interrogation of the interviews.
7. It emerged that the respondents, especially those working with people who have HIV or AIDS, feel there is stigma, discrimination and lack of ethical reporting in stories published.
8. All were of the opinion that there is need for close interaction with the media so they can know first-hand what stigmatises those living with or affected by HIV or AIDS.

Specialised training on writing on HIV & AIDS was emphasized. For example, NN03 said:

> The new data in Namibia for example, shows that you have a very high number of people living with HIV in Khomas region. If I was a journalist I would be interested to know why. Its also telling you that most of the new incidences or the infection rates. It’s important that you focus on the new infections because we have a higher number of people living with HIV who are now on treatment. It will be very good for a journalist o pick up this story and say, "Yes maybe we are currently at 18.2 or 18.3 percent on the prevalence rate but why?" Because obviously the numbers are not going down. The reason why the numbers are not going down is because people are living longer. That’s a very interesting story. A journalist can just talk to an M&E person to further understand the data. As we were talking earlier, we have young women, new infections are among that age group, tell us more and take that data for us. Where are they? Why are they at risk? Are we talking about UNAM students here or is it Polytechnic students? Are we talking about single mothers in that age group? Is this becoming a disease of the poor? So we need to unpack it so its fatigue if you just keep telling me HIV HIV but you don't make it interesting for me but again, the journalists need to be trained.

On the other hand, whereas those working in the media felt that there was need to train or re-train on HIV or AIDS reporting, most felt there is a need to re-strategise on HIV & AIDS reporting as there is fatigue both from readers and the reporters. Recommendations made towards these challenges are found in section 6.10.

6.7 Findings in HIV & AIDS Policies from five countries.

Since June 1981, when HIV & AIDS was recognized as a disease that required urgent intervention (MMMR, 2001), many countries put in place measures to contain the spread of the disease. The countries reviewed in this section: Namibia, Botswana, Lesotho, Malawi and Uganda each have a published government HIV & AIDS policy and all of these policies include as one of their key targets addressing Stigma and Discrimination.

However, countries deal with the topic in different ways and also give prominence to stigma and discrimination in different ways and levels. For some, there is mention of stigma and discrimination in almost each chapter while in others it is confined to the preface, foreword and one other chapter. While stigma and discrimination have been mentioned in national policies, they have also been included at some length in Work Place Policies of government ministries and other related institutions. Such policies are not being reviewed in this dissertation but could be in follow-up research.

The need for the inclusion in national HIV & AIDS policies of the media was seen as critical in curtailing stigma and discrimination of those living with HIV & AIDS. However, despite many topics being dealt with in the HIV & AIDS policies, the

specific role, or lack of role, of the media in the policies is of great concern. There is a glaring lack of awareness of the crucial role media can play in promoting Government policies through sensitive reporting and helping to reduce the prevalence of the disease. The review conducted in this study detailed the role that media would play to create publicity messages, for example for condom promotion, but which had been rejected despite the potential use of radio, TV and film to communicate with the populace.

In all policies except the Botswana and Malawi National AIDS Policies, although stigma and discrimination appeared as important matters, there was no direct mention of the same insofar as media is concerned. There is however mention of ‘key stakeholders’. One can only assume that media is a key stakeholder but without its mention, this is left to the reader to decide whether or not the ‘media’ is indeed a key stakeholder. Only Botswana’s HIV & AIDS Policy (2012) extensively includes the role of the media as an integral part of the policy’s role in cutting down on stigma.

The following discussion will focus on two areas:

1. Policy and stigma and discrimination of people with HIV or AIDS and
2. Policy and role of media in HIV & AIDS.

The findings are:

(1) Throughout the five policies, there is extensive mention of stigma (19 times) and discrimination (60 times) but minimal mention of media (6 times) (see Table 5.5);

(2) While stigma is mentioned variedly across the documents, emphasis on how to deal with it especially using media is non-existent, clearly showing that media was not seen as a key stakeholder in dealing with HIV or AIDs.

As emphasized elsewhere, the lack of a clear role for the media in government policies is of concern. This was found in various ways:

1. By media's role not being clear, as well as little mention of media in the policies, this could have allowed the slanting and framing of stories by the print media as there was no media policy.
2. The countries did not appear to see that inclusion of media in the policies as a key stakeholder would actually play a critical role in helping curtail the spread of the disease. However, this is a key point that a country such as China realised in dealing with HIV & AIDS when policies did not seem to be working. During the period 2000-2010, there was increased media reporting on HIV & AIDS following numerous cases of stigma against those with HIV or AIDS (Ren et al, 2014) but unfortunately, it showed increased stigma and discrimination against those living with HIV or AIDS which again had to be addressed.
3. It was noted in the newspapers reviewed that while there were many eighth, quarter, half and full page HIV & AIDS adverts in the same media they have ignored in the policies, this 'stakeholder' relationship with the media is not included in the policies.
4. The minor role of the media in the policies signifies a lack of understanding of the power the media has in helping to reduce the prevalence of the disease and to set an agenda of positive messages that will reach a wider audience.

The above then provide a basis for recommending:

1. A review of the role of the media as a critical stakeholder with the aim of reducing the prevalence of HIV & AIDS in Namibia and other countries.

2. Workshops by both the government and the media on how both can work towards the same goals of eradicating new infections and reducing stigma in society are key to dealing with prevalence.

6.8 Conclusions

The analysis and findings of this study emerge from the objectives of the study, the theoretical framework and the data collected. The analyses in Chapters 3, 4 and 5 address the objectives.

The key purpose of this study was to investigate to what extent stigma is present in print media reporting on *Human Immunodeficiency Virus (HIV) & Acquired Immune Deficiency Syndrome (AIDS)* in Namibia.

Study objectives provided in Chapter 1 are revisited. The objectives of the study were four-fold:

1. Analyse framing of HIV & AIDS in the Namibian print media.
2. Examine the discourse of HIV & AIDS in two Namibian newspapers based on established reporting guidelines.
3. Determine if the framing of media contents have priming and agenda setting effects from the purview of HIV & AIDS organizations' workers.
4. Investigate framing of media in HIV & AIDS policies by reviewing to what extent dealing with stigma and discrimination are seen as a major problem in prevalence and if media is portrayed as a partner in the Policies in relation to reduction of HIV or AIDS prevalence.

The focus of the objectives was to gauge how stories on HIV & AIDS are framed. Using UNAIDS, KFF and UNESCO Guidelines on reporting on HIV and AIDS, it was clear from the data collected that there is extensive use of words that stigmatise people with HIV or AIDS. Even use of common phrases such as HIV/AIDS suggest that one has both – which is not possible. By using words in this manner, it makes the load feel heavier for affected people and story readers.

The second objective dealt with examining the discourse of HIV & AIDS in the two newspapers. The findings were interesting in that whereas one reporter was found to have used fewer of the words that stigmatise those living with HIV, the reporter explained that this was due to training provided early in his career. The other reporter whose stories were found to have many stigmatizing words had not been trained on reporting on HIV or AIDS. How the two used words in their stories was clearly different. Constant use of a simple phrase such as AIDS Victim, which is common, has caused stigma towards those living with HIV or AIDS. This demonstrates the critical importance of analyzing words to ensure the meaning is clearly understood.

In investigating the third objective which dealt with those who engage with people with HIV or AIDS as well as media personnel who have reported on the same, it was found that most of the respondents were unaware of the reporting guidelines; although a few of them knew which words not to use they did not remember how they came about knowing the words. However, all of them concurred that reporting on HIV & AIDS was insensitive most of the time and this needs to change, possibly through training journalists. The respondents from organisations working with people living with HIV & AIDS also felt a need to be able to constantly engage with

the media to ensure reporters are better informed on current issues in this specialized area of reporting.

On reviewing the fourth objective which investigated framing of media in HIV & AIDS policies by reviewing to what extent dealing with stigma and discrimination are seen as a major problem in prevalence and if media is portrayed as a partner in the policies in relation to reduction of HIV or AIDS prevalence, it was found that all policies mentioned stigma and discrimintation but how this should be dealt with and more so with media as a stakeholder is lacking. On media role, except Botswana's HIV & AIDS policy document, the other four countries lacked emphasis on role of the media as a critical stakeholder in reduction of prevalence. Botswana's document, though it does not put much emphasis as is expected and as raised in this dissertation however shows a critical role of media in HIV & AIDS activities.

6. 9 Contribution to New Knowledge

The researcher is of the opinion that this study created a platform where stigma towards those living with HIV or AIDS can be re-evaluated with the aim of engaging more stakeholders to pass more positive messages to communities both in urban and rural areas.

Secondly, this research dealt with an area that has not been covered before and that will add knowledge on reducing the prevalence of HIV in Namibia through the recommendation for the specialized training of media personnel.

Thirdly, the study sensitizes not only the media but other people in general on the need to be careful with the use of specific words while discussing people living with

HIV or AIDS. For example, differentiating HIV & AIDS and not lumping them together is critical as it reduces what looks like a burden towards someone living with HIV or AIDS.

Fourthly there needs to be more research done in the area of the role the media can play in reducing prevalence by various stakeholders working together with the media to ensure that they are more than just reporters of events but work with the community to spread the information that those involved in areas of HIV & AIDS want to be passed on.

Fifthly, it is critical that local words that victimize those living with HIV or AIDS are identified. Successful media campaigns such as *'Don't Touch It, Report It'* offer an example of strategies and messages that resonate with the various age groups.

Sixthly media fatigue can be minimized through strategic discussion with the various age groups to gauge what messages would work for them. The media should be involved in this so their creativity can help bring forth better messages that will leave a permanent impression on what to do, what not to do and how to deal with the subject of HIV & AIDS responsibly.

Seventhly, the major contribution to knowledge was the creation of **Namibia Code on HIV & AIDS Terminology** as provided below. It is important to note that the terminologies have been chosen as relevant to Namibia from the *UNAIDS Terminology Guidelines (2015)* in Appendix I. From the review done on the *UNAIDS, KFF* and *UNESCO Reporting Guidelines* and the words that were found to

be commonly used by reporters in Namibia, the code provides a tentative code recommended for Namibia. However, it is the view of the researcher that post this study, words used locally such as *Tantaweka* and others in local languages would be used as part of the code so as to sensitise not only journalists but also communities living with those who have HIV or AIDS.

Table 6.1 Terminology Code for Namibia from Selected Terms in UNAIDS Terminology Guidelines (2015)

Stigmatising/Word to Be Avoided	Background	Preferred Term
AIDS carrier	This term is no longer used because it is incorrect, stigmatizing and offensive to many people living with HIV.	Person living with HIV
AIDSinfected; HIV-infected; transmitters	No one is infected with AIDS; AIDS is not an infectious agent. AIDS describes a syndrome of opportunistic infections and diseases that can develop as immunosuppression deepens along the continuum of HIV infection (from acute infection to death). People should never be referred to as an abbreviation, such as PLHIV, since this is dehumanizing. Instead, the name or identity of the group should be written out in full. Abbreviations for population groups can, however, be used in charts or graphs where brevity is required.	Refer to people as being HIV-positive or a person/ people living with HIV (if serostatus is known/ disclosed), or as having unknown HIV status (if serostatus is unknown).
AIDS orphans	This term not only stigmatizes children, but it also labels them as HIV-positive, which may be untrue. Identifying a human being by his or her social condition alone shows a lack of respect for the individual, in the same way as identifying a human being by his or her medical condition. Contrary to traditional usage (but consistent with the dictionary definition), UNAIDS sometimes uses orphan as a subset of orphans and other children made vulnerable by AIDS to describe children who have lost either one or both parents to HIV.	Orphans and other children made vulnerable by AIDS
AIDS test	There is no test for AIDS. The test is for HIV.	Use HIV test or HIV antibody test.
AIDS virus; HIV virus	AIDS is a clinical syndrome. Thus, it is incorrect to refer to an AIDS virus; HIV is what ultimately causes AIDS. Avoid using HIV virus, (HIV stands for Human Immunodeficiency virus, so there is no need to repeat "virus").	HIV There is no need to define nor add the word "virus" after it.
Deadly, incurable disease; manageable, chronic illness; immune deficiency	Labelling AIDS as deadly or incurable may create fear, and increase stigma and discrimination. Referring to it as a manageable, chronic illness also may lead people to believe that, with treatment, AIDS is not as serious as it was thought. AIDS remains a serious health condition. AIDS is not simply a case of someone suffering from immune deficiency. It is an epidemiological definition based on clinical signs and symptoms. It is caused by HIV, the human immunodeficiency virus. HIV destroys the body's ability to fight off	To avoid misconceptions, it is preferable to avoid using these adjectives when referring to AIDS. Acquired Immunodeficiency Syndrome (AIDS)

	infection and disease, which can ultimately lead to death. Antiretroviral therapy slows down replication of the virus and can greatly extend life and enhance quality of life, but it does not eliminate HIV infection.	
Driver	To avoid confusion, it is preferable to avoid the word, or to define it each time it is used.	To avoid confusion, it is preferable to avoid the word, or to define it each time it is used.
End AIDS, the end of AIDS; end HIV; ending HIV; the end of HIV; eliminate HIV; eliminate AIDS; Eradicate HIV; Eradicate AIDS	Eliminating HIV is still not an achievable goal at the moment. However, proven strategies for the prevention and treatment of HIV are available and can be made to work together to end the AIDS epidemic as a public health threat.	ending the AIDS epidemic as a public health threat (preferred); others acceptable ending the epidemic, ending the AIDS epidemic, end the AIDS epidemic, end the epidemic
Evidence based	In the context of research, treatment and prevention, evidence usually refers to qualitative and/or quantitative results that have been published in a peer-reviewed journal. The preference for evidence-informed is in recognition of the fact that several elements may play a role in decision-making, only one of which may be scientific evidence. Other elements may include cultural appropriateness, concerns about equity and human rights, feasibility, opportunity costs and so on.	Evidence-informed
Fight and other combatant language (e.g. struggle, battle, campaign or war)	Avoid such terms unless in a direct quotation or because of the specific context of the text. One rationale for this is to avoid transference from the fight against HIV to a fight against people living with HIV.	Response, management of, measures against, initiative, action, efforts and programme
High(er)- risk group; vulnerable groups	These terms should be avoided because they imply that the risk is contained within the group, whereas all social groups actually are interrelated. The use of the term high-risk group may create a false sense of security in people who have risk behaviours but do not identify with such groups, and it can also increase stigma and discrimination against the designated groups. Membership of groups does not place individuals at risk; behaviours may. In the case of married and cohabiting people, particularly women, the risk behaviour of the sexual partner may place the partner, who is not engaged in risk behaviour, in a situation of risk.	Use key populations1 or young key populations (when applicable) (in the sense of being key to the epidemic's dynamics or key to the response). Key populations are distinct from vulnerable populations, which are subject to societal pressures or social circumstances that may make them more vulnerable to exposure to infections, including HIV.
HIV/AIDS;	The expression HIV/AIDS should be avoided whenever possible because it can cause confusion. Most people with HIV do not have AIDS. The expression HIV/AIDS prevention is even more unacceptable because HIV prevention entails correct and consistent condom use, use of sterile injecting equipment, changes in social norms and so on, whereas AIDS prevention entails antiretroviral therapy, cotrimoxazole, good nutrition, isoniazid prophylaxis (INH), etc. It is preferable to use the term that is most specific and appropriate in the context.	HIV & AIDS or HIV or AIDS
People living with HIV, HIV prevalence, HIV prevention, HIV response, HIV testing, HIV-related disease, AIDS diagnosis, children made	The expression HIV/AIDS should be avoided whenever possible because it can cause confusion. Most people with HIV do not have AIDS. The expression HIV/AIDS prevention is even more unacceptable because HIV prevention entails correct and consistent condom use, use of sterile injecting equipment, changes in social norms and	People living with HIV, HIV prevalence, HIV prevention, HIV response, HIV testing, HIV-related disease, AIDS diagnosis, children made vulnerable by AIDS, national AIDS

vulnerable by AIDS, national AIDS programme, AIDS service organization HIV epidemic and AIDS epidemic are acceptable, but HIV epidemic is a more inclusive term.	so on, whereas AIDS prevention entails antiretroviral therapy, cotrimoxazole, good nutrition, isoniazid prophylaxis (INH), etc. It is preferable to use the term that is most specific and appropriate in the context.	programme, AIDS service organization HIV epidemic and AIDS epidemic are acceptable, but HIV epidemic is a more inclusive term.
Most at risk; most-at-risk adolescents (MARAs), Most-at-risk young people (MARYP), Most-at-risk young population	Such terms should be avoided because communities view them as stigmatizing. In specific projects where such expressions continue to be used, it is important never to refer to a person (directly or indirectly) as a MARA, MARYP or MARP.	Describe the behaviour each population is engaged in that places individuals at risk of HIV exposure (e.g. unprotected sex among stable serodiscordant couples, sex work with low condom use, young people who use drugs and lack access to sterile injecting equipment, etc.).
Multiple concurrent partnerships (MCP)	People with concurrent sexual partnerships are involved in overlapping sexual partnerships where intercourse with one partner occurs between two acts of intercourse with another partner. For surveillance purposes, this is defined specifically as those occurring within the past six months.	Concurrent sexual partnerships, concurrent partnerships or simply concurrency
Needle–syringe sharing	In the absence of needle–syringe distribution programmes, people may use discarded needles (which are anonymous), may bargain away drugs for a needle or may be injected by professional injectors. It is preferable to emphasize the availability of injecting equipment rather than the behaviour of individuals when injecting equipment is in short supply.	When referring to the risk of HIV transmission via injection, use of contaminated injecting equipment indicates actual HIV transmission, while use of non-sterile injecting equipment or multiperson use of injecting equipment refers to risk of HIV exposure.
Pandemic	An epidemic sweeping across entire regions, continents or the entire world is sometimes called a pandemic. This term, however, is imprecise. See also epidemic.	Use epidemic, but be specific about the scale that is being considered: local, country, regional or global.
People living with HIV and AIDS, PLWHA, PLWHIV, AIDS patient, AIDS victim, AIDS sufferer	With reference to people living with HIV, it is preferable to avoid certain terms. For instance, AIDS patient should only be used in a medical context (most of the time a person with AIDS is not in the role of patient). These terms imply that the individual in question is powerless, with no control over his or her life. Referring to people living with HIV as innocent victims (which often is used to describe HIV-positive children or people who have acquired HIV medically) wrongly implies that people who acquire HIV in other ways are somehow deserving of punishment. People should never be referred to as an abbreviation, such as PLHIV, since this is dehumanizing. Instead, the name or identity of the group should be written out in full. Abbreviations for population groups can, however, be used in charts or graphs where brevity is required.	The preferred terms are people living with HIV and children living with HIV as they reflect the fact that persons with HIV may continue to live well and productively for many years. The term people affected by HIV encompasses family members and dependents who may be involved in caregiving or otherwise affected by the HIV-positive status of a person living with HIV.
Prostitute; prostitution	A term that implies a person is in the business of selling sex. This is not to be used as it denotes value judgement.	For adults (18 years and older), use sex work, sex worker, commercial sex, or the sale of sexual services. For children (younger than 18 years old), use sexual

		exploitation of children.
Risk of AIDS	Do not use unless referring to behaviours or conditions that increase the risk of disease progression in an HIV positive person.	risk of acquiring HIV, risk of exposure to HIV
Safe sex	This term may imply complete safety. The term safer sex more accurately reflects the idea that choices can be made and behaviours adopted to reduce or minimize the risk of HIV acquisition and transmission. Safer sex strategies include postponing sexual debut, non-penetrative sex, correct and consistent use of male or female condoms, and reducing the number of sexual partners.	Safer sex
Target Target populations	Avoid using as a verb (e.g. target men who have sex with men), as this conveys non-participatory, top-down approaches. Preferred terms include engage (e.g. engage men who have sex with men in programming), involve (e.g. involve men who have sex with men in the response to the epidemic), or designed for and by (e.g. programmes designed for and by men who have sex with men). Likewise, rather than use target populations, it is better to refer to populations that are key to the epidemic and key to the response. However, the term target is acceptable as a noun, such as when referring to an objective or goal.	Engage, involve, focus, designed for and by Priority populations, key populations
Venereal disease (VD); Sexually transmitted disease (STD)	Many sexually transmitted infections (STIs) do not cause symptoms and are therefore not recognized by affected individuals as diseases. STIs are spread by the transfer of organisms from person-to-person during sexual contact. In addition to the traditional STIs (syphilis and gonorrhoea), the spectrum of STIs now includes the following: HIV, which causes AIDS; chlamydia trachomatis; human papillomavirus (HPV), which can cause cervical, penile or anal cancer; genital herpes; chancroid; genital mycoplasmas; hepatitis B; trichomoniasis; enteric infections; and ectoparasitic diseases (i.e. diseases caused by organisms that live on the outside of the host body). The complexity and scope of STIs have increased dramatically since the 1980s; more than 30 disease-causing organisms and syndromes are now recognized as belonging in this category (2).	Sexually transmitted infection (STI)

6.10 Recommendations

Following this study, a number of recommendations are made:

1. There is urgent need for specialised training of journalists on HIV & AIDS reporting and this should be ongoing. The training needs to involve UNAIDS, Ministry of Health and Social Services (MoHSS), people living with HIV or AIDS, organisations that work with them so as to ensure media reporting on HIV is from an informed perspective, sensitive, balanced and ethical.

2. There is need for engagement with the media and stakeholders on cause of HIV & AIDS stories fatigue and how this can be resolved so as to engage all stakeholders (including those uninfected, the youth and others).
3. The Editors Forum of Namibia (EFN) can help create a HIV & AIDS journalist specific report style book as per the UNAIDS Editorial Style documents which would help journalists know what kind of words to use even in their varied newsrooms or freelance reporting.
4. There is need for serious engagement by key government stakeholders in the Ministry of Health and Social Services (MoHSS) and the media to find niche areas to collaborate on dealing with prevalence in Namibia. This includes clearly identifying their media role in the policies, such as Botswana has done in their National HIV & AIDS policy document.
5. Awards on best reporting on HIV & AIDS could be introduced and the winner where the judges include all stakeholders – from senior journalist, people working with those who are HIV positive and people who are HIV positive among others. Winners can receive, besides other prizes, further training locally and internationally so as to be better informed on best practices in this specialized field.

6.11 Summary of Chapter

This chapter sought to review the significance of this dissertation, why HIV & AIDS Guidelines were used to identify stigma, report on the findings, present conclusions, spell out the contribution to knowledge and finally make recommendations.

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APPENDICES

APPENDIX I

UNAIDS TERMINOLOGY GUIDELINES

Past Terminology	Preferred Terminology
HIV/AIDS; HIV and AIDS	Use the term that is most specific and appropriate in the context to avoid confusion between HIV (a virus) and AIDS (a clinical syndrome). Examples include ‘people living with HIV’, ‘HIV prevalence’, ‘HIV prevention’, ‘HIV testing and counseling’, ‘HIV-related disease’, ‘AIDS diagnosis’, ‘children orphaned by AIDS’, ‘AIDS response’, ‘national AIDS programme’, ‘AIDS service organisation’. Both ‘HIV epidemic’ and ‘AIDS epidemic’ are acceptable, but ‘HIV epidemic’ is a more inclusive term.
‘HIV/AIDS prevention’	Unacceptable because HIV prevention entails correct and consistent condom use, use of sterile injecting equipment, changes in social norms, etc., whereas AIDS prevention entails cotrimoxazole, good nutrition, isoniazid prophylaxis (INH), etc. It is preferable to use the term that is most specific and appropriate in the context. Examples include ‘people living with HIV’, ‘HIV prevalence’, ‘HIV prevention’, ‘HIV testing’, ‘HIV-related disease’, ‘AIDS diagnosis’, ‘children made vulnerable by AIDS’, ‘children orphaned by AIDS’, ‘AIDS response’, ‘national AIDS programme’, ‘AIDS service organisation’. Both ‘HIV epidemic’ and ‘AIDS epidemic’ are acceptable, but ‘HIV epidemic’ is a more inclusive term.
HIV-infected	An object can be contaminated whereas people can become infected. Human beings should be referred to as ‘HIV-positive’ if they know they are HIV-positive or as ‘having undiagnosed HIV infection’ if they do not. Avoid the term ‘HIV-infected’.
AIDS virus	There is no AIDS virus. The virus that causes AIDS is the human immunodeficiency virus (HIV). Please note that ‘virus’ in the phrase ‘HIV virus’ is redundant. Use ‘HIV’.
AIDS-infected	No one is infected with AIDS; AIDS is not an infectious agent. AIDS describes a syndrome of opportunistic infections and diseases that can develop as immunosuppression deepens along the continuum of HIV infection from acute infection to death. Avoid ‘HIV-infected’ in favour of person living with HIV or HIV-positive person (if serostatus is known).
AIDS test	There is no test for AIDS. Use HIV test or HIV antibody test. For early infant diagnosis, HIV antigen tests are used.
AIDS victim	Use person living with HIV. The word ‘victim’ is disempowering. Use AIDS only when referring to a person with a clinical diagnosis of AIDS.
AIDS patient	Use the term ‘patient’ only when referring to a clinical setting. Use patient with HIV-related illness (or disease) as this covers the full spectrum of HIV-associated clinical conditions.

Risk of AIDS	Use 'risk of HIV infection' or 'risk of exposure to HIV' (unless referring to behaviours or conditions that increase the risk of disease progression in an HIV-positive person).
High(er) risk groups; vulnerable groups	Use key populations at higher risk (both key to the epidemic's dynamics and key to the response). Key populations are distinct from vulnerable populations, which are subject to societal pressures or social circumstances that may make them more vulnerable to exposure to infections, including HIV.
Commercial sex work	This says the same thing twice in different words. Preferred terms are sex work, commercial sex, or the sale of sexual services.
Prostitute or prostitution	These words should not be used. For adults, use terms such as sex work, sex worker, commercial sex, transactional sex, or the sale of sexual services. When children are involved, refer to commercial sexual exploitation of children.
Intravenous drug user	Drugs are injected subcutaneously, intramuscularly, or intravenously. Use person who injects drugs to place emphasis on the person first. A broader term that may apply in some situations is person who uses drugs.
Sharing (needles, syringes)	Avoid 'sharing' in favour of use of non-sterile injecting equipment if referring to risk of HIV exposure or use of contaminated injecting equipment if the equipment is known to contain HIV or if HIV transmission occurred through its use.
Fight against AIDS	Use response to AIDS or AIDS response.
Evidence-based	Use evidence-informed in recognition of other inputs to decision-making.
HIV prevalence rate	Use HIV prevalence. The word 'rate' implies the passage of time and should not be used in reference to prevalence. It can be used when referring to incidence over time e.g. incidence rate of 6 per 100 person-years.
AIDS carrier (don't use)	The term 'AIDS carrier' is no longer used because it is incorrect, stigmatising, and offensive to many people living with HIV.
AIDS response	The terms 'AIDS response', 'HIV response', 'response to AIDS', and 'response to HIV' are often used interchangeably to mean the response to the epidemic.
Antiretrovirals (ARV)	The abbreviation ARV refers to 'antiretroviral' and is sometimes seen in the press. It should only be used if referring to the drugs themselves and not to their use. Even then, it is best used as an adjective: antiretroviral drugs. 'Antiretroviral therapy' is a more inclusive term.
Antiretroviral therapy or antiretroviral treatment (ART) or HIV treatment	It is better to spell out 'antiretroviral therapy' or 'antiretroviral treatment' and avoid this acronym since it can be confused with ARV, AZT, etc. Either term is acceptable, but should be used consistently within a document. The term antiretroviral therapy refers to a triple or more antiretroviral drug combination. Suboptimal regimens are monotherapy and dual therapy.

Pandemic / Epidemic	An epidemic sweeping across entire regions, continents, or the whole world is sometimes called a pandemic, but this term is imprecise. Preferred usage is to use ‘epidemic’ while being specific about the scale that is being considered: local, country, regional, global… Deciding whether an increase in the number of cases constitutes an epidemic is somewhat subjective, depending in part on what the usual or expected number of cases would be in the observed population. An epidemic may be restricted to one locale (an outbreak), be more general (an epidemic), or be global (a pandemic).
Gay	The expression ‘men who have sex with men’ should be used unless individuals or groups self-identify as gay.
Lesbian	The term ‘women who have sex with women’ should be used unless individuals or groups selfidentify as lesbians.
Most at risk	Terms such as ‘most-at-risk adolescents’ (MARAs), ‘most-at-risk young people’ (MARYP), and ‘most-at-risk populations’ (MARPs) should be avoided because communities view them as stigmatising. It is more appropriate and precise to describe the behaviour each population is engaged in that places individuals at risk of HIV exposure, for example unprotected sex among stable serodiscordant couples, sex work with low condom use, young people who use drugs and lack access to sterile injecting equipment, etc. In specific projects where such expressions continue to be used, it is important never to refer to a person (directly or indirectly) as a MARA, MARYP, or MARP.
Spousal transmission	The term ‘intimate partner transmission’ is used instead of ‘spousal transmission’ because intimate partners are not necessarily married. The full expression ‘HIV transmission in intimate partner relationships’ describes the transmission of HIV to people from their regular partners who inject drugs or have sex with other people, including with sex workers. Efforts to prevent such transmission events include preventing intimate partner violence (including sexual violence), promoting gender equality, reducing economic inequities, promoting property rights, mitigating vulnerability associated with migration, reducing stigma and discrimination, and improving disclosure within serodiscordant couples.
Orphan	In the context of AIDS, it is preferable to say ‘children orphaned by AIDS’ or ‘orphans and other children made vulnerable by AIDS’. Referring to these children as ‘AIDS orphans’ not only stigmatizes them but also labels them as HIV-positive, which they may not necessarily be. Identifying a human being by his or her social condition alone shows a lack of respect for the individual, in the same way that does identifying a human being by his or her medical condition. Contrary to traditional usage but consistent with the dictionary definition, UNAIDS uses ‘orphan’ to describe children who have lost either one or both parents to HIV.

People living with HIV and AIDS' and the abbreviation PLWHA	With reference to those living with HIV, it is preferable to avoid certain terms: 'AIDS patient' should only be used in a medical context (most of the time a person with AIDS is not in the role of patient); the term 'AIDS victim' or 'AIDS sufferer' implies that the individual in question is powerless, with no control over his or her life. It is preferable to use 'people living with HIV' (PLHIV), since this reflects the fact that an infected person may continue to live well and productively for many years. Referring to people living with HIV as 'innocent victims' (which is often used to describe HIV-positive children or people who have acquired HIV medically) wrongly implies that people infected in other ways are somehow deserving of punishment. It is preferable to use 'people living with HIV' or 'children living with HIV'. The term 'people affected by HIV' encompasses family members and dependents who may be involved in care giving or otherwise affected by the HIV-positive status of a person living with HIV.

3.2 UNAIDS Terminology Guidelines 2015 (p.4-11)

APPENDIX II

Appendix II (A) Stories on Page 1 of the *The Namibian* & *New Era* Newspapers

Year	Page Stories Found In	Month Stories Found In	Namibian	New Era
2000	1	January February June July November December	0 0 1 0 1 1	0 0 0 0 1 0
2002	1	January February June July November December	0 0 0 1 1 1	0 0 0 0 0 0
2004	1	January February June July November December	1 0 1 0 0 1	0 0 0 0 0 0
2006	1	January February June July November December	0 0 0 1 0 0	0 0 0 0 0 1
2008	1	January February June July November December	0 1 0 0 0 0	1 3 0 0 0 1
2010	1	January February June July November December	0 0 0 0 0 2	0 0 0 0 0 0
2012	1	January February June July November December	0 1 1 0 0 0	0 0 0 0 0 0
Total			**15**	**7**

Appendix II (B) Stories on Page 2 of the The Namibian & New Era Newspapers

Year	Page Stories Found In	Month Stories Found In	Namibian	New Era
2000	2	January	1	0
		February	0	0
		June	0	0
		July	0	0
		November	0	0
		December	1	1
2002	2	January	0	0
		February	1	0
		June	0	1
		July	1	1
		November	0	1
		December	1	0
2004	2	January	0	0
		February	0	0
		June	0	0
		July	0	0
		November	0	0
		December	0	0
2006	2	January	0	0
		February	0	0
		June	0	1
		July	1	0
		November	0	0
		December	0	1
2008	2	January	0	0
		February	1	1
		June	0	0
		July	0	0
		November	0	0
		December	0	0
2010	2	January	0	0
		February	0	0
		June	0	0
		July	0	0
		November	0	0
		December	1	0
2012	2	January	0	0
		February	1	1
		June	0	0
		July	0	0
		November	0	0
		December	0	0
Total			**9**	**8**

Appendix II (C) Stories on Page 3 of the The Namibian & New Era Newspapers

Year	Page Stories Found In	Month Stories Found In	Namibian	New Era
2000	3	January	1	0
		February	0	0
		June	1	0
		July	1	0
		November	0	1
		December	1	0
2002	3	January	0	0
		February	1	0
		June	0	1
		July	1	0
		November	1	0
		December	1	0
2004	3	January	1	0
		February	0	0
		June	1	1
		July	1	0
		November	0	0
		December	1	0
2006	3	January	0	1
		February	1	1
		June	1	0
		July	0	1
		November	0	1
		December	1	0
2008	3	January	0	0
		February	0	0
		June	0	0
		July	1	1
		November	1	1
		December	0	0
2010	3	January	0	0
		February	0	0
		June	0	0
		July	0	0
		November	0	0
		December	0	1
2012	3	January	0	0
		February	0	0
		June	0	1
		July	0	0
		November	0	0
		December	0	0
Total			**17**	**11**

Appendix II (D) Stories on Page 4 of the The Namibian & New Era Newspapers

Year	Page Stories Found In	Month Stories Found In	Namibian	New Era
2000	4	January	0	0
		February	0	0
		June	1	0
		July	0	0
		November	0	1
		December	0	0
2002	4	January	0	1
		February	0	0
		June	0	1
		July	0	0
		November	1	1
		December	0	0
2004	4	January	0	0
		February	0	1
		June	0	0
		July	0	1
		November	0	0
		December	0	0
2006	4	January	0	0
		February	0	0
		June	0	0
		July	0	0
		November	0	0
		December	0	2
2008	4	January	0	0
		February	0	1
		June	0	0
		July	0	0
		November	0	0
		December	0	1
2010	4	January	0	0
		February	0	0
		June	0	0
		July	0	0
		November	0	0
		December	0	0
2012	4	January	0	0
		February	0	0
		June	0	0
		July	0	0
		November	0	0
		December	0	0
Total			**2**	**10**

Appendix II (E) Stories on Page 5 of the *The Namibian* & *New Era* Newspapers

Year	Page Stories Found In	Month Stories Found In	Namibian	New Era
2000	5	January	1	0
		February	1	0
		June	1	0
		July	1	1
		November	1	1
		December	0	0
2002	5	January	0	0
		February	1	0
		June	1	0
		July	1	0
		November	1	0
		December	1	0
2004	5	January	0	0
		February	1	0
		June	1	0
		July	1	1
		November	1	1
		December	1	0
2006	5	January	0	0
		February	0	0
		June	0	0
		July	1	0
		November	1	1
		December	1	1
2008	5	January	0	0
		February	1	0
		June	1	0
		July	0	0
		November	0	0
		December	0	0
2010	5	January	0	0
		February	0	0
		June	0	0
		July	0	1
		November	0	0
		December	0	0
2012	5	January	0	0
		February	1	0
		June	0	0
		July	0	0
		November	0	1
		December	0	0
Total			**21**	**8**

APPENDIX III (A) and (B)

Table III (A) *New Era* Newspaper Stigmatising Words and Page Numbers 2000-2012

Year	Month	Number of HIV& AIDS Stories identified	Page No of Stories	'Stigmatising' Words/terminologies identified as per guidelines
2000	January	6	9,17,19	N/A
	February	5	8,9,17,21	AIDS cases
	June	7	5,7,13,17	Scourge, AIDS diagnosed, Fight Against, Victims
	July	5	3,8,10,20,21	AIDS patient
	November	8	1,3,4,13,14,21	AIDS case, AIDS victims, Fight against, AIDS patient,
	December	11	2,11,13,17,21	HIV-AIDS cases, Victims, AIDS fight, Start of an epidemic
TOTAL		**42**		
2002	January	7	4, 13, 17,	AIDS sufferers, major, AIDS cases, HIV pandemic
	February	2	17	Fighting HIV/AIDS, HIV infected people, combating, HIV pandemic
	June	6	2,4,5,6,9	Fight against, HIV/AIDS positive (you can only have one not both),
	July	2	2, 13	HIV/AIDS cases,
	November	6	2, 4, 9, 15, 17, 26. On pp.28, 30, there are two AIDS adverts.	AIDS infection, HIV/AIDS epidemic, Living with HIV/AIDS (living one or the other not both),
	December	2	2, 15,17	Campaign against HIV/AIDS, Aids sufferers, Paid respect to those who have died of HIV/AIDS – (you die of AIDS not HIV/AIDS).
TOTAL		**25**		
2004	January	0	0	No words as no stories with HIV or AIDS in the headline
	February	2	4, 6	"Fight against" the pandemic, victims,
	June	1	15	AIDS sufferers
	July	5	4, 5, 11, 19	Fight against HIV/AIDS, HIV/AIDS pandemic
	November	16	3,5, 12	Fight against
	December	6	3,6, 7,8	Fight Against, HIV/AIDS infected people, AIDS epidemic, HIV/AIDS infected people, Struggle against AIDS,
TOTAL		**30**		

2006	January	2	5,12	No stigmatising words. One of the stories is a foreign story.
	February	2	5,12	HIV epidemic
	June	0		
	July	3	5,12, 13,	HIV infected people
	November	3	3,5, 10	HIV pandemic,
	December	7	1, 2, 3, 4, 12, 19	Fight Against
TOTAL		**17**		
2008	January	4	1,7, 14/15,18/19	HIV/AIDS pandemic, HIV Infection rates
	February	9	1,2,4,6,7 **Comment** Three times stories on page 1 moving to 2.	HIV battle, People living with HIV/AIDS, HIV positive women, HIV positive children, HIV positive children, AIDS pandemic, Deadly pandemic, Fight against, Outbreak of AIDS, HIV carriers,
	June	2	17	HIV infected, HIV infected people
	July	7	5,6,7	Combat HIV/AIDS, Combat spread of HIV/AIDS, Programs to fight HIV/AIDS, HIV fight
	November	5	5,11,16/17	Fight HIV/AIDS, War against HIV/AIDS
	December	9	1,4,11,15,18,20, 21,	Combat HIV/AIDS, Fighting HIV/AIDS, Conquering HIV/AIDS, curb spread of HIV/AIDS, HIV/AIDS infected, HIV infected people, HIV infected employees, Fight against, AIDS epidemic
TOTAL		**36**		
2010	January	0	0 But HIV Ads p.4, 6, 7, 17	No words as no stories with HIV or AIDS in the headline
	February	0	0 But HIV ads on pages 10,11,14,19	No words as no stories with HIV or AIDS in the headline
	June	1	15	No words
	July	1	3	No words
	November	5	7,17, 18	No words
	December	2	5,7	HIV/AIDS related deaths x2 , HIV/AIDS related illnesses, HIV/AIDS pandemic
TOTAL		**9**		
2012	January	0	0	No words as no stories with HIV or AIDS in the headline
	February	0	0	No words as no stories with HIV or AIDS in the headline
	June	1	5, 13,	Pandemic, HIV fight,
	July	1	0	No words
	November	2	3, 5, 18	HIV/AIDS pandemic,
	December	2	5, 6	Fight against (used alot),
Total		**6**		
Grand Total		**165**		

Table III (B) The *Namibian* Newspaper Stigmatising Words and Page Numbers 2000-2012

Year	Month	Number of HIV & AIDS Stories	Page No of Stories	UNAIDS Guidelines 'Stigmatising' Words/terminologies in Stories Reviewed
2000	January	9	2,3,5,7	HIV/AIDS, HIV-AIDS Positive, Killer Disease, HIV positive pregnant mothers, Pandemic
	February	4	5	AIDS cases, HIV/AIDS
	June	14	1,3,4,5,6	HIV/AIDS, Pandemic, Succumbed to the epidemic, Scourge of HIV-AIDS, AIDS diagnosed, Killer disease, HIV-AIDS Scourge, AIDS virus, Victims of HIV-AIDS, AIDS Infections, HIV infected people, Fight against HIV-AIDS
	July	7	3,5, 6,12	AIDS victims, HIV Infection rates, AIDS patients,
	November	18	1, 3, 5, 7, 8, 10,	HIV/AIDS, AIDS case, AIDS victims, Fight, AIDS patient, AIDS infections, Pandemic
	December	18	1,2,3, 7, 8,24,25	Victims, Pandemic, deadly disease, AIDS stricken, War against AIDS
TOTAL		**70**		
2002	January	NONE	N/A	N/A
	February	9	2,3,5,8,11,	AIDS orphans, AIDS patients, HIV-AIDS virus, Battle against HIV-AIDS, HIV-AIDS drugs, HIV/AIDS, Pandemic
	June	12	5,9,11,12,17,21	HIV/AIDS, Pandemic, AIDS orphans, AIDS patients, Battle against HIV-AIDS
	July	26	1,2,3,5,6,7,8,9,11	HIV-AIDS scourge, AIDS patient, HIV drug, AIDS fight, AIDS drugs, HIV/AIDS, Pandemic
	November	16	1,3,4,5,6,10,11, 15,29	AIDS patient, HIV positive people, HIV positive mothers, HIV cases, AIDS drugs, AIDS virus, AIDS drugs, HIV/AIDS, AIDS Pandemic
	December	19	1,2,3,5,6,11,19,	HIV/AIDS, HIV-AIDS orphans, Patient, AIDS Pandemic, AIDS patient, AIDS infection rates, AIDS ravaging
TOTAL		**82**		
2004	January	3	1,3,15	HIV-AIDS virus, HIV-AIDS status
	February	4	5,10,11,13	AIDS pandemic, AIDS sufferers
	June	8	1,3,5,12	HIV-AIDS rates, AIDS patients
	July	18	1,3,5,7,8,9,10,11	AIDS pandemic, Fight against HIV-AIDS,, AIDS patient
	November	7	3,5,6,7	Full blown AIDS, Infection rate, Fight against AIDS, HIV-AIDS

				testing
	December	11	1,3,5,6,14,15,17	Patient, AIDS deaths, Victims, Die of the virus, AIDS sufferer
TOTAL		**51**		
2006	January	2	6,11, 13,14,19	Battle Against HIV-AIDS, Headline: The Lake where its easier to catch HIV than fish
	February	3	3	HIV pandemic,
	June	3	3,6	N/A
	July	3	1 & 2, 6, 18	N/A
	November	6	5,8,9	AIDS infected people
	December	6	3,5,7	People Living with HIV/AIDS,
TOTAL		**23**		
2008	January	0	0	No words
	February	3	1/2,5,6	HIV-AIDS virus, Fight against HIV,
	June	2	5,25	No words
	July	2	3, 7	Pandemic
	November	1	3	No words (Christof story)
	December	2	21, 24	HIV rates, Win against, (most foreign stories)
TOTAL		**10**		
2010	January	0	0	No words
	February	0	0	No words
	June	1	11	Deadly virus
	July	0	0	No words (all three stories foreign)
	November	0	0	No words
	December	3	1, 1/2, 6,	No words
TOTAL		**4**		
2012	January	0	0	No words as no stories in the month
	February	3	1/2, 5, 19	No words
	June	1	1	No words
	July	4	(Stories written by Namibian writer attending conference in US)	AIDS related diseases
	November	1	21	People living with HIV-AIDS
	December	1	7	Fight against (Story written by *The Namibian* writer attending conference in New York)
TOTAL		**10**		
Grand Total		**250**		

APPENDIX IV (A) and (B)

IV (A) Stigmatising words in the *New Era* Stories and their Days' Prevalence

	Stigmatising Word	Frequency
1	AIDS/HIV-AIDS cases	5
2	Scourge,	1
3	AIDS diagnosed,	1
4	Fight Against/Fighting HIV/AIDS/AIDS fight, HIV fight, War against HIV/AIDS/"Fight against" the pandemic/HIV battle	19
5	Victims/ AIDS victims/AIDS patient/AIDS sufferers/HIV carriers/HIV/HIV/AIDS infected people/HIV carriers	16
6	HIV pandemic/HIV/AIDS pandemic/AIDS pandemic/Deadly pandemic	13
7	Combating the spread of the killer disease/ Combat spread of HIV/AIDS/Campaign against HIV/AIDS/Struggle against AIDS/Combat HIV/AIDS /Conquering HIV/AIDS,	7
8	AIDS infection/HIV Infection rates	3
9	Living with HIV/AIDS/ People living with HIV/AIDS	2
10	Died of HIV/AIDS	1
11	HIV positive women	1
12	HIV positive children	2
13	Outbreak of AIDS	1
14	HIV infected, HIV infected people, HIV/AIDS positive	3
15	Programs to fight HIV/AIDS	1
16	Curb spread of HIV/AIDS	1
	Total Prevalence of Words Found	**77**

IV (B) Stigmatising words in *The Namibian* Stories and their Days' Prevalence

	Stigmatising Word	Prevalence Amongst Days
1.	HIV/AIDS	10
2.	HIV-AIDS Positive/People Living with HIV/AIDS	4
3.	HIV positive pregnant mothers/HIV positive mothers	3
4.	Pandemic/AIDS Pandemic/HIV pandemic	13
5.	AIDS cases/HIV cases	2
6.	Succumbed to the epidemic	1
7.	Scourge of HIV-AIDS/ HIV-AIDS scourge	3
8.	AIDS diagnosed/HIV-AIDS status	2
9.	HIV-AIDS virus	5
10.	Victims of HIV-AIDS,/AIDS victims/Victims/AIDS patients/AIDS sufferers	18
11.	AIDS Infections/HIV infected people/HIV positive people/AIDS infected people	5
12.	Fight against HIV-AIDS/Fight/War against AIDS/War against AIDS/Battle against HIV-AIDS/Fight against HIV/Win against	13
13.	HIV Infection rates/Infection rate	2
14.	AIDS/HIV-AIDS orphans	3
15.	HIV-AIDS/HIV/AIDS drugs	4
16.	AIDS infection rates/HIV-AIDS rates	2
17.	HIV-AIDS testing	1
18.	Die of the virus/Dying like flies/AIDS deaths	3
19.	AIDS related diseases	1
	Total prevalence of Words	95

APPENDIX V

In-Depth Questions for Newspaper Senior Reporter

Your newspaper, *The Namibian/New Era* is one of the two newspapers that is the subject of my review. I will ask you a few questions so as to enrich this research as well as inform this researcher on the way forward on reporting on HIV & AIDS in *your* newspaper and the newspaper industry at large.

1. Please state your name and title at *The Namibian/New Era*?
2. What are your responsibilities at the organization?
3. As a newspaper company, what is your general view of newspaper reporting on issues of HIV & AIDS in Namibia?
4. Do you feel HIV & AIDS is reported as often, as prominently and as balanced as the stories should be? Do you feel that your newspaper reports as often, as prominently and as balanced as the stories should be reported?
5. Has your newspaper dealt with complaints about stigmatizing reporting from people living with HIV or AIDS?
6. If answer to question 5 is positive: what kind of complaints were these? What did you do about them?
7. This research is specifically reviewing stories on HIV & AIDS from 2000 to 2012. Are you aware of words/terms/images that have appeared in the media that stigmatise people who are HIV positive during this period?
8. UNAIDS, Kaiser Family Foundation, UNESCO and other organisations have compiled a list of words/terms to guide those reporting on HIV & AIDS with an aim of reducing victimization of those living with HIV or AIDS world wide. Does your newspaper use such lists? Has your newspaper compiled a similar list of any stigmatizing terms/words to avoid when reporting on HIV & AIDS in our newspaper? If so, is it possible for me to be given this list?
9. As a staffer in your newspaper, how would you say the newspaper has reported on HIV & AIDS since before ARVs were rolled out in 2000 up to 2012, the years that this project is covering?
10. Many people living with HIV or AIDS have often complained that some of the stories or images they see in the media reflect negatively on them, thereby stigmatizing them. Have you seen these kinds of stories in the media?
11. Has your newspaper held any training or taken any reporters for training on HIV & AIDS reporting?

12. What is your current view of stigma in Namibia as compared to 12 years ago when ART treatment was not generally accessible to a common person?

13. During the review of stories in both the newspapers that I am researching on, I noticed that whereas there should be more stories written in November as the world prepares to celebrate World AIDS Day on December 1 and during the month of December which is the month that the World AIDS Day is celebrated, there are fewer stories on HIV & AIDS. Are you aware of this? If so, would you please let me know why this is the case?

14. Do you think the print media have an important role to play in reducing prevalence of HIV in Namibia?

15. If so, please mention ways you think the print media can play a key role in reducing prevalence of HIV in Namibia.

Questions to Interviewees in Organisations

1. Please identify yourself and your role in this organisation.

2. As a ...., what is your view of newspaper reporting on issues of HIV & AIDS in Namibia?
    a. Do you feel HIV & AIDS is reported as often, as prominently and as balanced as the stories should?

3. Has your ministry been involved with matters concerning stigma of people living with HIV or AIDS in Namibia?
    a. How has the ministry been involved?
    b. If not, why not?

4. How does your organisation deal with the issues affecting those that are stigmatized because of their HIV or AIDS status?

5. UNAIDS, Kaiser Family Foundation and others have compiled a list of words/terms to guide those reporting on HIV & AIDS with an aim of reducing victimization of those living with HIV or AIDS world wide. Does your organisation use such lists? Has your organization compiled a similar list of any stigmatizing terms/words to avoid when issues of HIV & AIDS or people living with HIV or AIDS are discussed/mentioned in the media locally? If so, is it possible for me to be given this list?

6. Has your organisation received any complaints about stigmatizing reporting by newspapers from people living with HIV or AIDS? If you have, how are the complaints addressed?

7. What do you think is the role of the print media in reducing prevalence of HIV in Namibia?

8. What is your view on stigma in Namibia, currently? Did you hold the same view ten years ago?

APPENDIX VI

INFORMED CONSENT FORM

PhD PROJECT TITLE: **Investigating Framing of HIV & AIDS Stigma in the Namibian Print Media and their Priming and Agenda Setting Effects**

Principal Investigator: Perpetua Wanja Njuguna

Phone number: +264813224981

What you should know about this research study:

1. I give you this Consent Form so that you may read about the purpose, risks, and benefits of this research study.
2. The main goal of the research study is to gain knowledge that will assist me in my PhD project. It is hoped that results of the research will help journalists in their future work on reporting better on People Living With HIV or AIDS (PLWHA).
3. There will be no direct benefits for the participants.
4. Your conversation with the researcher will be recorded. The recording will thereafter be transcribed and saved under Codes not names that can identify you.

   Note: If you do not wish for the interview to be recorded, the researcher will write down the answers to the open ended questions.
5. You have the right to refuse to take part at any time during the interview.
6. Please review this consent form carefully. Ask any questions before you make a decision.
7. Your participation is voluntary.

PURPOSE

You are being asked to participate in a PhD research entitled:

Investigating Framing of HIV&AIDS Stigma in the Namibian Print Media and their Priming and Agenda Setting Effects 2000-2012

The purpose of the study is to establish whether there has been any stigma in the way two newspapers *(The Namibian* and *New Era)* have been reporting on issues of HIV or AIDS since 2000 a year before ARVs were rolled out in Namibia to 2012**.** You were selected as a possible participant in this study because your organization is involved in issues to do with HIV & AIDS and therefore has knowledge of what

constitutes stigma, or have knowledge of issues that you are concerned with in media reporting that may have contributed to stigmatizing People Living with HIV & AIDS (PLWHA). The research will determine if there has been stigma in the way reporters have been writing on PLWHA through the words or terms they use to describe anyone living with HIV or AIDS.

Before you sign this form, please ask any questions on any aspect of this study that is unclear to you.

PROCEDURES, DURATION, RISKS AND DISCOMFORTS

If you decide to participate, you will be invited to sign this consent form. The questions will be sent to you electronically to prepare you in advance for the interview session. The interview will be recorded and will take approximately 30 minutes at a place of your convenience preferably at your place of work and at a time convenient to you during the day – either morning or afternoon hours. However, if you opt not to have the interview recorded, the time might be longer than the 30 minutes mentioned earlier. During this time and to ensure your confidentiality, you will be expected to answer the questions and abstain from communicating with anybody else except the investigator administrating the questionnaire from whom you may seek assistance or clarification. These interview questions are solely administered for the purposes of the study. This will be the end of your participation though the study itself is expected to reach completion within 12 months from the administration of this interview.

BENEFITS AND/OR COMPENSATION

This research will not have any benefits or compensation directly to you. However, if the results of the study show that there has been stigma in print media reporting, this will help media houses to train their reporters on how to report on issues concerning HIV or AIDS better.

CONFIDENTIALITY

No information obtained in connection with this study will be identified with you as the interviewer will use a Code that will only be known to the researcher. It will be

disclosed only with your permission. The results of this study will assist the researcher and media houses to realize anomalies in reporting on HIV or AIDS and further, on how to train journalists to write objectively on HIV or AIDS as well as the kind of images to use when writing on HIV or AIDS.

VOLUNTARY PARTICIPATION

Participation in this study is voluntary. If you decide not to participate in this study, your decision will not affect your future relationship with the researcher. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without penalty.

ADDITIONAL ELEMENTS

If you decide to withdraw from this research we advise you to do so before any attempt to fill the consent form and answer the questions in the questionnaire.

AUTHORIZATION

You are making a decision whether or not to participate in this study. Your signature indicates that you have read and understood the information provided above, have had all your questions answered, and have decided to participate.

____ ____________

Signature of Research Participant to be Interviewed Date

____

Signature of Research Participant for Researcher to Use Recorder Date

YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP.

If you have any questions concerning this study or consent form or would like to add any more information to what you answer in the questionnaire, please feel free to contact the investigator on Phone: +264 813 224 981, E-mail: wanja.njuguna@yahoo.com or her Main Supervisor, Prof Eno Akpabio (eakpabio@unam.na) or Co-Supervisor: Prof Kingo Mchombo (k.mchombo@ium.edu.na)

APPENDIX VII

Ethical Clearance Certificate

ETHICAL CLEARANCE CERTIFICATE

Ethical Clearance Reference Number: FHSS /421/2017 **Date: 1 October, 2018**

This Ethical Clearance Certificate is issued by the University of Namibia Research Ethics Committee (UREC) in accordance with the University of Namibia's Research Ethics Policy and Guidelines. Ethical approval is given in respect of undertakings contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the Faculty/Centre/Campus Research & Publications Committee sitting with the Postgraduate Studies Committee.

Title of Project: Investigating Framing Of Hiv&Aids Stigma In The Namibian Print Media And Their Priming And Agenda Setting Effects

Researcher: PERPETUA WANJA NJUGUNA

Student Number: 201778389

Supervisors Prof. E. Akpabio, University Of Namibia (Main) Prof. K. Mchombu, International University Of Management (Co)

Faculty: Faculty of Humanities and Social Sciences

Take note of the following:

(a) Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the UREC. An application to make amendments may be necessary.

(b) Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the UREC.

(c) The Principal Researcher must report issues of ethical compliance to the UREC (through the Chairperson of the Faculty/Centre/Campus Research & Publications Committee) at the end of the Project or as may be requested by UREC.

(d) The UREC retains the right to:

(i) Withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected,

(ii) Request for an ethical compliance report at any point during the course of the research.

UREC wishes you the best in your research.

Dr. J.E. de Villiers : UREC Chairperson

Ms. P. Claassen: UREC Secretary