

AN ETHICAL GUIDE TO REPORTING HIV/AIDS

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INTRODUCTION

Only 200 years ago the agricultural society which sustained most of humanity for thousands of years began to give way to the industrial society that gradually spread from Europe and North America to the rest of the world. Now, we are entering an age where new information and communication technologies are changing the economic, political and cultural profiles of every society in which we live¹.

The media are at the heart of these changes and the media themselves are undergoing rapid change. Even in Africa, where access to the media is frequently limited by illiteracy and poverty, the growth in the number of radio stations and radio receivers, satellite television and the Internet has begun a process of social change that is as yet little noticed and often misunderstood.

The media can be an essential tool in combating HIV/AIDS. More than any other disease, AIDS is driven by a combination of social factors, including inequality, stigmatisation and ignorance. Whether or not they actively seek to do so, the media either fuel the epidemic through sensationalism and poor or unethical reporting, or helps to restrain it by promoting information, understanding and behaviour change. The media shape attitudes and influence national agendas for good or for ill; it educates or misinforms; it investigates or ignores malpractice; and it raises or ignores questions of cultural values that lie behind the epidemic.

While the impact of the newer media in Africa has not been assessed in depth, evidence confirms the wide influence of radio and the

press. A 1997 study confirmed that the greater access Africans had to the media and to accurate information about contraception, the more likely they were to use family planning techniques². On the other hand, uncritical reporting of such issues as the supposed AIDS treatment Kemron in the late 1980s misled many into believing that the disease was less of a threat than it has proved to be.

Few, if any, of those who reported the Kemron issue intended any harm. Indeed, almost everyone working in the media wants their contribution to help prevent further spread of HIV and to help alleviate the problems of those living with the virus. However, the varied nature of the media, its different "players", content, goals and audiences, mean that there will never be a single message or series of messages acceptable to all the media, the public and those working in HIV. Indeed, at times messages are contradictory, as religious radio stations condemn the use of condoms and health columnists advise that condoms are essential.

This chapter examines the ethical issues of covering HIV/AIDS. It is written primarily from the perspective of news reporters, feature writers and producers of documentaries, but the points it makes are applicable to all who work in the media.

1. AN ETHICAL APPROACH TO HIV

Ethics is the study or practice of morals; an ethical approach to a subject is the one intended to result in least harm and greatest good. An ethical approach to HIV/AIDS, whether from the media, the medical profession or the public at

¹ For further discussion, see *World Information and Communication Report*, UNESCO, 1999.

² "Mass Media and Reproductive Behavior in Africa", Charles F Westhoff and Akinrinola Bankole, Macro International Inc. Calverton, MD, USA, 1997.

large, aims to achieve a reduction in the numbers of people who contract the virus and to relieve, as far as possible, physical or psychological distress suffered by those living with HIV.

The theory is easy to describe; the practice is more difficult. The fact that HIV infection is strongly identified with the highly emotional issues of sexual behaviour and death, makes it difficult to agree how to achieve the goals of reducing transmission and relieving distress. One group advises the use of condoms; others insist on abstinence from sex outside marriage. Some wish to publicly identify people living with HIV to protect others from the disease; others see that strategy as harmful to society as a whole. Even the apparently simple question as to whether to supply antiviral drugs to pregnant women with HIV to make it less likely for them to transmit the virus to their children can be controversial, as seen in South Africa in early 1999.

1.1. Stigma and human rights

For many the greatest problem confronting those living with HIV and those working in AIDS care and prevention is stigma. As Zambian social worker Elizabeth Mataka says, "being HIV-positive is considered deviant in African society... They tend to deny their situation at a personal level, especially as the disease is wrongly seen as bordering on a person's moral character."³

Stigma is not universal, but it is widespread. To overcome the consequences of stigma, many working in HIV/AIDS prevention and care look to strengthen awareness of human rights across the continent. In 1994, the African Network on Ethics, Rights and HIV published the Dakar Declaration, comprising 10 principles that should guide the response to HIV/AIDS, including responsibility, involvement, partnership & co-operation, non-discrimination and confidentiality. In September 1996, UNAIDS and the UN Commission on Human Rights issued guidelines

which stipulated that people with HIV/AIDS were entitled to the following rights, amongst others: life; non-discrimination backed by equal protection and equality before the law; the highest attainable standard of physical and mental health; freedom of movement; privacy; work; freedom of opinion and expression and the right to freely receive and impart information; marriage and the founding of a family; and participation in public and cultural life.⁴

The problem for many people living with HIV/AIDS and their families is ensuring that these rights are implemented. In Africa there is little tradition of using the law to guarantee individual human rights and those most affected by human rights abuses are often those who are least able to seek redress. One area of exception is South Africa, where the AIDS Law Project was set up in 1993 by Justice Edwin Cameron, who has since declared that he himself is HIV-positive. ALP offers a legal service, runs a telephone advice service and has taken legal action on behalf of people with the virus who believe they have been discriminated against.

2. THE MEDIA AND HIV. WHAT ARE THE ISSUES?

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.

Reporting HIV/AIDS provides many challenges. A reporter's desire to present a sober, optimistic image may be confronted by an editor's or sub-editor's desire to prevent a sensationalist, negative view. Audiences may com-

³ "Mass Media and Reproductive Behavior in Africa", Charles F Westhoff and Akinrinola Bankole, Macro International Inc. Calverton, MD, USA, 1997. AF-AIDS (listserv) discussion, posting [247] RE:PRE-ICASA 2: Stigmatisation and Discrimination in African Communities - Zambia [244], 29 June 1999.

⁴ Abstracted from UN Commission on Human Rights, Fifty Third Session, Item 9(a) provisional agenda, Second International Consultation on HIV/AIDS and Human Rights, Geneva, 23 - 25 September 1996. Available on www.unaids.org/unaids/document/humright/3797.html.

plain that the subject has been covered too much. Frank, respectful discussion of sexual matters may be censored. International agencies may want a specific viewpoint covered. Some health workers and NGOs distrust the media and refuse to help them. Civil servants and politicians may not take kindly to investigations into their inefficiency or corruption. Lack of time to research an article may result in bland reports.

Reporters themselves may hinder good reporting. Some rely too much on optimistic and misleading press releases, others on the statements of government ministers or other community leaders which reflect “official” attitudes to the disease that are far removed from the reality that most of the population face. Some reporters, without any evidence, distrust non-governmental organisations or people who are open about their HIV-positive status, suspecting that their primary goal is to attract funding. Male reporters may hold common attitudes, including violence against women, that underlie the spread of the virus.

At a meeting of West African gatekeepers in 1997, participants pointed out five areas where they considered the media were failing in their responsibility to cover the epidemic⁵ :

- lack of involvement in the issue, often the result of poor training and lack of awareness of health issues;
- sensationalism;
- avoidance of key topics, such as living with HIV;
- lack of preparation or transparency;
- lack of a collaborative approach.

These deficiencies are not universal. An increasing number of journalists in Africa demonstrate exemplary coverage of the epidemic while seminars, workshops and media networks encourage and permit reporters to develop their skills. These will be needed for the foreseeable future as the pressures described above persist, inexperienced individuals enter the profession each year, and skilled journalists move into other areas of reporting or leave the media for better

paid jobs, taking skills with them that are not easily replaced.

This section covers topics that are frequently the cause of confusion or poor reporting of HIV/AIDS.

2.1. Confidentiality

Confidentiality means not publishing the name of an individual with HIV without their permission. The rule is simple but not always easily applied. When the focus of a report is an individual willingly discussing their HIV-positive status to educate people and reduce stigma, the question of confidentiality does not arise. However, there are many other cases when reporters learn that an individual has HIV but few, if any, cases where that information should be published or broadcast without that individual’s permission. The rule to follow is that it is the right of individuals to maintain their confidentiality and the duty of reporters to respect it.

[There is an argument that identifying people with HIV protects others who might engage in unsafe sex with them. However, there is no evidence that “outing” people this way prevents any further transmission of the virus and there is some evidence to suggest it encourages irresponsible behaviour. Furthermore, it is the role of the media to report this discussion, not to take part in it, and it should be noted that falsely declaring an individual to be HIV-positive can be libellous.]

Two specific areas can be looked at in more detail. The first is the example of community leaders with HIV who take antiviral treatment while arguing that the country is too poor to afford such treatment for its citizens; the question here is not the individual’s serostatus but the contradiction between their actions and words. Whether that information should be reported is a matter of debate. The second question is that of identifying victims of rape, irrespective of their serostatus or that of their attacker; whatever the circumstances, names and details of rape victims should never be

⁵ Abstracted from the report of the second Pop’Mediafrique seminar held in Abidjan, 15-19 June 1997 organised by the Population Reference Bureau, Washington DC and African Consultants International, Dakar.

broadcast or published, since even an intended sympathetic approach from the media can lead to further stigma and even attacks by members of the public.

»» Ethical reporting of HIV/AIDS requires that the confidentiality of those with the virus and their family and friends, is respected. Identities or addresses should not be revealed or hinted at without their permission and reporters should not pressurise people with HIV into revealing their identities. Information given in confidence should never be passed or made accessible to others, inside or outside the media.

2.2. Reducing stigma

The media frequently use words such as “scourge” and “plague” which add to the general perception that HIV/AIDS and those who are affected by it should be avoided. Similarly, politicians, other community leaders and members of the public sometimes use words such as “promiscuous” and phrase their ideas in a way which reflects negative attitudes towards the disease and people living with the virus. These words are often repeated or reported without comment; in this way the media unwittingly or unwillingly reinforce stigma.

»» Ethical reporting of HIV/AIDS requires that the media use language and ask questions that reduce or avoid stigma and, where possible, reduce or avoid reporting the negative attitudes of others to the disease.

2.3. Treatment and “cures”

There is currently no cure for AIDS and the drugs that significantly prolong the life of people with HIV are unavailable or unaffordable to most Africans. Confronted with a fatal disease, it is not surprising that individuals seek any form of medicine that might help them; nor is it surprising that healers seek means of treating or curing AIDS; and, unfortunately, it is not surprising that a few unethical individuals promote “cures” for the disease which they know do not

work. Such “cures” may even harm those who take them and impoverish those who buy them.

Sometimes the media become directly involved when they carry paid display or classified advertisements for AIDS “cures” and editors or reporters are encouraged to carry news stories promoting these “cures”. However, the media should neither accept nor condemn uncritically announcements of new treatments or potential cures. Indeed, the media can encourage attempts to develop effective treatments and cures by thorough investigation to ensure that those undertaking research do so efficiently and honestly. When covering new drugs or “cures”, the following questions should be kept in mind:

- *What is the treatment or cure intended to do?*
Is it intended to treat opportunistic infections or to attack HIV itself?
- *How does it work?*
“You rub it on the skin and the symptoms go away” is not an adequate answer. What substances are in the treatment and what is the biological process through which they affect the progress of HIV or the opportunistic infection?
- *Are there any side-effects? What are they and how serious are they?*
Side-effects include symptoms which did not exist before the treatment was taken, such as nausea or headaches.
- *Have the proponents undertaken comparative trials?*
Properly monitored and independent comparative trials – which compare the course of the disease in those who took the treatment with those who did not take it – confirm whether or not the treatment has a beneficial effect. Have such trials been undertaken? How many people were involved? What were the results? Have they been published or can the detailed information be given to the journalist? Can the names of those who took part in the trial – both who received the treatment and who did not, including those for whom the treatment did not work – be given to the journalist?

- *What measurements were used to confirm that the treatment worked?*

Recovering from one or more opportunistic diseases is not an indication that the treatment was successful against HIV. The success of treatments designed to attack HIV can only be confirmed by tests which measure the level of the virus' activity in the blood both pre- and post-treatment.

- *Has there been peer review?*
Have all the above issues been monitored by an independent team of experts who confirm the process and the success of the treatment? Proponents of the treatment who avoid direct answers to some or all of the above questions should be treated sceptically.

»» Ethical reporting of HIV/AIDS requires that all claims of effective treatment, from whatever source, are subject to scrutiny and not reported uncritically.

2.4. Misconceptions

Misleading reports on HIV/AIDS stem from a number of sources, including:

- carelessly used, misunderstood or misused language;
- scientific or pseudo-scientific information reported indiscriminately;
- sensationalised information;
- reports influenced by the personal attitudes of writers or editors;
- sub-editors' headlines;
- repetition of information that is out of date or distorted;
- inappropriately used quotes.

Reporters sometimes confuse data, for example failing to distinguish between the virus HIV and the syndrome AIDS, or between the general population and the adult population when reporting the extent to which HIV affects a community. Sometimes reporters covering the epidemic repeat commonly-held, but mistaken, myths about the disease, with potentially serious consequences. Such mistaken beliefs include :

origins/cause

- the disease is the result of witchcraft;
- its origins lie in biological warfare experi-

ments, smallpox vaccinations or other human-made activities.

transmission

- HIV is contagious (eg by touching someone, or breathing the same air);
- HIV can be transmitted by mosquitoes or other insects.

prevention

- taking antibiotics before sex prevents transmission;
- full-bodied, young, healthy-looking people do not have HIV;
- condoms are not needed in long-term relationships.

symptoms & disease

- people with HIV/AIDS always look sick;
- HIV/AIDS only affects certain groups of people, such as whites, sex workers or certain ethnic groups.

treatment

- the disease can be cured by traditional healers or other medicines;
- the disease cannot be treated.

other issues

- the clothing and possessions of people with HIV/AIDS must be destroyed if they fall ill or after their death.

»» Ethical reporting of HIV/AIDS requires that media professionals do not repeat misconceptions or report irrelevant controversies such as the origins of the disease. If members of the public, or experts, are quoted repeating misconceptions, their words should be refuted by corrective quotes from national or international experts.

2.5. Sources of information

The many sources of information regarding HIV/AIDS include:

- international organisations, such as UNAIDS;
- government organisations and officials, such as National AIDS Control Programmes;
- national or international non-governmental organisations, including religious bodies and organisations of people living with HIV/AIDS;

- national or international universities and other academics;
- pharmaceutical companies;
- individuals with HIV/AIDS experience or living with the virus.

Ideally, each source should provide information that is independently verifiable, complete, accurate and relevant. In practice, many organisations and individuals, consciously or not, slant information in a way that presents themselves in a favourable light. Reporters will sometimes be aware that the facts being presented are incorrect or insufficient but lack of time, lack of resources or political pressure prevent them from investigating further. One solution to this problem is persuading editors or producers to support reporters who need to undertake more research.

Sometimes reporters suspect a hidden agenda, eg from international organisations, that does not in fact exist. Overcoming such unjustified suspicion is difficult and depends on others persuading the reporter to adopt a more neutral and analytic point of view.

- »» Ethical reporting of HIV/AIDS requires the ability to distinguish facts and the implications of facts from the presentation and from the institution presenting them.

2.6. Investigative reporting

The media can and should play a significant role in highlighting deficiencies in the response to HIV/AIDS. These include such issues as bureaucratic incompetence that prevents adequate medical supplies from reaching hospitals and clinics and corruption within government departments and NGOs that prevents funds reaching those who need them. By reporting on such issues in a manner which maintains the confidentiality of those who bring them to the media's attention and confirms that the facts are correct, the media can play a key role in ensuring a proper response to the HIV/AIDS epidemic.

- »» Ethical reporting of HIV/AIDS requires research into and reporting of issues which may not bring credit to individuals

or institutions in the short term but which result in long-term improvement in care and prevention.

2.7. Men and women

There is clear evidence that men's behaviour plays a more critical role in the transmission of HIV than women's. Public attitudes, however, including those of the media, which are dominated by men, tend to "blame" women. Sex workers or women in general are often seen as the "source" of the disease. When a man learns that his wife is HIV-positive, it can be easier for him to blame her for bringing the infection into the family than to recognise that it is far more likely to have been his own behaviour.

In fact, it is men's domination of women's sexual lives, as seen in violence against women and such customs as the belief that sex with a virgin girl will cure an older man of AIDS, that lies at the heart of the epidemic. HIV/AIDS will only be overcome when women achieve the social independence that allows them to protect themselves from HIV.

- »» Ethical reporting of HIV/AIDS requires an understanding of the unequal relations between men and women that exist in every society and the distorted perspective of the epidemic that results. Wherever possible, media professionals should be trained in gender issues and take care to ensure that reports present a perspective which accurately represents the experience of both men and women.

2.8. Minorities

In every society there are groups of people looked down upon by the general public, such as sex workers, prisoners and members of minority ethnic communities. Prejudices about such groups often lead to misconceptions such as the belief that sex workers "entrap" men. Some of these groups, such as prisoners or men who have sex with men, may be at high risk of contracting HIV, but public attitudes make it difficult to target them for prevention.

»» Ethical reporting of HIV/AIDS requires that minority groups within a society are treated with respect. Those who are particularly vulnerable to HIV should be described as such and not as potential sources of infection for the broader community.

2.9. Sex

HIV is predominantly spread by sexual intercourse. It is often stated that public discussion of sexual matters is taboo in Africa. Until very recently the same was true for most societies across the world. Openness about sexual behaviour began in Western Europe and North America before the advent of HIV/AIDS, but has accelerated as a result of the epidemic. Some of the success in limiting spread of the virus in parts of the industrialized world may have come from willingness to be frank about sexual behaviour.

Failure to discuss sexual matters in most African societies, whether in the public sphere or the privacy of the bedroom, is one factor behind the rapid spread of HIV. There is widespread evidence, as seen in the experience of the Uganda teen-oriented publication *Straight Talk*, to confirm that open and honest discussion of sexual matters in the media helps reduce transmission of the virus.

»» Ethical reporting of HIV/AIDS requires an open and respectful discussion of sexual issues.

2.10. Maintaining a distance

Some media professionals find that international or national organisations working in HIV/AIDS prevention, including NGOs and commercial enterprises such as pharmaceutical organisations, offer payment for writing and publishing “positive” stories on the epidemic. This well-intentioned approach not only subjects editorial judgement to non-professionals but also encourages dependency and discourages professionalism among reporters.

»» Ethical reporting of HIV/AIDS requires that media professionals work with, but

maintain an appropriate distance from, all institutions working in HIV/AIDS prevention.

2.11. Reporters or health educators?

Some non-governmental organisations and governments consider the media’s first duty is to act as health educators persuading the public to change their sexual behaviour. Some media professionals, such as health columnists, welcome such a role. Many others believe that the media’s first responsibility is to provide the public with facts about the broader issues relating to the disease and the response to it. In the short term this can lead to confrontation – in June 1999 one health minister in Southern Africa accused the country’s media of scaring away foreign donors with their negative reporting of the government’s handling of the epidemic – but in the long term it should lead to a more transparent and effective response to the disease.

»» Ethical reporting of HIV/AIDS requires that media professionals be aware of the potential conflicts between their roles and others’ perception of those roles.

3. GUIDELINES FOR THE MEDIA

Given these and other ethical issues, guidelines can help media professionals cover HIV/AIDS. In 1997 a group of senior media professionals from Burkina Faso, Cote d’Ivoire, Mali, Mauritania and Senegal drew up the following principles to assist the media:

- respect for the rights of people living with HIV/AIDS;
- training for journalists on HIV/AIDS issues;
- concern about accurate reporting of facts and figures;
- an approach to reporting that involves the community;
- collaboration with HIV/AIDS organisations and people living with HIV/AIDS;
- making the link between sexually transmitted diseases and AIDS;
- appropriate language;

- commitment to increased coverage of HIV/AIDS issues;
- no discrimination linking HIV/AIDS to a particular ethnic group, country or community.

To the above should be added:

- **relevance**
Irrelevant information should be omitted, such as an individual's HIV-positive status if the status is not the focus of the report, or address, if the public have no need of the address. Similarly, relevant information should be included. As one example, reports on aspects of AIDS in other countries, such as HIV among the military, should not give the impression that the problem does not exist in the home country if in fact it does. As another example, the extent of HIV infection in a group of sex workers should, where possible, include the rate of infection among clients of sex workers.
- **accessibility**
Audiences have different languages and dialects and different levels of education. Young people speak differently from their parents. Politicians, academics, footballers, popstars each have a certain style. The urban educated elite have a different vocabulary from those who are illiterate and live in rural areas. Media professionals should be aware of the abilities and needs of their audience and use the appropriate language to reach them.
- **scepticism**
Media professionals should be sceptical. Opinions which appear to conflict with information from leading experts should not be reported as fact. Press releases or speeches should not be quoted if there are grounds to believe that the information given is inaccurate or misleading. Wherever possible, statistics should be confirmed with a reputable organisation, such as the National AIDS Programme, UNAIDS or leading NGO.
- **clarity**
Information should be precise and clear.

Statistics should be quoted with care and in a manner that can be understood by individuals who have no experience in HIV/AIDS.

- **lack of sensationalism**
Sensationalism covers issues without analyzing them, and encourages a simplistic, emotional response from readers and viewers. Sensationalism gives the impression that there are two kinds of people in the world – the “good” who read sensationalist papers and the “bad” who appear in the news reports and features. Non-sensationalist reporting breaks down these barriers and encourages a response which helps readers/viewers/listeners sympathize with those affected.
- **appropriate admission of ignorance**
Reporters sometimes listen to statements or read press releases without fully understanding their contents. The statements may presume knowledge that the reporter does not have or it may be that the speaker or writer has not clarified their own thoughts. Reporters who repeat information that they do not understand lose the opportunity to educate themselves and may mislead the public. By admitting ignorance and asking for help, reporters gain the respect of others who are fully committed to limiting the spread of HIV.
- **recognition of the context of HIV/AIDS**
HIV/AIDS touches almost every aspect of our daily lives. It is transmitted during sexual intercourse, one of the most common human activities; its transmission often depends on the unequal relationship between men and women; it leads to loss of work and loss of schooling and breakup of family life; it affects our ability to care for ourselves, our families and our communities. Too often, HIV is reported as an issue that affects other people. Reporting the context of the disease and the fact that it affects “us”, not “them”, can help the public and policymakers develop strategies to protect themselves and others from the worst impact of the disease.

4. LANGUAGE

In early 1999, a good description of a Kenyan education programme highlighting the risks of HIV transmission among one ethnic group, was headlined “Project targets repulsive practices”. The practice described was “wife inheritance”, a respected tradition in that group.

Language both reflects and moulds our attitudes. Words often carry emotions that encourage a positive or negative response - and the response evoked may not be the response that the reporter wanted. The most appropriate language reporting HIV/AIDS is language which is, as far as possible, neutral of emotion.

The United Nations Development Programme (UNDP) includes the following principles in their guidelines for reporting HIV/AIDS:

- language that is inclusive and does not create or reinforce a “them/us” mentality;
- vocabulary drawn from peace and human development rather than war;
- descriptive terms preferred by the persons themselves (eg “sex workers”, not “prostitutes”);

- language that is value neutral, gender sensitive and empowers rather than disempowers.

The following chart is modelled on lists drawn up by UNDP and other organizations since the start of the epidemic. It should be revised regularly and modified according to the needs of the community it serves – a community which includes the media, the general public and those living with HIV/AIDS.

In addition to the words above, some technically accurate words should be avoided. They include:

- “body fluids” in relation to HIV transmission. Some body fluids (blood, breastmilk, semen, vaginal fluid) can transmit HIV; others (saliva, sweat, tears) do not. Specify the fluids involved;
- “gay/homosexual” generally refers to men who follow a Western lifestyle of only having sex with other men. The words are inappropriate in African cultures where the context of sex between men may be very different. “men who have sex with men” is preferred;

Avoid	Because	Use instead
AIDS / HIV carrier	no-one “carries” the virus or disease living with HIV	HIV-positive person/ man/woman with HIV/AIDS
AIDS virus	the virus exists whether or not the individual has developed AIDS	HIV, the virus which causes AIDS
AIDS test	the test does not confirm whether an individual has developed symptoms of AIDS	HIV (antibody) test
catch AIDS	it is impossible to “catch” AIDS	contract HIV become HIV-positive
full-blown AIDS	there is no “partly-blown” AIDS	AIDS
HIV and AIDS HIV or AIDS	they are not two diseases	HIV/AIDS
innocent	no-one chooses to contract HIV	omit the word
safe sex	no sex with a partner is 100% safe	safer sex
scourge/plague	the words are sensationalist, create alarm and inadvertently stigmatize those with the disease	disease epidemic illness

- “infected” appears to place more emphasis on the infection than on the individual; the phrases “(living) with HIV”, “HIV-positive” or “(having) contracted HIV” are preferred;
- “patient” is only accurate if the individual concerned is in hospital or the story focuses on their medical treatment;
- “promiscuous” has accrued a negative meaning; “having more than one sexual partner” is preferred;
- “prostitute” also has negative connotations for some. “Sex worker” is a preferred term;
- “PWA” Some people living with HIV/AIDS dislike being referred to by initials; “people (living) with HIV/AIDS” is preferred;
- “rate” can mean prevalence or incidence (see chapter on ABC of HIV/AIDS). The word should not be used without clarification;
- “risk groups” is an epidemiological term referring to individuals whose behaviour regularly places them at risk of contracting or transmitting HIV. It is often inaccurately interpreted to mean that those who are not members of the risk group are unlikely to contract HIV. “Risk behaviour” is preferred;
- “sufferer” and “victim” are best avoided because they suggest a passive, helpless response to the disease;
- “vectors” of transmission: the term dehumanises the individuals or groups referred to. “HIV-positive” is preferred.

(The chapter on “The ABC of HIV/AIDS” includes other appropriate language for reporting the disease.)

5. CONCLUSION

Whatever the circumstances in which they work and whatever their goals, all media professionals have an interest in ensuring accurate, relevant and accessible reporting of the causes, extent and consequences of the epidemic. Even those media whose primary or sole goal is making money through sales of newspapers advertising, cannot

afford to ignore an epidemic which reduces the number of people who will buy their products and restricts the buying power of those who survive. A society where a quarter or more of the population is preoccupied with sickness and death is not a society which will fatten the wallets of media owners. A healthy society means a healthy economy.

Reporting HIV/AIDS in a manner most likely to lead to lower transmission of the virus and greater care for those who are living with HIV is a difficult task. Media professionals are continually confronted by conflicts over time, policy and confidentiality, by prejudice and ignorance, by reluctance to confront issues of sex, illness and death, by government reticence or by malpractice or corruption. Each individual and institution must devise their own means of resolving these conflicts.

WORKPLACE ISSUES

The media’s responsibility to cover AIDS ethically extends to their responsibility to provide a workplace that supports staff living with HIV and staff whose close family members may be living with the virus – differently expressed: staff who are “infected or affected”. Some media institutions and/or media associations have drawn up guidelines designed to support those affected by the disease. Such guidelines vary from country to country and institution to institution, but generally cover the following points:

- recognition by the employer that employees with HIV/AIDS do not present a risk to other staff;
- confidentiality for those “infected or affected”;
- education programmes on transmission, prevention and support for those “infected or affected”;
- no discrimination by employers or colleagues against employees or job applicants with HIV;
- the same job security and conditions for employees with HIV as employees with other long-term serious illnesses;

- the same rights for staff to take care of people with HIV/AIDS as for any other medical condition;
- company policy on HIV/AIDS fully disseminated and regularly monitored by both the company and staff members.

Media professionals are encouraged to raise issues within the organisation they work as a means of encouraging discussion around HIV/AIDS and an informed and ethical response.