A G E N E R A L S O C I A L B A C K G R O U N D

Namibia is a big country in Southern Africa, surrounded by Zambia and Angola to the North, Botswana to the East, South Africa to the South, and the Atlantic ocean to the West. The population stands at 1.7 million and is scattered unevenly throughout this large, arid but beautiful country. Economically, per capita income stands at an average of N$ 3608, ranging from a low N$ 1070 in Omaheke region to a high N$ 11,359 in the Khomas region. Thus there are wide disparities in income per capita, which has made Namibia one of the most unequal societies in the world (UNDP and UNAIDS, Namibia Human Development Report, 1997). This economic characteristic is largely a legacy of the policy of apartheid which South Africa, the former colonial master had introduced and practised in Namibia for more than 70 years. The present Government, which came into power in 1990 after a long and protracted liberation war, is making efforts to address income inequalities through land redistribution, economic empowerment, broader access to education, and a balanced economic, social, and infrastructural development of the whole country.

The country’s literacy rate stands at 66 per cent and the school enrolment rate is 90 per cent, which effectively means that about 10 per cent of the children of school going age do not attend primary school and 34 per cent of the population are functionally illiterate. The literacy map shows variations: whereas the Khomas region has 84 per cent literacy rate, the lowest is in Kunene at 45 per cent literacy rate (Namibia Human Development Report, 1997:15). There is, therefore, a significant percentage of the population which cannot directly access HIV/AIDS information provided in the written format.

In the print media, there are five main newspapers, namely: The Namibian, New Era, Observer, Die Republikien 2000, and Almegine Zeitung and a few magazines and newsletters issued by various bodies outside Windhoek. With the exception of the New Era which is government owned, the rest are privately owned. The main languages of publication are English (three papers) and Afrikaans (one paper). The Almegine Zeitung is a German language paper targeting the large German community in Namibia. The Namibian and New Era also carry stories in local languages, mainly in Oshiwambo, Otjiherero, Afrikaans and Lozi. The print media are dominated by a few newspapers, mostly based in the capital city, Windhoek, with a heavy urban bias in their coverage. According to CSO (1994), 25 per cent of households in Namibia buy at least one newspaper per week.

Namibia has six radio stations, but only the Namibia Broadcasting Corporation (NBC) has nation-wide coverage. The others are: Radio 99, Channel 77, Radio Energy, Katutura Community Radio, and Kudu Radio. Radio ownership has been growing steadily from a low 50 per cent in 1990 to 60 per cent in 1991, and very likely a much higher figure today (CSO, 1994). Again, there is an urban bias in radio ownership, with 76 per cent of urban households owning a radio as compared to 50 per cent of rural households. According to NBC, their radio coverage reaches 95 per cent of the population. Figures from Central Statistics Office, however indicate a slightly lower percentage (76.6 per cent) (CSO, 1994).
Background to the HIV/AIDS problem in Namibia

HIV/AIDS was first reported in Namibia in 1986. Since then, it has spread to all corners of the country and has become an epidemic escalating at an alarming pace (UNDP and UNAIDS. Namibia Human Development Report, 1997). The above report uses the following figures to show how serious the situation has become:

- AIDS has become the leading cause of death in the country;
- There may be more than 150,000 Namibians infected with the virus;
- 20 per cent of the 15-49 age group are estimated to be infected with HIV;
- 39 per cent of the 20-24 age group are estimated to be affected with HIV;
- Globally, Namibia ranks as the third most affected country in the world.

In practically every country in Eastern and Southern Africa, the HIV/AIDS pandemic situation is as gloomy as (or worse than) that depicted by the above statistics. The following questions arise from the HIV/AIDS crisis: What role can the national media play in containing and managing this epidemic? How have the Namibian media been performing in their coverage of HIV/AIDS and how are the various factors associated with the spread of HIV/AIDS handled? What prominence is given to the key factors which cause HIV/AIDS infection among the population? How can the Namibian media be improved to help society to combat HIV/AIDS?

It can be argued that through frequent coverage of stories highlighting HIV/AIDS, giving prominence to the factors which either cause or lead to individuals getting infected with the HIV/AIDS virus, the Namibian media make a major contribution towards managing and ultimately defeating this terrible disease. The media play a dual role of setting the social agenda for politicians and policy makers and disseminating useful information directly to the public which enables them to learn how to avoid the disease.

Literature review

In the early 1960’s, the dominant belief was that media messages would always be followed by the adoption of the communicated ideas through the so called "magic bullet theory". This dominant belief in the impact of media has now been modified and the belief is that the media do not have such complete control over the social change process. DeFluer and Ball-Rokeach (1988: 218) (and many others) have, however, noted that the mass media still play a major role in the social learning process and have influence on how individuals acquire new ideas, attitudes, and change orientation in society.

To succeed in the above goal, however, the media must have a coherent strategy on the coverage of HIV/AIDS. Some attempts at researching media coverage of HIV/AIDS have already been made in other countries, particularly developed countries, but few studies have come out of the developing countries (Childers, 1988; Lester, 1992; Basil and Brown, 1994). An "action plan" of purposeful and impact-bearing information dissemination can only emerge after an assessment of current practices of media in the coverage of HIV/AIDS in a specific country so as to identify strengths, weaknesses, and gaps in the dissemination of information on AIDS.

The research method chosen to analyze media coverage of HIV/AIDS was content analysis. The appropriateness of content analysis for this type of study is supported by many researchers in the social sciences. Adams and Schvaneveldt (1991: 299) point out that: “content analysis is a research tool for the scientific study of speeches, records, and other written communications to determine key ideas, themes, words, or other messages contained in the record". Supporting the above, Holsti (1969) has defined content analysis as a procedure for applying the scientific method to documentary evidence and Krippendorff (1980: 7) asserts that “content analysis is one of the most important research techniques in the social sciences; it seeks to understand data not as a collection of physical events but as symbolic phenomena and to approach their analysis unobtrusively”.

It
would appear, therefore, that the choice of content analysis for this study is supported by other researchers in the social sciences including mass communications.

**PURPOSE OF THE STUDY**

Given the seriousness of the HIV/AIDS pandemic in Namibia and the constructive role the media can play, the purpose of this study was to examine the coverage of HIV/AIDS in Namibian media and make recommendations for designing a media strategy to combat the disease. The study also examined locally produced materials supporting HIV/AIDS campaigns to assess and evaluate the materials and make recommendations for improvement.

**RESEARCH QUESTIONS AND DEFINITION OF TERMS**

To give the study rigour, the following research questions were formulated to provide guidance:

1. To what extent have the Namibian media covered the core factors influencing the spread of HIV/AIDS in society?
2. What angles have the media given in their coverage of the core factors?
3. What weaknesses are apparent in media coverage of the various factors associated with the spread and management of HIV/AIDS in Namibia?
4. How have the Namibian media performed in the coverage of general and preventive factors compared to factors which cause HIV?
5. What are the extent and nature of local publications produced to assist in spreading the message on HIV/AIDS?

From the above research questions, one can derive a number of key concepts or terms which will be briefly explained to make this report clearer to its readers.

*Coverage:* refers to the presentation by the media of stories on HIV/AIDS. Coverage was measured in frequencies.

*Aspects or angle:* refers to the central messages which are conveyed during the handling of a factor or content category. Interpretative and qualitative descriptions are used to present the various aspects found in the coverage of each content category.

*Factors:* refers to the key terms or content categories which play an important role in the spread or management of HIV/AIDS. Factors or content categories were measured in terms of the frequency of occurrence.

*Content categories:* refers to the key terms or factors found in a media story on HIV/AIDS. This was measured in frequency of occurrence.

*Namibian media:* refers to the nation-wide organs of news and information dissemination, specifically NBC Radio and the following three newspapers: *Namibian, New Era,* and *Republikien* 2000. The coverage of HIV/AIDS in the Namibian media was measured in frequency counts.

**RESEARCH METHOD**

Three newspapers: *Namibian, New Era,* and *Republikien,* which are the leading newspapers in Namibia with national coverage, were chosen for the study. Namibian Broadcasting Corporation (NBC) Radio was selected because it is the leading radio station in the country with national coverage. The three newspapers and NBC Radio were selected because they are leaders in the Namibian media and have some influence on both policy makers and the general public. *The Namibian* and *New Era,* both publish mainly in English, with a few stories, mostly translations, in the local languages, whereas *Republikien* publishes mainly in Afrikaans. NBC Radio is multilingual and broadcasts in English, with programmes in local languages including: Damara-Nama, Oshiwambo, Afrikaans and German.

The content analysis study covered a period of 18 months, from January 1997 to June 1998. All the copies of the three newspapers were content analyzed as well as radio programmes stored in a computerized database at NBC. The main research was preceded by a pilot study which was aimed at giving the research a sense of direction. The pilot study analyzed stories on HIV/AIDS in the issues of one month of the two English language dailies in Namibia, *Namibian* and *New Era.*
The pilot study revealed two factors: first was that stories on HIV/AIDS by the two newspapers were rare and to make meaningful interpretation one had to have a large sample of issues.

Second was the problem of determining meaningful interpretation of the occurrence of the selected categories: for example, if the concept of drug abuse appeared twice in 20 stories, what significance would this have – was it high or low? It was, therefore, decided to broaden the categories to have a yardstick for measuring the weighting and prominence given the initially selected terms (alcohol abuse, rape, risky sexual behaviour, STDs, and discrimination against AIDS victims). This decision led to the broadening of the content analysis to look into all central messages in the stories analyzed. This broadening, it was believed, would provide a more reliable platform for making suggestions on improving Namibia’s media strategy.

All copies of the three newspapers were scanned for stories on HIV/AIDS and content analyzed. For radio, stories were obtained from a computerized database kept by NBC, and only stories on HIV/AIDS falling in the 18-month period were content analyzed. The unit of analysis was the whole story falling under any of the following categories: spot news, editorial, and commentaries – all were analyzed in terms of key words or factors. The coding of the content was done by student assistants and two documentalists. The coding was cross-checked for reliability and there was high inter-coder agreement of about 85 per cent.

**FINDINGS AND INTERPRETATIONS**

After scanning the three newspapers and radio, the following number of stories on HIV/AIDS were found: Namibian, out of 366 issues, 42 issues had relevant stories (11.4%); New Era, out of 237 issues, 20 issues had relevant stories (8.4%), and the Republikien, out of 376 issues, 68 issues had relevant stories (18%). NBC Radio had 35 stories found in their computerized database.

**MONTHLY COVERAGE OF HIV/AIDS IN NAMIBIAN MEDIA**

The data collected showed there was a total of 42 articles on HIV/AIDS from the Namibian, 20 from the New Era, 68 from the Republikien and 35 from NBC Radio. On average, this is about nine articles per month. Given the importance of the subject to the survival of Namibian society, this average is considered to be too low. Perhaps of significance is the fact that, during the period under review (1997–mid-1998), 2 December, which is set aside to commemorate World AIDS day, was not marked by a larger output than normal of stories on HIV/AIDS, except in the Republikien which had seven stories in December 1997. In contrast, the search for stories on HIV/AIDS in the New Era in December 1997 revealed was not fruitful.

The frequencies of publication of the newspapers vary, the New Era is published twice per week, while both the Republikien and Namibian are published daily except during weekends. At NBC radio, only stories stored in their database were used. It should be pointed out that a lot of HIV/AIDS information may be broadcast during programmes such as chat shows and phone-in programmes but was not stored in the database. It is likely, therefore, that the number of stories with HIV/AIDS coverage on NBC under-represents the total coverage of the subject.

There are two ways to interpret this finding. One would be that the various organizations do not make enough use of the media to publicize HIV/AIDS. The other is that, if such initiative has not been taken by the existing structures, the media lack the capacity and will to produce feature articles on this burning issue.

**PORTRAYAL OF GENERAL HIV/AIDS CONTENT CATEGORIES IN THE MEDIA**

As already explained, the categories which were covered in the sampled issues were divided into two groups, the first group (Table 1) consists of stories oriented towards general issues, with some bias towards prevention of HIV/AIDS. The second group [shown in Table
consists of stories on factors which cause HIV/AIDS.

Below is a brief discussion of the content categories and how they were portrayed by the media.

**HIV/AIDS AWARENESS**

The category which featured most frequently in all the media stories was AIDS Awareness (Namibian, 43%; New Era, 65%; and Republikien, 43%; NBC Radio, 43%). In most cases, the concept was portrayed as of critical importance in stemming the spread of HIV. On several occasions it was described as the only "cure", in the absence of drugs to combat HIV/AIDS.

There was a strong assumption that awareness of HIV/AIDS by members of the public would lead to safer sexual behaviour and avoidance of other behaviours which lead to contracting HIV. However, in some cases it was also reported that awareness of HIV/AIDS has not led to changed and safer behaviour. Examples given of this contradictory situation include:

a) unprotected sex by prostitutes, if customers demand;

b) HIV positive patients continuing to have unprotected sex after they have undergone counselling;

c) the youth have a high knowledge of HIV/AIDS, yet the problem of teenage pregnancies is on the rise.

Indeed, NBC Radio, quoting the 1997 *Human Development Report*, notes thus:

"The report shows that although over 90 percent of Namibians have adequate information about the disease and its dangers, for most, the challenge of translating this information into sustained behavioural change remains."

Mention was also made several times of the variations in levels of AIDS awareness, most notably that rural areas, and the northern part of Namibia, in particular, lag behind the rest of the country in their awareness of HIV/AIDS.

One major constraint noted by counsellors was shortage of information resources and materials they could use to explain and discuss the whole subject of HIV/AIDS with patients and their families. At the moment, many literally have nothing at all. One counsellor, quoted by one newspaper, had this to say:

"The ideal solution would be regional

| Table 1. Portrayal of general content categories in HIV/AIDS newspaper stories. |
|----------------------------------|------------------------------|----------------|----------------|----------------|
|                                  | **Namibian** n = 42          | **New Era** n = 20 | **Republikien** n = 68 | **NBC-Radio** n = 35 |
| Aids awareness                   | 18=43                        | 13=65            | 29=43          | 15=43          |
| Going public                     | 5=12                         | 3=15             | 2=3            | nil            |
| Statistics                       | 16=38                        | 2=10             | 28=48          | 10=29          |
| Women                            | 14=33                        | 4=20             | 8=12           | 2=6            |
| Discrimination                   | 12=29                        | 4=20             | 9=13           | 5=14           |
| Children                         | 12=29                        | 3=15             | 10=15          | 4=11           |
| Namibia                          | 30=71                        | 14=70            | 47=69          | 26=74          |
| AIDS drugs/cure                  | 7=17                         | 5=25             | 14=21          | 1=3            |
| Sex education                    | 1=2                          | 3=15             | 2=3            | 2=6            |
| Counselling                      | 6=14                         | 1=5              | 4=6            | 2=6            |
| Labour practices                 | 10=23                        | 1=5              | 9=13           | 4=11           |
| Impact on economy                | 10=24                        | 3=15             | 18=26          | 6=17           |
| Youth                            | 4=10                         | 5=25             | 9=13           | 7=20           |
| Other diseases                   | 3=7                          | 2=10             | 1=2            | nil            |
centres for counsellors equipped with up-to-date information and relevant materials preferably in a range of languages and region specific posters.” (Namibian, 3 April, 1998).

In a story appearing in the Saturday Star (South Africa) of 29 August 1998, it was observed that: “posters and pamphlets are not working by themselves...there has to be a communication back up, especially interpersonal communication in communities...many...are aware of AIDS and have had some form of education but they are not following it...cultural beliefs are a stumbling block...in black communities, there is still a stigma attached to the use of condoms.”

Another reason given why it is difficult to translate awareness of AIDS to practices in a real situation, is the linkage to socio-economic factors and empowerment. Writing in the Saturday Star, Aurelia Dyantyi notes that: “the solution should be to address socio-economic status. Some women find themselves infected because they lack the power to negotiate with their partners...and because of that it becomes difficult for them to practice safe sex.”

The writer of the above story concludes that, until women are empowered, the AIDS epidemic will continue. The issue of empowerment, it would appear, has not received adequate coverage in the media.

A possible conclusion from this presentation is that, whereas awareness of HIV/AIDS is a necessary step towards changed behaviour, there are other factors which influence behavioural change. One must, therefore, go beyond awareness of HIV/AIDS to create changed practice which will lead to safer practices, in line with the prevention of HIV/AIDS. Similarly, it should be noted that other weaknesses in the portrayal of AIDS awareness include scarcity of back-up materials which are region specific and written in the different languages of the country.

GOING PUBLIC

This refers to the few people who have been diagnosed as being HIV positive and have decided to tell their story. In the sampled articles, this content category was represented as follows: The Namibian, 12%; New Era, 15%; Republikien, 3%; not found in the stories covered by Radio. The most significant event was the launching of a video, sponsored by the American Embassy, titled Emma, featuring a young woman who had discovered she was HIV positive and decided to share her experience with others. This story was well covered by all the newspapers in January and February 1998.

The story was covered from two broad angles. One angle was to show that HIV positive people are normal and should be treated as normal people and not rejected by society. The second angle had HIV positive people as its target, and the message was that life does not end when one is diagnosed as HIV positive; one must live positively.

The coverage of this category was fairly low in relation to its significance in creating AIDS awareness. It is still believed by many people that AIDS does not exist and also that if one looks perfectly healthy, the person cannot have the HIV/AIDS virus, hence the strategic role of the small number of people who have tested positive and are willing to help educate the public that one can be HIV positive but look normal and healthy was not sufficiently exploited to achieve this communication goal.

STATISTICS

Statistics were often covered as part of other content categories (Namibian, 38%; New Era, 10%; Republikien, 41%; Radio 29%). The most popular statistic was the number of HIV/AIDS positive people in Namibia (variously given as 150,000, and 108,000, although the first figure was more popular). There was also mention of unreliability of statistics on HIV/AIDS due to under-reporting for a number of reasons: exclusion of figures of those who die at home, some AIDS-related deaths not recorded as such, and some health officials’ reluctance to report AIDS as cause of death, if it may result in loss of insurance benefits for the family. The statistics serve a monitoring purpose and dramatically highlight the increasing dimension of this terrible disease.
The message underlying the statistics was often that HIV/AIDS is a serious disease and many people are already infected. The effect was to convey a sense of urgency and the need for the public to be extra careful.

**DISCRIMINATION/CARE FOR SUFFERERS**

This was another high profile topic found in many stories in the media (Namibian, 39%; New Era, 40%; Republikien, 20%; Radio, 14%). The problem AIDS sufferers face when other members of society discover their plight was the main focus. The newspaper articles indicated disapproval of the rejection of AIDS patients. In one issue of the Namibian, reference was made to a "controversial AIDS colony" in Thailand started by Buddhists for AIDS patients, accompanied by a picture of an emaciated patient. In most cases, the media took the stance of advocacy on behalf of AIDS victims.

One conclusion from the stories, it would appear, is that the extent of fear of associating with AIDS victims is quite great. However, apart from vague appeals for the better treatment of AIDS victims, the media did not provide substantive information to address the fears of the public – that any contact with AIDS victims would result in getting infected. Neither was detailed information on how to care for those who are terminally ill, and at home, with AIDS actually provided by the media.

**WOMEN**

This content category was more frequently mentioned in the Namibian (33%) than in the New Era (20%). While for the Republikien it was 12% followed by a low 6% from Radio. The angle taken in most cases was to portray women as more vulnerable, and more likely to catch HIV/AIDS than their male counterparts. The fact that in affected families, the first person to know might be the women was also raised often.

There was frequent mention of young women, for example, who fall victim to older men because of their economic and sexual disempowerment. The subordinate role of women in society and denial of sexual and reproductive rights was also mentioned several times. When officiating in the project “My Future, My Choice”, the Swedish Ambassador to Namibia is reported to have noted that “Fifteen to twenty four year old females have almost double the HIV infection rates as compared to their male counterparts. Sexual relations between older men and young women are largely responsible for bringing HIV into the younger age group” (Namibian, 3, April, 1998). The issue of mother to child infection was also raised.

Given the situations portrayed in the media, women are an important target group in the fight against HIV/AIDS. The media were, however, not very successful when it came to addressing gender issues in the fight against AIDS. For example, the issue of empowerment was hardly covered. In addition, apart from pointing out that there is a high likelihood of infected mothers passing on the disease to their babies, there was hardly a detailed discussion of how to prevent this from happening.

**CHILDREN**

This was another fairly well covered content category (Namibian, 29%; New Era, 15%; Republikien, 15%; Radio 11%). It referred to several aspects. One aspect was orphans whose parents have died of AIDS and problems of caring for this numerically growing group. Another dimension covered was the rejection of children whose parents have both died by their next of kin. Infection rates of babies by mothers who are HIV positive was also highlighted. Republikien (1, April, 1998) reports of cases where families do not want to report that they are caring for AIDS orphans because they are ashamed to let it be known that they have relatives who have died of AIDS. Facilities available for caring for AIDS orphans were also given publicity.

**AIDS DRUGS/CURE**

The portrayal of this content category had a fairly high frequency of mention in the newspapers, but had low coverage in Radio (Namibian, 17%; New Era, 25%; Republikien, 21%; Radio...
Several messages were dominant: a cure for HIV/AIDS does not exist, existing HIV/AIDS drugs are too expensive for patients in developing countries. Often there was brief but superficial mention of some of the drugs. In the month of February, newspaper stories were dominated by news of three South African researchers who claimed to have discovered an HIV/AIDS cure. Subsequently, other reports followed dismissing the claim as yet another hoax.

The emphasis in the media reports was on “no cure” rather than reporting on the slow but steady research progress which has been made towards prolonging life and stemming deaths of AIDS patients. The ongoing scientific research on the disease was not well reported; rather the stance was that little progress has been made towards understanding and finding a cure.

**Counselling**

The concept of counselling had a fairly high frequency of mention in the *Namibian* (14%), but the frequency was quite low in the *New Era* (5%), *Republikien* (6%), and Radio (6%). Counselling was often depicted as an important service to those who are HIV positive and their family members to enable them to cope with this potentially terminal disease. Often organizations providing such services or training were mentioned and their contact telephone numbers provided.

The major weaknesses, in current media strategy, in the handling of this concept was the lack of support materials for the counsellors to work with, and the failure to change behaviour of some HIV positive individuals who were counselled and were reported to have continued with unprotected sex after counselling.

**Labour practices**

This content category was portrayed in terms of mistreatment of HIV/AIDS affected persons by various companies and government departments. Quite often, the newspapers highlighted discriminatory practices against the affected persons both in Namibia and neighbouring countries. Negative policies of organizations were scrutinized, including dismissal of workers and compulsory HIV testing as a condition for securing employment. With the exception of the *Namibian* which has a strong advocacy stance on social issues, the item did not enjoy high coverage (*Namibian*, 24%; *New Era*, 5%; *Republikien*, 13%; Radio, 11%). Another aspect portrayed was the effort made by some organizations to provide support to campaigns against HIV/AIDS among their workforce, and to the public in general.

**Impact on the economy**

This content category focused on the adverse effects of the HIV/AIDS pandemic on the economy, at national, institutional, and family levels. It was well covered by the media (*Namibian*, 24%; *New Era*, 15%; *Republikien*, 26%; Radio, 17%). The implied reason was that HIV/AIDS was attacking the most productive and educated sectors of the population. The overall message was one of urgency, that AIDS will have a devastating impact on the country unless steps to control it were taken at once.

The media coverage gave several examples of “good practise” by organizations both in Namibia and elsewhere in helping to fight HIV/AIDS among their workforce. A possible media strategy would be to target the top management of institutions who should do more and make their institutions invest more resources in the fight against AIDS, rather than leaving it to the Ministry of Health and donor agencies alone, because ultimately the AIDS epidemic will affect their profit margin due to loss of highly-trained human resources.

**Youth**

The youth were portrayed from several angles and frequently mentioned by the mass media (*Namibian*, 10%; *New Era*, 25%; *Republikien*, 13%; Radio, 20%). As a group, they were most at risk of contracting HIV/AIDS. The youth were also portrayed as disempowered, particularly girls who are often taken advantage of by boys.
and older men, leading to a higher than average infection rate. The youth also had lack of control and limited access to the media. Communication between the youth and adults was often one way and the views of the youth were not heeded, which led to resentment and communication breakdown. This is by far the most important target group in terms of the fight against AIDS and they pose communication challenges not yet fully addressed by the media. Sexual behaviour change among the youth would be a major step forward towards controlling the rapid spread of HIV/AIDS.

SEX EDUCATION

This concept was portrayed as a necessary addition to AIDS awareness, to enable young people in schools to understand their sexuality. Sex education, it was hoped, would help in reducing the problem of teenage pregnancies, STDs infection, and the spread of HIV/AIDS. One sensed there was an ambivalence on the desirability of sex education. That it should be provided to combat the spread of HIV/AIDS, but it should not be a licence for young people to practise sex too early in their lives. The latter attitude was symbolized by the “True Love Waits” Campaign launched by President Nujoma and the Churches. As in the case of the category of youth, the handling of this concept shows that there is a cultural resistance to providing open and explicit sexual education to members of the young generation. Although the media reported well on these concerns, it was unable itself to overcome the barriers.

PORTRAYAL OF FACTORS WHICH CAUSE HIV/AIDS

The portrayal of the factors which may cause HIV/AIDS was analyzed separately (Table 2). The assumption was that the frequency of appearance of the HIV/AIDS causing factors in the sampled issues would be higher than of the general factors. The assumption, however, was proven incorrect, as the coverage of general factors far surpassed the coverage of HIV/AIDS causing factors.

ALCOHOL ABUSE

This concept was portrayed from several aspects. One angle of presentation was in relation to alcoholism which made individuals ignore responsible behaviour. In the Namibian of 30 March 1998, a writer quotes an interviewee commenting on prostitutes and clients behaviour: “both clients and prostitutes were usually very drunk and unlikely to think twice about the risk of HIV infection ...”(p.1).

Another angle was that of minors who get addicted to alcohol, and are preyed upon by adults who can afford to buy them alcohol. Alcohol was also portrayed in relation to the marginalized tribes who find it difficult to escape from alcohol abuse. A story in the New Era of 21-23 November 1997 notes “since the 1970’s, alcohol abuse has spread among both female and male members of the Xoe. Under the influence of alcohol, the sexual partners feel no responsibility in using condoms”.

From the evidence found in the media stories, alcohol abuse is a major factor in the spread of HIV/AIDS, but apart from the New Era, all the other media organs paid little attention to this factor (Namibian, 5%; New Era, 30%; Republikien, 0%; Radio, 6%). A more effective media strategy should include more coverage of alcohol abuse and how this leads to behaviour which is more likely to increase the chances of getting HIV/AIDS.

SEXUALLY TRANSMITTED DISEASES (STDs)

The handling of this concept was to link STDs with a higher possibility of also getting HIV/AIDS. The theme was the need to get quick medical attention, if infected with STD; to avoid sexual partners who are likely to have STDs; and wear condoms during the sexual act. The central message in the sampled stories was that persons with a high rate of infection with STDs also have a higher rate of infection with HIV. There was low frequency of appearance of the concept in the Namibian (7%), Republikien (6%) and Radio (9%), as compared to the New Era (30%), which gave it greater prominence.
Table 2. Portrayal of content categories causing HIV/AIDS in stories

<table>
<thead>
<tr>
<th>Category</th>
<th>Namibian n = 42</th>
<th>New Era n = 20</th>
<th>Republikien n = 68</th>
<th>NBC-Radio n = 35</th>
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<td>0=0</td>
<td>2=6</td>
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<td>6=9</td>
<td>1=3</td>
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<td>Tuberculosis (TB)</td>
<td>4=10</td>
<td>5=25</td>
<td>5=7</td>
<td>2=3</td>
</tr>
<tr>
<td>Drug abuse</td>
<td>0=0</td>
<td>2=10</td>
<td>1=2</td>
<td>1=3</td>
</tr>
</tbody>
</table>

**PRISON**

The main message in handling the concept of prison was that it is a high risk place because male prisoners practise sodomy. Female prisoners are often coerced or “persuaded” to have sexual relationships with male warders, both behaviours often lead to the rapid spread of HIV/AIDS. Other conducive factors mentioned include: overcrowding, skin diseases, violence, gangsterism which sometimes leads to gang rapes of male prisoners by other males. In the Namibian of 27 January 1997, the Minister of Correctional Services is reported to have recognized the seriousness of the situation, when she said “we are sitting on a time bomb—and need to move fast”.

The portrayal of prisoners and the HIV/AIDS issue revealed several conflicting and contradictory attitudes. There was recognition that condoms should be supplied to prisoners to combat the spread of HIV/AIDS. On the other hand, such supplying of condoms would be tantamount to condoning sexual practices (sodomy) not accepted in mainstream society. The level of AIDS awareness among prisoners was said to be very low thus fuelling the rapid spread of the disease. Although the prison population is small in relation to the rest of the population, most inmates are in danger of taking out the infection into their families when they have served their sentences. The frequency of mention of this concept was very low all round (Namibian, 10%; New Era, 5%; Republicien, 2%; and NBC Radio 6%), and an improved media strategy should lead to a higher frequency in the mentioning of the concept of prison life as one conduit through which AIDS may spread into the rest of the population, and how prisoners and warders can deal with this situation.

**HOMOSEXUALITY**

The concept of homosexuality had fairly high occurrence in the New Era (15%) but it was less frequently mentioned in the Namibian (5%), and completely ignored by the Republicien and NBC Radio. In most of the coverage, the message was that homosexuality is risky sexual behaviour which may lead to the rapid spread of HIV/AIDS. Underlying this direct linkage, however, was the notion that homosexual behaviour was abnormal in African society, and the claim that where it existed, it was a decadent behaviour imported from Western countries. There
was, often, some high levels of intolerance voiced in readers’ letter columns and radio chat show programmes. Coincidentally, at the time of writing this report, several governments in Southern Africa, including Namibia, were considering making homosexual behaviour illegal. In most instances, it was difficult to discuss the subject unemotionally.

One may conclude from the infrequent mention of the concept in certain mass media organs that the target group may find it difficult to access information on HIV/AIDS and how to protect themselves from HIV, in the context of their preferred lifestyle, particularly if they live far away from urban areas which are more cosmopolitan and tolerant of non-conventional behaviour.

**RAPE AND DEFILEMENT OF MINORS**

The coverage of rape had several aspects to it. One aspect portrayed involved adults, possibly already HIV positive, raping women to deliberately spread HIV to their victims. In one such case, a soldier connived with hospital staff to get a certificate that he had tested HIV negative whereas he had, in fact, tested positive and went and had sexual relations with a woman to pass on the disease. Both the soldier and hospital nurse were taken to court.

Another dimension portrayed in the sampled stories involved males who were HIV positive raping minors, allegedly after being instigated by traditional doctors that such an act would make them cleansed and cured of HIV/AIDS. The *New Era* of 27-29 June 1997, reports on a case of 18-months and two-year-old toddlers who were both brutally raped. An underlying problem was that often when women were raped they were blamed for tempting men to rape them, for example, by wearing short dresses or walking alone at night. Again, in spite of this factor being a causal factor in the spread of AIDS, it was not covered as frequently as one would have expected by most of the media organs except the *New Era* (*Namibian*, 7%; *New Era*, 25%; NBC Radio, 6%; *Republikien*, 4%).

**RISKY SEXUAL BEHAVIOUR**

The above concept includes prostitution and multiple sexual partners. The frequency of mention of the concept was quite high in the *Namibian* (14%), *New Era* (20%), *Republikien* 13% but low in NBC Radio (0%). The dominant message in the coverage of risky sexual behaviour was that there was a link between prostitution, multiple sexual partners, commercial sex workers and HIV/AIDS. From the coverage, it is apparent that behaviour change is complex and takes time but most of the stories lacked sufficient depth to convince anyone indulging in risky sexual behaviour to adopt safer sexual behaviour.

**NON-CONDOM USE**

The use of condoms was portrayed as a vital element in the practice of safe sex and prevention of STDs, HIV, and teenage pregnancies. It enjoyed highest frequency of mention in the *New Era* (25%), followed by the *Republikien* (13%), *Namibian* (10%), and NBC Radio (6%). There was recognition that the prevalence of high rates of teenage pregnancies and STDs infection in the country was indicative of low use of condoms. This meant that there is a high percentage of the population who are exposed to HIV/AIDS because they are practising unsafe sex. The cultural tension underlying the whole terrain of communicating information to combat HIV/AIDS is perhaps nowhere more in evidence than in the use of condoms. To convey messages adequately, one needs to use explicit sexual language which is culturally considered either taboo or vulgar. It is not possible, for example, to explain how to put on a condom or femidom without using explicit language.

There was, therefore, a major information gap, particularly with the target group of youth who are at high risk. In the *Namibian* (27, November, 1997), a youth peer educator is quoted as saying:

“Most (youth) don’t know how to put on a condom or say no to a guy...when people talk to young people, they don’t give youth
a chance to speak. You can’t just say don’t drink. You have to give them a chance to participate in the talk.”

The above quoted statement also reveals an underlying tension between the young and older generation concerning the control of the communication process by members of the older generation which leads to communication breakdown, and some frustration and resentment among the youth. In another issue of the Namibian (3, October, 1998), it is reported that “condom distribution is very poor indeed: “the counsellors tell people they should use condoms but don’t have any to give them”. Calls have also been made by the youth to supply free condoms to all high schools in the country. Clearly changed patterns of sexual behaviour depend on timely supplying the necessary inputs and at an affordable price, to sustain the new behavioural change. At the moment, it would appear this vital link required to change and sustain safer sexual behaviour is largely missing.

**Migrant workforce**

The category of migrant workforce includes several subgroups who are forced to live far away from their families, often in “bachelor” quarters by the nature of their work. The particular groups mentioned often included: lorry drivers who ply the highways, soldiers who live in barracks far away from their families, sailors who visit ports as part of their work, and miners (Namibian, 14%; New Era, 10%; NBC Radio, 6%; Republikien, 2%). The message behind the portrayal of the concept was that the migrant labour lifestyle was a major conduit for the spread of HIV/AIDS, particularly as the behaviour of the migrant workers was often rowdy, linked to alcohol abuse, and risky sexual behaviour.

**Discussions and conclusions**

The study content analyzed the issues of three newspapers and NBC Radio programmes over a 18-month period, from January 1997 to June 1998. In this period, it was found that the pattern of coverage of HIV/AIDS stories varied in the different media organs. The New Era had 20 stories, followed by NBC Radio which had 35, while Namibian had 42, and the highest was the Republikien with 68 stories. The pattern of coverage on a monthly basis also varied in terms of frequency in all the newspapers. In some months there were several stories covered, the highest number for the Namibian per month was five stories and the lowest was zero; for the New Era the highest was three stories per month, and the lowest was zero, and for the Republikien the highest number of stories per month was eight, while the lowest was one. Comparable figures for NBC Radio could not be worked out because of problems with the database print out which did not indicate monthly breakdowns.

One conclusion from this pattern of coverage is that weeks could pass without a story on HIV/AIDS appearing in the media. The variation of coverage from one month to another also indicates that there is no clear editorial policy to give prominence to this important subject in the media by providing sustained coverage. Most of the stories were of the spot news variety, focusing on local seminars, workshops and speeches given by politicians and other leaders during these workshops. Feature articles and investigative reports were the rare exception. The general impression is that the New Era tended to have more feature stories than the others, although overall it also had fewer stories than the other media organs.

Namibia’s media coverage of HIV/AIDS is generally low, superficial, and not sustained long enough to create the necessary impact in terms of awareness and change of behaviour. Although newspapers and radio have an important role to play in managing HIV/AIDS, the former is urban based, and cannot disseminate HIV/AIDS information to most of the population who live in rural areas or small towns. Radio has wider coverage which makes it the most important media for the dissemination of HIV/AIDS information. The flow of information divides Namibia into urban information-rich, and rural information-poor sectors. It is not surprising, therefore, that many stories in the newspapers mentioned that AIDS awareness is lower in rural
areas than urban areas. There is, therefore, need to have alternative media strategies which focus on rural areas, and other hard-to-reach sectors of the population. To be noted is the need for information in local languages, rather than mainly English or Afrikaans which are not understood by many people in rural communities.

The findings also reveal certain characteristics about the portrayal and interplay between some key factors in HIV/AIDS infection and current media strategy. Below, we highlight some of the crucial aspects.

**Major Target Groups**

There are several major target groups in the media strategy on HIV/AIDS in Namibia. The major target groups include the youth, women, top management of various institutions, and policy makers. The youth are a major target group and have to take a centre stage, if the fight against HIV/AIDS is to be successful. Present media strategy indicates there are several weaknesses.

1. Communication from adult controlled media is mostly one way which does not give the youth a chance to state their case; this leads to frustration and refusal to comply with the suggested (dictated) behaviour.
2. Access to condoms is often regulated and rationed by adult controlled structures and often stopped completely.
3. The youth appear to have a high level of AIDS awareness, but depict low levels of behaviour change. In some cases, it would appear the youth have “theoretical” knowledge which needs to be backed up by practical demonstrations to enable them to bridge the gap between awareness and action.
4. The issue of empowerment, which affects young girls specifically, but also all the youth in general, is not yet part of the media agenda.
5. Some cultural resistance to expressing explicit sexual messages may still be acting as a blockage in the smooth communication of HIV/AIDS messages.

Among the youth, high AIDS awareness has been achieved. However, there is little adoption of safe sexual behaviour; condom use is low and incidences of teenage pregnancies and STDs infection is high. Apart from targeting the youth with more information messages, media strategy must also include training IEC communicators to provide interpersonal communication and two way communication exchanges which include demonstration. The issue of empowerment must be built into the communication strategy, in particular, targeting young women to enable them to learn how to take charge of their sexuality and not fall prey to older men and young men.

Women are the second major target group which must be focused on to combat HIV/AIDS. The findings indicate that:

1. Women catch the HIV virus more easily than their male counterparts but the media portrayal was unable to present and explore this factor in any depth.
2. Sexual disempowerment is a major factor causing women to be at a disadvantage in protecting themselves against HIV/AIDS; included here is the plight of young women who are preyed upon for economic reasons by older men. Again, effective media strategy should target the conflictual situation involved in these sexual relations to enable women and young girls to manage the situation.
3. There are a host of cultural practices which are aimed at reinforcing the subordinate role of women in society which put the lives of women at greater risk. The laws which protect women in society, and their human rights should be focused on by the media as part of an improved strategy.

Another subgroup of women is made up of the commercial sex workers, who are at highest risk because of the nature of their “profession”. The media strategy should involve targeting this group, and possibly training some of the prostitutes to become information providers because they are already part of the group and nonjudgmental in their approach. The media strategy should also provide women with clear scientific reasons why they are in greater danger than their male counterparts, as well as ensuring the message content focuses on issues of sexual, economic, and cultural empowerment.
The top management of institutions and policy makers should also be targeted to take the initiative and introduce AIDS campaign and facilities (brochures, condoms, etc.) in the workplace to widen social mobilization and provide information from multiple channels.

**Reporting on Scientific Research on HIV/AIDS**

The media stance in most of the stories analyzed was to stress the “no cure” message which was useful and strategic because it gave the AIDS awareness and prevention greater prominence as the line of last resort. The effect of this coverage, however, might be that those who already have contracted HIV/AIDS are not in a position to know what options they have and how they can plan their own survival strategies. Other examples of weak coverage of scientific subjects concerned with HIV/AIDS include the handling of HIV-positive mother-to-child infection, and home care of terminally ill AIDS patients. There were some clear information gaps on how to stop the infection from mother to child occurring, and also how to take care of someone who is terminally sick, and cope with some of the opportunistic diseases such as sores and diarrhea, TB., without getting infected as well. The fear that such families undergo should be addressed by providing simple information which they can apply and be reassured.

The protocol of reporting of scientific research was exposed by the claims of three South African researchers to have discovered a cure for AIDS, which was a false claim, but it took several weeks before the sham was exposed. Had the reporters had enough experience on how to report scientific and research reports, this would not have occurred, and there would be better coverage of the research advances which have been made in this field.

**AIDS Awareness**

The findings indicate that this was the most popular category of all the key concepts. Indications are that the level of awareness varies between rural and urban areas, with urban dwellers having a higher level of AIDS awareness. This is perhaps not a surprise because of the concentration of media and other information sources in urban areas. The linkage between HIV/AIDS awareness and change in sexual behaviour is still a weak one. In other words, knowledge has not affected attitudes nor behaviour. The time factor is important in changing behaviour of people, with certain groups who are more innovative in society taking the lead. However, availability of condoms to sustain the new behaviour is essential to make the changes sustainable. Some form of saturation coverage of HIV/AIDS is essential to make a breakthrough in peoples’ attitudes and behaviour.

The media coverage of HIV/AIDS was also spasmodic, showing highs and lows from one month to the next, rather than sustained for a long time. Such sustained coverage of the HIV/AIDS issue is necessary to build up and maintain awareness and keep the level of interest high. There are several players in the AIDS awareness campaign trail, each with their own agenda and philosophy. There are state organs, NGO’s of various descriptions, donor agencies, churches, etc. In some cases, the various players have conflicting goals and this may lead to some confusion. For example, the churches stress awareness of HIV/AIDS and no-sex as the goal, while other players stress awareness and safe sex as the goal. The church efforts, while laudable, may tend towards secretiveness and hence making the task of creating a culture of safe sex, which permits open discussions of sexuality, more difficult.

The findings show that a large number of people still think AIDS does not exist. A useful media strategy would, therefore, make greater use of the individuals who are HIV positive and are willing to educate others and let them see that an HIV positive person looks quite healthy and normal. The coverage of stories of such individuals has followed the same pattern of coverage on other HIV/AIDS issues, a short burst of interest but no continuous coverage.
REFERENCES


