

# **Deadline for Health**

## **The Media's Response to Covering HIV/AIDS, TB and Malaria in Africa**



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This report is about saving lives.

HIV/AIDS has claimed more than 20 million lives worldwide and some 37 million people are living with the virus. Each year, one million people die of malaria and the worldwide prevalence of TB, which is preventable and curable, has increased by 1.5 percent.

Africa bears much of the burden of these devastating statistics, with 25 million people living with HIV/AIDS, 90 percent of all deaths from malaria and an increase of TB rates four times that of the worldwide rate.

For those who are faced with the challenge of living with HIV/AIDS, TB and malaria in Africa, timely, accurate and responsible information is a key to managing, living with and conquering disease. While every sector of society has a critical role to play in creating a healthier population, the media have a central role to play, because of their role as watchdogs, conveyers of information and “diggers” of fact.

This report is the beginning of a project that was created by the International Women’s Media Foundation (IWMF) and the African Women’s Media Center (AWMC), a project of the IWMF, in 2002 with funding from the Bill & Melinda Gates Foundation. At that time, the IWMF and the AWMC, building on experience training women journalists in Africa to enhance their skills covering HIV/AIDS, set out to enhance the quality and consistency of media coverage of HIV/AIDS, TB and malaria in Africa with responsible, accurate and relevant media messages. This effort became known as *Maisha Yetu*, “Our Lives” in Swahili.

During the project’s first phase, the IWMF and the AWMC identified five countries in which to conduct in-depth research on the media, with the goal of mapping, for the first time with focus groups, individual interviews and analysis of the news, the quality and quantity of coverage of HIV/AIDS, TB and malaria. The purpose of the research was to gather specific stakeholder views and perceptions, as well as quantitative information about the rate of coverage of these diseases, in order to inform the next stages of the *Maisha Yetu* project.

After this report is issued in Nairobi in September 2004, we will officially begin the second stage of the *Maisha Yetu* project. During this stage, the IWMF and the AWMC will undertake country specific technical assistance intended to improve the coverage of HIV/AIDS, TB and malaria. Centers of Excellence will be created in Botswana, Kenya and Senegal, with two centers in each country, for a total of six centers. For each center, the IWMF/AWMC will provide a local trainer who will work with the designated on-site liaison and others in each media house to enhance reporting on health issues. The Centers of Excellence will establish a foundation for “best practices” in reporting on health by developing concrete, measurable steps that can be adapted by other

media houses, extending the project beyond the campaign's life. We plan to share the results of the Centers of Excellence project with a broad audience of African media in late 2005.

A project of this magnitude requires the work of many people. I want to thank, first, the Bill & Melinda Gates Foundation for providing the funding to make this project possible. Dr. Kwame Karikari, professor in the School of Communications Studies, University of Ghana, and executive director of the Media Foundation for West Africa, headed the research team. Julienne Louise Ngo Likeng (Cameroon), Lucy Oriang (Kenya), Anderson Fumulani (Malawi), Gabriel Ayité Baglo (Senegal) and Jean Nachega, M.D. (Botswana), led the research in the five countries. Sue Valentine, editor of Health-e News Service in Cape Town, South Africa, compiled research from all the country reports and wrote this final report, which incorporates months of work in the five countries. Thank you also to Lynn Povich, co-chair of the IWMMF board of directors, and Akwe Amosu and Emily Nwankwo, also of the IWMMF board of directors, who helped define the parameters of the project. Their contributions were crucial. Kathleen Currie and Gifti Nadi of the IWMMF staff were also deeply involved in the production of this report. My sincere thanks to all of them.

Lisa Woll  
Executive Director  
International Women's Media Foundation  
August 2004  
Washington, DC

## **A Study of Media Coverage of HIV/AIDS, TB and Malaria in Five African Countries**

### **Introduction**

The statistics are well known – and devastating. According to figures from UNAIDS for the end of 2003, sub-Saharan Africa accounts for about 70 percent of the world's HIV/AIDS infection, 25 million of the 37.8 million people living with HIV/AIDS worldwide. African girls and women are particularly vulnerable to HIV infection. Women are about half of all people living with HIV/AIDS worldwide, but in sub-Saharan Africa women are 58 percent of the people living with HIV/AIDS. Young women aged 15 to 24 were 2.5 times more likely to be infected than young men.\*

Sub-Saharan Africa also carries the overwhelming global burden of malaria and TB. According to the World Health Organization's Roll Back Malaria Campaign, 90 percent of the more than one million deaths worldwide caused each year by malaria take place in Africa, and malaria constitutes 10 percent of the continent's overall disease burden. In areas with high malaria transmission, such as Cameroon, Senegal and Malawi, malaria accounts for up to 40 percent of public health expenditure, 30-50 percent of inpatient admissions and up to half of outpatient admissions. According to a *Médecins Sans Frontières* report issued in April 2003 in anticipation of the annual G8 summit, the worldwide prevalence of TB has increased 1.5 percent, while in Africa it has increased at

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*\*Statistics used in the main body of this report, unless otherwise indicated, are based on reports by UNAIDS for 2003. Figures in country reports are based on earlier figures, which were available at the time the reports were done.*

four times that rate. Even though TB is preventable and curable, it is the most common co-infection and a leading killer of people with HIV. In some countries, more than 35 percent of those infected with HIV are at risk of death from TB, according to the Open Society Institute's Network Public Health Program.

Clearly, HIV/AIDS, TB and malaria are posing major health, social and economic challenges in sub-Saharan Africa, where resources are dwindling in an already economically disadvantaged region. Life expectancy has decreased, adult morbidity and mortality has increased, infant mortality has increased, the numbers of orphans have multiplied and economic growth has been reduced.

Challenges in tackling these diseases are multidimensional. They involve the lack of public policy, poorly organized health systems, the high cost of pharmaceuticals and the difficulty of delivering free ones, the stigma of the disease and the discrimination against girls and women in many societies. They also include major bureaucratic obstacles. In Botswana, for example, the National Security Act is seen as an impediment to media effectiveness because it prevents the free movement of journalists into health facilities and blocks doctors and nurses from talking to the media.

Public awareness and understanding of these diseases are crucial to minimizing the devastating impact of HIV/AIDS, TB and malaria – and the media is a strategic resource in shaping and influencing public attitudes. Yet, according to a report by the Global HIV Prevention Working Group in May 2003, only 43 percent of Africans at risk are currently reached by mass media awareness campaigns. Given this, there is a critical need for high quality, in-depth and diverse media coverage of public health in order to improve the health of the African people. The media in Africa must fulfill its role as watchdog of public policy and spending, bearer of information about medical treatments and support networks, and catalyst for shaping opinion and attitudes.

### **Research on Media in Botswana, Cameroon, Kenya, Malawi and Senegal**

This research report was initiated by the International Women's Media Foundation (IWMF) in Washington, DC; carried out with the African Women's Media Center (AWMC, a project of the IWMF) in Dakar, Senegal; and funded by the Bill & Melinda Gates Foundation. It represents the first time that media coverage of HIV/AIDS,

TB and malaria has been systematically evaluated across five countries in sub-Saharan Africa. Using similar methods of content analysis and a standard template for interviews, researchers were able to do comparable studies, integrate the results and make recommendations.

“The aim of this study was to assess the media coverage of these diseases and to identify the problems of addressing public health issues in the media,” said Lynn Povich, co-chair of the IWMMF board of directors. “Now that we can benchmark the issues across several countries, we will be developing best practices and strategic interventions – in cooperation with media partners – for improving health coverage in Africa.”

From May to November 2003, in Botswana, Cameroon, Kenya, Malawi and Senegal, researchers analyzed at least two major newspapers in each country. Except in Kenya, where both newspapers were privately owned, the newspapers analyzed were both privately and state owned. In addition, researchers held focus groups with media workers, health professionals, staff from nongovernmental organizations, policymakers and the public; they also conducted separate in-depth interviews with middle- and top-level managers from these groups. Media workers were interviewed to gauge their understanding of health matters and the challenges they face in their work environments. The views of health professionals, nongovernmental organizations and the public were essential to illustrate how the media was perceived and how they, as consumers, assess the media’s performance.

Among the findings:

- The content analysis of the print media shows that while articles about HIV/AIDS overwhelmingly dominate health coverage in all five countries, the frequency of public health coverage in general was alarmingly inadequate. In Senegal, health stories accounted for only 2 percent – 4 percent of all the articles studied in two newspapers; in the three newspapers studied in Malawi, fewer than 3 percent of the stories analyzed were health-related, while in Cameroon, between 4 percent and 8 percent of the articles analyzed in the two daily papers were devoted to health issues. In Kenya, articles on HIV/AIDS accounted for 10 percent of all the articles studied in the daily newspaper and less than 2 percent of

total coverage in the weekly. And in Botswana, where 37.3 percent of the country is estimated to have HIV/AIDS, health-related stories ranged from 10 percent of all coverage in the daily paper to less than 1 percent in the weekly.

- While coverage of HIV/AIDS is inadequate to the problem, the focus on that disease has been to the detriment of coverage on a whole range of other public health concerns, such as malaria, TB, diabetes, reproductive health, yellow fever, hepatitis, immunization and maternal and child health.
- Most health coverage is spot news or events (worldwide TB day), with a focus on personalities – especially government officials – rather than issues, analysis and educative (service) information. There is also little effort to analyze health issues within the larger context of developmental problems such as poverty and sanitation.
- According to UNAIDS, 58 percent of those infected with HIV in Africa are women – and women often experience greater stigma and discrimination than men. Still, there is a critical lack of health information targeted to women, who are also the primary caregivers and health deliverers; there is also little reporting on gender inequalities and discrimination and violence against women and girls as it relates to their health and well-being.
- There is scant coverage of the problems of the stigma of HIV/AIDS and of those dependent on the public health system – which includes the majority of citizens but especially affects the poor, the marginalized and the rural population.
- There is an urgent need to develop editorial material that engages young people and provides relevant health information, especially regarding sexually transmitted infections such as HIV.
- In the privately owned media, there is pressure to attract advertisers and sponsors and therefore a prejudice against stories perceived to be about



“grim news.” And in the state-owned media, stories critical of government health spending, policies and delivery are more the exception.

- Journalists lack training in health and science reporting, have limited time and resources to pursue stories, and work in politicized environments in which they are expected to cover government pronouncements rather than scrutinize policy and health delivery systems.
- There are almost no coherent newsroom policies about sustaining coverage of specific health issues and very few reporters or desks, regular columns or dedicated programming devoted to the subject of health.
- There is a critical communication and coordination gap between the media and legislators, nongovernmental organizations, public health professionals and organizations.

“The media have incredible power to help Africa come to grips with the challenges of HIV/AIDS, TB and malaria,” said Akwe Amosu, executive editor of allAfrica.com who is currently working with the Economic Commission for Africa and who sits on the IWMAF board. “But despite work by some trailblazing reporters and editors, these findings demonstrate a lack of capacity and a lack of courage in the media. The authorities and responsible people in Africa have to wake up to the crisis – and the media is an absolutely critical component. That’s why this project is so important and why we’re going to do everything we can to support the media.”

From the research and interviews undertaken last year, this report has compiled a set of recommendations addressed mainly to journalists, but also to health professionals, policymakers and nongovernmental organizations to help enhance the quality and consistency of coverage devoted to HIV/AIDS, TB and malaria. The next phase of this project will be to implement as many of these ideas as possible in three African countries – Botswana, Kenya and Senegal – working closely with major media houses in each country. After that, the IWMAF and the AWMC, along with the media houses, will issue a summary of the project including a list of successful practices to present to other news organizations around the continent.

“From the study, it is evident what some of the challenges are in the media coverage of health issues in Africa,” said Emily Nwankwo, a Nairobi-based media

consultant who sits on the IWMMF board of directors. “In the next phase of the project, we will be working with selected media houses, in both print and electronic mediums, to suggest innovative approaches to public health reporting that will take better advantage of the resources of the media, the government and nongovernmental organizations so that the value, use and dissemination of health information can become more strategic and more effective.”

### **The Media Environment in Africa**

The media is a vital source of information for many Africans – especially radio for rural audiences and TV and print in the urban areas – but the reach and quality varies according to country. Although there are differences in the degree of press freedom between, for example, Malawi (a legacy of strict state control) and Senegal (a burgeoning independent print and radio sector), African media in general tends to be reactive and oriented to covering events and personalities, particularly those in the government. There is no tradition of press freedom or practice of the kind of in-depth investigative journalism that is done in the United States.

The 1990s ushered in a new era of liberalization and democratization in many African countries. Multiparty democracy was reintroduced in Kenya and Malawi, and independent media initiatives brought new voices into the streets. In Cameroon, this gave birth to the privately owned newspaper *Mutations* and in Senegal, private and community radio broadcasting was legalized. Botswana enshrined freedom of expression in its constitution at the time of independence in 1966, but it was only in the mid-1980s that one of the country’s more outspoken independent newspapers, *Mmegi*, was launched. Governments in all five countries surveyed acknowledge the principle of media freedom and privately owned newspapers operate freely, occupying a significant space in the national media. Generally, the public/state media in Africa have more resources and easier access to information than privately owned media. They also tend to have the widest circulation within communities.

The broadcasting environment in the five countries comprises a mix of commercial/private, public/state and community radio. This is a comparatively new development emerging from a tradition of state monopoly of the airwaves. Only as

democratic reforms have taken place in African societies has there been a liberalization of the airwaves and the advent of privately owned, commercial, urban-based stations. They exist along with community stations based largely in rural areas and serving community interests. Public broadcasters are largely dependent on government for funding and although they are constituted to serve the public interest, more often than not they function as state broadcasters with limited autonomy.

In terms of performance, respondents in most countries thought radio had done a better job of disseminating health information than newspapers and television. This is not surprising considering the power of radio in Africa. High illiteracy levels, poverty and the cost of buying a daily or weekly newspaper mean that radio is the most popular communications medium. In multilingual societies, radio is also more likely to broadcast in local languages, which is vital for effective communication of complicated and intimate issues such as healthcare and sexually transmitted infections. While there is enormous potential for rural radio because of its ability to broadcast in indigenous languages, rural audiences were not seen as viable markets by commercial broadcasters. In addition, most of the information on radio tends to be in the form of jingles and spot ads, which help increase awareness but lack the depth and analysis to enhance knowledge and address specific needs.

Unfortunately, for logistical reasons, radio content was not studied in this survey. Poor archives of news and feature programs made obtaining material for content analysis nearly impossible. However, some information pertaining to radio and TV was obtained from the focus groups and in-depth interviews.

Survey findings of the print media in the five countries varied, but with one or two exceptions, all clearly documented an alarming paucity of coverage of health matters. And according to the focus groups and interviews, the quality of coverage was poor as well. Senegalese respondents said the media tended to report on health topics only if there were scandals or disasters. In Kenya, there was criticism that stories had to be sensational in order to sell newspapers. Even when health issues were reported, Kenyans said, a lack of technical knowledge undermined the quality of the health reporting – a sentiment echoed by respondents in Botswana.

People interviewed in Malawi said there was a “huge vacuum of collaboration” between the media and health care workers as well as a lack of initiative on the part of the media. In Cameroon, almost 60 percent of members of the public who took part in the discussions said the media did not pay enough attention to health issues, particularly as they relate to women. They identified their main health concerns as the high cost of drugs, inadequate information about health problems and the poor state of the health system, which was understaffed and underdeveloped, especially in rural areas.

Interviews with journalists in Malawi, Kenya and Senegal elicited frustration and cynicism about coverage of public health issues. Most bemoaned the lack of interest within their own papers and among the public in topics such as primary health care and commented that “health news does not sell.” However, a Kenyan columnist insisted that the perception that the media was driven only by profit or sensation was incorrect and that his newspaper did cover public health. “The problem we face is that most people do not want to read grim news, but we carry it nevertheless,” he said.

Regular coverage of health issues is provided in only a few of the countries studied, however. All four daily newspapers in Kenya have regular weekly pages or pullouts on health and science. *The Nation*, for example, publishes a weekly section on health and science called *Horizon*, with a dedicated staff, including a science editor. Nation TV, which is part of the media house that also owns *The Nation*, has a weekly program, Health Focus, devoted to health issues and health education. In Senegal, the daily health and population page of *Le Soleil* is produced by a health desk run by a health editor and a team of four to five reporters. *The Chronicle* in Malawi has a public health column in every edition.

However, respondents in Kenya pointed out that in some cases the media had actually fueled the public’s ignorance and prejudice towards people living with HIV/AIDS. “Lack of specialization and clear understanding of the public health issues causes reporters to distort information, sometimes with catastrophic results,” says Lucy Oriang, managing editor for magazines at *The Nation* and lead researcher in Kenya. “The media have failed to hire professional science editors who can then report competently on the subject. There is also little investment in investigative journalism.”

## **Media Challenges**

A major challenge facing the media is how to avoid “AIDS fatigue” among editors, journalists and the public and how to provide sustained coverage of the story in a meaningful way. AIDS is an epidemic that is “easy” to cover at its worst. As death rates rise and the effects of the virus are evident for all to see, sensational stories are easy to produce. The crude adage “if it bleeds, it leads” tends to dictate coverage of the disease. But when the early sensational impact of AIDS-related deaths wears off, how does one maintain public attention when dead bodies have lost their ability to shock?

Still, HIV/AIDS receives more coverage than TB or malaria. Is it because TB and malaria are commonplace and there is comparatively widespread understanding of their causes and treatment? Is it because there is no cure for HIV/AIDS? Or because the political wrangling over affordable access to treatment is a good media story? Is it because journalists are poorly trained and do not understand the relationship between HIV and opportunistic infections? Or is it a result of new AIDS-targeted funding injected by international initiatives, new budget lines in development aid and a proliferation of new nongovernmental organizations focused on HIV/AIDS?

Whatever the reasons, the fact is all three diseases are part of an even larger developmental story that affects their progress and prevention. Analyzing and explaining the multiple challenges of poverty, housing, sanitation, job creation and nutrition as they relate to creating a less receptive environment for HIV/AIDS, TB and malaria requires skilled journalists who can engage with the issues and convey them to their readers, listeners or viewers in ways they can understand.

Reporting on all the complicated aspects surrounding these diseases requires knowledge in several areas, a more diverse selection of stories and various points of view – not just that of the government. The medical/public policy story must include financial scrutiny of budgets and allocations; analysis of health infrastructure and the availability of trained staff at all levels; descriptions of the problems of delivering antiretroviral therapy in resource-poor settings; discussion of drug effectiveness and resistance; explanation of voluntary counseling and testing services, publicizing of support networks, HIV prevention and health promotion campaigns that resonate with young people and

other sectors of society; and, above all, the ability to integrate health into larger developmental questions.

The socioeconomic aspects of HIV/AIDS, in particular, involve exploring the meaning of human rights in the context of African patriarchal family systems and analyzing and explaining everything from the discrimination and violence against girls and women to the marginalization of the poor and the stigmatization of the sick. “Stigma is a very important issue,” said Jean Nachega, M.D., of the Johns Hopkins School of Hygiene and Public Health in Baltimore, who conducted the Botswana research. “AIDS is still a highly stigmatized disease, and people with a fear of stigma tend to be less compliant in taking their medications.”

Covering all that is a tall order for health reporters and editors. Indeed, journalists in all five countries expressed a common concern about their own lack of skills and the difficult environments in which they work. This includes a lack of specialized training in subjects such as health, science and public policy, limited material resources, such as computers and tape recorders, little time to spend time out of the newsroom researching stories, and highly politicized workplaces in which they are expected to cover the speeches and statements of government ministers. “Ninety percent of the media is owned or supported by political players,” said Robert Jamieson, publisher of *The Chronicle* in Malawi, which runs a public health column in every edition. “So we will have one agenda and that agenda is to push forward the priorities of that particular party.”

These deficiencies in the media are not unique to African journalists, but in a resource-constrained environment they are exacerbated. “The most popular radio station in Malawi has no recording studio, and the reporters’ wages are as low as \$47 a month,” said Anderson Fumulani, a media consultant who was the lead researcher for the project in Malawi. In some cases, journalists have to pay their own way to travel to assignments.

The practice of “investigative journalism,” as it is understood in the United States, refers to a very specific in-depth approach to issues that requires time and resources only dreamed of by most African reporters. In most African countries, the term “investigative journalism” simply refers to opportunities reporters may have to initiate and explore

stories that require some degree of research and time out of the office – practices that in many better-resourced newsrooms would be considered standard journalism procedure.

The “juniorization” of the profession is another phenomenon with negative implications for quality healthcare journalism. This process, which sees senior editorial staff move into managerial roles – or out of the media altogether into more lucrative jobs in public relations or government – leaves younger, less experienced reporters in their places, many of them women. That contributes to an environment of low status and low pay for health reporters, weakening media coverage even more.

### **Recommendations**

There is an urgent need for a well-informed, reliable and vigilant media to help enhance the flow of healthcare information to Africans, to improve the quality of reporting, to educate people about these diseases and to inform them of their rights and responsibilities. But the media cannot do it alone. It needs the support and collaboration of the government, nongovernmental organizations and health professionals. These recommendations are addressed to all these constituencies.

#### ***The Media***

- The media, in general, must be encouraged and supported in improving the quality and consistency of healthcare coverage. Within media houses, support means the provision of computers, resources and health materials, training of technical staff and reporters, funding, time for research and investigation, and space in which to report their findings in detail.
- All the data collected in this report confirm that health stories have greater prospects of being reported if concerted attention and resources are committed to covering them. Strong networks of journalists and health practitioners should help media houses develop editorial policies and guidelines for healthcare coverage in their respective outlets. Media houses should establish health desks, if none exist, and develop special pages, columns, supplements or programs specifically devoted to reporting on health.

- Media organizations and journalism schools should develop training modules and short-term courses on the full range of health reporting with the support of nongovernmental organizations and public health institutions.
- The media should integrate gender interests and inequalities with public health issues and target health information to the specific needs of girls and women. For example, since the overwhelming majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding, health initiatives should acknowledge the linkages between HIV/AIDS and sexual and reproductive health, and explain their relationship within the broader issues of public health, development and human rights. In addition, nongovernmental organizations in public health, media advocacy and gender should lobby for increased sponsorships for specific publications and programs to show how women are affected by health issues. At the same time, information programs on family and home-based care should also be directed at men.
- Local language newspapers and rural/community radio, in particular, need support as well as practical resources to serve the needs of the rural majorities. In addition, mobile cinema in the villages, community TV and audiocassettes produced in local languages would benefit those starved of health information, especially in the rural areas.
- The media should identify and engage appropriate health professionals to serve as expert resource persons and to contribute features for their newspapers and programs. For example, health professionals in Botswana, including doctors, nurses and pharmacists, reported a commitment to work with the media to improve the quality of public health information.
- Given that political figures receive the most media attention, journalists should be encouraged to question politicians (and candidates at election time) on healthcare, development policy and delivery services and not simply accept “news” pronouncements from government and public officials.
- An average of 85 percent of the content of health stories studied had a national, domestic focus. Journalists, nongovernmental organizations and professional



- associations should develop a network across sub-Saharan Africa to better enable the exchange and sharing of health information, experiences and research results.
- The introduction of competitions, annual awards and sponsorships would be effective ways to encourage media houses to produce quality health reporting.

### ***The Government***

- Orientation seminars and workshops should be organized for parliamentarians and other legislators to discuss the potential and capacity of the media in regard to preventive health education.
- Health budgets should have information components that could help support more education and communication on public health issues.
- Government and health administrators should demand airtime from the national broadcasters for health issues and insist that public health programming be made a precondition for licensing new television and radio stations.

### ***Health Professionals and Nongovernmental Organizations***

- Health professionals should be given basic communication training on how to package health information in language that is accessible to the media and the public. They should “take the news to the media” by creating information desks and improving their media liaison.
- Health professionals and associations (for example, medical associations) should be more proactive in leading debates on policy formulation and implementation. They should also be available to the media and health nongovernmental organizations as expert reference groups and form think tanks on specific health subjects.

### ***One recommendation, in particular, was addressed to all of the constituencies:***

- Advocacy and education efforts should aim to sensitize all stakeholders – media managers, policymakers, nongovernmental representatives and health

professionals – to treat public health issues, and especially HIV/AIDS, within the broader context of development and human rights.

## **Conclusion**

There is a critical need for relevant and meaningful information on HIV/AIDS, TB and malaria in the mass media but the media must be sufficiently resourced to ensure that its journalists are educated in cross disciplines, technically skilled and committed to serving the public. Many of the participants also recommended formal networks of media, nongovernmental organizations and public authorities to enhance the media's ability to cover public health issues effectively.

The challenge for media houses is to recognize the problems posed by HIV/AIDS, TB and malaria, to understand the threat these diseases pose to the socioeconomic and political well-being of a country and to harness their resources to do what media does best – communicate with people. In the words of United Nations Secretary-General Kofi Annan, HIV/AIDS is far more than a health crisis, “it is a threat to development itself.” By providing accurate information, watchful scrutiny and critical analysis, the media can make a difference to the societies it serves.

## **Methodology**

This study used both qualitative and quantitative research tools for an assessment of the media's coverage of public health issues in general and HIV/AIDS, TB and malaria in particular. The research was conducted from May to November 2003 in five countries – Botswana, Cameroon, Kenya, Malawi and Senegal.

## **Content Analysis**

The quantitative aspect of the study involved analyzing the editorial content of a state-owned and a privately owned newspaper in each country, except Kenya, where both newspapers are privately owned, and Malawi, where two privately owned newspapers and one state-owned newspaper were analyzed. The selection criteria for the papers included perceived public recognition, professional reliability, consistency and

influence in the market. Researchers assessed the number of articles on public health and on HIV/AIDS, TB and malaria as well as their placement, source and subject matter.

### **Qualitative Research**

Qualitative research was conducted in one-on-one interviews and focus groups with five categories of people - journalists, health policy makers, health-related nongovernmental organizations, health professionals and members of the public.

The in-depth interviews involved a series of face-to-face, one-on-one sessions using a standardized interviewer-administered question guide in which views, experiences and suggestions were elicited. A total of 99 people took part in the one-on-one interviews, an average of four people per category per country. Participants were selected to represent a range of perspectives. In selecting public representatives, for example, attempts were made to include an equal number of men and women; young people between ages 16 and 24; business people; professionals such as schoolteachers; and sex workers (where it was possible to recruit them). Health professionals and practitioners of “traditional” or “folk” medicine were included in both focus groups and face-to-face interviews. Media representatives in the focus groups and interviews included radio and TV decision makers and practitioners.

For the focus groups, it was difficult to achieve 100 percent attendance of those identified for inclusion. Sessions would be called several times before a representative number would be obtained. One of the reasons for the difficulty was lack of interest in traveling from one end of the city to another to volunteer information without financial compensation. In the end, 281 people participated.

### **Focus groups**

Botswana:	12 sessions	96 participants
Cameroon:	7 sessions	54 participants
Kenya:	10 sessions	63 participants
Malawi:	7 sessions	23 participants
Senegal:	6 sessions	45 participants
Total		<u>281 participants</u>

### **In-depth interviews**

Botswana:	20
Cameroon:	26 *
Kenya:	18
Malawi:	16
Senegal:	19
<u>Total</u>	<u>99 interviewees</u>

\* Here the researcher decided to interview more individuals than expected, to make up for the difficulty in getting participation in the focus groups.

## Country Report Summaries

### Botswana

Human Development Index\* rank: 125 out of a total of 175 countries.

Adult literacy rate: 78.1 percent (UNDP 2001)\*\*

GDP per capita: \$7,820 (UNDP 2001)

Life expectancy at birth: 44.7 years (UNDP 2001)

Government expenditure on health as percentage of total general government expenditure: 7.6 percent (WHO 2002)

HIV/AIDS prevalence in the adult population (15-49 years): 37.3 percent (UNAIDS 2004)

Orphans due to AIDS: 120,000 (UNAIDS 2004)

Population size: 1.7 million

Print media surveyed: *Daily News* (state-owned, daily)  
*Mmegi* (privately owned, weekly)

Botswana is a country being destroyed by HIV/AIDS. Once one of the more successful African nations, HIV/AIDS now affects more than 37 percent of its citizens. Yet despite this fact, there was no more than one health story in each issue of the newspapers studied.

The content analysis was done of articles that ran in 2002 in two newspapers, the privately owned weekly *Mmegi*, circulation 25,000, and the state-owned *Daily News*,

circulation 65,000. All issues of *Mmegi* were studied, and 70 stories per issue were analyzed. In the 47 issues of the *Daily News* that were studied, 25 stories per issue were analyzed.

The overwhelming number of health stories in both publications was on HIV/AIDS (95 percent for *Mmegi* and 97 percent for *Daily News*). Malaria, which is seasonal and affects only the northern region of Botswana, does not feature prominently in the media. Malaria was covered in only 2.7 percent of *Mmegi* stories and 2.9 percent of the health stories in the *Daily News*.

Botswana's extremely high rate of TB was an issue highlighted in the research. The high incidence of TB is a direct result of the high prevalence of HIV and its impact in weakening people's immune systems. According to Dr. Jean Nachega of the Department of International Health at the Johns Hopkins School of Public Health, who conducted the study interviews in Botswana, people who are HIV positive are 200 times as likely to get TB as people who do not have HIV. However, reportage that linked TB and HIV was virtually absent from the content of the country's media. In the 47 issues of the *Daily News* analyzed for this report, TB was not covered at all. In *Mmegi*, 0.7 percent of stories mentioned TB. In the focus groups and interviews, all of the respondents acknowledged the need for the media to address TB – not only to explain how it can be prevented but also that TB can be cured.

Most study participants acknowledged the dominance of state-owned media over privately owned mass media in terms of resources, easy access to information and community outreach. They also said that radio – followed by newspapers and TV – is the medium with the most impact at a community level. However, there was widespread frustration over the National Security Act, which requires journalists to apply for permission to visit health facilities or speak to medical personnel. "The National Security Act is one of the major obstacles for speedy access to reliable information by the media," said one respondent.

Lack of resources was the main reason identified by respondents as to why most media organizations did not do a better job of covering health. Most organizations do not have specific health desks or dedicated columns or programs. They also lack trained and experienced reporters and proper equipment. Several study participants said that the

government's contributions to better health coverage should include networking and collaborating genuinely with the media, developing good communication strategies, increasing press briefings and sponsoring media training and having an open-door policy.

The vulnerable position of women in Botswana society was identified as a key factor in their high risk of exposure to HIV/AIDS. Women and girls are commonly discriminated against in terms of access to education, employment, credit, health care, and property and inheritance rights. In both the *Daily News* and *Mmegi*, stories dealing specifically with women's health issues made up just 3 percent of total health content – this in a country where 35.4 percent of pregnant women were HIV positive in 2002.

“Relationships with men – casual or formalized through marriage – are seen by women and girls as vital opportunities for financial and social security, or for satisfying maternal aspirations,” says Dr. Nachega. “In addition, the combination of dependence and subordination of women makes it difficult in Botswana for girls and women to demand safe sex – even from a husband – or to end relationships that pose a risk of infection.”

However, despite this context, views were mixed on the question of whether women-oriented columns or programs would have the desired effect. Some informants, including women, expressed their concern that targeting women specifically in the media would create negative reactions in male partners. “We must be careful in trying to have specific health columns for women, since the majority of women in Botswana are not in control of their own sexuality,” said one respondent. Another added that “Men are the ones who need specific education when it comes to the issues of HIV/AIDS.”

Botswana is in the unique position on the African continent of providing free antiretroviral medication not only for the prevention of mother-to-child transmission, but also for the treatment of AIDS for any citizen who needs it. “Training for journalists must be multidimensional with multiple components,” said Dr. Nachega. “The media don't know enough. Journalists need to go out and investigate – with health professionals – topics such as why there is still such stigma in a country which offers free antiretroviral treatment and why people won't go to be tested.”

In this context, respondents had very clear ideas as to the important role the media should play. Among these was the need for the media to communicate HIV prevention

messages, especially to prevent vertical transmission from mother to child; the need for good adherence to the schedule in taking antiretroviral drugs; education on when antiretroviral drugs were necessary and how to manage their side effects; and creative advertising that “went beyond” condom promotion and increased efforts to communicate messages about abstinence for boys and girls.

Study participants were unanimous in recommending that journalists needed specialized training in order to provide quality health coverage. On the issue of stigma and discrimination, respondents said that the media needed to be aggressive in promoting the acceptance of people living with AIDS. Health personnel respondents reported their willingness to work with the media and government in training sessions for journalists, as well as to volunteer to take part in designing, writing or broadcasting health messages.

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*\*The Human Development Index is an independent composite measure calculated by the United Nations Development Programme. Figures were released in 2003 from data collected in 2001. The HDI weighs such factors as life expectancy at birth, adult literacy rate and GDP per capita, and then ranks countries from 1 (the best) to 175 (the worst). Countries ranked worse than 142 are considered to be low in factors which provide opportunities for people to develop their potential.*

*\*\* UNDP figures were released in 2003 from data collected in 2001.*

## **Cameroon**

Human Development Index rank: 142 out of a total of 175 countries.

Adult literacy rate: 72.4 percent (UNDP 2001)

GDP per capita: \$1,680 (UNDP 2001)

Life expectancy at birth: 48 years (UNDP 2001)

Government expenditure on health as percentage of total general government expenditure: 7.8 percent (WHO 2002)

HIV/AIDS prevalence in the adult population (15-49 years): 6.9 percent (UNAIDS 2004)

Orphans due to AIDS: 240,000 (UNAIDS 2004)

Population size: 16 million

Print media surveyed:           *Cameroon Tribune* (state-owned daily)  
  *Mutations* (privately owned daily)

Two daily newspapers were analyzed for this study: the *Cameroon Tribune*, a state-owned bilingual French/English daily 32-page publication with a circulation of 20,000 copies; and *Mutations*, a weekly privately owned 16-page French-language newspaper, which went daily in 2002. *Mutations* is now the most widely circulated newspaper in the country selling between 20,000 to 25,000 copies a day.

The number of health-related stories in both newspapers was fairly low. In the 60 editions of the *Cameroon Tribune* that were analyzed, 8 percent of the articles were devoted to health issues. In the 26 issues of *Mutations* studied, 4 percent were on health topics.

State-owned radio was identified by more than three quarters of the respondents as the most influential medium for disseminating information; it was seen as reliable and



trustworthy. Print ranked lowest, largely because of illiteracy and the cost of newspapers. The power of television was acknowledged, especially in communicating about HIV/AIDS.

There was a significant level of skepticism expressed toward the media's coverage of health. More than 70 percent of the focus group respondents accused journalists of "opportunism," meaning that journalists focused on health only when it related to major events. Only 16 percent of the respondents thought the media was even interested in HIV/AIDS. As in many countries, politics and sports dominate the Cameroonian media. And that bias translates into a hierarchy within the newsroom where sports writers and political journalists are more highly regarded than those who cover other issues, like health.

While members of the public who were interviewed appreciated the media's efforts to promote health, they were heavily critical of the emphasis on HIV/AIDS at the expense of cardiovascular diseases, malaria, tuberculosis and even cancer.

When asked to identify their chief health concerns, members of the public cited the cost of pharmaceutical products, inadequate information and the poorly organized health system. They said the media should bring health information closer to the people by going out into the field to report the realities of ordinary people's lives. They also urged nongovernmental organizations, health professionals, policymakers and the state to collaborate with the media in a bid to sensitize, educate and inform the population.

All the groups surveyed said the media had little interest in women's health issues. More than 95 percent of focus group participants stressed the preventive aspect of media coverage, especially for women. As mothers who raise children, women needed to be well informed. To boost media coverage of health and women's issues, "it is essential to build the capacity of women both in the areas of communication and health services," said one focus group member.

The policymakers who participated were aware of the essential role they play in decision making. But they also acknowledged that the lack of political will and the personality cult of political leadership were hindrances to any effort to improve the media coverage of health issues.

The policymakers who participated in the focus groups and interviews all agreed that the state must provide funding for the media to support their coverage of health issues. Some said that the state should institute a legal framework to guarantee a durable partnership among the various actors in this area: the public, the media, nongovernmental organizations and health professionals. All this would depend on well-trained people and financial resources as well as the fulfillment of commitments. Furthermore, it would be necessary to set up a team of expert communicators who would observe people daily in real life and advocate for them.

Despite misgivings about the media's performance to date, the study showed overwhelming support for the media to take a greater interest in health issues in general and, in particular, to provide better coverage of women's health, the public health sector and basic hygiene. Media practitioners suggested that continuous training seminars be organized for journalists. They also called for competitions for the best health stories, documentaries and magazine programs. Ultimately the fundamental issue is one of resources – both to enable journalists to do their jobs thoroughly and to support training of health journalists.

## **Kenya**

Human Development Index rank: 146 out of a total of 175 countries.

Adult literacy rate: 83.3 percent (UNDP 2001)

GDP per capita: \$980 (UNDP 2001)

Life expectancy at birth: 46.4 years (UNDP 2001)

Government expenditure on health as percentage of total general government expenditure: 6.2 percent (WHO 2002)

HIV/AIDS prevalence in the adult population (15-49 years): 6.7 percent (UNAIDS 2004)

Orphans due to AIDS: 650,000 (UNAIDS 2004)

Population size: 31.9 million

Print Media Surveyed:        *Daily Nation* (privately owned daily)  
   *Sunday Standard* (privately owned weekly)

The advent of multiparty democracy in Kenya in 1992 opened the way for the growth of a robust independent media. Although media houses owned by political operatives make use of their position to support their chosen causes, the intimidation and self-censorship imposed during the presidency of Daniel arap Moi have passed, and professional journalists are enjoying a newfound media freedom. The Kenya Broadcasting Corporation, a national radio network, remains the dominant media outlet, covering some 98 percent of the country. Community radio stations were banned during the Moi era, but in the past decade there has been a proliferation of private FM stations in most urban centers. While newspapers cannot match the numbers reached by radio, they provide a longer lasting source for reference and analysis.

In this study, two newspapers were surveyed, the privately owned *Daily Nation*, circulation 180,000, which holds 74 percent of the market; and the privately owned

weekly *Sunday Standard*, circulation 80,000, which enjoys 23 percent market share. Some 26 issues of the *Sunday Standard* were analyzed from 2002, while 72 issues of the *Daily Nation* were studied during the same year. In the *Daily Nation*, stories on HIV/AIDS amounted to 10 percent of the total coverage, malaria accounted for only 2.8 percent of total stories analyzed and TB was less than 1 percent. However, HIV/AIDS coverage was significantly boosted in the *Daily Nation* by articles carried in its weekly health, science and technology magazine, *Horizon*. In the *Sunday Standard*, HIV/AIDS coverage amounted to less than 2 percent of all stories printed, while coverage of malaria was less than 1 percent. The *Sunday Standard* did not cover TB by itself at all during 2002.

While malaria is the second most reported health issue in Kenya, it usually receives attention only after the sporadic outbreaks following the rainy season or when the surprisingly virulent forms appear in nontraditional malarial areas. Coverage of malaria is supplemented by advertising from pharmaceutical companies and the social marketing campaigns of organizations such as Population Services International.

Public health reporting in Kenya, as in most countries studied, suffers from the general propensity toward political content. The bulk of news reports are sourced from politicians who have little to offer in technical terms. The feature stories tend to quote experts, who often speak in terms that are incomprehensible to the average reader. While HIV/AIDS receives the greatest percentage of health coverage in the Kenyan media, in the absence of a framework for understanding public health issues, journalists tend to focus on statistics and funding issues rather than addressing human interest and service stories and the socioeconomic conditions that drive the epidemic. “I focus only on emerging issues around governance, politics and human rights abuses,” said a senior editor at the East African Standard. “But what influences my news beat is politics and policy.”

Survey respondents were divided in their assessment of the media’s performance in covering public health and especially HIV/AIDS. The media were praised for running special features on HIV/AIDS, malaria and waterborne diseases, demystifying HIV/AIDS and other taboo subjects, and acting as an interface between the public and government agencies and professionals. But respondents also drew a distinction between the quantity

and quality of information, noting that there has been little behavior change with regard to HIV, despite information “overload” by the media.

The media was criticized for lacking reporters and editors with specialized knowledge and training who can knowledgeably report on public health issues. Some respondents said the media had actually worsened the situation in some cases through inaccurate or sensational coverage of HIV/AIDS.

Media houses argue that they are primarily profitmaking organizations, and unless public health stories are subsidized or sponsored, they say, it is not financially feasible for them to devote space to such issues. This has provoked criticism that media are focused on profit at the expense of the responsibility to inform and educate. “There is a perception that if a health issue cannot sell, then it is not worth spending time on,” said Lucy Oriang, managing editor for magazines at *The Nation* and lead researcher of the survey in Kenya. “In general the public ends up not being sensitized about the importance of public health and the media continue to disregard it. This attitude creates a vicious cycle, because media must first highlight the issues then gain public interest and not the other way round.” Oriang also says the lack of integrated reporting on health, poverty and development is essentially the result of a lack of analysis. Many of the young reporters who handle news do not have the knowledge or insight to add depth to their stories.

The most vulnerable groups – women and children – are also the most disadvantaged when it comes to accessing public health information in the mainstream media. All interviewed – media, health professionals and policy makers – agreed that women’s health needs were underserved in the media and yet were the most crucial. As for reaching children, says Oriang, the power of Western pop culture among urban youth poses a significant challenge for public health advocates and the media, who traditionally have relied on documentaries and educational programs to deliver their messages. New ways will need to be developed to produce material that engages the youth and provides relevant information especially regarding sexually transmitted infections such as HIV.

The study identified five obstacles that stood in the way of quality health reporting: the profit motive overriding social responsibilities, consumer preferences for good news or exciting information, inadequate funding and low investment in good in-depth media stories that require time and research, absence of in-house guidelines

dictating minimum space for certain crucial content, lack of capacity among journalists to cover health and scientific information, and a preference for stories on the “easier stuff” such as politics.

“The problem with long-running things such as HIV/AIDS and war is that people soon become ‘immune’ to the crisis; it almost becomes the norm,” says Oriang. “You ‘do’ orphans, widows, vaccine tests, access to antiretrovirals, people stealing the intellectual property of others and then come round again to misappropriated funds ... then back to infection and death rates. The burden of coverage should also be shared by those at the center of the action, who should keep in contact with journalists and explain regularly where we are at in such terms that journalists can actually understand what’s going on. My own experience of media work with development issues is that our advocacy can only be done within the context of news .... so let them give us the news pegs and we’ll get on with it.”

Oriang believes those who wish to influence the health agenda need to find ways to enter into the political debate and to approach health from a human rights point of view. “If straight news doesn’t work for anyone any more, then use it simply as an entry point and concentrate on analysis, commentary and features,” she said. “Kenyan journalism is at that stage where these are the only reasons why people bother to buy newspapers. They just love the opportunity to take part in the debates around points of view. I think anyone who wants to improve the way journalism is done must take the trouble to train journalists to become enough of specialists to work this way.”

## **Malawi**

Human Development Index rank: 162 out of a total of 175 countries.

Adult literacy rate: 61.0 percent (UNDP 2001)

GDP per capita: \$570 (UNDP 2001)

Life expectancy at birth: 38.5 years (UNDP 2001)

Government expenditure on health as percentage of total general government expenditure: 12.3 percent

HIV/AIDS prevalence in the adult population (15-49 years): 14.2 percent (UNAIDS 2004)

Orphans due to AIDS: 500,000 (UNAIDS 2004)

Population size: 12 million

Print media surveyed:        *Malawi News* (weekly, privately owned)  
                                      *The Nation* (daily, privately owned)  
                                      *The Weekly News* (weekly, state-owned)

Malawi is one of the world's poorest countries and has one of the world's highest infant mortality rates – 620 deaths per 100,000 live births. Yet despite high levels of poverty and the prevalence of HIV, media coverage of public health issues in Malawi was rated extremely poor in this survey.

A total of three leading newspapers were included in the study: the *Malawi News*, a leading private weekly newspaper with a circulation over 20,000; *The Nation*, a leading privately owned daily with which sells more than 15,000 copies; and *The Weekly News*, which is state owned and has a circulation of 5,000. The survey analyzed a total of 109 issues of the newspapers during 2002. Of the 4,768 stories analyzed, fewer than 3 percent were health-related. Interestingly, the smallest newspaper carried the most health news and information. More than 52 percent of the health-related stories analyzed ran in *The*

*Weekly News*, 28 percent were carried in the *Malawi News* and 19% appeared in *The Nation*.

Not surprisingly, the overwhelming amount of health coverage in all three newspapers (72 percent) was on HIV/AIDS, while malaria, the biggest killer of children under 5 and of pregnant women, accounted for only 5 percent of the health stories and TB accounted for only 4 percent of the health stories. *The Nation* put most of their health stories (60 percent) on the front page, while *The Weekly News* and the *Malawi News* put only 20 percent of their health stories on the front page. *The Weekly News*, a government publication, relied mainly on government sources for its news; the *Malawi News* used nongovernmental organizations and foreign news agency reports for most of their stories, while *The Nation* used health professionals as well as their own journalists and other media associations as their sources.

There are several factors that explain the poor quality of public health journalism in Malawi, according to the editors, journalists and health specialists interviewed. One is the lack of training and specialization in public health issues among the Malawian media. Another is the resource constraints under which most journalists operate, forcing some journalists to pay their own way to travel to assignments. “Poverty is rampant and has a significant bearing on the output of journalists,” said Anderson Fumulani, a communications consultant who was the lead researcher for the project in Malawi. “The most popular radio station has no recording studio, and the reporters’ wage is as low as \$47 per month.”

An impoverished environment leaves the media heavily dependent on sponsorships for radio programs as well as for training producers and reporters. It also leaves the media vulnerable to sell editorial space to the highest bidder or to run stories that are generated at a minimum cost, such as reporting on the moves and pronouncements of politicians and officials. Political bias in the print media was identified as a key problem in preventing the media from playing a public service role.

More women than men in Malawi are infected with HIV/AIDS, according to demographic projections developed by the Malawi National AIDS Commission. For that reason, participants in the study emphasized the need to target women with health information. They said women should get more information because they provide the



care and are the last to seek help because of family priorities. Women also have difficulty exercising their own sexual and matrimonial rights because of Africa's traditional and cultural practices.

Widespread poverty and limited resources allocated to the country's healthcare combine to create a desperate situation. Mabvuto Banda, chief reporter at the *Daily Times* points to the 12 percent allocation for healthcare in the national budget as one explanation of the problem. "I think that is not enough to fight whatever we are trying to fight in terms of health," he said. "I think we have been depending on donor support too much, but in issues like health and education, I think government needs to come out full throttle."

A further pressure on the Malawian health system is the exodus of nursing staff for greener pastures. Respondents offered much anecdotal evidence of public health facilities relying on underqualified personnel to fill the gaps left by trained nurses who have been recruited to work in continental Europe and the United Kingdom. The principal of the Kamuzu College of Nursing, Christine Chihana, said that there was no scarcity of health information, but staff shortages meant that there were no trained health workers to deliver messages to communities at the grass roots.

Fumulani adds that both leadership and resources are needed in order to create a "best practice" example of quality journalism. "What is missing is a clear, issue-oriented approach, that takes more time in training and skills development," he said. "Someone has to spend to make it happen, I'm afraid."

## Senegal

Human Development Index\* rank: 156 out of a total of 175 countries.

Adult literacy rate: 38.3 percent (UNDP 2001)

GDP per capita: \$1,500 (UNDP 2001)

Life expectancy at birth: 52.3 years (UNDP 2001)

Government expenditure on health as percentage of total general government expenditure: 12.9 percent (WHO 2002)

HIV/AIDS prevalence in the adult population (15-49 years): 0.8 percent (UNAIDS 2004)

Orphans due to AIDS: 17,000 (UNAIDS 2004)

Population size: 10 million

Print media surveyed: *Le Soleil* (state-owned, daily)

*Sud Quotidien* (privately owned, daily)

Senegal gained its independence from France in 1960. Over the past decade it has enjoyed a healthy tradition of independence and media freedom within the print media and, more recently, on the airwaves. In Senegal, there are 15 dailies, 19 periodicals, about 15 FM radio stations and some 50 community radio stations. However, the state retains control of television, with just one national broadcaster, Radio Television Senegalese (RTS), permitted on air.

Two newspapers were analyzed for this study: *Le Soleil*, a state-owned daily with a circulation of 30,000, and *Sud Quotidien*, a privately owned daily with a circulation of 15,000. About six issues per month (72 in all) of each paper in 2002 were examined. As in most of the other countries surveyed, political and sports news dominate the media, and little attention is paid to public health issues. In *Le Soleil* only 4 percent of all articles analyzed concerned public health; 27 percent of those articles were about HIV/AIDS and 6 percent about malaria. In *Sud Quotidien* less than 2 percent of the articles analyzed were health related; about 15 percent of those were about HIV/AIDS, 6 percent were about malaria. The figures for TB were not broken out.

The media is seen largely as a communication tool—to dispel ignorance and inform people in a language they can understand. Senegalese journalists interviewed for this report credited the media with helping inform society about HIV/AIDS and succeeding in “lifting the religious taboo” on talking about sex and HIV. However, respondents who worked in the health field criticized the media for sensational reporting, for failing to prioritize health issues and for allowing political news to take precedence over social issues.

Health policy makers identified the need for poverty to be seen as a “high risk factor” and for improved coverage of a number of health issues including AIDS, cancer, diabetes, yellow fever, TB and malaria. They also pointed out that TB was the only disease treated free of charge in Senegal and yet the media had failed to communicate this to the public.

When it comes to improving the quality and quantity of health coverage in Senegal, respondents said the recurring challenges are an acute shortage of resources and a lack of specialized journalists. Reporters do not provide an integrated approach to developmental issues, such as poverty, illiteracy and other social factors. Coverage is usually in response to readers’ interest in understanding preventive measures and how they can take better care of themselves. Where resources might be more plentiful in the privately owned press, interviewees said that the commercial imperative there prevents editors from assigning significant space to health issues. Where health is covered, respondents said that all too often it was sensationalized.

Journalists surveyed for this study said that incentives or sponsorships to encourage better health coverage would make a difference. Certain agencies promoting awareness of HIV/AIDS have run workshops to educate journalists and encourage attendance through a “per diem” allowance. In a poor economy, financial incentives can play an important role in motivating journalists, but they also mean that journalists may take part in training workshops for financial reward rather than to further their skills and knowledge.

Respondents noted that the national daily *Le Soleil* is one of the rare publications to have a daily “population and health” page. The high standard of health coverage in *Le Soleil* may be attributed to the real resources devoted to the health page: a health desk run

by a health editor and a team of four to five reporters work on these pages -- a commitment that other newspapers either cannot or will not make. Nonetheless, the commitment of the individual reporter is also a factor in getting stories published. As a journalist at *Le Soleil* explained, “When I come with my article about malaria, I have to fight to convince the others -- and it’s important to say that the tax on impregnated mosquito nets has been removed.”

There was much discussion about the need to target information specifically to women, especially in the rural areas where 60 percent of Senegalese women live. However, it was noted that the sensitivities of addressing women are complicated by religious and cultural practices as well as their socioeconomic status.

Mostly, it was the fear of illness and the need for the media to provide relevant, practical advice to the public that was underscored in discussions among journalists, health professionals, policymakers and members of the public in Senegal. To that end, there was widespread enthusiasm for the creation of a network bringing together the media, nongovernmental organizations and public authorities to build relations between these groups and to enhance the media’s ability to cover public health issues.

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**The country case studies were conducted by:**

Leader researcher: Kwame Karikari, professor in the School of Communication Studies, University of Ghana, and executive director of the Media Foundation for West Africa;

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