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Sustaining the coverage

Natalie Ridgard and Nicola Spurr say it seems that media are unable to sustain meaningful coverage on PMTCT and HIV/Aids outside of key events or to engage with public or policy agendas without relying on conflict between government and civil society.

Conflict between civil society and government makes for great copy. Indeed, the South African media's response to government efforts to prevent mother to child transmission of HIV has been to provide a fair amount of coverage of the issue. It is the nature of this coverage and what it reveals about the nature of the media which is worth further investigation.

This year the HIV/Aids and the Media Project, in partnership with the Media Monitoring Project (MMP), conducted a content analysis of print media in order to investigate news media coverage of the prevention of mother to child transmission of HIV (PMTCT) in South Africa.

A total of 807 articles were extracted from a database of news clippings from the years 2000, 2002 and 2004.

In 2004 media project research fellow Alan Finlay found that the frequency of coverage drops in the absence of key conflict events or key "celebrities", for example, the chairperson of the TAC Zackie Achmat or the Minister of Health Manto Tshabalala-Msimang.

To a certain extent loyalty to news values accounts for this kind of coverage: news is supposed to be new, dramatic and exciting. His findings also pointed to a lack of "personal" stories about Aids and we wanted to investigate whether this is also true of PMTCT coverage.

We were also interested in the various ways in which agendas on PMTCT are played out and to what extent the media should play a role in sustained and meaningful coverage and continue to set a public and policy agenda in the absence of key conflict events.

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Agenda-setting

The idea of agenda-setting is premised on a model in which in any political debate primary actors set up their own ideological stance on an issue and the media set up the conflict between these competing ideologies. Government develops policy and legislation and communicates its policy agendas to the public through the mass media. Civil society also uses the media to advance and publicise its advocacy aims and mobilise support, and this, in turn, influences the broader public policy cycle.

The media, ultimately, has discretionary control over which issues and events are highlighted for public attention, which depends on newsworthiness and readers' interests.

Findings

Some of the more general findings are:

- 65% of all articles are news stories: this is not particularly surprising as news dominates newspapers in general, but it does point to the newsworthiness of PMTCT in the monitoring period and the responsive role of the press in covering the issue.
- Over the three years it is clear that reporting peaks around specific events, such as those mentioned above.
- 68% of stories are nationally focused, supporting the premise that most coverage focuses on the debates around national policy on PMTCT.
- Two categories of findings – sources and key messages – best illuminate the issues of agenda-setting and will be discussed in more detail below.

Sources

It emerges that 33% of all stories quote govern-

ment sources, including the national and provincial departments of health. The Minister of Health is the most prominent individual quoted. Non-governmental organisations (NGOs) are the next most prominent sources, with 13% of stories quoting NGOs, especially the TAC, Aids Law Project and the Aids Consortium. TAC leaders Zackie Achmat and Mark Heywood feature as the most prominent individuals here.

Government and the TAC are often quoted in the same stories. Out of the 33% of stories featuring government, the TAC is also quoted 21% of the time. Out of the 13% of stories featuring the TAC, the government is also quoted in 56% of them. This indicates that these two actors are highly likely to be played off against each other in articles, thereby fuelling the idea of conflict.

The TAC is clearly favoured in 17% of all the stories and is only clearly opposed in 1% of the stories. The government, on the other hand, is favourably portrayed in 11% of stories and clearly opposed in 78% of stories. This, together with the regular use of multiple government sources, indicates that reporters often neither trust government's standpoints, nor agree with them. Although the TAC and other civil society movements may be depicted as disruptive in their protest tactics, there is evidence of implicit support for their agendas.

Stories sourcing government officials and politicians most often feature multiple government sources. In fact, some stories feature up to four government sources at a time. Stories sourcing the TAC and other NGOs, however, usually only feature one source.

This seems to indicate that journalists struggle to

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obtain a clear message from government sources, or that there may be different messages coming out of different government structures. This also shows the inability or reluctance of government to engage with or to use the media effectively to set its agenda.

It also indicates that the TAC is more direct and clear in its messages – the use of a single voice in the press here is a mark of successful advocacy.

Overall, the most likely people to be sourced on issues of PMTCT are those government officials responsible for policy and legislation, and those civil society leaders who contest it.

Although the TAC is a grassroots movement, with many members able to speak from personal experience, the media return to those same sources that they know. Ordinary people affected by PMTCT hardly feature at all.

Only 15 stories out of the total sample feature people living with HIV (0.9%) and nine stories (0.6%) source mothers or pregnant women. Fathers barely feature at all, only mentioned in two stories (0.1%).

Thus, those ordinary people most affected by issues of PMTCT – HIV-positive women attending antenatal clinics, and their male partners and families – are almost invisible in the press.

Key messages

A set of 153 possible key messages was developed for the monitoring in order to analyse what perspectives are most prominent within the coverage. Positive messages around Nevirapine feature most often:

- “NVP is central to PMTCT” (7.4% of all stories and overall most prominent message);
- “NVP is good because it prevents transmission” (3%); and
- “NVP is an antiretroviral” (2%). Negative messages about Nevirapine are far less prominent:
- “Resistance to NVP has an impact on your broader health” (1.1%);
- “There are better alternatives to NVP” (0.6%); and
- “NVP is not a good intervention” (0.5%).

It is interesting to see how NVP is mostly positively promoted by the media, despite the active debate about its side-effects and possible resistance. It seems clear that the TAC’s messages about the efficacy and safety of Nevirapine have been incorporated into the media’s discourse too. Whether or not media should

The prevention of mother-to-child transmission of HIV (PMTCT) is of critical strategic importance. With proper implementation it forms a crucial part of the South African Government’s current prevention campaigns.

In all provinces, with the exception of the Western Cape, PMTCT comprises a basket of interventions, including voluntary counselling and testing, single-dose Nevirapine to mother and baby, counselling on infant feeding choices and free formula for six months.

With this kind of intervention transmission of HIV from mother-to-child can be reduced from around 35% to 12%. In the Western Cape, instead of single dose Nevirapine, dual therapy (a combination of AZT and Nevirapine from 28 weeks is offered: this kind of intervention is not only better for women’s health but further reduces transmission to 5%.

Like most other aspects of HIV/AIDS, PMTCT has been mired in controversy from almost the very start. In the late 1990s government rolled out a handful of pilot sites around the country. Many criticised this approach as being too slow in the face of an urgent public health crisis.

After a sustained campaign the Treatment Action Campaign (TAC) took the National Department of Health to court over the issue and in a landmark Constitutional Court ruling in 2002 government were “forced” (to quote Health Minister Manto Tshabalala-Msimang) to roll out PMTCT nationwide and without delay. The department built its case on a number of factors, including concerns about Nevirapine “toxicity” and “resistance”.

be investigating why we do not have a more effective and safer intervention is an important, but related, issue.

The second most prominent message overall is that “It is the government’s responsibility to provide PMTCT”, which features in 5.1% of all stories. A message stating “The government is being stubborn (in the face of scientific evidence and other public pressure)” arises in 4.2% of all stories.

Generally, there are many negative messages about government which feature prominently, including “Government lacks a comprehensive policy to deal with HIV/Aids” and “Government lacks the political will to deal with HIV/Aids”. The prominence of these messages points to the media’s gener-

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ally negative portrayal of government.

These findings support the idea that the public agenda around PMTCT is being set and challenged, in turn, by civil society and government actors in South Africa.

The media seem to be mostly responding to and reflecting this conflict, using the idea of opposing forces to stimulate tension and create news.

Ultimately, it seems as though government has not been using the media as effectively as the TAC and others, when it comes to promoting their own PMTCT agenda. Although government is obviously a major player and needs to be quoted and acknowledged, the media seems disinclined to actively promote government viewpoints.

Conclusion

It seems that media are unable to sustain meaningful coverage on PMTCT and HIV/Aids outside of key events or to engage with public or policy agendas without relying on conflict between government and civil society.

Yet the battle for an effective PMTCT roll out has not been “won” and there are many related issues that should be investigated further. For instance, why does South Africa not have a better intervention when other resource-poor settings do? Or why are there are inconsistencies between provinces in the roll out of PMTCT?

Yes, there are remarkable constraints that journalists and editors face when reporting the HIV/Aids story, but even within these constraints there are ways to be creative and report meaningfully. Asking these questions not only provides an opportunity to set public and policy agendas but also promotes a sustained media agenda on HIV/Aids. ■

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