

Eric Kigada On The Historic Neglect Of Nairobi And Why Slums Do Not Disappear

Architect and planner Eric Kigada, B & A Studios talks about: the history of how Nairobi developed; historic underfunding in its infrastructure as its population grew; how slums develop; the renting out of slum dwellings; why the City Council does not see slums; slum landlords as a powerful political lobby; and the growth of tenement areas.

Pop-up Houses Improve South African Slums: Andreas Keller At TEDxW

After witnessing the appalling quality of life for people in the slum areas of South Africa, Andreas Keller — co-creator of iShack- questioned how he could help. His solution involved harnessing solar power to help build a brighter future for those living in energy poverty. Andreas shares his touching story of how his idea is fostering a renewed hope in creating a more sustainable future for slums.

In the spirit of ideas worth spreading, TEDx is a program of local, self-organized events that bring people together to share a TED-like experience. At a TEDx event, TEDTalks video and live speakers combine to spark deep discussion and connection in a small group. These local, self-organized events are branded TEDx, where x = independently organized TED event. The TED Conference provides general guidance for the TEDx program, but individual TEDx events are self-organized.* (*Subject to certain rules and regulations)

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Edutainment Radio Programmes



The ways in which journalists frame HIV stories can strongly contribute towards news consumers' perceptions of the epidemic. This paper discusses the news values of HIV radio programmes in Ethiopia, Kenya and South Africa. It argues that the culturally appropriate 'humanisation' of HIV stories and the proper use of conflict as adding news value are paramount to the impact of stories.

The skillful application of news values can make almost any HIV-related story newsworthy and therefore part of mainstream news. Moreover, it is maintained that HIV advocacy environments contribute to the newsworthiness of HIV stories in the media.

The AIDS advocacy milieus of South Africa and Kenya are compared and related to the type of HIV stories that are published and broadcast in the respective countries. Journalism training methods are critically discussed in the context of the above. It is argued, that, in developing countries, where journalists often lack basic journalism skills, it is not sufficient to provide reporters with HIV-related information; HIV information sharing should be combined with general journalism training and mentoring.

Introduction

In December 2007, an excited Bashir Osman - a Somaligna-speaking journalist from Dire Dawa in the east of Ethiopia - broadcast a live call-in show on breastfeeding and HIV to his Somali audience on Dire 106.1 FM. According to the most recent Ethiopian government figures, Dire Dawa has the second highest HIV prevalence rate in the country, and almost doubles the national average. Each year there are almost 1, 000 HIV positive pregnancies with at least 230 children born with the virus. Yet this was the first HIV programme that Bashir had ever produced. AIDS was so stigmatised in the region that Dire 106.1 FM hardly ever discussed it on air. And Osman had no problem following this route. A week before the broadcast, the journalist - like most of his listeners - refused to be in the same room as people with HIV because he "*didn't want to risk breathing the same air*" (Osman cited in De Masi, 2008) as them. He would never consider sharing a plate, or hosting an HIV positive person in his home, and thought it a deep insult to be tested for the virus.

But then Osman accessed what turned out to be a precious piece of culturally relevant information: he learned that babies of HIV positive women can get infected with the virus through their mothers' breast milk (personal communication, December 6, 2007). All mothers with babies in his community breastfed their infants x including his very own wife. His own five-month old baby could be at risk, he perceived with shock, because neither he nor his wife knew their HIV status. The realisation changed Osman's entire view on AIDS, and HIV was suddenly a virus that had the potential to directly impact his own life and those of everyone else he knew, in ways he had previously vehemently denied (personal communication, December 6, 2007). In short, this piece of information

made AIDS newsworthy to Osman, his community and his editors. It became something that was crucial and worthwhile to talk about.

HIV and the News Media

Several communication experts, AIDS activists and journalists (Collins, 2005; Kinsella, 1989; Malan & Gold, 2006; Scalway, 2003; Shilts, 1987) have argued that the news media have the potential to be an immensely powerful tool in the response to HIV. According to the Joint United Nations Programme on HIV/AIDS Executive Director (UNAIDS), dr. Peter Piot, *“journalists can save more lives than doctors in terms of HIV prevention because preventing HIV is about communication and changing norms”* (Piot, 2006).

Proving statements like this, however, is very complex; studies have not been able to conclusively show that stories in the news media have resulted in change in HIV-related behaviour on a large scale. Research has, however, strongly suggested that news stories are capable of setting the framework in which citizens discuss public events. McCombs and Shaw (1972) demonstrated that there was a strong relation between the topics that the news media highlighted during an American election campaign and the topics that news consumers identified as important. Another US study illustrated the power of broadcast news to set the policy agenda when it proved that evening news bulletins had the effect of defining the policy areas by which the president should be judged (Iyengar et al., 1984).

McCombs and Ghanem (2001) have argued that *“the level degree of emphasis placed on issues in the mass media influences the priority accorded these issues by the public”* (cited in Reese, Gandy & Grant, 2001, p. 67). Dearing and Rogers (1996) stated that this proposition had been supported by more than 200 studies. But, I would argue that the regular publishing or airing of stories on a certain subject does necessarily lead to the public taking note of that subject. If such stories do not directly relate to the lives of readers or broadcast audiences, or are not presented in captivating ways with strong news values, they are unlikely to influence news consumers' opinions - whether negatively or positively. In the case of a highly stigmatised and sensitive subject such as HIV/AIDS, even more so.

Osman broadcast an interview with an HIV positive woman in her mid-twenties. Her name was Meskerem. He met her at an HIV journalism training of the media organization, Internews Network, that he was attending. Meskerem was mother to a baby that was HIV negative because she had used freely available drugs that

helped to prevent her baby from becoming infected. Doctors advised her not to breastfeed - unless she could do so exclusively (i.e. without feeding the baby anything other than breast milk for five months followed by a total halt to breastfeeding).

“When my listeners heard the woman speak about breastfeeding and HIV, everyone started to send text messages from their cell phones”, Osman says. “Like me, they wanted to know that their babies wouldn’t get harmed by HIV” (personal communication, December 10, 2007).

The information was directly relevant to the lives of the people of Dire Dawa. Moreover, it was presented with a *“human face”*, and told by an HIV positive Ethiopian mother herself. And, on top of that, a strikingly attractive and presentable young woman that Osman acknowledged he initially could *“not believe was infected with HIV because she looked so healthy and vibrant”* (personal communication, December 10, 2007). The interview was followed by a live call-in show with an in-studio specialist HIV nurse who answered callers’ questions or text messages. Most people who phoned or sent texts were desperate to know what they needed to do to protect their babies (Osman cited in De Masi, 2008; personal communication with De Masi, June 29, 2008). The nurse’s most common answer was to tell mothers to get themselves and their babies tested for HIV.

Previously, Osman hardly got any strong audience responses. In many of his programmes - on other topics - he talked almost exclusively. But his HIV programme was different: it framed the AIDS pandemic in a human and culturally relevant way. The fact that it contained a local woman with HIV who was mother to an HIV negative baby, and that the dangers of breastfeeding were explained to a *“breastfeeding society”*, is what made it of cultural relevance and ultimately newsworthy. Had Osman done his programme in the usual way, by inviting government spokespeople to rattle off statistics on health related subjects, his audience response is unlikely to have been the same. In his words: *They would have been their usual self, and not respond at all. I’ve realised those statistics alone don’t move them. It’s the human face and bringing out something that directly impacts them, that makes all the difference. Prior to this program, I didn’t think it was possible to make HIV newsworthy. I thought people just didn’t want to hear about it any longer* (personal communication, December 10, 2007).

Influencing audiences

Bernard Cohen (1963, p. 13) has encapsulated the news media’s agenda-setting

function in a much quoted statement: “[The press] may not be successful much of the time in telling people what to think, but it is stunningly successful in telling its readers what to think about”. By this, he meant that the news media can influence the topics news consumers talk and think about, but don’t necessarily determine their opinions on those subjects.

However, some scholars find Cohen’s statement misleading. Entman (2007) argued that it is impossible for the media to tell consumers what to think about without also exerting considerable influence over their opinions on the subjects they think about. Entman contended that *“getting people to think (and behave) in a certain way requires selecting some things to tell them about and efficiently cueing them on how these elements mesh with their own scheme systems”* (Entman, 2007, p. 165). Moreover, Malan (2006) has asserted that the South African news media did in fact tell the public what to think with regards to AIDS policies (that they “lack comprehensiveness”) and antiretrovirals (that they *“are effective and should be made available”*), in the late nineties and early 2000s. In the case of Osman’s radio program, the media or experts on his programme told listeners to “get tested for HIV” and “not breastfeed their babies for longer than six months if they test HIV positive”.

Stories can obviously also negatively impact societies, sometimes resulting in media consumers thinking the “wrong” things. In March 2004 one of Kenya’s major national dailies, The Standard, published a front page story on HIV tests arguing that the rapid tests used in VCT centers - which enable clients to receive their test results on the same day - were inaccurate. The news quickly spread when one of the most popular Nairobi based radio stations, Kiss FM, picked up on the story in its morning news bulletins. Most other radio stations followed suit. The story was covered by every major newspaper, radio and television network throughout the week, by using a strong news value: conflict.

It became an issue of extreme concern to AIDS organizations operating in Kenya. Although HIV testing experts were eventually quoted, and they explained why the stories were incorrect and that the tests were indeed accurate, the damage had been done. According to Emma Mwamburi, a USAID programme officer responsible for managing the US government’s support to HIV testing in Kenya, several VCT centers all over Kenya reported a drastic decrease in their clientele for months after the publication and broadcast of the stories. Many Kenyans demanded to be tested with the expensive HIV kits that were used in hospitals at the time (ELISA tests). It took 3 days to get results from such tests, as analysis had to be completed in laboratories. This made the ELISA tests considerably more

expensive to carry out than rapid tests; yet they were no more accurate. Upon subsequent investigation, it was established that the source of the initial story that had painted the rapid tests as inaccurate was based at a company that had previously made large amounts of money from production of ELISA tests. When it was realised in Kenya that cheaper rapid tests were just as accurate as ELISA tests, this firm began losing its previous profits. Hence its spread of a false story, and one that did tremendous damage for a very significant amount of time. It is therefore extremely important that journalists access accurate HIV information and are trained on how to use this information effectively. Inaccurate information presented with strong values and in captivating ways can potentially grasp the attention of news consumers in similar ways to accurate information.

Media and society

Researchers such as Garfinkel (1967), Goffman (1974) and Berger and Luckman (1967) have argued that news does not mirror society, but rather helps to shape it. These researchers have maintained that, when journalists describe events, they actively define those events by selectively attributing to them certain details or particulars. They have contended that news stories define what is “*deviant*” in society and what is “*normative*” and that news acts as a selective “*window on the world*” (Tuchman, 1978, p.1).

Osman’s report defined what was “*normative*” - namely breastfeeding - and what was “*deviant*” - namely talking about HIV and knowing your HIV status. Once the culturally-relevant information - that the breast milk of infected mothers can infect their babies - had been shared, knowing ones’ HIV status became “*normative*”; it became necessary to get tested for the virus as it could impact on ones’ babies’ health.

The culturally relevant framing of his programme encouraged Osman’s listeners to ask questions about HIV and think about the potential impact of the virus on their own lives. In the media analyst Robert Entman’s (2007) words, “it raised the salience or apparent importance of certain ideas”, in this case a virus that no one in the community dared to talk about and journalists at Osman’s radio station certainly did not address on radio. This is reflected in the number of call-ins/text messages his programme received: almost triple that of any of his previous radio programmes (that did not address HIV). The enhanced interest was an indication that the culturally-relevant way in which he framed HIV appealed to his listeners and significantly increased HIV-related discussion. So much so that Bashir ended

up doing two follow-up radio programmes on the issue and managed to sustain a high level of audience participation.

There is a common perception that HIV has been over-reported and that audiences are *“sick and tired”* of it. But an audience perception study by the University of the Witwatersrand in South Africa seemed to dispel this myth, at least as far as a Durban township is concerned. Kwazulu/Natal, the province in the east of the country, in which Durban is located, is often referred to as the *“AIDS capital of the world”*. AIDS is regularly covered in the city’s local news media. Surprisingly, Jooste (2004) found that respondents didn’t think AIDS was over-reported, but rather that they weren’t hearing or reading enough of the right type of stories.

Jooste analyzed the responses of 200 people in Cato Manor, an informal settlement in Durban. Ninety eight per cent of them said they wanted more reporting on HIV-related matters in print and broadcast media. When Jooste asked them what *“kind”* of reporting they wanted, 80 per cent indicated they were desirous of *“more about people like us”* or *“more about people living with AIDS”*. The researcher discovered that the stories respondents could recall most often were *“people-centered”* stories. A number mentioned the child activist, Nkosi Johnson - even though he had died about a year earlier - and Gugu Dlamini, a Durban woman who was killed two years earlier for revealing her HIV status. *“Both old stories”*, but they were *“the ones best remembered”*. In the case of Osman’s program, more than half of callers’ text messages and call-ins referred to *“Meskerem’s story”*. One read: *“How did Meskerem know she was positive?”* and another read *“How did Meskerem know how to help her baby?”*

These listener responses confirm Jooste’s findings: that media consumers remember *“people-centered”* stories and identify better with reports about *“people like us”*. The fact that an Ethiopian mother with HIV told her story herself helped listeners to identify with the issue and *“defined a problem worthy of public attention”* (Entman, 2007). In stark contrast to Osman’s HIV radio program, an AIDS programme on a major Ethiopian broadcaster seems to have had very little effect. It rarely receives any text messages or call-ins and according to producers, listeners seem to remember very little HIV-related information from it. While this programme is broadcast biweekly, thus regularly, the contents don’t seem to attract listeners - it consists of presenters reading HIV-related information and shocking statistics live on air and medical or government officers explaining strategic plans and scientific information. It rarely humanises the epidemic or makes it culturally relevant to listeners, and often relies on sponsorships, as it

hardly ever attracts advertisements.

Lucy Macharia's programme

A similar radio story of Kenyan journalist Lucy Macharia (not the journalist's real name; her identity is being protected as her sister is not yet comfortable with being public about her HIV positive status) in 2005 also illustrates the news value of HIV programmes with a human face. Lucy attended a media workshop that focused on Voluntary Counseling and Testing (VCT). When she learned about the symptoms of HIV-related illnesses, she strongly suspected that her sickly sister was infected with the virus.

The radio programme that Macharia produced related her own experience of having visited a VCT centre to get tested for HIV. It was broadcast on the Catholic radio station, Radio Waumini, for which she worked at the time. She asked her sister to listen to the broadcast and also took it home on CD so that her sibling could listen to it repeatedly. Like Osman, Macharia's programme began with a human interest feature followed by live call-in show with an in-studio expert, in this case a VCT counselor, that addressed callers' questions. The human interest feature related Macharia's fears when she waited for her results. Part of the script read:

I don't need to tell you what I feel. My mind is drawing pictures of what the test kit looks like with my blood on it. Is there one or two lines? One red line means negative, two means I'm positive". But it also explained the help she received: "But Bancy, the counselor, speaks to me. She makes me feel safe. She tells me that it's important to know your HIV status. It helps you to protect yourself (Macharia, 2004).

Similar to Osman's story, Macharia's programme 'humanised' HIV for her listeners. It enlivened the issue, taking it away from the cold realms of words on paper, and far away from scientific lectures given by "dry" experts who were the usual participants in such shows and who never connected with radio listeners and hardly ever elicited great response. The fact that Macharia went for an HIV test herself and openly and humbly spoke about her fears when doing so and allowed listeners a "look" into an HIV testing room.

The human framing of the programme "defined a problem worthy of public attention" (Entman, 2007) and raised the importance of going for an HIV test. This is reflected in the kind of call-in questions the programme received - the three most common call-in questions were: "How did you feel when you went for

the HIV test", "How do I get to go to the same HIV testing centre as you?" and "How did you know that the test was accurate?" (personal communication, April 30, 2004).

Previously, said Macharia, her listeners had regarded the tests as "something out there that other people, but not me, do". After the programme it changed to "something that Macharia has done" and listeners should therefore consider doing as well. After listening to Macharia's program, her sister asked her to accompany her to get tested for HIV, at the same place as Macharia had undergone such a procedure. And, on the morning that they subsequently visited the specific VCT centre, Macharia's sister did, indeed, test positive. According to Macharia, the "biggest factor" in convincing her sister to get tested for the virus was the fact that Macharia herself had been tested and that she had the opportunity to first hear "what happens in a counseling and testing room. Having heard what a counselor says to you" and hearing the sound on the air of an actual testing kit being opened and used "is what made all the difference". Macharia says it in fact gave her sister the "courage" to finally overcome her fear and face up to the reality that she was HIV positive (personal communication, May 5, 2004).

Two follow-up radio programmes on this issue proved that some of Macharia's listeners seemed to have the same experience as her sister when listening to the programme. A week after the broadcast of the first programme - on a Sunday morning - four listeners called into Macharia's next programme reporting that they had gone for HIV tests as a result of the first programme and requested to relate their experiences on air. Moreover, Macharia's news editor was so convinced by the programme himself, that he allocated her airtime for a weekly HIV programme and had the entire staff meet with a VCT counselor who he invited to visit the radio station.

Prior to this program, Macharia had produced at least eight HIV programmes that had not resulted in a single call-in. Instead, she reported, it seemed as if her listeners wanted to "stay away" from the issue. She believes one of the main reasons for this is the fact that her programme didn't make use of strong news values, and never humanised HIV:

I always presented HIV as something out there for other people something that didn't have a face and certainly didn't impact on me. When I changed that, the response to my programme changed. I started getting listener reactions - often more reaction than to programmes I produced on other much more accessible subjects. I realised listeners aren't tired of HIV, they're just tired of the way in

which we present it (personal communication, May 5, 2004).

'A Stitch in Time' (Kenyan Broadcasting Corporation)

One more example of an HIV programme that has used *'humanisation'* as a news value is that of the radio presenter/producer team Ann Mikia and freelancer Sammy Muraya from the Kenyan Broadcasting Corporation's (KBC's) weekly HIV/AIDS programme "*A Stitch in Time*". In fact, it seems to have led to government action and strongly impacted on policy change. In August 2004 Mikia and Muraya decided to tackle a difficult topic which was not being addressed by the Kenyan government's AIDS programme. The radio team focused on matatu (minibus taxi) touts and drivers and the schoolgirls who were exchanging sex with the drivers and touts for free rides to school or money. Muraya took to the streets and recorded interviews with matatu drivers and touts, schoolgirls and also with officials from the Matatu Drivers Association (Muraya, 2004).

He produced a five-minute radio segment that was followed by a live call-in session between listeners and representatives from the National AIDS Control Council (NACC) and the Drivers Association (Malan, 2005). Muraya's human-interest report raised and defined a problem "*worthy of government attention*". (Entman, 2007). In addition to this, the programme was framed in a culturally relevant way. The story raised many questions about the lack of government intervention with regards to transactional sex, a common occurrence in Kenya that most people know of. The representative from the Matatu Drivers Association followed up by asking the National AIDS Control Council (NACC) to commit to action on air. The NACC could not deny any of the problems that were raised in the programme as they were confirmed by the schoolgirls and matatu drivers themselves. One girl in the report admitted that "*They [the matatu drivers] have sex [with us] and disappear just like that*".

In December 2004 the team did a follow-programme about the issue, reminding the NACC that the problem had still not been addressed and asking them to explain on air why that was the case. Angry listeners called in to ask "*Why is this happening?*" and why nothing much was being done about it, while the girls and matatu drivers themselves were admitting to this happening. Then, in May 2005 - six months later - the government launched a matatu drivers HIV/AIDS programme for which they set up a special voluntary counselling and testing (VCT) centre for matatu drivers and provided HIV/AIDS counselling specifically targeted at them. The drivers were also provided with stickers with AIDS

prevention messages to display in their taxis. According to NACC spokesman, Abel Nyagwa, the radio programme “*A Stitch in Time*” was a key player in improving relations with the Matatu Drivers Association.

The radio team’s culturally relevant and human interest framing of this story played a strong role in actively shaping the government’s perception of the extent of the matatu crisis that eventually led to action and “*activate[ed] schemas that encourage[d] target audiences to think, feel and decide in a particular way*” (Entman, 2007). It also encouraged listeners to respond in ways that put pressure on the government to take action.

Journalism training and mentoring

Producing compelling HIV programmes is not something that comes without considerable journalistic skill. In this section the role of media training and mentoring of journalists in developing countries are discussed in the context of the production of quality HIV radio programmes.

Challenges and limitations

Mikia, Osman and Muraya followed a well-tested method of radio production, albeit as yet uncommon in the developing world: to begin their radio programmes with focused, theme-based human interest radio features, followed by live call-in shows with in-studio experts. It is indeed a relatively straightforward radio production method x But it is one that requires a considerable amount of journalistic skills and resources that these three journalists would not have mastered, nor had access to, without their having attended intensive media training workshops and receiving ongoing mentoring from highly experienced journalism trainers at an international media development organization.

But it is not only HIV-related knowledge that is required to tell such stories successfully. A significant amount of journalistic skill is needed in order to produce news media content that carefully interlaces aspects of the epidemic with “*case studies*” - people and communities which the virus has impacted - and to still be able to make it newsworthy. As a radio journalist you need to understand, and write well enough, to present “*life with HIV*” in a way that makes news consumers realise how it affects them as well.

In addition to this, radio producers and presenters need access to telephones and the internet for research, computers with digital sound editing programmes and recording equipment - facilities that are rarely available at under resourced radio stations in poorer countries.

Training and access to resources

All three journalists received access to all of these facilities for the production of their programmes by each attending a weeklong HIV feature story production workshop at Internews Network's Local Voices programme. The programme follows a training method different from that of most other HIV media training programmes, with a 70 focus on the development of radio journalism skills and only 30 on HIV knowledge. Other HIV media trainings generally approach this very differently, mainly focusing on nurturing HIV knowledge and not journalism skills. At seven days duration, Local Voices workshops are also considerably longer than others, which are generally two to three days. It also trains no more than 10 journalists at a time. All trainees leave the workshops with a ready-to-air radio feature and outline with questions and research for the live call-in show that is to follow the broadcast of their human-interest stories.

During their respective workshops, the journalists learned how to write good scripts, to structure stories, to digitally edit sound and to use appropriate HIV language. They met and interviewed people with HIV and visited pregnancy and HIV testing centres where they recorded natural sound and interviews with counsellors. During the production of their stories, they were carefully mentored by experienced radio journalists who specialised in HIV reporting to ensure quality. Each of them received access to recording equipment while on the training and received their own equipment after the production of five post workshop HIV stories. Mikia has also received several travel grants to produce HIV stories outside of her home city, Nairobi.

A combination of this training approach and access to facilities enabled them to produce HIV stories with human and culturally relevant frames. Without the training and relevant facilities doing this successfully would have proved unlikely, as they would not have had access to phones and research facilities to find the "human" faces of their stories and not have known how to effectively weave them into their programmes.

Advocacy environments

HIV advocacy environments can significantly contribute to the newsworthiness of HIV stories in the news media. The stories of Osman, Mikia and Muraya were produced in an environment where many other inaccurate HIV stories, like the previously mentioned rapid test/VCT example, are being published simultaneously. The rapid test story was for instance published a mere week ahead of Lucy Macharia's programme on HIV testing. This resulted in several

conflicting messages competing with each other in the media.

Traditional approaches to analyzing news that argue that the news media reflect society without having much influence on shaping that information, hold some water, when one considers the influence of AIDS advocacy environments in the case of Kenya and South Africa. Although none of the abovementioned stories were aired or published in South Africa, the diverse civil societies of Kenya and South Africa are a good example to address "*advocacy environments as a contributing factor to the framing of stories*".

South Africa and Kenya have two very different civil societies. South Africa's AIDS activists are extremely vocal and proactive, holding regular protest marches and issuing almost daily press releases. In Kenya, advocacy groups are not nearly as visible and do not place as much emphasis on developing personal relationships with journalists. The ability of civil society organizations and advocacy groups to make their voices heard and present their views in a newsworthy manner, makes a vast difference to what ends up in the news media (Malan, 2005).

When the VCT story about rapid tests broke in Kenya, radio journalists had access to very few HIV testing experts they felt comfortable enough to phone at 6 am in the morning to get a comment on the newspaper article that had appeared that same morning. As a result, comments with accurate scientific information that could counter the information in The Standard's erroneous article was only obtained and reflected much later that day, and in some cases only later that week. So, for a significant amount of time, the Kenyan public only had access to harmful information regarding HIV testing.

In South Africa, on the other hand, the largest AIDS advocacy group, Treatment Action Campaign, in many cases dictates what appears in the news media. The group frames its opinions in newsworthy ways and TAC spokespeople are available to the media on short notice at almost any time of the day. As a result, the movement's views are widely quoted in the local news media and scientifically inaccurate news reports and statements are instantly addressed. Several studies have indicated that the TAC is quoted more than any other source in the South African media - and that includes the government (Spur, 2005; Finlay 2004). The TAC uses newsworthy tactics such as protests, civil disobedience and public confrontation of government ministers to keep journalists interested in what they do.

An example of this would be the opening day of the fifteenth International

Conference on HIV/AIDS in Bangkok, Thailand when South Africa's Health Minister, Dr. Manto Tshabalala-Msimang, told journalists that the drug Nevirapine (a cost-effective drug used to prevent mother-to-child-transmission of HIV) was unsafe to use (Brummer, 2004). Two years prior to the conference, South Africa's highest court had ordered Dr. Tshabalala-Msimang to make the drug available, free of charge, to HIV positive pregnant women and their babies. The Minister had displayed resistance to the order ever since. Within a few hours after the Minister's statement, the TAC, AIDS Law Project (ALP), and Medecins Sans Frontieres (MSF) held an emergency mass meeting for South African AIDS activists, health workers, scientists, and journalists attending the conference. The story, along with reactions from local non-governmental organizations, that challenged the minister's statements, was headlined in almost every major newspaper and broadcast on regional and national radio and television stations throughout the country (Malan, 2005). Local NGOs and scientists were furious, insisting that statements such as Dr. Tshabalala-Msimang's undermined their efforts to educate South Africa's citizens about prevention against HIV infection. Ultimately, Zackie Achmat, who headed the TAC delegation to the conference, convinced the conference organizers to give the TAC an opportunity to speak at the Thursday morning plenary session, to plead for access to Nevirapine for HIV positive pregnant women in South Africa, and for scientists like Dr. Tshabalala-Msimang to distribute accurate information about the prevention of mother-to-child transmission. In the presence of thousands of participants, the TAC asked session Chairperson Graca Machel, the esteemed Nelson Mandela's wife, to speak to South Africa's Health Minister.

This incident, in which prejudicial and incorrect information was disseminated, and then refuted by activists, is a clear example of NGOs taking on the responsibility of informing the media and the international community of the facts. The result was responsible media coverage which reflected the quality and efficacy of the activist environment of the country. As a result of this activism, policy or human rights issues relating to HIV appear far more often in the South African than in the Kenyan media (Malan, 2005). In this regard, NGOs, government spokespeople, academic researchers, doctors and AIDS advocates from countries that do not have adequate media liaison skills need as much training as the journalists themselves. They need to be taught how to relate to the media, how to assist reporters to access information, and sometimes they even need to be trained on how to make resources such as transport to some of their projects available to journalists. It is not just the responsibility of the media to tell

the story of HIV; the people who produce the research on this epidemic have a responsibility to make it available to society through the news media.

The media training programme in which the journalists who produced the radio programmes discussed in this chapter participated, includes this aspect; at least 10 HIV spokespeople are trained in effective media relations for every 30 journalists trained in the countries where it operates (Kenya, Nigeria, India and Ethiopia). Media relations trainings are five days in duration, with trainees holding an actual media event attended by journalists on the final day. The reasoning behind this approach is that it doesn't make sense to train journalists on how to interview activists and local government spokespeople, NGOs and PLHIV networks if those people are not available to the media as a result of their lack of understanding of the sector.

Conclusion

A combination of strong journalism skills, HIV knowledge and an environment conducive to telling stories about AIDS are essential in empowering the media to assist in the response to HIV. Culturally relevant stories "*with a human face*" can be incredibly powerful, as shown by the case studies discussed in this chapter.

In all of the three human-interest radio programmes that were discussed, the human and culturally relevant framing of the programmes resulted in listener responses that actively engaged with the subjects addressed, whether that was HIV testing, protecting your baby from HIV infection or transactional sex between taxi drivers and school girls.

In the context of HIV and of an increasingly competitive news world, it is no easy task to get airtime for an HIV story and to make an HIV-related human-interest story newsworthy, accessible and accurate. At a media panel at the International AIDS Conference in Toronto in 2006, the Wall Street Journal Science reporter, Marilyn Chase - who had been reporting on HIV for twenty years - echoed this concern: "*As the pace of the epidemic matures, our challenges as reporters get more complicated. Editors get choosier about stories. And that means many projects which are worthy may not be deemed newsworthy. That requires us, as reporters, to be smarter and more strategic in uncovering unique angles that make clear what really are the breaking, compelling news developments in the epidemic*" (HIV science and responsible journalism media panel, 2006).

Reporting on subjects other than HIV/AIDS is often considerably simpler. There is more often than not less science to understand, issues are less sensitive and not as much work and skill is needed to produce good stories.

There are several HIV journalism trainings happening in Africa. But some training organizations ignore the importance of training reporters as much in journalism skills as HIV knowledge. Simply giving journalists access to a vast amount of AIDS-related information by slapping together one speaker after another rarely makes a difference to their reporting. Journalists need more than that - they need to improve their journalism skills, and they need time and money to travel to access the “*human faces*” or case studies, and research, that will help them to tell compelling HIV-related stories.

In this regard a recommendation is that more journalists are intensively trained in “*humanizing*” the HIV pandemic. Journalists from all mediums (print, television and radio) should be trained, but, as radio is the most accessible media form in most African countries, it should receive the most attention.

It is also important to provide journalists in Africa with access to facilities and mentors to produce quality HIV stories. Sending journalists back to under-resourced media houses where there are no facilities to create human-interest stories after a training workshop, is counterproductive. If there is no access to facilities, journalists will not be able to effectively apply the skills they were taught in the training. They also need to be mentored by a senior journalist with significant HIV reporting experience to further develop workshop skills.

Moreover, it is the responsibility of the news media, training institutions, activist communities, scientists and governments, amongst others, to cooperate to ensure that the information surrounding HIV given to the public through journalists’ stories leads to the saving, and not the endangering, of lives.

The programme topics in Osman, Mikia and Muraya’s HIV radio programmes were not addressed as a result of advocacy communities raising their importance; it was journalistic skill and research that motivated reporters to focus on these subjects. Other than in South Africa, reporters in Ethiopia and Kenya can rarely rely on AIDS advocates to identify relevant “news frames” for them.

As shown by the comparison between Kenya and South Africa, the advocacy environments in which reporters file their stories can significantly contribute to the accuracy and creativity - or the opposite - of journalists HIV stories. It is therefore equally important to also train communication teams from government, PLHIV networks and non-profit organizations in effective media relations. The more conducive HIV advocacy environments are to HIV reporting, the better the chances are that creative and accurate stories with “*human and culturally appropriate faces*” will appear in the media.

About the author

Mia Malan is a journalist and media trainer. She is a PhD student in Media Studies at the University of Stellenbosch, South Africa. She headed media programmes for the media develop organisation Internews Network, in Kenya, Namibia and the US, and served as the organisation's Senior Health Journalism Advisor from 2005-2008.

Ms. Malan is the 2009 Knight International Health Journalism Fellow in South Africa, where she's working with local media on reporting health policy.

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Human settlement in cities of the South need different approaches to those initially developed in rapid urbanisation in the North from the mid 19th to mid 20th centuries, however our concepts of the good 'urban' are deeply influenced by this historically and geographically distinct experience. In addition our professional approaches embed these concepts (generally with a high degree of disciplinary exclusivity in understanding), albeit with at least half a century of more recent 'development discourse' overlay and adjustment. Whether such concepts, disciplinary approaches and/or professional praxis are relevant would appear to be significantly challenged by the widespread and increasing 'non-conforming reality' of cities of the South.

This is perhaps no more clear than in emerging urban areas of Sub-Saharan Africa, the last global macro-region to enter the rapid urbanisation process. In this context, weak states and high levels of urban poverty (and therefore limited private sector engagement) lead to the vast majority of such fast expanding urban areas being developed, not according to pre-defined developmentalist approaches which are overwhelmed by the reality, but by (mostly poor) urban residents, according to their socio-cultural agency, albeit constrained by political economic structures. This has led to a prevalent negative view of such emerging urbanism, labelling this as ruralisation, or defective/pathological forms of urbanity.