

# **Panos / JHU-HCP Health Media Audits**

**Country: South Africa**

Final Report

July 22, 2003

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## 1. HIV/AIDS Country History

South Africa is one of the most economically developed countries in Africa and in 2001 had a GDP of US\$113 274-million (DBSA, 2003). Yet it has, according to the Human Sciences Research Council (HSRC), one of the most unequal distributions of income in the world. (Robinson, 2004). HSRC research shows that 57% of the population of 43.2-million live below the poverty line of R1290 (roughly US\$215 in July 2004) per month for a family of four. The poverty gap – which measures the amount needed to be transferred to poor households to lift them from poverty – grew from R56-billion in 1996 to R81-billion in 2001. (ibid, 2004). The Gross National Income of the country is US\$2 820 per capita (2001). (DBSA, 2003)

42.4% of the country's population lives in rural areas, and 57.6% in urban areas – with much of the poverty concentrated, although not exclusively, in the former. Most urban areas – and particularly where there is a high concentration of wealth – are surrounded by sprawling informal settlements. The urban growth rate was 3% a year between 1980 and 2001. 2001 statistics show the population growth rate was 2.1% per annum between 1980 and 2001, and is anticipated to be 0.4% between 2001 and 2015 – primarily due to the impact of HIV/AIDS. 63.1% (2001) of the population is aged 15-64. (DBSA, 2003).

The adult illiteracy rate for males over 15-years is 13.7% (2001) and 15% for females. Amongst the youth (aged 15-24) illiteracy is 8.4% for males and 8.5% for females (2001). School enrollment figures are relatively high. The education enrollment ratios for primary and secondary schools (as a percentage of the relevant age group) were 111.4% and 87.3% respectively for 2000. (DBSA, 2003)

Compared to many other Africa countries, South Africa has a well develop health services sector – with widespread access to public and private health facilities. However, there remains much room for improvement at the level of service delivery. Since 1994, the government has come under pressure from various sectors to improve the health infrastructure and capacity, and these inadequacies are partly responsible for the delay in the current plans for the government's anti-retroviral (ARV) roll-out programme – geared to be the most comprehensive programme in the world. An average of 2.8 doctors and 30.9 nurses service 10 000 people and there is an average of 0.44 health workers per 1 000 of population (DBSA, 2003). There is an average of 40 public hospitals per province, with public community health centres being most prominent in the Western Cape province (59) and least available in Mpumalanga (3) (DBSA, 2003). The number of public clinics are relatively well spread throughout the nine provinces, with an average of 328 per province (DBSA, 2003).

Health expenditure was 8.8% of GDP (1997-2000) or US\$255 per capita (DBSA, 2003). According to the 2003/2004 Budget, health spending over the next three years will be R140-billion. A further R2.1-billion has been allocated to HIV/AIDS specifically, including funding for the ARV roll-out programme (Manuel, 2003).

According to the recent Nelson Mandela/HSRC Study of HIV/AIDS (Household Survey 2002) – which measured the prevalence rate of the general population, rather than the rate of HIV positive mothers in antenatal clinics – 11.4% of South Africans are HIV/AIDS positive. 15.2% are positive within the 15-49 age group (NM/HSRC, 2002).

The actual HIV prevalence rate in the country is the cause of some speculation and controversy. While government antenatal data shows that the province of KwaZuluNatal has the highest HIV prevalence (33.5%, 2001 data) with Gauteng and Mpumalanga experiencing the second highest (29.2%), the Nelson Mandela/HSRC study found that Gauteng (14.7%), Mpumalanga (14.1%) and the Free State (14.9%) have the highest prevalence rates in the country.

HIV prevalence in urban informal areas was found to be the highest (28.4%), with the lowest prevalence rates found on farms (11.3%) and in tribal areas (12.4%). Formal urban areas had a prevalence rate of 15.8%.

The age group most exposed to HIV/AIDS infection is the 25-29 age group (28%), followed by the 30-34 age group (24%). The age group of the participants included in the focus group discussions (FDGs) completed for this country audit (15-19 years) had a prevalence rate of 6%. The country's youth are also relatively sexually active. Just over half the youth surveyed aged 15-24 had had sex before. (NM/HSRC, 2002)

HIV prevalence is higher amongst adult females (17.7%) than males (12.8%), and the highest amongst black people (18.4%). White people experienced a 6.2% prevalence rate, coloureds 6.6% and Indians 1.8%. Amongst the 15-19 age group, female prevalence was 7% compared to 4% prevalence amongst males. (ibid, 2002)

In 2002 the Actuarial Society of South Africa estimated the HIV incidence rate to be between 561 434 and 741 169 new infections in 2004 ([www.journ-aids.org.za](http://www.journ-aids.org.za)). Life expectancy at birth has dropped from 57.1 (1980) to 47.1 (2001) (DBSA, 2003). The country has an average infant mortality rate of 56 per 1000 live births (2001) and a mortality rate of children under 5 years of 71 per 1000 (2001). (ibid., 2003). Accumulated AIDS deaths are estimated at between 1 345 872 and 1 367 429 in 2004 ([www.journ-aids.org.za](http://www.journ-aids.org.za)).

It is estimated that nearly a million children under the age of 15 will have lost their mothers to AIDS by 2005 ([www.aids.org.za](http://www.aids.org.za)). The Nelson Mandela/HSRC study found that 13% of children aged 2-14 had lost a mother or father or both parents.

Given the significant HIV/AIDS prevalence rate in South Africa – around 4.5-million people are HIV infected – and the need to urgently respond to the growing threat of the pandemic, the relationship between civil society and government in combating the spread of the disease has been a rocky one.

The ANC-led government has over the years been accused of a lack of political will to deal effectively with the pandemic, and of being inflexible in its health policy considerations, particularly in the area of HIV/AIDS treatment. What has been described as a 'laager mentality' has resulted in various forms of public protest by civil society groups, including legal action against the state. In 2002, after an acrimonious legal battle between the Treatment Action Campaign (TAC) and the government over the provision of Nevirapine to pregnant women to prevent mother-to-child-transmission (MTCT), the Constitutional Court ordered that the state should make the drug available in institutions where it had the capacity to do so. ([www.journ-aids.org](http://www.journ-aids.org))

In November 2003, following sustained pressure from civil society activists, the government approved a national plan for HIV/AIDS prevention, care and treatment. The plan projected that 53 000 people would receive ARV treatment by the end of March 2004 – a target which was shifted to March 2005 by President Mbeki shortly afterwards. (Hassan, 2004)

Despite the development of the far-reaching AIDS Plan prior to 1994, through a consultative process that involved civil society, the African National Congress (ANC), and the then Department of Health, the government's initial response to the pandemic was mixed. On the one hand, President Thabo Mbeki questioned the causal link between HIV and AIDS, and courted AIDS dissidents (which he included on his AIDS advisory panel); on the other its response to the pandemic has appeared ad-hoc and ill-conceived (as in its support of the AIDS awareness musical *Sarafina II* and the ill-fated *Virodene* drug which contained an industrial solvent).

Conflicting expectations around the implementation of the Plan, a breakdown in co-operation, bureaucratic and structural difficulties, particularly at the local government level, as well as flaws in the Plan itself, sowed the early seeds of division between civil society and the new ANC-led government. (Schneider & Stein, 2001; Fassin & Schneider, 2003)

By 1996, marked by the controversy around the apparent misspending of government funds on *Sarafina II*, many civil society health workers had experienced a deep sense of alienation from the policy development process. The clear-headed policy approach envisaged by the Plan had dissolved, and been replaced with divisions, mistrust and a lack of transparency. (Schneider & Stein, 2001; Fassin & Schneider, 2003).

In South Africa it has been difficult to divorce HIV/AIDS issues from ideologies and perceptions inherited from the country's *apartheid* past. Issues of race, African versus Western identity and culture, coupled with changes in political power have contributed in no small degree to the alienation and distrust between civil society and government, government and the public, and between various protagonists in the echelons of government itself.

These inherited ideological perceptions – as well as the political polarization – were clearly seen in the media's first response to the pandemic. Early reporting tended to be sensationalistic (predicting doomsday scenarios), treating HIV/AIDS as if it was solely a gay epidemic, or – still prevalent today – as a disease that affects black people only (Stein, 2002). Initially, the largely white-owned media was also torn by the need to ideologically align itself with the new democratically-elected government, or, at the very least, not to appear overly critical and therefore racist. As many have pointed out, this at times had implications for the public's understanding of the disease. In many instances, the desire to appear impartial and balanced led to a lot of column space being granted to AIDS dissidents, who supported President Mbeki's questioning of the link between HIV and AIDS.

At the same time, HIV/AIDS has occurred within difficult social circumstances. While poverty has contributed significantly to the spread of the disease, issues such as stigmatization, traditional beliefs, AIDS myths, and gender power imbalances have played an equally important role in frustrating attempts to combat the disease.

As in many other countries, women are considered the most vulnerable group at risk of HIV/AIDS infection – and exposure to the social side-effects of the disease. For example, gender stereotypes and power imbalances make it difficult for women to negotiate safer sex with partners. Prostitution, high incidences of rape and abuse, traditional practices such as 'dry sex', the fact that women tend to bear the burden of caring for the sick ([www.journ-aids.org](http://www.journ-aids.org)), and that they are generally more economically disempowered than men, amongst others, increase their vulnerability to HIV/AIDS and its impact on society.

While it can be said that the public confusions around HIV/AIDS remain predominantly at the level of properly understanding the disease and how it is transmitted, HIV/AIDS has over the years been accompanied by many myths around infection and 'cure'. These include beliefs that you can get AIDS from public toilet seats or from mosquitoes and that government condoms cause HIV/AIDS, to the more dangerous beliefs that having sex with a virgin cures you of HIV/AIDS; that you can be cured by raping a white woman, or having sex with an infant. The sources, longevity and effects of these sorts of myths on behaviour have, however, not properly been researched and documented.

Although recent research suggests that stigmatization and discrimination in South Africa are not as strong as previously thought (Parker, 2004. Interview) – and are confined more to isolated cases, rather than found in communities at large – they have been, in many instances, a problem. One of the most severe and widely publicized instances is the case of Gugu Dlamini, who was beaten to death by her husband and others in 1998, after disclosing publicly that she was HIV positive.

Significant resources have been spent in an attempt to create an informed awareness of HIV/AIDS amongst the general population. In 1995 and 1997 the Department of Health commissioned the Beyond Awareness campaigns, which were, amongst other things, responsible for popularizing the HIV/AIDS ‘red ribbon’. Beyond Awareness II, which ended in October 2000, was allocated a budget of R26-million. While the department commissioned the AIDS Communication Team (ACT) to develop its post-2000 communication strategy, it is simultaneously a co-funder of the loveLife campaign (launched in 1999). Government allocated R75-million to the campaign from 2001-2004. At the same time, the Government Communication and Information Services (GCIS) has spent some R13-million on communication campaigns, using radio, print and television advertising. Its campaigns include the ‘ABC’ (Abstain, Be faithful, Condomize) campaign. (Coulson, undated).

One of the longest running communication campaigns in South Africa is Soul City – the non-governmental multi-media edutainment project. While Soul City deals with a broad range of health-related topics, the majority of its budget is allocated to HIV/AIDS. Both loveLife and Soul City make wide use of cross-media platforms. Soul City produces a television and radio series (already into its 7<sup>th</sup> series). In addition, in 2000 it launched a children’s series called *Soul Buddyz*. Besides broadcast, Soul City uses print media to create HIV/AIDS awareness and has a life-skills programme. Lovelife – which was launched with the ambitious strategy of reducing the rate of HIV infection amongst 15-20 year olds by 50% in five years – combines a heady mixture of print media, outdoor marketing, television and radio with outreach and support programmes aimed at the youth in poor communities. (Coulson, undated)

## **2. Media Structure**

### **2.1. Ownership**

South Africa has one of the most developed and well-resourced media environments in Africa, with around 100 community radio stations – although only 60 of them currently functioning (Abrahams-Smith, 2004. Interview) - 15 private radio stations, and one public broadcaster, with three TV channels (SABC1, 2 and 3) and 18 radio stations ([www.nab.org.za](http://www.nab.org.za); [www.sabc.co.za](http://www.sabc.co.za)). In addition to the public TV channels, South Africa has a subscription-based television network (M-Net), a privately-owned free-to-air TV broadcaster (e-TV), as well as a

satellite subscription service, DSTV, which in the late 1990s offered some 23 international satellite television channels and 48 audio channels to paying subscribers (Teer-Tomaselli & Tomaselli, 2001). The country has over 30 daily and weekly major commercial newspapers ([www.southafrica.info](http://www.southafrica.info)).

As discussed by Teer-Tomaselli & Tomaselli (2001), prior to 1994, newspaper ownership in South Africa was dominated by four media groups, two of them English-language (Argus Holdings Ltd and Times Media Ltd) and two Afrikaans-language corporations (Perskor and Nasionale Pers). The four companies also jointly controlled M-Net. The apartheid media landscape was, “tightly managed, with closely regulated advertising, printing and distribution arrangement. Complex relationships thus existed between the media conglomerates and the apartheid era and other South African capital interests.” (Teer-Tomaselli & Tomaselli, 2001).

Major changes in media ownership were experienced during the mid-to-late 1990s, as the democratic elections in 1994 ushered in a period of rapid media transformation and ‘unbundling’ of ownership. However, despite a strong penetration of black ownership in the press, a relative degree of concentration in media ownership remained. In the late 1990s, six groups owned 17 daily titles and 11 weeklies. (Naughton, undated). As the table below shows, despite the introduction of two new titles (*Daily Sun* and *ThisDay*) the trend of concentrated ownership has continued.

The key owners of the print media in South Africa are the following:

Group		Key titles
Independent Newspaper Group	Independent Newspapers is owned by Dublin-based media magnate Tony O'Reilly – effectively putting South Africa's biggest newspaper publisher, with a majority stake in the English-language press, in the hands of foreign ownership. In 1999 Independent Newspapers consolidated 100% ownership of its titles by buying out minority shareholders. (Naughton, undated; Teer-Tomaselli & Tomaselli, 2001).	<i>Cape Argus</i> <i>Cape Times</i> <i>Daily News</i> <i>Isolezwe</i> <i>Post</i> <i>Pretoria News</i> <i>Sunday Independent</i> <i>Sunday Tribune</i> <i>The Independent on Saturday</i> <i>The Mercury</i> <i>The Star</i> <i>Business Report</i> (included in several titles)
Johnnic Communications Limited	Johnnic Communications is a major black-empowerment player in the media sector. It recently acquired the <i>Sowetan</i> and <i>Sunday World</i> , and jointly owns business news publisher BDFM with Pearson Plc (United Kingdom).	<i>Sunday Times</i> <i>Daily Dispatch</i> <i>The Herald</i> <i>Weekend Post</i> <i>Sowetan</i> <i>Sunday World</i> <i>Business Day</i> <i>Financial Mail</i>

Naspers/ Media24	The Media24 group is the largest publisher of magazines in Africa and a major newspaper publisher with a strong base in the Afrikaans press. Its current newspaper portfolio consists of some 60 titles.	<i>Beeld</i> <i>Daily Sun</i> <i>Sunday Sun</i> <i>The Natal Witness</i> <i>Die Burger</i> <i>Volksblad</i> <i>City Press</i> <i>Rapport</i>
Caxton/CTP	Caxton/CTP is the largest commercial printer in South Africa. While publishing the daily <i>The Citizen</i> , it also publishes a number weekly community ('knock-and-drop') newspapers.	<i>The Citizen</i>
ThisDay	<i>ThisDay</i> is owned by the Nigerian publishing group of the same name. It was launched in October 2003.	<i>ThisDay</i>
Newtrust Company Botswana Limited	Newtrust Company Botswana Limited, owned by the founder and publisher of the Zimbabwe Independent and Standard, Trevor Ncube, recently acquired a majority share of 87.5% in the <i>Mail &amp; Guardian</i> . The UK-based Guardian continues to hold a 10% stake in the newspaper.	Mail & Guardian

Source: [www.southafrica.info](http://www.southafrica.info); individual group websites ([www.iol.co.za](http://www.iol.co.za); [www.mg.co.za](http://www.mg.co.za); [www.caxton.co.za](http://www.caxton.co.za); [www.naspers.com](http://www.naspers.com)); Naughton, undated; Teer-Tomaselli & Tomaselli, 2001.

According to the National Association of Broadcasters (NAB), the increase of advertising revenue in the broadcast industry between 1994 and 2000 of some R3-billion (to R5-billion) is an indication of the transformation of the industry since the first democratic elections. Prior to 1994, other than the public broadcaster, the SABC, there were only two commercial radio stations operating, as well as the subscription-based M-Net service. A re-regulation of the industry in the 1990s left the vastly expanded commercial broadcast sector largely black-owned. ([www.nab.org.za](http://www.nab.org.za))

In 1996 six SABC stations, Highveld Stereo and Radio Jacaranda (in Gauteng), East Coast Radio (KwaZuluNatal), KFM (Western Cape), Radio Algoa (Eastern Cape) and OFM (Free State) were sold to various black-controlled consortiums, raising some half-a-billion rand for the government coffers. (ibid.)

A year later, eight new commercial radio licences were issued for broadcast in Johannesburg, Cape Town and Durban. According to the NAB, "applicants targeting black audiences with new formats were generally favoured with two 'smooth jazz' licences (P4 - Cape Town and Durban), one kwaito station (Y-FM) and one urban contemporary station (Kaya FM)" ([www.nab.org.za](http://www.nab.org.za)) being issued. The four remaining licences were issued to two Afrikaans talk stations (Punt Cape Town and Durban), a classical music station (Classic FM) and an English-

language talk station (Cape Talk). (ibid.) Major players in radio ownership include black empowerment group Kagiso Media (which owns East Coast Radio; OFM and Jacaranda) and Primedia (which owns 702 Talk Radio, Cape Talk and 94.7 Highveld Stereo).

e-TV was awarded the first commercial free-to-air licence in 1998. It is licensed to broadcast nationally and is required to carry 45% local content ([www.nab.org.za](http://www.nab.org.za)). The majority owner of e-TV is Midi Television, a black-owned consortium made up of groups representing workers, women and disabled people ([www.state.gov](http://www.state.gov)).

## **2.2. Availability, Access & Voice**

While there is a wide spectrum media types to choose from, publishing and broadcasting in a number of the 11 official languages, the commercial imperative of much of the media is seen to impact negatively on local content provision and the extent to which the media reflects the South African reality back to its audiences. A change in ownership does not necessarily translate into a change in audience and readership. The media, undergoing transformation in the 1990s, had to grapple with new content imperatives (e.g. bringing previously marginalized black voices into the mainstream), and shifting audience loyalties, coupled with more progressive ideas about its role in the new South Africa: “New content and ideological orientation often impacts negatively on proven reader profiles. Audiences do not translate neatly into saleable markets, and in South Africa, as in any other liberal democracy, audiences who are consumers are more important than those who are not.” (Teer-Tomaselli & Tomaselli, 2001. p135).

The Nelson Mandela/HRSC study found that the lowest exposure to broadcast and print media was experienced by people living in poorer households and in rural areas. Nevertheless, exposure to TV for a few days a week or more in tribal areas and farms ranged between 44.6% and 53.3%. The highest exposure rate to TV was found in urban formal areas (85.3%). (NMF/HSRC, 2002).

According to Positive Muslims, an HIV/AIDS education organization working in both urban and rural areas in the Western Cape, youth in both rural and urban areas experience similar degrees of media access, as well as particular media consumption patterns (Hassiem, 2004. Interview).

While there is a rapid growth of a black middle-class, as pointed out by Teer-Tomaselli & Tomaselli (2001) the growth in the print media market tended to be amongst white, Indian and coloured readers. However, new markets are being created. The recently launched *Daily Sun*, a cheap tabloid targeting the black working class and unemployed, sells at R1.20 – nearly a third of the price of other dailies – and is rapidly increasing its market share in a small space of time; to the point of rivaling the established black-targeted title, the *Sowetan*. Similarly,

another recent title, the Nigerian-owned *ThisDay*, has managed to create a niche market aimed at the opposite end of the economic class: the educated middle-class who want a 'quality daily read'.

Nevertheless, communities and particular language groups remain marginalized from the mainstream media. 54% of South Africans have access to television. 44% of the people with access are black, 74% coloured, 91% Indian and 93% white (ICASA, 2003). There have been suggestions that as many as 2- to 5-million South Africans do not have access to a public service broadcast station (Lloyd, 2004).

The potential for capital to dominate content, and for this to result in the continued marginalization of particular groups by the commercial media – the 'non-market' – has resulted in several steps being taken that affect licensing conditions amongst the broadcast media. While e-TV is required to carry 45% local content, privately-owned radio stations are required to carry 30-minutes of independent news each day, during their prime listening hours of 5am-11pm. (Matthews, 2004. Interview). Music radio stations are required to broadcast 20% local music content.

The Independent Broadcasting Association (IBA) has also set the SABC a stringent local content mandate. The local content quotas as a percentage of content minutes for SABC1, whose target audience is the black youth, are 29.34%; SABC2, which has the strongest public broadcast and social awareness mandate of the three, 53.64%; and SABC3, the commercially-orientated channel, 28.8%. (Tomaselli and Dunn, 2001) As widely pointed out (Tomiselli & Dunn, 2001; Jooste, 2004. Interview), compared to bought foreign content, local content is extremely expensive to produce. Although each channel on the public broadcaster aims to be financially self-sufficient, the adspend generated through SABC3 sustains the other two channels (Jooste, 2004. Interview).

The local content quotas for community radio are contained in their licensing conditions. According to National Community Radio Forum director Faiza Abrahams-Smith (2004. Interview), community radio has a mandate to engage with issues directly affecting the community, and to involve the community in content creation and station management and ownership. Although many community stations initially received funding to ensure that they could achieve their mandate, there is currently a greater push towards financial self-sustainability. This is not seen as a threat to their community mandate: "Community content shouldn't be affected. It's not commercialization, it's just about being able to pay for services [such as telecommunications bills]" (Abrahams-Smith, 2004. Interview).

Given the importance of HIV/AIDS as a community issue, it is a natural consequence of the community media mandate to reflect this in its content. There have been mixed degrees to which this has been the case. While worker-

targeted publications like COSATU's *The Shopsteward* aims to publish at least one HIV/AIDS-related article in each of its editions (Craven, 2003. Interview), community radio is seen as only partially fulfilling its content mandate around HIV/AIDS programming (Abrahams-Smith, 2004. Interview).

Nevertheless, individual stations have been found to play a pro-active role in actively promoting HIV/AIDS content. A South African media scan conducted in early 2003 (Siyam'kela Study) found that 29 *Positive Living* shows (which deals with managing HIV/AIDS) were recorded by the community radio station Bush Radio in a three month period – or one every three days. (Siyam'kela, 2003).

Teer-Tomaselli & Tomaselli (2001) note that between 1998 and 2000 there was a clear re-orientation of the media along ethnic and socio-economic lines. In addition, the media showed “significant investment in supplements on literacy, formal and non-formal education, health, civic development, socio-economic upliftment and the like by all sectors of the print and electronic media” (Teer-Tomaselli & Tomaselli, 2001. p 142).

Much of the media is not free, whether because of licensing conditions imposed (as in the SABC), subscriptions charged, or the cost of the media (newspapers, magazines, the price of radios, or even batteries). At the same time, media access is often dependent on the infrastructure available in particular areas (e.g. the availability of electricity) - not only in the rural areas. While media is often consumed communally – shared newspapers, TVs and radios – the aforementioned conditions work together to make much of it inaccessible to the lowest income earners and unemployed in the country. At the same time, M-Net and DSTV are unaffordable for many in the middle-income bracket.

One informant interviewed as part of this audit (an HIV positive health worker at Orange Farm), said that she could only afford to buy the *Daily Sun* – the country's cheapest daily - three times a week, although she would like to buy it more frequently. She did not have a TV because electricity grids had not yet been rolled out to her extension of the township, and she did not have a radio because she said she could not afford the batteries.

The 2003 AMPs, RAMs and TAMs statistics– which, amongst other things, measure media readership, radio listenership, and TV audience based on economic stratifications – indicates that for that year there were more than 25-million media consumers over the age of 16 in the country; or well over half the population consumed media during 2003. (WWW.SAARF.CO.ZA)

While there was growth in the consumption of daily newspapers, particularly in Gauteng and with particular growth in *Daily Sun* sales (1,755-million readers), the consumption of weekly newspapers remained relatively stable. It showed an increase in subscription magazines, with a significant increase in the consumption of, amongst others, YFM's Y magazine aimed at the black youth.

There were also increases in the time spent listening to radio, while the time spent watching TV remained the same at an average of 3-hours a day. According to the 2003 data, e-TV's viewership is growing, while the number of people watching SABC1 and 2 (which have the highest local content mandates) are on a downward trend. DSTV viewership is also decreasing. (WWW.SAARF.CO.ZA).

### **2.3. Coverage**

The SABC, which has a market share of 60%, covers about 73% of the Country (ICASA, 2003). Its public broadcasting mandate requires it to pay attention to linguistic and cultural diversity. While news for its radio stations is produced from a centralized desk in Johannesburg, content is specifically translated into 13 languages – including !Xhu and Kwe – and fed to the relevant stations. (Green, 2004. Interview).

Despite these efforts, the SABC says coverage and access is lowest in Limpopo, the Eastern Cape and KwaZulu Natal, while Northern Sotho, Venda, Zulu, Xhosa and Ndebele speakers are the most marginalized (ICASA, 2003).

The Nelson Mandela/HSRC study found that, when considering mass media channels, Afrikaans, Sotho, Tshivenda, and Xitsonga speakers were marginalized in terms of HIV/AIDS information. English was the dominant language used in HIV/AIDS campaigns, but only 0.8% of Africans had English as a home language. (NMF/HSRC, 2002)

A study by the Perinatal HIV Research Unit and Wits University Journalism Programme that reviewed the HIV/AIDS content of 43 print media over a six month period, found that coverage was not spread evenly throughout the monitored media. Coverage tends to predominate in areas where there is a high media density and the related high levels of economic activity. The top seven newspapers with content counts of over 100 (1220 content items in all) were responsible for over half (55.3%) of the HIV/AIDS coverage over the six months. All of these seven newspapers were Gauteng-based. The study showed that in provinces that do not have a high commercial print media density (such as the Free State, North West, or Limpopo) the impact of HIV/AIDS on those provinces tends to be under-represented, even when the HIV prevalence in those provinces is amongst the highest in the country. (Finlay, 2003)

According to the Nelson Mandela/HRSC study, radio (77%) and TV (67.6%) were considered the most informative for HIV/AIDS information, followed by newspapers (42.6%) and magazines (39.9%). The study found that print media was less accessible to rural communities and poorer households – and that it was less adaptable to multi-lingual communication. As a result, respondents who spoke an African home language found it less useful in the context of HIV/AIDS information. (NMF/HSRC, 2002)

### 3. Media Legislation

[See separate audit]

### 4. HIV/AIDS-related Content

A vast amount of different kinds of HIV/AIDS content is produced in various contexts and for various media in South Africa, depending on the intention behind content production and the target audience. While news content has depended on the facts of HIV/AIDS in order to tell its story, public health messaging has largely been left to health communication programmes, and is generally separated from news content in the form of supplements, pamphlets, public service announcements or TV and radio programmes aimed at the youth or produced with an educational agenda.

In some instances – such as the *Sunday Times* distributing loveLife's *S'camto* magazine or instances where commercial radio stations like YFM have donated air time for public service announcements (Harford, 2004. Interview) – the commercial media has acted as a *courier* for public health messaging, and formed distribution or other related partnerships with health communication programmes. However, this has not impacted to any significant degree on the notion that the news agenda is different to the public health messaging agenda.

Stein points out in her seminal study, *What's News?* (Stein, 2002), that the commercial media compliments public health information drives, by influencing public health policy and helping to bring about changes to the conditions “that sustain public health problems” (Stein, 2003. p5). According to the definition (taken from Wallack & Dorfman, 2001), “news media advocacy can...influence larger issues that create an environment determining personal behaviour.” (Stein, 2003, p5). In this respect advocacy in the newsroom can be said to go beyond ‘reflecting’ reality, but into the realm of promoting “social change and collective action.” (Stein, 2003).

Stein found that there were differing opinions of the extent to which this advocacy role was accepted by the media, with issues relating to balancing the imperatives of advocacy and neutrality and advocacy and news values predominating. (Stein, 2002).

According to Stein, limitations to the advocacy role include: issues of wanting to remain neutral and objective; disagreement on whether or not agenda-setting around public health policy was part of the media's mandate; and the potentially complex relationship between the media and the post-apartheid government. The imperative of conforming to news values is in part related to the financial sustainability of the commercial media, and in that sense frustrates any advocacy agendas (Stein, 2003).

While informants interviewed in the study conducted by the Perinatal HIV Research Unit and the Wits University Journalism programme showed mixed responses to the advocacy imperative in news production (the individual journalist, rather than the publication itself was found to predominantly be the advocacy agent), many journalists themselves had internalized the notion of the 'business of news' – that part of their professional mandate was to create news that sold. (Finlay, 2003)

The most extreme form of this expression (from an informant who had worked as a senior HIV/AIDS journalist) was the notion that the media's mandate was on the whole to entertain, and that it could be viewed as a 'jester' rather than a serious vehicle advocating for social change. While a number of informants agreed that the commercial media does have a social responsibility mandate, many informants took a pragmatic – and somewhat cynical - view of what the commercial media should be doing, and was doing in practice. (ibid, 2003)

Related to news advocacy is the notion of editorial-level policy development around HIV/AIDS reporting. Stein found that one of the inhibitors to this was the practicalities of day-to-day news production. ("I just don't think newsrooms function in that way. I think newsrooms are too chaotic and too unpredictable to have a strategy") (Stein, 2003, p33). Editorial-level policy development was also seen to inhibit the perceived freedom of the journalist ("agenda-setting from above") (Stein, 2003.p33). While particular publications and broadcasters might form partnerships with public health information campaigns, there is little evidence of editorial-level development around HIV/AIDS in the newsroom. Instead, the commercial media responds to the demands of HIV/AIDS reporting as they arise. In that sense, at an institutional level, it can generally be understood to be reactive rather than proactive in its dealings with HIV/AIDS.

### *Conflict and HIV/AIDS policy*

Research conducted into the South African media's coverage of HIV/AIDS (Cullinan 2001; Stein, 2001; 2002; Finlay, 2003 et al) suggests that political conflict around government HIV/AIDS policy has impacted considerably on the HIV/AIDS news agenda, potentially to the detriment of a more comprehensive media response to the myriad effects the pandemic is having on the country. While the media's coverage of HIV/AIDS has been considerable in post-*apartheid* South Africa, this has been predominantly to the extent that "conflict around AIDS policy has achieved the status of 'high politics'" (Stein, 2001, p9). Furthermore, research conducted by the Perinatal HIV Research Unit and the Wits University Journalism Programme suggests that conflict around HIV/AIDS policy determines the extent of HIV/AIDS content in the commercial press generally (Finlay, 2003). The study found that over 50% of the key messages during the monitored periods (March-May 2002 and March-May 2003) represented the conflict between government and AIDS activists directly, or stood in relation to the conflict (ibid., 2003). This reflected similar findings in other

content studies. The Siyam'kela study— which analysed over 600 articles published in 24 newspapers over a three month period, as well as 155 episodes of health-related TV programmes – found that reporting on conflict around government HIV/AIDS policy marginalized other key issues relating to HIV/AIDS. Only 11% of articles analysed dealt with issues such as gender, race, sex and sexuality, poverty or marginalized groups. (Siyam'kela, 2003. p7).

### *Race, class, children and PLWHAs*

The Siyam'kela study found that when these issues were raised in the media, they tended to only be in relation to the poor (31%), black people (27%), developing countries (18%) and prisoners (10%) (Siyam'kela, 2003. p7). It found that the media representation of risk groups, rather than risk behaviours, “may have the unintended consequence of implying that White, middle class people will feel less at risk of infection.” (Siyam'keyla, 2003).

Similarly, a Johannesburg-based talk show broadcaster, which simulcasts part of its programming with a sister station in Cape Town, and which is geared towards the LSM9/10 income bracket, sees its role as following the ‘news of the day’ on HIV/AIDS through its various programmes, with particular emphasis on what government and activists do, and how HIV/AIDS impacts on its audiences’ lives and businesses “as employers” (Matthews, 2003). While the broadcaster does run a weekend HIV-related programme (which deals broadly and slightly asynchronously with HIV/AIDS and environmental issues), it does not, given its target audience, feel the need to deal with public health messaging. This reflects a common notion that wealthy, middle-upper class people (the station also has a large, white audience) understand the issues at hand, and do not need to be informed and educated around HIV/AIDS issues. But as Parker points out: “The media is being particularly ignorant about the HIV infection rate amongst whites. It’s amongst the highest in the world, and no-one is bothering to look at that” (Parker, 2004. Interview).

The Siyam'keyla study found that of the media analysed, no white PLWHAs were used as sources for information (Siyam'keyla, 2003. p8). In addition, white people sourced for information tended to speak as medical practitioners, black people on behalf of the government, and coloured people as activists (Siyam'keyla, 2003. p8). The study suggests that “the racial breakdown of the information sources perpetuated the othering of HIV/AIDS as a Black person’s problem.” (ibid. p8). This level of stigmatization can also be seen in reporting on AIDS orphans. Commentators have pointed out that (predominantly black) AIDS orphans are often implicitly presented as ‘criminals in the making’, should interventions not be forthcoming.

Similar issues around reporting race and HIV/AIDS have been found in prior studies. For example, Cullinan suggests that the issue of race and HIV/AIDS needs to be carefully negotiated: “Journalists are all middle class (no matter what their origins may be) and many are white. The majority of those interviewed are

black and poor...Under *apartheid* the lives and experiences of poor black people were devalued. There is a danger that the HIV/AIDS pandemic will perpetuate this if reporters see themselves as 'outsiders', and portray HIV/AIDS as a disease of those who are poor and black" (Stein, 2001. p12).

In addition, there are perceptions that there is a preference for 'high-profile' PLWHAs rather than 'ordinary people' (Stein, 2003), which may reflect the refraction of HIV/AIDS reporting through traditional news values and priorities.

In both FDGs conducted for this audit, while participants felt that they had had media exposure to PLWHAs, many of them had been actors playing the role of an HIV infected person. There are notable exceptions to this, as in the *Sowetan* newspaper providing a regular column for HIV-infected reporter Lucky Mazibuko, or, in a slightly different context, one of YFM's most popular presenters, Kabzela, announcing on air that he is HIV positive.

### *Gender and homosexuality*

A regional gender and media baseline study (Gender Links & MISA, 2003) found that, across all countries surveyed, on the topic of health and HIV/AIDS, women were provided a voice on a media platform 25% of the time, compared to 66% of the time for men. In South Africa, the study found that only 19% of all news sources were women. Black women's voices were found to be particularly underrepresented (5%) and black men were sourced for news four times as often as black women. The study found that strong gender stereotyping was evident, with women sourced predominantly in the categories of "beauty contestants, sex workers and home-makers." (Gender Links & MISA, 2003. Findings). In the context of MTCT, the Siyam'keyla study found that: "women were either represented as 'victims' or as 'guilty' for infecting their unborn children." (Siyam'keyla, 2003. p8). The Siyam'keyla study also found that 69% of articles dealing with gender issues represented them as women's issues alone. It found a relative absence of articles dealing with HIV/AIDS in relation to men. Of those that did, the emphasis was on male prisoners at risk (34%), long-distance workers (23%), condom use and men's dislike of condoms (20%) and activists (18%). (Siyam'keyla, 2003. p9). The study also found that most female PLWHAS were represented as mothers, and most male PLWHAS were represented as activists (ibid. p8).

As pointed out by Gevisser, pre-1995 reporting on HIV/AIDS frequently depicted it as a "gay plague" (Stein, 2001 p9.) Although there have been exposés or feature articles on homosexuality and gay lifestyles in relation to the pandemic, one senior journalist noted that censorship in the newsroom frequently extends to public taboos, such as gay sex (Finlay, 2003).

### *Accuracy and balance*

Although there are notable exceptions – as in content produced by experienced journalists, or dedicated HIV/AIDS news services – studies have found that the media’s coverage of HIV/AIDS is frequently unbalanced, inaccurate and sensationalized. Coverage has been found to have derived from single sources (Shepperson, 2000); dominated by a particular interest group, such as government (Cullinan, 2001); perpetuating inaccuracies (Shepperson, 2000); and sacrificing considered accounts of the facts in favour of “doomsday scenarios” (Stein, 2001. p11). For example, the media is often seen by the scientific community to simply get the facts wrong, and to present scientific discovery as if it has immediate public health policy implications (Finlay, 2003). Similarly, government communicators say the media often does not understand the complexity of government-decision making processes, and, as a result, has reported negatively on government health policy development. (ibid, 2003). On the other hand, in the context of conflict around HIV/AIDS policy, the desire for a publication to be seen to be balanced, may have unintended negative consequences, as in giving equal publication space to AIDS denialists.

The reasons for the above are complex, but involve a general absence of broad editorial-level policy thinking around HIV/AIDS coverage, and related issues such as the ‘juniorisation’ of HIV/AIDS reporters (newsrooms increasingly have “fewer experienced journalists and more and more green generalists” (Delate, quoting Harber, 2003)); a lack of time and resources; a lack of training; and a reactive, rather than a proactive news agenda. As suggested by the Perinatal HIV Research Unit and Wits Journalism Programme study: “rather than respond to the intrinsic and complex requirements of reporting HIV/AIDS in South Africa, the pandemic has been largely forced to fit into the machinery and known values of commercial news production.” (Finlay 2003).

### *Positive indications*

Despite a general state of ill-health around HIV/AIDS reporting, it needs to be pointed out that there are exceptions to the generalities. Several individual journalists have become highly knowledgeable on the subject and have written in depth, at length and with authority on key issues. Their impact on HIV/AIDS reporting has been considerable. The Perinatal HIV Research Unit and Wits Journalism Programme study found that 15% of the author count (of some 2204 content items) was made up by only 10 authors. Similarly, several radio programmes or newspapers have been singled out by commentators as producing consistently good HIV/AIDS content. Certainly, content initiatives such as Health-e, which has responded to the limitations of knowledge and resources in the newsroom by producing a wire service of quality health content for the media, have helped raise the bar of HIV/AIDS content generally. At the same time, several journalist support initiatives – such as CADRE’s Journ-Aids or the TAC’s own information initiatives – have contributed to better and more accurate reporting. The media has, in the final call, played an important role in bringing HIV/AIDS into the public awareness – even if its initial response was somewhat

hysterical – and has, whether deliberately or by default, contributed to the significant civil society pressure on the government to commit to HIV/AIDS policy changes. (Finlay, 2003).

As suggested by Delate, echoing Parker and Kelly, despite the predominance of reporting on conflict, the media *has* managed to engage with several important HIV/AIDS themes. These include MTCT transmission, drug therapies, economic issues and HIV/AIDS, community and family impact and responses, and a wide degree of critical reporting. (Delate, 2003). Research done by Media Tenor in 2002, showed that while HIV/AIDS political issues predominated, 32.5% of articles monitored dealt with treatment, and prevention was represented 25.3% of the time (ibid. 2003).

The case of YFM needs to be singled out as a potentially exceptional case amongst commercial media in South Africa. YFM targets black youths aged 16-24 and has a listenership of 1.9-million in Gauteng. YFM has a social responsibility programme (Y cares) dealing with four key areas: entrepreneurship, woman and child abuse, tertiary education and HIV/AIDS (Hartford, 2004. Interview). The Y cares initiative is an integral part of the YFM brand and extends to training presenters in HIV/AIDS issues, working with groups like loveLife, Soul City and the TAC to develop relevant HIV/AIDS messaging, and developing a 'social desk' to respond to community needs. According to YFM's founder and director of special projects, Dirk Hartford, the station "works behind the scenes to empower people with knowledge and to help them understand the complexities of the disease and how to communicate them." (Hartford, 2004. Interview). The success of the Y cares programme is evidenced in one instance of a presenter needing to act as a counsellor on air to a caller who had just discovered that he is HIV positive. In another, two young women who had just been raped arrived at the studio looking for help. Hartford says there is a need to package HIV/AIDS content in "bite-sized chunks". "A big part of our success has been being able to package hard issues in a palatable way" (Hartford, 2004. Interview). YFM is a unique and innovative case of brand and commercial imperatives being fused with social responsibility.

### *Public health communication*

The mandate around HIV/AIDS content in public health messaging involves a combination of information, education and life-skills development. Stein (2003) notes that there has recently been a shift in emphasis in public health communication, with an increasing emphasis on 'communication for social change'. This involves a broader attempt to deal with causal issues such as discrimination, poverty and marginalisation, which are seen to influence individual behaviour. The trend in public health messaging is towards creating the supportive conditions for discussion, dialogue and debate around relevant issues and concerns. (Stein, 2003)

There have been various criticisms of the effectiveness and appropriateness of a number of public health information initiatives – dating back to the ill-fated Sarafina II musical. For example, one study (Naidoo, 2003) found that, amongst other things, there was evidence that the loveLife programme created divisions within the community and within families and that it showed signs of “perpetuating [a] gender status quo (through its billboards, its chatshows, and workshops” (Naidoo, 2003. p18).

While there is evidence that Soul City facilitates an awareness and understanding of issues, and a “more caring attitude on the part of health workers” (Coulson, undated. p6), there is little evaluation of the impact of this on service delivery (ibid. undated). Some experiences – such as the judgmental attitude of clinic nurses described in FDG1 (see below) – also contradicts the evidence. As Parker (2004. Interview) notes, it is difficult to properly measure the effect of health information campaigns.

The gender and media baseline study (Gender Links & MISA, 2003) found that there were no significant differences between private and public media: “the fact that the private media - though sometimes guilty of sexist coverage in pursuit of commercial ends - actually outperformed the public media in many instances is pause for thought.” (ibid, 2003. Summary of Key Findings). The Siyam’kela study critically analysed content from education drama series *Take Five* and *Yizo Yizo* as well as Soul City. In the last it found that “Soul City seemed to state that HIV/AIDS is a poor Black person’s disease and a concern for pregnant women and rape survivors. In none of these episodes were PWAs given a voice”. (Siyam’kela, 2003. p10). The study had a more favourable perspective on the *Positive Living* show on Bush Radio, which dealt with various HIV/AIDS-related concerns, including living strategies.

Both Soul City and loveLife have, however, been found to be successful in at least raising awareness around HIV/AIDS – and associating positive values with their brand. The Soul City brand has been found to be trustworthy, reliable, knowledgeable, reflecting selflessness, togetherness and understanding, amongst others (Coulson, undated. p10). LoveLife is strongly associated with healthy living and a positive lifestyle (Ibid., undated. p10)

## **5. Audience Analysis**

### **Indicator 1: Trust and Acceptance by Community Members**

- Do people like/dislike the way HIV/AIDS information is delivered? ('information' = radio programmes and newspaper articles)

#### *Media likes*

There were general indications across both focus group discussions (FDGs) that the way in which HIV/AIDS content was delivered was liked – and that all media

types – radio, TV and print - were consumed to varying degrees. In FDG1 there was some evidence that the male participants preferred visual and audio media (TV and radio), while there was more evidence of print being consumed – and produced – by females. Three of the female participants wrote themselves: one poetry, one generally and the other was involved in media production. This ‘media divide’ was not suggested, however, in FDG2. There was also a perception that there was generally enough HIV/AIDS content for their needs.

There was a distinct difference in the level of animation when talking about public health messages (including infotainment, such as Soul City’s TV series) and real-to-life dramas on television, which dealt inter alia with health and lifestyle issues (in particular, the educational drama series *Yizo Yizo*). In this respect, the participants’ responses to the media available tended to be either one of seriousness or matter-of-factness and, as in the case of *Yizo Yizo*, animated excitement.

There was strong evidence of active consumption of media dealing with, or referring to HIV/AIDS. While the preferred media in this regard at times appeared to be dependent on availability (e.g. the proliferation of loveLife material at Orange Farm) and on whether or not a particular media was free, there were equally strong indications of participants seeking out particular media that discussed or referred to issues such as love and sexuality and HIV/AIDS. These included buying specific newspapers on specific days for their health supplements and tuning into specific radio stations and TV programmes at particular times.

The active engagement with media dealing with HIV/AIDS, love and sexuality, suggests that the media is liked and relevant. In one instance, HIV/AIDS content was seen as a reason to buy media: “If it’s educational I will buy it. I have the money to buy it. I will buy information about HIV/AIDS.” (FDG2, female). At the same time, one informant (a health worker at Orange Farm), noted that cost prevented her from consuming as much health information as she would like to.

While all media types were consumed to some degree in both of the focus group communities, the following table shows the breakdown in the preference of media type consumed by participants in FDG1 and FDG2, with specific reference to issues of love and sexuality and HIV/AIDS:

	TV	Radio	Magazines	Newspapers	Other (books; pamphlets; listening to cassettes and DVDs)
<b>FDG1</b>	8	11	4 (includes magazine supplements in newspapers)	1	1
<b>FDG2</b>	10	3	9	3	5

<b>Total</b>	18	14	13	4	6
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## TV

As the table above suggests, TV was the highest consumed (and preferred) media and more consistently consumed across both focus groups. HIV/AIDS media consumption patterns tended to be focused across several programmes, which treated HIV/AIDS, love and sexuality as either primary or secondary concerns. The preference was for programmes that entertained (with, as suggested, a preference for programmes that were dramatized and reflected a known and relevant reality). The table below shows the most liked TV programmes. It is worth noting that it does not reflect properly the level of animation in discussions about *Yizo Yizo* – suggesting perhaps that it is more talked about that watched, or that it is not considered a primary source of information on HIV/AIDS, love and sexuality.

Preferred programmes for information on HIV/AIDS, love and sexuality were:

		<b>Take 5</b> (2)	<b>Yizo Yizo</b> (1)	<b>Soul City/Soul Buddyz</b> (3)	<b>Tsha Tsha</b> (1)	<b>S'camto Groundbreakers</b> (4)	<b>The Chat Room</b>	<b>Gaz'lam</b> (1)
<b>FDG1</b>	Male	1	2		1			
	Female	1		1				
<b>FDG2</b>	Male	2				2	1	
	Female	1	1	2				1
<b>Total</b>		5	3	3	2	2	1	1

(1) Educational youth dramas.

(2) TV series aiming to educate the youth about their lifestyles while addressing pressing issues facing our country and its future. ([www.sabceducation.co.za](http://www.sabceducation.co.za))

(3) Soul Buddyz is a multimedia edutainment series aimed at 8-12 year olds. Soul City deals with various socio-economic and health-related issues, including HIV/AIDS.

(4) LoveLife. Deals with life skills, amongst others. S'camto means 'let's talk'.

The reasons for liking the programmes tended to be either because they were educational/informative or related to issues of life skills.

### *Educational/Informative*

*Tsha Tsha*: "It teaches us about HIV/AIDS, rape and abuse".

*Take 5*: "It gives us lots of knowledge about HIV and AIDS."

*Let's Talk*: "It talks about AIDS and sexual things. We can learn about AIDS and hear them talk. It is good because normally teenagers phone in. We are teenagers and most callers are our age."

### *Life skills*

*Yizo Yizo*: "They tell you what to use when you engage with sexual intercourse. They tell you what to expect. So that programme is encouraging me every time." "It teaches us about reality."

“A lot of information. Shows the difference between good and bad.”

*Tsha Tsha*: “It teaches us about discrimination. It motivates and encourages us.”

*Take 5*: “It teaches young people how to overcome problems that young people face.”

### Radio

The diversity of stations available were reflected in the varied listening preferences. In the FDG2 there were indications of a lower consumption of radio as a preferred media (and a higher consumption of magazines), the reverse being the case in FDG1. Unlike TV, few specific programmes or presenters were mentioned. Rather a particular station was listened to generally, and it was suggested that information about love, sexuality and HIV/AIDS was received intermittently.

		YFM	Lesedi FM (1)	Kaya FM	5FM (1)	Ukhozi FM (1)	Metro FM (1)	Jacaranda	GPY Stereo (2)	Thobela FM (1)
<b>FDG1</b>	Male	2	1	1	1	1				
	Female	1	1				1		1	
<b>FDG2</b>	Male							1		1
	Female	1								
<b>Total</b>		4	2	1	1	1	1	1	1	1

(1) SABC stations

(2) LoveLife community radio

### Magazines

Magazines (including magazine supplements such as loveLife’s *S’camto*), were preferred as a medium to newspapers. For specific HIV/AIDS information *S’camto* rated the highest, and for love and sexuality *True Love* and *Drum* magazines were preferred.

The preferred magazines for issues of love, sexuality and HIV/AIDS were:

		Drum (2)	S’camto Print	True Love (2)	Ikasi (“At the hood”) (1)	Y Mag (3)	Soul City
<b>FDG1</b>	Male		2		1		
	Female		1	1			
<b>FDG2</b>	Male	3					2
	Female	2	1	2		1	
<b>Total</b>		5	4	3	1	1	2

(1) Daily Sun comic supplement (FDG1)

(2) General interest magazines

(3) YFM youth culture magazine

Again, the reasons for preferring the publications tended to fall into the two categories of educational/informative and life skills:

### Educational/Informative

*S'camto*: "It tells me more about AIDS and where to get condoms."

*True Love*: "Not much information on AIDS, but information on relationships and friendships and family affairs."

### *Life skills*

*Drum*: "It teaches us about life and education and the future and about relationships."

### *Newspapers*

There was a disinclination towards reading and buying newspapers – except if it was for the supplements such as *S'camto* (there were suggestions that the participants' parents bought the *Sunday Times*, which distributes *S'camto*, rather than the participants themselves). Although the FDGs did not indicate that the *Daily Sun* was a preferred source of information on HIV/AIDS, love and sexuality, there was a general sense that it was read intermittently for its scandal and gossip-mongering content.

		<b>Sowetan</b>	<b>Sunday Times</b>	<b>Pretoria News</b>	<b>Daily Sun</b>
<b>FDG1</b>	Male	1			General
	Female				
<b>FDG2</b>	Male	2			General
	Female		1	1	
<b>Total</b>		3	1	1	

### *Other*

With specific reference to HIV/AIDS, pamphlets and other information materials (e.g. Soul City materials and government pamphlets) that could be found at clinics and hospitals were mentioned as an important sources of information. One participant noted that rather than get information on HIV/AIDS from the TV, he would specifically visit the clinic to read their pamphlets.

		<b>Clinics (pamphlets)</b>
<b>FDG1</b>	Male	1
	Female	
<b>FDG2</b>	Male	2
	Female	1
<b>Total</b>		4

### *Media dislikes*

At the same time, there were exceptions. At least one participant did not like Soul City infotainment (FDG1) and found it "too boring". "Long stories" in newspapers

were disliked, with a preference for the sports pages when newspapers were consumed, or for “short stories”.

Relevant to sexuality generally (as well as HIV/AIDS practically), both male and female participants in FDG2 disliked watching sex scenes on TV (referred to as “pornography”). While one female participant indicated that “she would do that when she’s older”; most felt that sex scenes made them feel uncomfortable (“I don’t like them. They don’t give good information.”/ “There isn’t any message”/ “Porn movies are a bad influence.”/ “I find porn movies disturbing. They mess with the mind.”/ “Porn movies push you to have sex and then there’s more risk of having HIV/AIDS”/ “I hate looking at people doing that. It’s not fun for us as little people.”/ “If I look at it, I try to copy what I see. I’m scared of doing that. It doesn’t give good information about sexuality. I will see those things when I grow up.”). Another male participant didn’t like reading FHM, a popular men’s magazine, because “It has a lot of girls inside which are naked. It doesn’t give information.” Although sex was raised on programmes like *Yizo Yizo*, this was not seen as a problem: “It doesn’t worry me, because it’s not like porn movies – they don’t show them naked.” (FDG2)

In FDG1 female participants showed an ambivalent attitude towards TV (two participants said they don’t watch it out of disinterest – “It bores me”), in particular towards imported soap operas (e.g. *Bold and the Beautiful*; *Days of our Lives*), which they found irrelevant. Two participants in FDG2 did not like TV news – a sentiment reflected in FDG1 (“I sometimes get bored watching that”). In FDG2 one participant found radio “boring”, in particular local stations, and one participant did not like magazines.

- Which infotainment is trusted? Why?

#### *Nature of trust in media*

The participants on the whole were very trusting of the media – but were not unquestioning, and were quick to agree on media that could not be trusted. There were untested suggestions that the level of trust of a media source resulted from a *communal* sense of trust of the source - in the community and amongst peers. The only suggestion of individual mistrust that did not conform to the group sense of trust came from the male participant (FDG2) who didn’t like TV and would rather get his HIV/AIDS information from the pamphlets at the clinics.

#### *Evidence of critical reception of media*

A sister study conducted by the Perinatal HIV Research Unit and the Wits University Journalism Programme (Jooste, 2003) found that in Cato Manor, an informal settlement in KwaZuluNatal, there was strong evidence of what Jooste refers to as the ‘active audience’ theory – of media consumers being able to reject a media message, even when the source of the media message is a

powerful member of the community. The example the study uses is a reported statement made by President Mbeki that he doesn't personally know anyone with HIV/AIDS. The study suggests that this is because "their reading of the story has been mediated through their own real life experience (of AIDS)". (Jooste, 2003. p10)

Evidence of the critical reception of media – or active audience - was found in both FDGs. That the media was considered critically is suggested in the general attitude to the *Daily Sun*, where more than one participant said that the paper was only concerned with sensationalism and gossiping ("they tell lies"). In FDG2 two participants had had direct experiences of what they said was inaccurate reporting by the paper. They were involved in one of the stories reported (an incident where methanol had been drunk from school laboratories, resulting in the death of one of their peers) and their critical response to the *Daily Sun* was shaped by personal experience that did not correlate to the information published. At the same time, trust in an information source seemed to be dependent on the level of trust in the information producer: "Not sure about the government, because it's full of capitalists." (FDG1).

There was little evidence of particular types of media (radio, TV or print) being trusted over other types, although this issue was not extensively pursued. In the audience reception study of news media in Cato Manor, 57% of respondents preferred TV because "seeing is believing". 10% of respondents considered print a "useful reference". (Jooste, 2003. p9)

The media that was trusted tended to fall into several categories:

#### *Authoritativeness*

This includes the loveLife campaign and Soul City as well as (generally) pamphlets at the clinic. In particular loveLife and clinic pamphlets were seen as practical sources of information that were educational, informative and also taught life skills. There was little overt indication that government information per se was trusted, other than saying that pamphlets at the clinic were trusted (which include Soul City and loveLife material). LoveLife was trusted because "they do their research before they come and present to us" (FDG1).

There were indications that adults, guardians, parents or teachers are trusted because of their status in an individuals lives. As one participant said: "We need people to talk from experience and bring focus."

In other studies, authoritativeness was dependent on the type of media consumed – as suggested in the Cato Manor study where informants trusted TV (Jooste, 2003).

#### *Media that reflected participants' reality*

Real-to-life 'gritty' dramas like *Yizo Yizo* ("It teaches about reality"/"It's based on things that you see everyday. It is showing something that happened yesterday. It helps you to picture yourself in someone else's shoes. You go into the TV and relive what is portrayed there."), *Tsha Tsha* and *Gaz'lam* were trusted because of their dramatization of events that participants could relate to. Participants unanimously said these programmes engaged with real issues, were starting points for discussions of problems and challenges that directly affected them – including HIV/AIDS - and provided life skills as well as educational content.

A CASE evaluation (CASE, 2002) of *Yizo Yizo*, that involved a survey of some 1200 learners and 750 parents, 200 in-depth interviews, with teachers, principals and parents, and 50 focus groups with learners, teachers and parents, found that 99% of the learners and 95% of the parents identified with the series. Amongst the key messages taken from the series were: "crime does not pay; learn the difference between right and wrong; communication between parents, learners and teachers is important; and don't do drugs." (CASE, 2002. p33).

### *Peer-to-peer relevance*

Programmes that promoted peer-to-peer discussions, or were presented by the same age group were trusted and more easily accepted. (e.g. *S'camto*). However, discussions amongst friends were also treated with some scepticism as reliable sources of advice and information ("Friends are not necessarily teaching good things."/ "You can get good advice from friends, but they also lead you astray").

### *Permissiveness and openness*

One participant (FDG1) said he did not trust the nurses at the clinic (who chased him away when he asked for condoms) but trusted loveLife because they did not question his needs for condoms ("They have boxes and I can take condoms and they don't yell"). From this perspective, trust was also dependent on access and acceptance. To some extent, programmes like *Yizo Yizo* might fall into this category, as it confirms rather than negates everyday experience.

## **Indicator 2: Content Relevance**

- Is the infotainment relevant to personal needs?

There was a general sentiment that there was a lot of HIV/AIDS information available ("You can't go anywhere without seeing something about AIDS. Soon it will be on shoes [as a logo].") One informant, the health worker at Orange Farm, suggested that there was good information available, and, from her professional perspective, sufficient information for the community's needs (she singled out government pamphlets and the *Daily Sun* health supplement as an example).

However, amongst the youth in the FDGs, there was some evidence of a disjuncture between the quantity of HIV/AIDS content available and their information needs. The information gaps included basic information on HIV/AIDS that would inform their everyday lives – despite the apparent proliferation of this type of information – and information that they felt was closer to the true nature of their personal experience of the pandemic.

There was evidence that people who are empowered in relation to the media and HIV/AIDS information have a greater sense of its cohesion, relevance, and usefulness to their lives. For example, the health worker and one participant in FDG1 who was a news editor at the loveLife radio station in Orange Farm, both felt there was good and useful information available. The latter was highly media literate, and also became intermittently the imparter of information during the focus group discussions. For the remaining participants there was a sense that information on HIV/AIDS was made up from random, even incoherent media sources, which left basic information gaps that one anticipates all the quantity and quality of information available would have filled.

### *Basic information gaps*

Despite the proliferation of health messaging, and a wide awareness of HIV/AIDS as an issue in the commercial media, there still remain information gaps. The FDGs showed that basic questions about the disease that informed everyday behaviour persist. These included uncertainty over whether or not “people with worms” indicated HIV/AIDS; whether or not you can get AIDS from oral sex; and whether or not sharing a toothbrush with an HIV positive person can give you AIDS. Both male and female participants in FDG1 indicated that they needed to know how far scientists had come in finding a cure for AIDS – they wanted the scientific and medical facts about this. One participant (FDG1) also felt that there was a need to talk about alternatives. The ideal media programme in FDG1 would involve telling people “how to live and not be concerned”.

As far as news messaging goes, the Cato Manor study showed that there was a demand for more news containing “useful” information (Jooste, 2003) and a need for news to provide public education messages.

### *The true nature of the epidemic*

Similar to a trust of programmes like *Yizo Yizo* because of their gritty realism, participants, particularly in FDG1, felt they needed to be shown the reality of HIV/AIDS, and what it was like to suffer and die from the disease (“You won’t fear AIDS with a nice girl on the billboard. We need and want realism”). Female participants in FDG1, for example, said their ideal media programme on HIV/AIDS would be “something scary”: “I would want to make a museum to take them [the audience] through the life of someone living with AIDS. There would be dummies of people, and screaming, and I would talk to them, to actually get to the experience of what is happening. There would be dummies of orphans living

with AIDS. Similar to how they show what smoking does to you. For example, I would make them listen to all kinds of crazy sounds so they can see what drugs do to one's minds." / "We want to hear from people who are really having the experience".

*Lived experience/ identification*

One participant (FDG2) suggested that the way issues such as relationships were talked about in educational programmes wasn't relevant enough, and that relationships were about fights over girls more than anything else. Similarly, one participant suggested that Soul City was too boring because: "The stuff shown there is not of our concern." Males participants in both focus groups felt there was a gap between what they talked about amongst themselves (drugs, guns, soccer, sex) and HIV/AIDS content. This was in tandem with an appreciation of programmes like *Yizo Yizo*. Soap operas, specifically imported American products, but including locally produced series like *Generations*, were seen as irrelevant and not accurately reflecting the lived experience.

A related issue of relevance was found in a study of loveLife's Y-centre in Orange Farm (Naidoo, 2003). The Y-Station, the youth radio station at the Y-centre, would not play 'hard-core' hip-hop because Y-centre management felt the lyrics were "too vulgar" (Naidoo, 2003, p6). In the FDG2 discussion, participants said that swearing on *Yizo Yizo* was in English "and not like we swear on the streets".

In the Cato Manor study into news messaging, 80% of respondents wanted more news about "people like us" or "people living with AIDS" (Jooste, 2003). More than 25% of respondents wanted a "more authentic reflection" of their community life in the news messages (respondents were given a choice between 'ordinary people', 'government and policy' and 'scientific developments').

*Peer-to-peer*

Peer-to-peer media was seen as more relevant than 'top down' approaches to information delivery. "We get bored with AIDS because it's been preached for years and years. The government and NGOs follow the same route when preaching the message. They don't take different initiatives when preaching the message to people."

As the table below shows, the media was seen to be generally relevant when dealing with HIV/AIDS issues and with love and sexuality. However, the importance of parent and peer input was greater with love and sexuality – perhaps reflecting that love and sexuality are more discursive issues, and open-ended, while information on HIV/AIDS can be purely informative.

	Parents	Teacher/ school	Magazines (including S'camto/	Peers	TV	Radio	Clinic	LoveLife's Y-centre/ loveLife	Outdoor
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			<b>Soul City)</b>					<b>pamphlets</b>	
<b>Love and sexuality</b>	12	10	5	11	4	4	2		
<b>HIV/AIDS</b>	7	6	9	3	5	4	4	5	3
<b>Total</b>	19	16	14	14	9	8	4	5	3

TV overall was seen as very relevant, because it was informative on everyday issues (such as sexual harassment), and visual (“Because there is a demonstration. You can watch it.”/ “You can see it and see people saying what you can do and what you don’t have to do.”). One participant felt that her parents didn’t discuss issues of love and sexuality with her, and therefore she learned about the issues through the media. (“My parents don’t talk to me about that. Maybe they know I know, but they don’t talk to me about that.”) The visual nature of magazines was also seen as important (“because you can see pictures”). Peers (and friends) were seen as relevant sources of information because of the openness of discussions and the free space to debate issues and disagree.

- Is the content relevant to community needs?

In the Cato Manor study (Jooste, 2003) respondents felt that health education messages focused mainly on prevention, whereas news messages tended to be ad hoc stories about HIV/AIDS. The research shows that there was a strong identification gap between media ‘reflection’ and actuality. 75% of the respondents wanted more of the latter, and more information on how HIV/AIDS affects the community. They felt news media did not show what it was like to live with HIV/AIDS and how they were experiencing it. Nor did it deal with day-to-day concerns, such as how to ask a partner to put a condom on. At the same time, respondents felt there was a gap or time lag between the kinds of public health information available, and the latest developments around policy or HIV/AIDS generally as presented by the daily news.

Challenges remain in delivering relevant content through community radio: “A lot of stations are playing a lot of music. So there are imbalances around music and content. Information [on HIV/AIDS] doesn’t really flow that much.” (Abrahams-Smith, 2004. Interview).

In the Muslim communities in the Western Cape, news media dealing with HIV/AIDS was initially seen as fragmented (“drips and drabs”), and responding to preconceptions and prejudices about Muslims as a community: “When the media picked up on the story of the first Muslim woman who disclosed her status, they only reported how the community responded. But they did not report about the interventions and the outcomes. They are getting to know the culture better now” (Hassiem, 2004. Interview).

### **Indicator 3: Interpersonal Communication**

- Does the infotainment promote discussion?

The degree to which the media promotes discussion tends to be dependent on the *context* of the discussion.

- It might promote discussion amongst friends;
  - It might be a catalyst to discussion in the family setting;
  - It might, depending on the circumstances, promote discussion at school;
  - The media itself might promote live discussion and debate (e.g. live phone-in shows).
- Does the infotainment make talking about issues related to HIV/AIDS easier with:
    - Peers (as above)
    - Family (as above)
    - neighbours
    - church leaders
    - health workers
    - teachers

### *Peer-to-peer*

In general there was an ambivalent attitude towards peer-to-peer discussions. While more than one participant said it was important that the media spoke to them as peers (the presenters should be the same age group), there were mixed feelings about the degree of openness with which HIV/AIDS was spoken about amongst each other: “Young people don’t want to talk about AIDS.” (FDG1).

There were suggestions that females in both FDGs were more open about discussing HIV/AIDS amongst themselves – which included more general issues such as love, sexuality and relationships. Female participants in both focus groups raised issues of masturbation and oral sex with the male moderator. The males in both FDGs said peer-to-peer discussions focused on drugs, guns, *Yizo Yizo*, and “entertainment” (including soccer). In this context, HIV/AIDS was generally not spoken about as openly as the females: “We talk more about drugs and guns than we talk about AIDS. Because guns and drugs are dangerous, and we don’t want to get drugs.” (FDG2)/ “There’s no real talk about AIDS amongst peers. There’s talk about money, having sex, drugs and having a gun. And entertainment and going to nights clubs. We don’t talk about AIDS because we don’t trust each other and don’t listen to each other and don’t think that it will happen to you. So we need people to talk from experience and bring focus” (FDG1).

While the information was seen as available, communication across age barriers was seen as difficult: “We do have the information, but people don’t want to listen to us. People older – say six years older – don’t want to listen.” (FDG2). One participant felt that she was able to educate her parents about love and sexuality: “Some parents make a joke about it. Since I joined loveLife I teach my parents.

First there was a stigma attached to it, but then an opportunity to open up.” (FDG1 – female participant).

One reason for the relative closed-ness of debate was explained: “We have all the information we need. The problem is people ignore it. They think it [HIV/AIDS] won’t happen to them. They say ‘everyone dies’. When you reach age 13 your motivation changes for life in general. You say ‘let me start smoking’.” There was also some evidence of AIDS fatigue: “We are AIDS sick by now. It’s all over the place.”

Despite the above, when discussions do occur, peer-to-peer communication was seen as one of the most comfortable contexts for communication. (“Because they [love and sexuality] are the things you talk about – one of the languages you use” – female participant). It was suggested that this was found across the different age groups, for example, adults to adults, teenagers-to-teenagers etc. Real-life dramas like *Yizo Yizo* promoted peer-to-peer discussion on general life issues, such as crime and violence and sex. (“Friends play a crucial role in your life. It’s easier to talk and discuss things with them”/ “I spend most of my time with friends and it’s easier to express yourself. You can argue. Sometimes I can’t argue with parents.”)

In faith-based communities, such as the Muslim communities in the Western Cape, it was seen to be important that Muslims themselves talked to each other about HIV/AIDS: “When one talks about sex, Muslims are reluctant to just talk to anyone. They are more open in addressing other Muslims or Muslim organisations.” (Hassiem, 2004. Interview)

### *Parents/family*

TV programmes were seen by some participants as a catalyst to discussion within the family setting. (“Sometimes when you are sitting as a family, then they show porn on TV and the parents then sometimes give a lecture. The media often brings a subject to talk about.”) However, this did not have the same fluidity recognized in peer-to-peer discussion. One participant said she wanted to watch *Yizo Yizo* but her parents would not let her. Another participant felt that parents fear that if they talk to them about sex, then they “will go do those things”.

### *Celebrities*

A celebrity’s open acknowledgement of his/her HIV/AIDS status facilitated a more open engagement and discussion about the disease. The example was given of YFM radio presenter Kabzela who recently died of AIDS, and who, towards the end of his life, openly declared his status on air. “Kabzela was a good role model. Most youth hide their status. They don’t want to talk about it. The whole of South Africa knew about his status. He encouraged young people to talk about it.” (FDG1). “Kabzela coming out as a community idol was very big. A lot of people look up to him. People will follow in his footsteps and come out of the

closet and say: 'I am HIV positive'. If we are quiet it will spread without knowledge. A lot of people have been influenced by him. Some people have gone and tested for AIDS."

### *Teachers*

A number of participants said teachers promoted discussion in class about HIV/AIDS, and that schools were a reliable source of information on HIV/AIDS. The relevance of teachers as an information source for issues on HIV/AIDS depended on the teacher involved. ("After teachers finish what they teach, they talk about relationships and friends.") At the same time, learners in higher grades said there wasn't time to discuss the issues. One participant also said teachers get "involved" (have intimate relationships) with learners, which was an inhibitor to talking openly about the issues.

### *Radio talk shows/ open forums*

Open forums were seen as important in promoting discussion. One example of an ideal programme involved a phone-in talk show: "The radio DJ will put up topics for discussion every day and then speak about it. They ask people to call in and discuss the various aspects. They would talk about everything. It would be up to the people to bring up the topic. It will be open for suggestions. An open forum" (FDG2).

### *Privacy and media consumption*

While visual media (print photographs and TV) were cited as inhibitors to open engagement with HIV/AIDS issues by at least one participant – due to her parents responding negatively when seeing a picture of a pregnant woman - print was seen to allow privacy: "I like print because it is private. Print you can put away and read later."

- Are possible solutions to the problems posed discussed?

The most frequent solution posed was more open debate and discussion on the issues. "People are afraid of AIDS. There needs to be debates. We need to show people and meet people with AIDS. More of this needs to happen."

## **Indicator 4: Empowerment**

### *Empowerment through media participation*

TV was seen by one informant, a current affairs programme producer, as a potentially empowering media for communities and individuals affected by HIV/AIDS. While media participation may include participation in chat shows or writing letters to newspapers, being the subject of a news story can itself be an empowering experience for the participant. "I have always found that when

people want to speak, then they are glad that they have afterwards. TV can be an obstacle, because the level of exposure is so much more dramatic. Initially someone might not want to be on TV, but when they have thought about it, and talked to their friends, they say they want to be on TV. It is to do with the empowering nature of being on TV.” (Jooste, 2004. Interview).

At the same time, FDG participants tended to have little direct experience as content producers – with the exception of the participant involved in loveLife’s radio station. While all participants unanimously felt they would like to phone in to chat shows, or write to the press, they said there was little hope of getting through, and/or didn’t have access to the proper addresses. They also felt if they did write a letter, it would be ignored. At the same time, there is a lack of community participation in community media: “The community doesn’t participate at the [community radio] stations. You don’t see the community on the board or at the level of management. Sometimes there is a lack of participation in the creation of content itself.” (Abrahams-Smith, 2004). One FDG participant had tried phoning a community station, but could not get through. Participants were, therefore, generally disempowered as ‘media creators and participants’ – despite a striking and unanimous desire to participate more actively. Delays in print publication were also seen as a problem, when the issue and the willingness to talk was more immediate. Only one FDG participant had written to a school newspaper.

As mentioned, FDG participants who were directly empowered in relation to HIV/AIDS information (either at the level of content production or at the level of delivering HIV/AIDS information, as in the health worker interviewed), showed a more coherent understanding of HIV/AIDS issues.

A related experience was reported in designing HIV/AIDS education intervention workshops in the faith-based communities in the Western Cape. Rural communities were seen as more active in participating in the design, organization and implementation of the workshop. (“they are more empowered and more interested”), whereas urban participants were generally more disengaged. (“In rural areas people make time for issues they find important.”) (Hassiem, 2004. Interview).

The extent to which HIV/AIDS content is directly addressed by the media – and used as a tool to empower the community – is partially dependent on the media producers’ own sense of empowerment in relation to HIV/AIDS itself. “There is [HIV/AIDS] content and organizations that can assist. The problem is with people themselves. Many community radio stations have reached the point of saying: let’s go for a test. They have an important role and need to ask: how can we demystify the issue. Once people start addressing these issues themselves, we will see more content.” (Abrahams-Smith, 2004. Interview).

- Does the infotainment help provide an understanding of how to cope with / live with / take action against HIV/AIDS?

There was, as mentioned above, a sense of 'information fragmentation' which relied on the media *context* to create a coherent understanding. While health education messaging tends to have a degree of coherence in its programming, as pointed out in the Cato Manor study, news messages are often fleeting, "complex, contradictory or simply inaccessible." (Jooste, 2003. p7).

As discussed earlier, while the media provided some information, there remain basic information gaps. The Cato Manor study found that a high level of HIV/AIDS awareness co-existed with "myth and confusion". One particular myth the study refers to is "the condom myth", that is, the belief that free government condoms caused HIV/AIDS. 50% of the respondents in the study's FDGs and 50% of the informants in the interviews used the terms "confusion" or "I am so confused". (Jooste, 2003. p11)

- Does the infotainment help increase a feeling of ability to cope with / live with / take action against HIV/AIDS?

While participants did find the life-skills content important in the media consumed, many found the possibility of abstinence "extremely hard". ("Some can't abstain, because sex is too sweet."). There was a general sense that AIDS was something that could "not be stopped". However, within this context, there was an acknowledgement that individuals were in control of their lives and behaviour: "I don't think AIDS can be stopped, but you can prevent yourself from having AIDS." / "It's all up to you. You have the power. Because nothing can control you but yourself."

The research conducted in Cato Manor found that people with HIV/AIDS were frequently treated as if that was the most notable aspect of their lives, whereas everyday issues (the example given was passing matric), were not considered important. In this way, some participants in the research felt "HIV/AIDS branded" (Jooste, 2004. Interview). This may suggest a negative impact of health messaging with an over-emphasis on HIV/AIDS as the sole issue of an individual's identity.

An interesting observation made in the Cato Manor study was that "responses from HIV positive individuals and groups appeared to have been more animated than [those of people not infected by the virus]. Their wish for more HIV/AIDS news is often expressed as a demand rather than just a need." (Jooste, 2003. Interview).

- Does the infotainment help provide perceived solutions to HIV/AIDS-related problems?

- Does the infotainment help challenge negative social norms/dominant discourse?

There was strong evidence that the social norms (for instance the differences in peer-to-peer discussion topics amongst males and females) predominated, despite the media available.

### **Indicator 5: Behaviour Change**

#### *Differing mandates of commercial media and health messaging*

Parker suggests (2004. Interview) that there is often a conflation between news messaging – or hard news reporting – and health information messaging. Although arguments have been put forward for sustained editorial-level policy thinking around HIV/AIDS in the commercial media, as well as for a greater level of HIV/AIDS advocacy (discussed above), this should not necessarily be conflated with public information or health messaging, which seeks to inform, support, educate, provide life-skills, and bring about behavioural change. The objectives of the commercial media are different, and it may be impractical to expect it to fulfill the public health information mandate. Therefore, discussion around media content and behaviour change needs to keep this distinction in mind. (Parker, 2004. Interview)

#### *Limitations of measuring the impact of health messaging*

At the same time, it is difficult to empirically measure the impact of health messaging vis-à-vis behavioural change (Parker, 2004. Interview). “There is a presumption that these kinds of programmes can claim massive impact on behavioural changes, but one is talking about small percentages of change of 2-3%...The news media has a role to document the changing nature of the response. It is problematic over-claiming a massive impact [of health messages]. Behavioural change for HIV/AIDS is poorly articulated.” (Parker, 2004. Interview)

- Does the infotainment bring about changes in individual behaviour e.g. more open talk, change in belief norms, change in intended behaviour, change in actual behaviour?

#### *Catalyst for discussion and openness*

In an evaluation of the impact of Soul City interventions in rural and urban audiences, a recent study found that there was significant impact at the level of knowledge and interpersonal communication. In particular, the CASE evaluation found that the Soul City television series “significantly affected” changes in interpersonal communication about HIV/AIDS and significantly improved knowledge about prevention (CASE, 2002. p33).

As mentioned, programmes such as *Yizo Yizo* serve as catalysts for animated discussions about various life issues. Similarly, one participant's involvement in the loveLife project, allowed her to discuss the issues more openly with her parents and "educate her parents".

Amongst faith-based communities, such as the Muslim communities in the Western Cape, there is evidence of a growing tolerance of HIV/AIDS issues and more openness in discussing them: "In comparison to 5-15 years ago, the communities are much more open to discussing HIV/AIDS. Ten years ago very few people would have listened." (Hassiem, 2004. Interview). There are also suggestions that the increased tolerance (that is "not as high as it could be." (ibid., 2004. Interview)) may not be due to health or news messaging per se, but because "people have more experience. They can relate HIV/AIDS to a person."

Work in the Muslim communities in the Western Cape also found more openness in discussing issues of sex and sexuality, although it still remained a contentious issue: "Women are still a bit conservative. Men are more open. But it depends on who facilitates the process. When we plan male workshops, if possible, we get a male facilitator." (Hassiem, 2004. Interview) Conversely, female participants in the FDGs conducted as part of this audit tended to be more open and able to raise issues of sex (even with a male facilitator). These included masturbation and oral sex. Male participants, on the other hand, did not raise these sorts of issues (particularly in FDG2, male participants expressed a dislike of pornography, a sentiment echoed by some female participants). The loveLife Y-centres are also seen as important places where open discussion on HIV/AIDS issues can take place (Naidoo, 2003).

It is seen as a challenge to introduce HIV/AIDS awareness within faith-based communities. "Muslims have a perception that because you live by the Koran, our sexual conduct is described to us in that. If you follow the Koran as stated then you are not supposed to be affected by HIV/AIDS. But statistics show that this is not true. HIV/AIDS is affecting the community. We need to bring the message across as subtly as possible, because we don't want to sound blasphemous." (Hassiem, 2004. Interview).

At the same time, the role of celebrities in the media – particularly those who are HIV/AIDS positive – clearly had an impact on the openness with which HIV/AIDS was discussed – to the point of inspiring some members of the community to be tested for HIV. (FDG1).

### *Condoms and abstinence*

Most, if not all participants in the FDGs agreed that it was important to wear a condom when having sex. While several indicated that it would be difficult to abstain ("Abstinence is extremely hard. It is possible if you put your mind to it, and your heart to it"), two participants in FDG1 said that they would abstain rather than have sex at an early age: "I am abstaining because of AIDS. If I find a

girlfriend I will take her to the clinic to have an HIV test first.” There were also suggestions in FDG1 that masturbating would be considered over sexual intercourse.

There have been reports of significant lifestyle changes through engaging with youth-centred programmes such as the loveLife’s Y-centre at Orange Farm. For example, leaving a lifestyle of crime, drug abuse and alcoholism through engaging in the center’s programmes and activities. (Naidoo, 2003)

### *Evidence of gaps in impact*

There was evidence of the internalization of basic messaging, such as “condomize” and “ABC” – ‘Abstain, be Faithful, Condomize’. However, the level to which a more complicated (and to some extent more useful) messaging was internalized by the participants was unclear. In FDG1, the ‘ideal’ messages in a hypothetical media programme produced by the participants, showed a straightforward and overwhelming concern with HIV/AIDS as a “killer” disease, rather than more subtle issues of living positively, or tools for living positively. (e.g. “Aids kills”; “Aids is there”; “Aids is alive and kicking”; “Aids the terminator”; “Aids against the human being”; “Aids is living in our community”; “Our worst enemy Aids”; “AIDS is like flu, you can get it anywhere.”). To some extent these statements show a failure of health messaging, at least at the level of providing a positive and empowered context with which to think about the disease. It is worth noting that the comment that “AIDS is like flu, you can get it anywhere” is a subtle variation of the government’s single message campaign: “If your friend had flu would you ignore them” (Coulson, undated). This may suggest a failure of that specific campaign.

Similarly, despite the proliferation of health messages, and the awareness of these, there was a reluctance amongst males to talk about HIV/AIDS issues: “Youths don’t disclose their status to us. There’s lot’s of peer pressure”. There was a general sense of an empowerment gap between the participants and the messaging. The messages appeared to be considered something ‘out there’.

The study of the loveLife Y-centre in Orange Farm found evidence that gender stereotypes were being reinforced in its health messaging (through billboards, chat-shows and workshops), despite the intention of the campaign to challenge and change gender prejudices. (Naidoo, 2003). While the study found that the loveLife Y-centres did provide a safe place for young people to meet and discuss issues like love, sexuality and HIV/AIDS, it simultaneously created tensions between youth participating in the programme, and those who did not. The study found that community members felt that the programme created fractures between parents and children, by “promoting certain ideas, values and beliefs that are foreign to the culture and expectations of most people in Orange Farm”. (Naidoo, 2003, p13). For some community workers interviewed loveLife was “just a way of creating a sexually active society” (ibid. p12).

In an evaluation of loveLife messaging conducted at a treatment site in the Eastern Cape, it was found that there was a mixed response to the messages. “Some members of the community did not buy into the messages, others did. Some were under the impression that loveLife promotes abstinence, which it does not. While there has been extensive reach, it hasn’t gone far enough.” (Mukherjee, 2004. Interview).

- Has the infotainment lead to changes in local society and at a national level? E.g.
  - More openness amongst opinion leaders and other key resource people (debate, change in social norms)?

There were suggestions in both FDGs that – through media cues - parents would begin discussing issues of love and sexuality and HIV/AIDS more openly with their children. However, there were counter suggestions of behavioural change. For example, in FDG1, one participant said that nurses had chased him away from the clinic when he asked for condoms. At the national level, there are still ambivalences around the position of national leadership on the issue of HIV/AIDS. While, on the one hand, the former minister of home affairs, Mangosuthu Buthelezi openly acknowledges that his son has died of HIV/AIDS, President Mbeki, as recently reported by the Washington Post, says he doesn’t know anyone who has died of HIV/AIDS. Regardless of any potential media miscommunication around what Mbeki intended to say or said, there is a stark contrast between the two public comments by the country’s leaders.

- Reduced stigma (less prejudice and ill-treatment of PLWHAs, more inclusive action)?

There are indications that the issue of stigma has been over-stated as a major problem in South Africa. According to Parker (2004. Interview) a recent survey conducted shows that upwards of 90% of people surveyed do not hold discriminatory values. “We feel that it is a construction that stigma and discrimination is a major problem. Clearly there are people who do hold discriminatory attitudes. The point is how much do you need for it to be a problem.” (Parker, 2004. Interview). Parker also points out that low levels of discrimination are highly significant for PLWHAs. However, “It is too generalized a term. It is a specific problem to deal with small minorities [who discriminate] – even though it might have quite a considerable impact on the individual. It has been very poorly understood as a conflict.” (ibid., 2004. Interview).

In the FDGs there were several suggestions that peers deliberately withheld their HIV/AIDS status from others. This suggests that at the inter-personal level there remains a stigma – difficulties or a reluctance to reveal one’s status – attached to being HIV positive. However, as Parker suggests, this does not indicate that there is active discrimination against PLWHAs.

- Political discourse more open and either planned or actual change in legislation?
- Improved and more accessible health services (VCT, care and support, MCTC, ARV, other)?

Both these issues have in the past to a large degree been dependent on the nature of the conflict between advocacy organizations and government over health policy. In the context of news media, rather than foster a climate of more open discussion, it has been an important vehicle for bringing pressure on the government to change health policy (Finlay, 2003). In late 2003, the government announced that it would implement a wide-spread ARV treatment programme, following sustained pressure from civil society organizations for ARVs to be made available to the public.

## 6. Conclusion

The media in South Africa has, over the years, done as much work confusing the issue of HIV/AIDS in the public's mind as attempting to clarify it. It has a relatively poor track record in recording the progress of the disease in the country, and its impact on society at all levels. Media institutions have been reactive in their coverage of HIV/AIDS, which has, in part, been obscured by ideological and psychological issues inherited from the *apartheid* past. The news media has also been quick to relent to perceptions of 'AIDS fatigue' amongst media consumers, and has, at times, marginalized HIV/AIDS content, without questioning the underlying assumptions of their perceptions (e.g. few will not report on the minutiae of political life, even if readers insist it bores them). It equally has not untangled itself from its profit-making incentive in order to ask more structural questions about the role of the mass media in a developing country like South Africa, nor used HIV/AIDS as an opportunity to develop a new kind of reporting – more informed, more credible. This despite examples such as YFM showing that brand, profit and social responsibility can be effectively balanced.

On the other hand, the media can be said to have made an important contribution to civil society pressure on government around HIV/AIDS policy changes. In this respect, in the context of HIV/AIDS, its role as public watchdog has been relatively successful.

There have been several well-funded health communication initiatives in South Africa. Besides Soul City and loveLife – the two most prominent initiatives – government has over time developed its own communication agenda (whilst simultaneously contributing significantly to initiatives such as loveLife). The mass media – broadcast and print – has been used variously by these initiatives and to great effect. Health information is regularly published in a range of magazines and as supplements to newspapers. Organisations such as CADRE and initiatives such as SABC Education, who, amongst others, co-produce *Tsha Tsha*, have capitalized on the clear impact education drama TV series are having

on the country's youth. As audience ratings of programmes like *Yizo Yizo* show, HIV/AIDS issues in the context of broader social issues, such as teenage pregnancy, sexuality, relationships, love, drugs, crime, family affairs, and friendships appear to be preferred and more readily consumed.

Although the impact of health communication messages is hard to measure, best practices are now better understood – and will continue to evolve. This evolution means there have been mistakes (loveLife has in particular met with a lot of criticism). It is noteworthy that participants in the focus group discussions conducted for this audit remain unclear about basic HIV/AIDS facts that influence behavioural choices. There was also a sense that HIV/AIDS communication initiatives were 'something out there' and, particularly amongst males, had only marginal impact on discussions and debates between peers. There was a general sense of participants remaining disempowered in relation to HIV/AIDS. However, it is clear that the communication initiatives are being used as both resources and for support by a significant number of people.

## **7. Country Recommendations**

### *Media institutions and the newsroom*

As pointed out by Stein (2003) issues that constrain a change in HIV/AIDS coverage involve notions of news values (which includes ideas that "HIV/AIDS is not about me" and "HIV/AIDS is not dramatic enough" (Stein, 2003. p23)); a lack of commitment to the HIV/AIDS story; resource and capacity limitations; a lack of skills and what she calls the impact of key stakeholders – such as government and civil society - on journalism (Stein, 2003. p29). Amongst others, Stein recommends training interventions and developing online information support for journalists. At the same time, issues such as editorial-level policy development and the distinction between specialist coverage and general beat reporting in the context of HIV/AIDS need to be grappled with. (Stein, 2003).

It is worth noting that organizations like CADRE ([www.journ-aids.org.za](http://www.journ-aids.org.za)) and the TAC ([www.tac.org.za](http://www.tac.org.za)) have developed online resources for journalists, and that the need for training has been at least recognized by some editors. Many media organizations continue to grapple with the specialist needs of HIV/AIDS reporting within the context of beats, such as economics and politics or even health. At the same time, initiatives like Health-e have managed to raise the bar of HIV/AIDS content generally.

Levers for change exist at the level of ownership and management, and at the level of gatekeeping. HIV/AIDS advocacy agendas have largely been set by the individual journalist, who has some influence over how to cover the pandemic (Finlay, 2003). Yet journalists are often left to fend for themselves, and frequently lack the supportive context – including training - necessary to cover the pandemic properly. (ibid., 2003). At the same time, little work has been done in

training editors and sub-editors. YFM is an interesting case of how the twin concerns of making money and being socially responsible can be fused. The issue of branding, marketing and HIV/AIDS can be looked at more creatively. These issues need to be communicated and discussed at a senior level in media institutions.

Media institutions need to dedicate more resources to proactive reporting – or pool their resources and share content. Several gaps in current media coverage of HIV/AIDS have been identified:

Within the context of government policy implementation, there remains a shallow level of investigative reporting. According to Parker, the complexity of ARV roll-out is not being properly explored. Rather, the media tends to ‘box’ the issues. “ARVs aren’t a panacea to the complex psychological things people have to deal with. The media needs to ask: what are the implications of this more broadly.” (Parker, 2004. Interview). For example, the capacity of clinics and their ability to deliver ARVs is not being investigated. Associated issues around palliative care and “strong pain relief” are also not been considered. (ibid., 2004. Interview). Parker, amongst others, feels that investigative reporting should “seek out and look at the *implications* of policy, to tell the story about the translation of what’s on paper and real world application of policy. The media is responsible for moving the grassroots implication of policy into the public domain.” (ibid., 2004. Interview).

Other potential topics that aren’t being explored include: the impact of ARV therapy on social grants (Jooste, 2004. Interview); the implications of HIV/AIDS in faith-based communities (Hassiem, 2004. Interview) and the related notion of the impact of HIV/AIDS on traditional beliefs, particularly in the rural communities (Dludlu, 2003. Interview). The Siyam’kela study found that of the general issues covering HIV/AIDS, there was a lack of focus on prevention, and on information dealing with positive living strategies (Siyam’kela, 2003. p7). More broadly, the media has not managed to properly contextualize HIV/AIDS in relation to individuals and society at large. The learning experiences that may be had – through the lens of HIV/AIDS – about how we relate to each other, as individuals, as a community, and about societal structures, are poorly understood or explored.

### *Empowerment and access*

Participants in the FDGs were generally disempowered as media creators and participants – despite a striking and unanimous desire to participate more actively. There were suggestions that forming a coherent understanding of media messages relies in part on feeling empowered in relation to the media. School and community projects could create an environment where youths are encouraged to become media creators – for example, starting a school magazine or youth community newspaper. The MDDA could play an important role in

funding these projects, and initiatives like loveLife and Soul City (amongst others) could provide practical training. Such initiatives could involve community radio. However, an evaluation of the success of community radio in terms of its mandate also needs to be conducted.

### *Creating a context for discussion*

More emphasis could be placed on creating a context for 'unpacking' or mediating the media messages, including public health information messages (e.g. training teachers so that HIV/AIDS can be discussed at schools). What do they mean? What more do people need know? How do they relate to their lives, specifically? Do they understand them? Participants in both FDGs said that more open discussion and debate was needed. Again, in this respect, community radio has an important role to play.

### *Class and HIV/AIDS*

There is space to better understand the information needs of the middle-upper classes. As suggested, there is a tendency by media producers to believe that educated and wealthy people know the facts about HIV/AIDS. This, however, is not the case. Their influence in society generally dictates that this should change. Consideration should be given to targeted and relevant information campaigns (e.g. HIV/AIDS and domestic workers; HIV/AIDS in nursery schools; HIV/AIDS and your children's friends or HIV/AIDS in the workplace).

### *Basic information gaps*

Despite public health information campaigns, basic gaps in knowledge persist. "There is a place for health communication at a basic level, for basic information provision. It is, for example, clear that in the prevention of Mother-to-Child-Transmission people don't know clearly what the steps are. There is little clear communication on how to go about it. So basic information is still needed at the level of knowledge." (Parker, 2004. Interview)

### *Conflict*

Finally, although unavoidable, the politicization of HIV/AIDS in South Africa has no doubt impacted on our understanding of the disease as a society. The impact of this on communicating HIV/AIDS to the public in general has not been fully articulated.

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## 9. Note on Methodology

This South African media audit involved:

1. Background research and literature review;
2. Interviews with stakeholders;
3. Two focus group discussions.

### *Interviews*

While drawing on past research which emphasized print media (e.g. Stein 2001, 2002 and Finlay, 2003) the following interviews or consultations were conducted for this audit. Interviews have been annotated as such throughout the audit, although, for practical purposes, no distinction between a full-length interview or a consultation has been made.

<b>Name</b>	<b>Organisation</b>	<b>Position/work</b>
Matshidiso Maloisane	Inkanyezi Project	Health worker/ care giver
Lebogang Tsiamé	GPY Stereo	Head of news
Faiza Abrahams-Smith	National Community Radio Forum	Director
Alan Matthews	702 Talk Radio/ Cape Talk	Operations Manager
Pippa Green	SABC Radio	Head of News
Dirk Hartford	YFM	Director of special projects
Prof. Anton Harber	University of Witwatersrand	Head of Wits Journalism Programme and former manager of Kagiso Media

Prof. Tawana Kupe	University of Witwatersrand	Professor at the Wits Journalism Programme
Cloe Hardy	Aids Law Project	Paralegal at project
Mark Hayward	Aids Law Project	Head of project and Treatment Action Campaign treasurer
Warren Parker	CADRE	Director
Sushant Mukherjee	Nelson Mandela Foundation	Partnership development and fundraising
Farahneez Hassiem	Positive Muslims	HIV/AIDS education and outreach programme
William Bird	Media Monitoring Project	Director
Jude Mathurine	MISA-SA	Information and Advocacy Officer
Tracey Naughton		Media consultant
John Dlodlu	Sowetan	Editor (interviewed 2003)
Patrick Craven	COSATU	Communications/ editor (interviewed 2003)

### *Focus group discussions*

The first focus group discussion was held in July, 2004 in Orange Farm, a township about 45km south of Johannesburg. The majority of residents in Orange Farm are unemployed – with a high rate of youth unemployment (Naidoo, 2003). The focus group discussions were split into two sessions – the first involving 7 females aged between 15 and 18 years, and the second 8 males from the same age group. The participants were drawn from various sectors of Orange Farm and most of them did not know each other.

The second focus group discussion was also held in July, in Hammanskraal, some 45km north of Pretoria. Hammanskraal is described by researchers as semi-rural and - despite visible development – occurs within the heart of rural and semi-rural communities (<http://www.be.up.co.za/legalaid.html>). The second focus group was also divided into two sessions, the first made up of 6 females aged 15-18 years and the second 6 males from the same age group.