



Child's play

*Children feature so seldom in journalism as sources telling of their own experiences. And when it comes to the reporting of their voices are mostly absent. Journalist **Christina Stucky** shares the insights she gained on how to interview and quote researcher **Glynis Clacherty** and a group of HIV-positive children.*

Actors are commonly warned never to work with children. They are reputed to upstage the adults and they have minds of their own. Once children have decided on a course of action (or inaction) they are not easily swayed.

The reluctance – fear, even – of working with children applies to many professions, not just acting. Journalists, too, are reluctant to work with children. Children are regarded as difficult and time-consuming interviewees. They tend to reply in monosyllables and don't respond well to coaxing. There is also the fear of “getting it wrong” in the ethics department. This may partly account for the abysmally low representation of children in the media.

When Glynis Clacherty and I were awarded the HIV/Aids and the Media Fellowship for 2005/2006 through the University of the Witwatersrand's Journalism Programme, we were guided by our desire to put children – their experiences and their voices – at the centre of our research into the life realities of HIV-positive children. As Bray and Meintjes showed in “Reporting on Children in the Context of HIV/Aids” (2005), the misrepresentation of children in the media has important consequences for how vulnerable children are perceived. They highlight how children, and particularly “Aids orphans”, are presented either as the quintessential innocent victims of the epidemic or as potential delinquents. Where children are directly engaged by the journalist, a much more realistic picture emerges – “the positive agency of the children is highlighted alongside their qualities as resilient, capable, responsible human beings”, they found.

We ran four workshops with a group of 17 HIV-positive children, aged seven to 11 years, who were part of a support

group in Johannesburg. When I say “we”, it was Glynis who ran and designed the workshops and I shadowed her and took notes on the children's responses. Although the fellowship allowed for a longer period of interaction with the children and more time for research than journalists ordinarily have to work on an article, the process provided a number of useful – as well as ethical – strategies that can be adapted and applied in journalism involving children.

Breaking down power imbalances

The disparity in power and status between adults and children is perhaps the most critical ethical and practical challenge faced in this kind of research work. Researchers acknowledge that adults can inadvertently “manipulate” the child because of the greater degree of power held by the adult. Journalists either do not consider this power imbalance adequately or use their position of relative power to convince a child, who might believe the journalist can help them in some way, to agree to an interview.

Journalists are guided by ethical codes of practice, including guidelines specifically drawn up for journalists working with children (Unicef). These guidelines call on journalists to seek consent, usually from a caretaker, before interviewing a child. How “informed” this consent is depends largely on the journalist and on the situation. Generally, media practitioners will not explain at length and in detail what the research they are conducting will be used for, beyond saying it will be published or broadcast by a certain media organisation. In this process of working with a researcher, I became aware of the shortcomings of this form of “general” consent. If journalists want to try to equalise the

relationship between journalist and interviewee, they must seek informed consent.

Informed consent requires that journalists explain the possible consequences of appearing in an article or broadcast (eg: “the article will appear in newspaper X and may be read by people you know”). Interviewees must understand that they have the choice not to be interviewed or to stop the interview at any time. If interview subjects were accessed via a non-governmental organisation, they should also be informed that neither doing or not doing the interview will have no bearing on their relationship with the NGO.

Given the pressures faced by journalists to meet deadlines and to return from the field with publishable interviews, they tend to seek only the most basic form of consent. However, particularly when working with vulnerable subjects, informed consent should be part of any ethical journalistic practice.

In our research with young, HIV-positive children the caregivers were informed and asked to give permission for the research. Once permission was obtained Glynis held an information session with the children. She used simple language to explain the purpose of the research and what the outcome would be. She also described how a journalist or researcher takes notes and what a tape recorder is. The children were given the opportunity to use the tape recorder so they could understand what it did.

As journalists and researchers know, a process involving children is not unproblematic because most children live in a social context where they are expected to agree with adults. They are likely to give consent because they feel they have to do so. Another danger is that children will agree to partici-



*those who live with Aids,
children from working with*

pation because they have expectations of some help even though the researcher or journalist explains that there will be none. In order to make sure that the consent was voluntary, Glynis and I applied the principle of “ongoing consent”. An environment in which the children felt safe to remain silent or say “I don’t want to talk about that” was created. At the beginning of the discussions children were informed of their right to withdraw or to stay silent at any time. We also worked hard – together with the children’s support group facilitators – to create an environment of trust and openness.

Even in short, individual interviews, journalists can build trust. If time allows, visiting the child informally and in different settings (home, school, at play etc), is useful. Sometimes just taking the time to talk and not rushing straight to the point can help create an atmosphere of trust. What does not work is interviewing children as one would adults. Patience, time and different techniques are required.

By working with children who are part of an existing support group, as we did, journalists can tap into already existing support structures. If any of the children are somehow upset, the support group facilitators are there to help. In this way, journalists can ensure that harm is minimised for the child.

Reducing harm

Unicef guidelines call on journalists to “do no harm”. In certain situations (for example, when highlighting the issue of child abuse or reporting on child soldiers) asking a child about a traumatic event is unavoidable, particularly if journalists wish to give voice to children rather than interviewing adults about children. ➡



Mozambique’s Aids murals

On a recent visit to Mozambique photographer Chris Kirchhoff noticed a proliferation of hand painted visuals and graffiti dealing with messages about HIV and Aids. He says: “They are boldly direct, almost brusque in addressing the risky behaviour patterns that encourage the spread of the virus, yet they are drawn with care, with colour and often an artistic flair that humanises the pandemic. Their impromptu nature and often voluntary effort lead to an empathy between viewer and artist. They stand in strong contrast to the commercial billboards with routinised Aids messages done through advertising agencies which leave the viewer lost in the consumer battleground for brand consciousness!”

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➡ One of the strategies we used was the introduction of rag dolls which allowed the children to relate their experiences and feelings through the dolls. Each child received a life-sized doll (made out of nylon pantihose) and was asked at different stages of the process to draw pictures about a theme (eg: visiting clinics or going to hospital) on a piece of canvas which was then pinned to the doll as “clothing”. The caregivers (mostly mothers, some grannies and aunties) made the hair and painted the faces with input from the children. They also made bags for the dolls in which they put letters or cards addressed to the child.

Talking about the drawings created a measure of emotional distance. They were able to talk about their fears or traumatic experiences by referring to the drawing rather than to the experience itself. This strategy can be applied by journalists, even if they are operating within tight time constraints, and can create emotional distance so avoiding the kind of questions “that reactivate a child’s pain and grief from traumatic events” (Unicef).

Using activities

Researchers working with young children are guided by the principle that the interaction between adult and child should consist of activities that are appropriate to the child’s stage of development. Children under 10 are generally not able to extract a particular aspect of their experience from their over-all reality. So when a journalist asks a child of six what it is like to be HIV-positive they are unlikely to get much information. But researchers know that if the issue of interest (in this case living with HIV) is embedded into a description of the child’s social world the child will be able to articulate the experience.

Drawing pictures was a core activity in our research process. For example, Glynis asked the children to draw all the places they go to in a week. Most children drew their homes, school, a shop, a playground, a clinic, a church. The various drawings were glued on to a large piece of paper and Glynis (with translation done by the support group facilitators) recorded what the children said about the places and the people they had drawn. The drawings were then used to explore who knew about their HIV status and who did not and why.

Glynis: Do you walk to school?

Child: Yes.

G: So, should we make a road? (Glynis joins home and school with a road on the large map). Who do you go to school with?

Child: With Gugu.

G: What do you do on your way to school with your friend Gugu?

C: We chat about our friends.

G: Does Gugu know you are HIV-positive?

C: No.

G: How come Gugu does not know?

C: My mom told me not to tell anyone.

G: Would you like to tell Gugu?

C: No.

G: Why?

C: She is going to tell the other friends at school.

G: What would happen if your other friends at school knew?

C: They will laugh at me and stop playing with me.

As a journalist I found this use of a drawing very useful. I used the method for stories during the 16 Days of No Violence Against Woman and Children

According to an analysis of children’s coverage in the South African news media (Media Monitoring Project, 2004) children are generally under- and misrepresented. Of the over 22 000 items monitored across 36 different media during a three-month research period, only 6% contained children. In half of the stories that did contain children, their representation was in a negative context of crime or abuse. In about a quarter of the stories children were portrayed as victims. They featured even less as quoted sources (13% of monitored items).

Campaign when a colleague and I interviewed three girls who had been abused. We reached the girls through a support group and the support group facilitators provided us with the basic information about their abuse, allowing us to focus on their coping strategies in the interview. Asking them directly about these strategies would not have yielded much information because the girls might not have identified what they do as a coping strategy. Instead the girls were asked to draw a picture of their average day, and questions about how they cope with sadness were embedded in the discussion.

Glynis also introduced drawings of a cartoon dinosaur depicting various emotions (sad, angry, pensive, relaxed, etc). Unlike adults, young children cannot easily describe how they feel about something or give ideas about why a situation is the way it is. The drawings were used to help the children articulate how they felt about the secrecy surrounding their HIV-positive status.

Glynis (referring to the rag doll who is called Zama): The secret is that she’s HIV-positive. She mustn’t tell anyone. I want to know, how does she feel about the secret?

A and S immediately choose ‘crying’. **M** resolutely walks to ‘angry’. **L** chooses ‘scared’. **T** stands near ‘thinking’. **K** eventually chooses ‘angry’. **N** is the only one to choose ‘happy’.

[One by one we asked why they chose that emotion.]

Why are you feeling happy about the secret?

N: (hesitates) I always feel happy.

S: Because [Zama] is going to die.

A: I’m angry [even though he chose ‘sad’] because if I tell the next person, that person will tell others.

M: Zama is feeling angry because he doesn’t want to tell his friends because his friends might tell and they won’t play with Zama anymore.

L: Because if Zama tells her friends they will laugh at her as if they don’t have the same problem she’s having.

T: She’s thinking about whether to tell her friends or not to tell her friends. They probably won’t play with her anymore.

Asking questions

One of the most difficult aspects of work with young children is getting information through questions. Many journalists have experienced the frustration of asking a child “How did you feel?” and the child replies “I felt bad” and is unable to elaborate. In this project, I learned how researchers build up a picture of the child’s reality through a series of linked questions. Following is an example of an interview I did with one of the children based on the principles I learned from Glynis:

Journalist: When did you see your father?

Child: In October.

J: What did you do with your father?

C: He gave me R20.

J: What for?

C: (Shrugs)

J: Would you like to see your father more often?

C: Yes. I miss him.

J: What would you like to do with him?

C: I would like to talk to him, to tell him to give me pocket money for school. I phoned him and told him that mother doesn’t have money to buy clothes for the 16th [public holiday before Christmas].

J: How would you feel if he stayed here?

C: I would be happy if he stayed here.

J: Are you not happy now?

C: I’m happy but not fully.

J: What about Gogo? Tell me about her.

C: Gogo didn’t treat me well.

J: How did you feel?

C: I get angry.

J: If we had a Gogo doll here, what would you like to say to it?

C: I would tell her that when I’m visiting her, she must not tell me I’m stealing her things because I don’t steal anything. She insults me. I would tell her “all those things you said to me, that I’ve stolen your money, many things, that I didn’t like what you say”.

Representing what children say

As Bray and Meintjes pointed out, journalists fall short in their representation of children and in the use of their voices. In most articles children feature as problems that need a solution or as accessories of adults. Rarely are children quoted directly. In our research project the children’s voices were recorded and Glynis and I used the transcripts for our articles. In this way the children are given the opportunity to speak for themselves.

The Meintjes and Bray research found that of the 114 news articles reviewed, five directly sourced the children or young people to whom they referred. Employing some of the strategies suggested here could facilitate the collection of children’s perspectives. But the challenge remains for the journalist of how to represent these voices in newspaper articles.

After the completion of the workshops with the 17 children, I chose two boys and one girl as the focus for the articles. I interviewed them and their caregivers (and in one case, siblings) at home and, with the consent of the mother, visited one boy at school, after discussing the purpose with the teacher who was aware of the child’s HIV status.

The decision to write six articles divided into a three-part series (for Sunday papers of the Independent Newspaper group) was based on these factors: readability, creating a child-centred and evocative picture of the children and their lives, and highlighting key issues affecting HIV-positive children.

The aim was to convey a sense both of the child’s personality and of the child’s life reality. Accompanying the more descriptive piece on each child was a news feature focusing on a particular issue: disclosure, stigma and effect of HIV on family relations; experience of clinics, hospitalisation and illness; survival and dependence on grants. The news features included interviews with medical professionals, academics, government representatives and other official voices. Whenever possible, the children’s voices and/or excerpts from the research were included:

Nhlanhla knows he will be swallowing tablets for the rest of his life. What would happen if he stopped taking them? Nhlanhla answers: “I would die.” He admits that it scares him “a bit” that death is only a handful of pills away...

Before he started antiretroviral treatment, he was often sick. “I was so skinny that I would ask my brother to count my ribs. You could see my bones,” he says, sticking a finger in his now fleshed-out rib cage. He was urinating blood and vomiting...

When he began treatment he felt nauseous, sores developed on his head and his hair fell out. His stomach grew round and hard. He holds out his hands to show how far his stomach protruded. “But after a while I became better and my stomach was normal.” He speaks matter-of-factly while he bunches up the edge of the table cloth. “I’m now better. I can concentrate at school.”

He lets go of the table cloth and says with just a hint of defiance, “I can do everything like other children.” ■