

Ethical journalism in a time of AIDS

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The media's role in fighting the AIDS pandemic has come under scrutiny due to the scale of the pandemic, the breadth of its impact and the accompanying stigma and denial. There have been calls for the mobilisation of the media in general, and journalists in particular, in spreading public health messages. Various studies have criticised the representation of the issue in the media. This paper addresses the question of how journalists should cover the pandemic, interrogating how the profession's generally accepted ethics apply in this situation. It considers how the imperatives of truth-telling — including fairness and accuracy, independence and minimising harm — apply in the context of reporting on HIV/AIDS. Finally, the paper presents a set of nine guidelines for journalistic coverage that have been accepted by the Southern African Editors Forum.

Keywords: HIV/AIDS, ethics, guidelines, harm, media, reporting, truth-telling

Introduction¹

'When you are working to combat a disastrous and growing emergency, you should use every tool at your disposal. HIV/AIDS is the worst epidemic humanity has ever faced.... Broadcast media have tremendous reach and influence, particularly with young people, who represent the future and who are the key to any successful fight against HIV/AIDS. We must seek to engage these powerful organisations as full partners in the fight to halt HIV/AIDS through awareness, prevention, and education' (Kofi Annan, UNAIDS, 2004).

The words of UN secretary general Annan capture the urgency with which the media have come under scrutiny in the context of the AIDS pandemic. With medical science unable to deliver a cure, a great deal of emphasis has been placed on public education, in which the media are seen as playing a crucial role. Annan made his comments in the context of a new UNAIDS initiative that sought to involve the media in awareness campaigns, through spreading accurate information about the pandemic, fighting stigma and denial, promoting services, and by other means (UNAIDS, 2004).

Much of the interest has been on entertainment programmes, where 'edutainment' formats have proved highly successful in promoting socially useful messages in this and other areas. However, news reporting has also come under scrutiny. AIDS activists have made it clear that they expect journalists to use their influence to fight the virus. A series of studies have criticised various aspects of how journalists have reported on AIDS, and these will be looked at more closely below.

Taking into account these criticisms, this paper seeks to answer a simple question: How should journalists be

covering this story? As such, it is unabashedly normative in approach. The article takes as a starting point the established ethics of the profession and how these apply to the particular circumstances of AIDS in southern Africa. In some sense, ethics can provide a set of absolute markers to judge behaviour. But the way they are applied is not always self-evident, and may shift over time and in reaction to particular circumstances. The AIDS pandemic represents a particularly large and complex set of challenges for the ethics of journalism, and this discussion also hopes to throw some light on what happens to ethics and their application when they are confronted with a new² phenomenon of this kind.

An earlier version of this paper was presented and discussed at an April 2005 conference organised by UNAIDS and the Southern Africa Editors' Forum (SAEF). A set of nine principles for ethical coverage of AIDS were developed, systematising the thinking in the paper. These principles were revised at the conference, and have since been adopted as policy by SAEF. They are included in the final section.

The context: AIDS and the media

The AIDS pandemic has been called a "holocaust equal in magnitude (but over fewer years) to the slave trade" (Cooper, quoted in Nattrass, 2004, p. 24). From the 1970s until the end of the century, the pandemic claimed 14 million lives. Sub-Saharan Africa is at the epicentre, with some 23 million adults, aged between 15 and 49, infected with HIV (UNAIDS, UNFPA and UNIFEM, 2004). According to UNAIDS, South Africa has the highest number of people with HIV and AIDS in the world: an estimated 5.3 million out

of a worldwide total of some 38 million. According to the 2004 report on the global epidemic by UNAIDS, the three countries with the highest incidence (the rate at which the infection spreads) are all in sub-Saharan Africa; they are Swaziland, Botswana and Lesotho (UNAIDS, quoted in Panos Southern Africa, 2004).

Like all other sectors of society, the media industry in the region has been profoundly affected. Martin Foreman (2000) of the Panos Institute points out that the pandemic is reducing the numbers of media consumers. "A society where a quarter or more of the population is preoccupied with sickness and death is not a society which will fatten the wallets of media owners," he writes.

Journalists themselves are at risk. Namibian reporter David Lush has spoken movingly of how hard it was to disclose his own HIV-positive status to his newsroom. He told a conference of the Media Institute of Southern Africa (MISA) that the prevalence of HIV among media workers is likely to be as high as that in the broader southern African population — between 20% and 30%.

'And yet how many HIV-positive journalists do we know? How many media workers have openly declared their HIV-status? Very few. Which suggests that there are a lot of petrified and isolated journalists in newsrooms throughout the region, afraid to speak openly about being HIV-positive. Our guiding principle is the right to free expression, and yet thousands of media workers do not feel safe to express themselves freely in their own work place. This must count as a gross example of censorship in the very media institutions that are supposed to oppose censorship!' (Lush, 2004)

This paper's focus, however, is on AIDS as a story, with medical, political, social, economic, and many other facets. Several studies have investigated the reporting of HIV/AIDS in South Africa and southern Africa (Boafo, 2000; Shepperson, 2000; Stein, 2002; Mchombu, 2004; Panos Southern Africa, 2004) and have found significant weaknesses in coverage.

A repeating theme is the observation that much reporting is dependent on drama and conflict, or has been pushed aside by more dramatic news. For South Africa, the emergence of this public health crisis in the early 1990s coincided with democracy. Freshly installed as the country's first properly elected president, Nelson Mandela found himself face to face with the HIV/AIDS crisis. But the government was slow to react, and his successor, Thabo Mbeki, has been widely criticised for flirting with dissident views that deny the existence of AIDS, and for doing too little to deal with the problem.³ Groups like the Treatment Action Campaign (TAC) built a high profile by adopting imaginative and confrontational techniques to force the government to take the issue more seriously. The political dynamic around AIDS has played a major role in the way coverage has unfolded. A study under the auspices of the HIV/AIDS and the Media Project at the University of the Witwatersrand, Johannesburg, compared media coverage in two periods in 2002 and 2003, and researcher Alan Finlay found a 32% drop in HIV/AIDS coverage between the two. The first period was full of obvious news cues, like the Constitutional

Court's challenge to government on the provision of Nevirapine, but the second period lacked comparable drama. Finlay (2004) writes that this is "an indication of the extent to which conflict and personalities have dominated the HIV/AIDS news agenda, and highly suggestive of what happens to HIV/AIDS in the absence of conflict." Coupled to this fascination with high-profile conflict has been a heavy reliance on official sources. Shepperson (2000) found that the government has been far and away the biggest source of news — fully 25% of the stories he looked at had the government as their source.

There has also been much comment on the way the pandemic has been represented. In the early years, much reporting was simple scaremongering, with headlines about the 'killer disease' and 'death sentence' serving simply to stigmatise people living with HIV/AIDS. Related to this, there has been significant focus on the language used in reporting, like use of the word 'victim.' In addition, those affected have often been represented as 'the other' — gay men, drug users, sex workers, migrants, the poor. The issue of representation has drawn particular attention because of the important role that social attitudes like these play in furthering the spread of HIV. There have been calls from activist groups and others for more focus on the positive lives that people with HIV/AIDS can and do lead.

However, other more recent studies have found a change in media coverage. Panos Southern Africa (2004, p. 12) reports: "There has been a marked improvement in terms of the quality and language used by journalists in their coverage of HIV/AIDS." In a detailed study that investigated reportage in 1994, 1999 and 2004, the HIV/AIDS and the Media Project found significant shifts. Particularly around the deaths of Nkosi Johnson and Gugu Dlamini in 1999, the media engaged much more sharply with issues of stigma and discrimination, whereas five years before, reporting had itself furthered these problematic attitudes (HIV/AIDS and the Media Project, 2004).

There have been many other findings and criticisms, but those described above must suffice for this summary. Others may be referred to as I seek to give a clearer idea of what particular ethical principles demand of us in covering the story.

The ethics of journalism

Journalists see themselves as 'licensed truth-tellers' — societies give them unique freedoms so that they can inform the public about matters of importance. In this way, journalists are essential to democracy. This understanding of journalism's role is well established, and finds expression in many places. To quote just one, from this region, the 1991 Windhoek Declaration begins: "...the establishment, maintenance and fostering of an independent, pluralistic and free press is essential to the development and maintenance of democracy in a nation, and for economic development." Journalism derives its ethics from this concept.

American journalism sought to formalise a set of ethics for the profession, with the first code of conduct being written there in 1926. In the early 1990s, the Poynter Institute identified three principles as central to the many

codes that had been written in the meantime. Their research involved detailed interviews with hundreds of journalists and editors, as well as a close reading of many codes of conduct. This trio of principles has become highly influential:

1. Seek truth and report it as fully as possible [which seems to me to have two major legs: the need for accuracy, and the need for fairness];
 2. Act independently;
 3. Minimise harm (see Black, Steele & Barney, 1995, p. 17).
- A fourth principle, accountability, is often added.

These principles capture the essence of a Western attitude to journalism (even though the reality often falls far short of the ideal), and there have been significant voices arguing that the principles are culturally specific and not universal. Zambian academic Francis Kasoma is among those who have argued that African journalists should look to their own moral heritage rather than accepting Western standards. Journalism based on African values would be kinder, as he argues: “There is too much of the cold Euro-American brand of news reporting in Africa... Africa has the chance to restore the human touch to journalism” (Kasoma, 1994, p. 34). In newly democratic South Africa we heard quite strident calls for journalists to change their ethics and so bring them into line with African cultural realities and the new political order. In the wake of its controversial enquiry into racism in the media, the South African Human Rights Commission (2000, p. 83), for instance, recommended that “the current codes of conduct and various declarations that exist be reviewed...to ensure that they are consistent and in line with the current constitutional requirements and that they properly reflect the role of the media in a democratic society.” Similar calls have come from several other quarters.

It is important to refer to this criticism, even if it cannot be fully explored here, since I rely on these principles when considering the ethics of reporting on HIV/AIDS. Elsewhere, I have argued that basic principles like independence, fairness and accuracy are generally valid (Krüger, 2004) and references to them can be found in codes that journalists across the continent have written for themselves, variations in wording notwithstanding. Interestingly, research done by Christians & Traber (1997), among others, has found the existence of what those authors call ‘proto-norms’ — standards that all cultures value. Truth-telling — that most basic of ethical precepts for journalists — is something recognised everywhere; in fact, it has been argued that it is a value without which human society is inconceivable (MacIntyre, 1998).

Admittedly, asserting those basic principles does not always take us very far. Their application and use will vary from time to time, and those shifts provide rich ground for investigation. The AIDS pandemic represents a relatively new challenge to established principles, and illustrates the point neatly. While accuracy, to use just one example, is an important universal value, it throws up particular issues in reporting a story that involves complex science. The discussion below attempts a systematic and detailed look at the way in which the canon of journalism ethics should be read in the light of the pandemic.

This paper, then, adopts an attitude to ethics which accepts the validity of established approaches, but seeks to

interpret them in this context. AIDS supports the validity of this attitude in another way too. Issues of sexuality and culture play a central role in the pandemic, and it would be foolish to ignore them in developing the principles of an ethical approach to the issue. But they will not change the basic norms. Black, Steele & Barney’s (1995, p. 17) articulation of ‘guiding principles for the journalist’ includes the line: “Treat sources, subjects, and colleagues as human beings deserving of respect, not merely as means to your journalistic ends.” In dealing with cultural practices like virginity testing or widow cleansing, for instance, or with children who shoulder adult responsibilities after being orphaned by AIDS-related deaths of their parents, we need to be careful not to throw out this principle. Instead, we need to understand what the call for respect demands of us in that context.

The discussion nevertheless leads to considering whether some principles need stretching, so to speak. I argue, for instance, that the basic value of truth-telling implies a duty to give due weight to this story — reporting it as fully as its standing as a major public health crisis demands, and reporting it in all its various aspects. But existing codes usually do not express a duty ‘not to leave something out.’ Similarly, I will argue that we should take greater care in dealing with people who are vulnerable, particularly around issues of privacy, than we do with others. Again, this is not a distinction usually made. The implications of stretching existing principles in the view of our experiences with reporting the pandemic cannot be explored here — they would take us beyond the ambit of this topic.

What about advocacy?

We should consider whether journalists should simply report the news about HIV and AIDS, or whether they should go further and apply pressure for particular solutions. Although less acute now, the question had particular resonance in South Africa because of the politicizing of the issue. Echoing Koffi Annan, quoted above, an unnamed editor made a strong case for advocacy when he told researchers at the Centre for AIDS Development, Research and Evaluation (CADRE), South Africa: “I think that newspapers are one of the most important tools that we as a people, as a nation, as a human race have.... For those of us who have an opportunity to do something and don’t; I think that should be considered a crime against humanity. For having a tool, a vehicle, and not using it” (quoted in Stein, 2002, p. 8).

The struggle against apartheid was cited as a useful parallel. A journalist told the CADRE researchers: “Regarding policy, just as the media under apartheid should have had an advocacy role and it did sometimes, so too with AIDS, it needs to play a role as well” (Stein, 2002, p. 12). For some, the difficulty with this approach is the apparent contradiction with the journalist’s duty to remain aloof, in order to be able to report all sides of a controversy. Even though the notion of objectivity has fallen seriously from favour — fairness, even-handedness and independence remain important principles.

The discussion is not new. In the 1980s, there were widespread calls for journalists, particularly in the south, to replace ‘objective’ journalism with a commitment to development.

Later, apartheid provided a situation of such moral clarity that many journalists felt justified in 'taking sides.' It is significant that this experience was repeatedly cited in the CADRE interviews as being analogous to the AIDS crisis.

Does advocacy infringe on the basic requirement to report fairly? Some codes explicitly make provision for it, like South Africa's press code of professional conduct (Press ombudsman of South Africa, 2001), which says that "a newspaper is justified in strongly advocating its own views on controversial topics provided that it treats its readers fairly by...making fact and opinion clearly distinguishable...not suppressing or misrepresenting relevant facts [and]...not distorting the facts in text or headlines."

Stein (2002, p. 9) makes the useful distinction between strong and weak advocacy: the former would include "a self-conscious recognition of the media's power to influence, promote or fast-track collective action and/or policy agendas," while the latter reflects a "seemingly neutral educational and informative role, defined as 'reporting what is happening' (i.e., information giving) rather than as a direct attempt to influence actions."

Individual media organisations and journalists may place themselves in different places on the continuum of strong to weak advocacy. And they may shift, depending on the circumstances.

Much can be achieved even within a weak advocacy role, if the journalism remains careful but focused on the issue. But if news organisations want to go further, there is no ethical problem, as long as readers are treated fairly, as outlined in the South African press code. Jones (2004, p. 39) writes: "...an advocacy role vis-à-vis HIV/AIDS by no means negates the media's ethical obligations."

Applying basic ethical principles to the story of AIDS

The three basic principles identified in the study by the Poynter Institute have already been mentioned: truthtelling, independence and minimising harm. The fourth that is often added, accountability, is undeniably important, but it does not seem to have particular application in this context.

Truthtelling

In some sense the first and most basic principle is accuracy. In the context of HIV and AIDS, this means that journalists need to be very careful about science and statistics. The medical issues are complex and it is important to get them right.

How much room is there for the provision of basic health information? Some have stressed this, particularly in the broader context of the media. In a study of the Zambian media, Kasoma (2000, p. 122) bemoans the lack of what he calls mobilizing information, "information that allows people to act on attitudes and desires they already have." Telephone numbers of AIDS counselling services would fall under this heading. Foreman (2000) however makes the point that journalists are not health educators. In this context, the distinction between media and journalism is useful. In other areas of media there is much room for information of this kind. In the news pages, this should not be a primary focus, although there is nothing wrong with accommodating it if possible.

In a broader sense, the truthtelling principle means telling the story fully and giving it due weight. This involves a number of things. It means reporting the pandemic in a nuanced way, and investigating the social, medical, personal, scientific, economic, educational, political and other aspects of the issue. That kind of balance will not be achieved in a single story, but it can be achieved over time.

It is particularly important to report with regard for the gender dimensions involved. Journalists should make sure that women's voices are heard, and investigate the ways in which the pandemic is affecting women and girls differently to men and boys. A gender dimension can be found in almost any story. More generally, a gender perspective of HIV and AIDS points to the need to report on wider gender inequalities that fuel the pandemic, on issues like gender violence, transactional sex and much else. Ignoring gender impoverishes journalism. That gender perspective should also lead journalists to consider the media representations of men and women, and make sure their reporting undermines rather than fuels harmful attitudes.

Gender is an important part of the context, without which the pandemic cannot be properly understood. US journalist Mark Schoofs says: "Journalists must point out the larger forces that keep HIV spreading" (quoted in Cullinan, 2001).

The call is sometimes made to not report the story purely in terms of gloom and doom. This is a legitimate point, and opportunities should be taken to report 'positive lives' — stories of people living positively with HIV and AIDS. But it would be irresponsible and inaccurate to report the story as anything but a serious crisis. Nobody is served by types of reporting that play down the problem. Telling the whole story means giving the pandemic a human face. There have recently been calls to allow the voices of people with HIV or AIDS to be heard more strongly. In a presentation to the Southern Africa Editors' Forum, Jason Wessenaar (2004) quoted an unnamed person as having said: *'It is high time that our voices are heard. Let us not have other people telling us what they think should happen to a person who is living with HIV when we are here and know what it is like.'* Journalists would do well to heed this call.

A fundamental problem often stops us from covering this story fully, and it arises from our own news values. The story of HIV and AIDS does not always fit easily into those old values, which call for drama, conflict and the like. The story of AIDS hit all the right buttons in South Africa at one stage: the conflict between AIDS activists and the government made for great copy. But since that conflict has died down, it is harder to write the story. A journalist told the CADRE researchers: *'I mean how do you write about AIDS orphans in a different way? How do you? AIDS orphans are all alone, they don't have resources. What else can you say?'* An editor added: *'The story doesn't change'* (quoted in Stein, 2002).

In addition, many audiences feel relatively unaffected. One editor is quoted in the same study (Stein, 2002) as saying: *'I don't think AIDS is going to kill our readers in the same proportion that it might kill other classes of people. The threat for our readership is an economic one, primarily.'* Our news values, our normal practices, can get in the way of our truthtelling duty when it comes to this particular story.

Some have said we need to change our news values, but those values are very deeply ingrained. There are options, though. Normal news values are not as rigid as they are sometimes made out to be. Ours is a craft that values inventiveness, even though that may sometimes be hard to see in the grey expanse of everyday coverage. The classic hard-news story may not easily lend itself to coverage of the pandemic. But there are other formats: it is often just a question of being inventive or original. Not long ago, the Johannesburg newspaper *The Star* invested considerable time and resources in the story of two women dying of AIDS. It ended up being a three-part series entitled 'The fall of sparrows.' It was a great piece of journalism that deservedly won several prizes.

In addition, there is evidence that 'AIDS fatigue' is not a reality among all audiences. In her survey of audiences in Cato Manor, Durban, Jooste (2004) found that the respondents wanted more coverage of the issue, particularly stories with a human angle. One participant said: 'I would like to ask editors to look at this matter with a careful eye — there must always be something on the news about HIV/AIDS — that way it will encourage people to stop discriminating against those living with AIDS' (quoted in Jooste, 2004).

Independence

This means keeping a distance from the various players in order to be able to report honestly. This includes governments, even (perhaps particularly) in countries where they own or dominate broadcasting and other media. It is just as important to maintain a healthy scepticism when it comes to the pharmaceutical industry. A short while ago, the South African *Sunday Times* ran a prominent story about how the government was refusing free HIV tests. It turned out that the tests needed refrigeration, and there was a problem with government tender rules. It seemed that the paper had been suckered by the public relations people of the pharmaceutical company involved (Cullinan, 2001).

Some journalists interested in the issue find themselves siding with activist groups. But they should be wary of these, too. Foreman (2000) writes: "...media professionals [should] work with, but maintain an appropriate distance from, all institutions working in HIV/AIDS prevention." A whole industry has developed around HIV/AIDS, and these groups need to be held to account as much as anybody else.

Journalists should not accept payment for writing stories, except from their employers. This is a common problem in some southern African countries, where journalists may be grossly underpaid. The African Women's Media Centre (Beamish, no date, p. 13) says: "Accepting payment from interested parties creates a conflict of interest for the journalist and undermines the credibility of the news story."

The requirement of independence also raises the issue of paying sources. This is a principle that needs particular consideration in this context. The expression 'chequebook journalism' usually conjures up images of tabloids paying vast sums for stories of celebrities behaving badly. But here we are often dealing with people (sources) who sometimes have almost nothing. Is it payment when a journalist leaves a bag of groceries with a destitute, child-headed household after they have opened their lives to him/her?

Sometimes, journalists will argue that it is not necessary to pay because reporting itself benefits people living with HIV/AIDS. In an article published in *The Star*, Cullinan (2000) of Health-e News has dismissed that argument. She writes: "Journalists cannot, in truth, say that anything concrete will come from our stories. Anyone who promises that their stories will lead to a flood of funds is lying. What is in it for journalists is crystal-clear: we are paid to write stories about HIV/AIDS, so we need those affected to open their hearts to us. To salve our consciences, some journalists offer groceries or money in exchange for stories. While some may reject this 'payment' for stories as an odious tabloid-press habit, at least it offers benefits to both sides. The journalist gets the story and the family can eat for another month." Cullinan (2000) does go on to argue that these arrangements remain unsatisfactory.

It is a difficult issue, and basic humanity may sometimes dictate that some help is given to people in need. But we should remember that audiences do not, in general, trust stories that have been bought. And it is instructive that the ethics that social scientists use do not allow for payment of interviewees either.

Minimise harm

The media can cause significant harm. Established ethics call for harm to be minimised — not avoided completely, since some kinds are unavoidable or even justifiable. A corrupt official may be harmed by the exposure of his or her misdeeds, for instance, but this is far outweighed by the broader public benefit.

The concept of 'public interest' is a key one in the ethics of journalism. It is defined in the South African press code of professional conduct (Press ombudsman of South Africa, 2001) as follows:

"The public interest is the only test that justifies departure from the highest standards of journalism and includes:

- detecting or exposing crime or serious misdemeanour;
- detecting or exposing serious anti-social conduct;
- protecting public health and safety;
- preventing the public from being misled by some statement or action of an individual or organisation;
- detecting or exposing hypocrisy, falsehoods or double standards or behaviour on the part of public figures or institutions and in public institutions."

In considering many situations, we use the test of public interest. We ask whether reported information outweighs the harm that may be caused. Neither the public's right to know nor the harm to individuals have an automatic priority, and deciding which weighs more heavily is often very difficult. Certainly, the public's claim to information needs to be taken very seriously. Journalists' first loyalty should be to the public, and more particularly to the section that constitutes their audience. In the context of HIV and AIDS, we should not lose sight of the public need and desire to be informed properly.

There is a second general consideration that should be introduced here. Most issues regarding harm need to be understood in the context of the "triangle of stigma, denial and discrimination" (UNAIDS, 2004, p. 11). We should remind ourselves why HIV and AIDS have so much

baggage. It is useful to be quite specific about this — journalism, after all, should be about clarity. The phrase ‘the stigma of AIDS’ can itself become a euphemism, unless we remind ourselves exactly what that stigma is about. A very useful booklet for journalists says: “Infected people are ‘blamed,’ labelled as ‘bad’ people who in some way deserve AIDS as a punishment” (Health-e and Soul City, no date, p. 27). But one can be even clearer: the stigma arises because, to many minds, infection indicates an immoral lifestyle. The stigma is very real. It hurts people, even kills, as the example of Gugu Dlamini shows: she was stoned to death in South Africa’s KwaZulu-Natal province after disclosing her HIV-positive status. As journalists, we need to take issues of stigma very seriously.

On the whole, three main areas of potential harm can be identified:

1) *Privacy*. This right is enshrined in many constitutions; it is a legal right and an ethical duty. The code of ethics of the Media Council of Tanzania (no date) says: “A journalist should avoid violation of individual privacy and human dignity unless such violation is done for a provable public interest.” We all value the right to keep things about ourselves to ourselves.

In concrete terms, it means taking great care when it comes to reporting on people’s HIV status. Their story, the way their family deals with the situation, medical details, photographs — all this belongs to a person’s private sphere, over which they should have control. Journalists and others are in a Catch-22 situation: people are hesitant to talk about HIV and AIDS in their lives because of the stigma attached to it. And yet that very unwillingness fuels the stigma.

A useful code of conduct developed by the Journ-AIDS website talks about informed consent, meaning that journalists should make sure that people they want to write about know and have thought through the implications of putting their lives on public display. This means journalists must identify themselves, explaining clearly and honestly what is intended, and speaking in a source’s own language, avoid promises that cannot be kept, and so on. The code also insists that people living with HIV/AIDS must inform their family of their intentions. All that seems to impose too much responsibility on the journalist, as ultimately, it is not up to journalists to manage their source’s lives.

The issue has a particular slant where, as is often the case, journalists may interact with people who are poor and disadvantaged. The reporter needs to take particular care not to take advantage of a source’s vulnerability and push them toward something they may not want to do. This is one area where HIV/AIDS topics provide opportunity for fresh ethical thinking: established codes and practices make little distinction between different kinds of people. But surely there is a case to be made for vulnerable persons to be treated with greater sensitivity than those who are powerful and media-savvy?

There are particular complexities around children. What constitutes informed consent if a journalist wants to talk to a 14-year-old who is heading a household? The Journ-AIDS (no date) code states: “Where possible, informed consent should be obtained with the knowledge and consent of the children involved from a responsible adult, guardian or

carer.” It is a useful approach, since it asks for the children themselves to be consulted — they often well know what is in their own interests. It also recognises that circumstances may not allow for an adult to be asked for consent, and that an adult — even a guardian — may not always be acting in a child’s best interests. These complexities underline the need to be particularly careful in dealing with children.

As indicated above, public interest can trump the right to individual privacy, if there is a strong public interest. This is recognised in various codes of journalism. Such a situation might arise if a politician opposing the use of ARV treatment was found to be taking the medication. But journalists need to be quite sure of the public interest before they decide to disclose someone’s status. Undoubtedly, openness is an important principle, but that does not mean people can be forced into it if they prefer otherwise. After all, it is a matter that touches the most intimate spheres of people’s lives. Also, the stigma may affect people’s families — a partner, even children. Perhaps the best journalistic example of ‘outing’ someone was the reporting of the death of Parks Mankahlana, South African presidential spokesperson, which was widely believed to be AIDS-related. There is still no unanimity among journalists about whether that was justified.

2) *Wild claims* — Journalists can cause a different kind of harm through their reporting of claims about cures. The Commonwealth Broadcasting Association’s guidelines (CBA, 2004, p. 23) are categorical: “Advise audiences to beware of bogus cures.” In the southern African context though, these issues are overlaid with questions of culture and politics. In South Africa, a dissident view of the pandemic was given weight for a while because President Mbeki seemed to be supporting it. Such views cannot be ignored, no matter how wild the journalist thinks they are. But wild claims should be identified and reported in such a way that it is clear they are fringe.

Traditional healers sometimes come forward with claims of being able to cure AIDS, such as the Malawian herbalist George Kumbuyo, who runs clinics administering the Chambe HIV and AIDS scheme. (In an ironic twist, he has sued a newspaper for reporting that his son died of AIDS-related illness; see Makaka, 2005.) Does respect for traditional culture mean one should take these claims seriously, or should one assume that only Western medicine can find solutions? A related question arises out of some traditional practices, such as circumcision or the practice of widow cleansing: How far should respect for African tradition go?

Perhaps a distinction can be made between limited claims and those that are actively harmful. Circumcision can be carried out in ways that minimise the risk of infection. And the use of the African potato, a traditional herbal cure, does little harm. But one should not be squeamish in hammering myths like the one that having sexual intercourse with a virgin can cure AIDS. Some sexual practices like widow cleansing should also be condemned outright. A village elder in Kenya said: *‘Slowly by slowly we must change. We used to say we would die for our traditions. Even me, I used to say cleansing was good. We may all die if we don’t stop this one’* (UNAIDS, UNFPA and UNIFEM, 2004, p. 52).

With regard to claims of cures, Foreman (2000, p. 29) says: “...all claims of effective treatment, from whatever

source, [should be] subject to scrutiny and not reported uncritically.” He sets out a sensible approach through a series of questions that should be asked, including how the purported treatment is meant to work, what its side effects may be, what kind of experimental trials have been undertaken, and others.

3) *Stigma and stereotypes* — The subject of how the pandemic is represented has been touched on under the heading ‘Accuracy’. It comes up again in the sense that reporting, along with other forms of media representation, may perpetuate harmful social attitudes. If, for example, we repeatedly illustrate stories about HIV and AIDS with pictures of poor black women, we are perpetuating a stereotype about the condition that is inaccurate and harmful; if we focus unnecessarily on how people became infected, we may reinforce an attitude that seeks to blame those who are infected.

Rather, a balanced representation is required. This means taking care with generic images — wherein a general, non-specific picture is used to illustrate a report. These should, over time, reflect the different kinds of people who may be affected. Reporting should also not reinforce a ‘them/us’ mentality, where people with HIV and AIDS are seen as separate to the rest, a problem to be dealt with. Society needs to understand that we are all affected in one way or another.

Even though it is wrong to force people to disclose their HIV status, there is nothing mistaken about encouraging openness. Where prominent people have disclosed their status, they have generally received positive publicity. In doing so, they and the media have supported the principle of openness.

Next, the question of language comes up. Various documents provide lists of problem words and expressions, but there is not total unanimity about which ones should be avoided. There is considerable agreement on the need to avoid a term like ‘victim,’ but some commentators seem to have gone far to find hidden harmful meanings. For instance, some have objected to the use of the term ‘mother-to-child transmission’ on the grounds it suggests only women are responsible for spreading HIV (Mchombu, 2004). We should be sensitive to the baggage that some words carry, while accepting that one can read too much into particular words and terms, and that associations change over time. The use of language should be seen in the context of the general tone of reporting. A useful formulation comes from a UNAIDS document that refers to the need to report in a “non-stigmatising and non-judgmental manner” (UNAIDS, 2001, p. 4).

Summary

This article has explored the ways in which reporting on the HIV/AIDS pandemic has challenged journalism ethics. In my argument, I have accepted the broad validity of established principles, but have read them in the context of AIDS and found a few instances where existing principles need to be stretched.

The enormity of HIV/AIDS presents a fundamental challenge to our ethics. As a public health crisis of staggering

and frightening proportions, it requires full and detailed coverage. At the same time, it does not always fit neatly into news values that normally reward the coverage of conflict and drama. Journalists are ambulance chasers; they love noise, movement and flashing lights, which are sometimes absent from this story. The pandemic challenges us to provide detailed, insightful and consistent coverage despite our industry and even our own values.

An earlier version of this paper was presented and discussed at a conference organised by UNAIDS and the Southern African Editors’ Forum in April 2005. That version ended with a summary of its thinking, presented as a set of nine guidelines. The paper and its guidelines were discussed, revised, and then adopted as policy by SAEF, and have since also been endorsed by the Media Institute of Southern Africa (MISA). These principles may now guide southern African journalists in their reporting of the pandemic. The revised document is included as an appendix.

Notes

- 1 This article is based on an earlier one, ‘Secrets and lies? The ethics of HIV/AIDS reporting,’ delivered at an *indaba* arranged by the Nelson Mandela Foundation, and HIV/AIDS and the Media Project, February 1, 2005.
- 2 The pandemic is described as new in the context of the very long history of journalism and its ethics.
- 3 Among many others, see Cullinan, 2004.

Acknowledgements — The research for this paper was carried out under the auspices of the HIV/AIDS and the Media Project of the University of the Witwatersrand, Johannesburg.

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Appendix

Questions to ask when reviewing stories on HIV and AIDS

1. Are the facts and statistics being cited in context, verifiable and current?
2. If the article includes health or medical claims, has the claim been verified by two or more sources?
3. Is the health or medical claim in the public interest, or can it cause harm?
4. Is the article sensitive to traditional and cultural practices?
5. Do the language and the images avoid reinforcing stereotypes?
6. Are the headings and captions accurate in their portrayal of the content of the article?
7. Does the article present an independent, analytical perspective that takes into account the views of various stakeholders on the issue?
8. Has the journalist disclosed any conflict of interest if receiving gifts or sponsorship from organizations, institutions and corporations?
9. When appropriate, are the perspectives of people living with HIV and AIDS included?
10. Has the individual given express or written consent for the use of their name or picture in the article?
11. Does the article take into consideration the interest and safety of children portrayed in stories?

(South African Editors Forum, 2005)