

Start the press



How African communities
in the UK can work
with the media to
confront HIV stigma

Acknowledgements

This paper was written by Lucy Stackpool-Moore of Panos London, with guidance from Georgina Caswell and Rhon Reynolds from the African HIV Policy Network (AHPN), colleagues from Panos London, and Janet Boston and Anna Roberts from the Thomson Foundation.

The report is a joint publication between Panos London and AHPN, and draws on research conducted by Maria Touri (University of Leicester) and Forward Maisokwadzo (University of the West of England). Comments on the project and paper have been gratefully received from an advisory group of people living with HIV, advocates, researchers and journalists, including Angelina Namiba, Mark Mensah, Henry Bonsou, Lester Holloway, Masias Cowper, Charles Kyazze, Jane Tungana, Paul Clift, Cheikh Traore, Rachael Bruce, Catherine Dodds, Mollyan Brodie, Myria Georgiou, Clare Franchon, Claudia Natali and Maureen Ndawana.

Start the press has been produced as part of the Changing Perspectives campaign, coordinated by AHPN with Panos London and the Thomson Foundation.

The African HIV Policy Network advocates for fair policies for African people living with HIV in the UK. For more information, see www.ahpn.org

Panos London is part of a global not-for-profit network that promotes the participation of poor and marginalised people in international development debates through media and communication projects, see www.panos.org.uk

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978-1-870670-19-7



Masias Cowper of the African HIV Policy Network speaks out about African people living with HIV in the UK at the press launch for a new campaign.

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The media can play an important part in challenging stigma around HIV and AIDS. Stigma discourages people from accessing health services and reinforces social inequalities.

Executive summary

In the UK, African migrants are among the social groups that are most vulnerable to HIV, accounting for the greatest number of new diagnoses in recent years.¹

HIV has always thrived in the fractures of society, among groups who are marginalised because their sexuality, race, poverty or lifestyle choices (such as selling sex or injecting drug use) don't conform to social 'norms'. Once seen as being about individual attitudes and prejudice, stigma and discrimination are now recognised as broad social processes that sustain power inequalities.² An African person living with HIV in the UK may experience multiple levels of marginalisation, apparent in inadequate living conditions, unequal income opportunities and limited visibility in policy decisions. These practical realities are exacerbated by current and historical constructions of racism, xenophobia, and stereotypes of African hyper-sexuality.

'Stigma to me means to be regarded [as] an alien... in the community I live in. You are not treated the same as others... As an African woman living with HIV I feel I am stigmatised more for where I come [from]. The media has informed and taught the world that HIV is from Africa and the poorest continent, which is equal to Zimbabwe, equals Mugabe, equals poverty, equals HIV. All these boxed in one make me feel so inferior... After all, it is true that I am HIV positive and I am from Africa... I appreciate the sympathy but I'll never tolerate the stigma surrounding my status.'

African person living with HIV
September 2007

Stigma limits access to health services by silencing discussions about taboo issues that are integral to HIV vulnerability – such as race, poverty, gender relations, sexuality and drug use. Stigma reveals itself not only in issues that are scandalised or reported inaccurately, but also in what is left unsaid and voices that are not heard.³ It is both what is talked about and how, as well as what is silenced and why, that fuel this vicious cycle linking stigma and marginalisation.

The media can play an important part in challenging stigma around HIV and AIDS.⁴ The African HIV Policy Network (AHPN), the Thomson Foundation and Panos London argue that by speaking out, people living with HIV and leaders among African communities can raise awareness about stigma and tackle the discrimination experienced by African communities and people living with HIV in the UK.⁵ One way to achieve this is through better engagement with the media – by supporting responsible journalism that can challenge stigma, and equally by spotlighting inaccurate or misleading coverage that reinforces stigma.

1
Health Protection Agency (HPA) (2006)
Migrant Health, p46;
www.hpa.org.uk

2
Parker et al (2002) *HIV/AIDS related stigma and discrimination: A conceptual framework and an agenda for action*, Horizons programme, New York: Population Council

3
National AIDS Trust (NAT) (2007)
Impact 21: HIV and the Media,
www.nat.org.uk/document/237

4
Global Media AIDS Initiative, Kaiser Family Foundation and UNAIDS (2004)
The Media and HIV/AIDS: Making a Difference, www.kff.org/hiv/aids/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=29879

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Start the press is part of the Changing Perspectives campaign, coordinated by AHPN, which aims to raise awareness of HIV-related stigma and tackle the discrimination experienced by African communities living in the UK by supporting better engagement between people living with HIV, immigrants affected by HIV, their advocates and the media

...UK press coverage could do more to promote debate about the underlying inequalities and stigma that make people vulnerable to HIV and hinder access to appropriate health services.

Drawing on a content analysis of select UK national and ethnic press, community engagement meetings with journalists and members of African communities, we found that:

- In 2006, the UK press primarily framed HIV as a disease in Africa, signifying a shift from framing HIV as a 'gay disease'.
- People living with HIV are not often quoted as sources, suggesting that journalists and HIV advocates need to overcome barriers to enable more and better coverage.
- Framing of stories that conflate but don't investigate issues (such as HIV and undocumented migration) may contribute to stigma felt by African communities and Africans living with HIV in the UK, as illustrated by press coverage of Everson Banda's story – a Zimbabwean man who allegedly transmitted HIV to six women before returning to Zimbabwe.

Overall, our research indicates that UK press coverage could do more to promote debate about the underlying inequalities and stigma that make people vulnerable to HIV and hinder access to appropriate health services. People living with HIV, HIV advocates and the African community can engage the media to show the human stories behind living positively with HIV, and encourage journalists to challenge – rather than perpetuate – the stigma that exists around HIV and AIDS in the UK.

Start the press draws on a content analysis of HIV coverage in selected UK newspapers (including national and ethnic papers)⁶ between 30 November 2005 and 31 December 2006, and two community engagement meetings⁷ with people living with HIV and their advocates, leaders within the African communities, doctors, faith leaders and journalists from the national and ethnic press. We conclude with some suggestions from journalists for HIV advocates and people living with HIV on how to more effectively engage the media to cover HIV responsibly.

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Coordinated by Panos London, the content analysis included 286 articles in the national press and 136 in the ethnic press, published between 30 November 2005 and 31 December 2006. The papers analysed included five daily national papers: the *Guardian*, the *Financial Times*, the *Daily Telegraph*, the *Daily Mail* and the *Sun*; and four weekly and one bi-weekly ethnic papers targeted at African communities: *The Trumpet*, *The Voice*, *The African Echo*, *The Zimbabwean* and *The New Nation*. The papers were selected on the basis of distribution (highest circulation figures in the UK), and then by media group, to ensure a broad range of the editorial perspectives in printed press people are reading in the UK. However, as only 10 papers were included in the analysis overall, the findings are not comprehensive but rather illuminative of some aspects of how print media in the UK cover HIV and migration

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Both these meetings were facilitated by Angelina Namiba from Positively Women, and aimed to hear directly from people's experiences of media coverage of HIV and immigration in the UK. They took place in June and July 2007



Introducing the issues

At the press launch of the Changing Perspectives campaign in the run up to World AIDS Day. The media are key players in the response to HIV stigma and discrimination and African communities must aim to work more effectively with them.

8

D Miller (1998) in *The circuit of mass communication: Media strategies, representation and audience reception*, London: SAGE Publications

9

S Allan (2002), *Media, Risk and Science*, Philadelphia: Open University Press. See also P Beharrell (1993) 'AIDS and the British media', in J E T Eldridge (ed) (1993) *Getting the Message: News, Truth and Power*, London: Routledge, and V Berridge, cited in D Lupton (1994) *Moral Threats and Dangerous Desires: AIDS in the News Media*, London: Taylor & Francis

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S Allan, see footnote 9

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Glasgow Media Group (1998) *The Circuit of Mass Communication: Media Strategies, Representation and Audience Reception in the AIDS crisis*

A history of HIV coverage in the UK media

Analysis of UK media coverage in the 1980s and 1990s found that the media contributed to a 'moral panic' about HIV, typically framing articles in terms of risk (for everyone)⁸ and as a disease for the gay community.⁹ Although at the time HIV in the UK was primarily found in gay and other men having sex with men, the use of words such as 'gay plague' in the media may have contributed to making the gay community scapegoats for HIV.¹⁰ One content analysis of HIV coverage in the press and on television (TV) indicated that the amount of coverage and related public debate may have contributed to pressure on the government to act; but at the same time the framing of HIV in terms of risk and homosexuality may have contributed to increased homophobia and stigma for gay men and other men having sex with men.¹¹

Responsible media coverage can challenge stigma by:

- providing accurate information that facilitates access to appropriate health services
- giving voice to people living with or affected by HIV
- breaking the silence around issues that can be difficult to talk about – such as sex, sexuality and drug use
- providing a platform for public debate that draws on a variety of perspectives
- influencing policy agendas and framing policy debates.

“The national strategy for sexual health and HIV identifies the media as a key component of a multi-faceted response to HIV stigma and discrimination...”

Start the press is the first research attempt to look specifically at coverage of HIV and migration in the UK press. Our findings indicate that in 2006 the UK press predominantly framed HIV as a disease in Africa. Like the situation in the 1980s and 1990s in the UK, this has had a double-edged effect: while it may have contributed to pressure on the UK Government (particularly the Department for International Development, the Home Office and Department of Health), it may equally have contributed to the stigma felt by African communities in the UK.

For countries like the UK, where overall HIV prevalence is low and concentrated within specific groups, media coverage can spotlight under-reported issues, interrogate underlying causes of vulnerability (such as poverty, gender and power relations) and raise informed public debate. Where this occurs, the media can effectively stimulate discussion about stigmatised and stigmatising issues, contribute to challenging social inequalities, and break the vicious cycle. However, inaccurate media coverage can inflame and reinforce stigma and discrimination by evoking scandal, continuing to silence the perspectives of those most affected by HIV or by ignoring questions about power, marginalisation and vulnerability.¹²

The Department of Health has overall responsibility for health policy and promotion in the UK. The national strategy for sexual health and HIV identifies the media as a key component of a multi-faceted response to HIV stigma and discrimination, which is part of a wider strategy to promote sexual health in the UK and with specific target groups.¹³ Working with both small media (leaflets and booklets) and mass media (articles and advertisements in the national and ethnic press) is identified as a key prevention strategy among African communities in the UK.¹⁴

‘If we want a media in the UK which covers HIV responsibly and effectively, there is no substitute for community action and involvement.’

Deborah Jack
National AIDS Trust (NAT)

Recent reports by AIDS and Mobility Europe indicate that migrants have distinct needs and priorities in terms of accessing health services and information and participating in public debates.¹⁵ Linking trends in the UK with Europe more broadly, AIDS and Mobility Europe recommends that policy, prevention, treatment and care for migrants and HIV should include:

- targeted, culturally appropriate services and communication with migrant communities
- greater inclusion of people with a migrant background in decision-making processes
- enhanced engagement with the media.

Building on the evidence of our findings, *Start the press* will be used to spark debate between people living with HIV, journalists, HIV advocates, Africans living in the UK and policymakers about how to engage the media more effectively to respond to HIV in the UK.

¹² UNAIDS (2005) *Getting the message across: The mass media and the response to AIDS*, Geneva

¹³ Department of Health (2006) *Action Plan: HIV stigma and discrimination*; Department of Health (2001) *National strategy for sexual health and HIV*

¹⁴ Department of Health, NAT and AHPN (2005) *HIV and AIDS in African Communities: A framework for better prevention and care*

¹⁵ AIDS and Mobility Europe (2003) *Access to care: privilege or right? Migration and HIV vulnerability in Europe*; see also AIDS and Mobility Europe (2006) *HIV/AIDS and Migration in European Printed Media: An analysis of daily newspapers*, www.aidsmobility.org

The impact of stigma on people living with HIV

'I feel so limited to express myself to the community I live in... Although I have the zeal and desire to educate and raise awareness, I am scared for my children and my family's lives too. This also brings this barrier between me and my ability to deliver messages.'

African person living with HIV
September 2007

Analysis by Sigma Research on stigma and discrimination experienced by gay men and African people living with HIV explores how stigma and discrimination contribute to reduced health and wellbeing.¹⁶ The study argues, specifically in relation to African migrants, that 'HIV-related stigma reinforces racist perceptions by situating Black African people as hyper-sexualised, irresponsible and infectious people who pose a threat to the public health and the stability of the health care system in the UK.'¹⁷ The analysis found that black Africans in particular face great disincentives to be open about HIV in society in general, and within African networks in particular, because disclosure could result in rejection from an important (and possibly sole) source of support in the UK. One study found that almost half of HIV-positive Africans in the UK have not revealed their HIV status to anyone they live with; two-thirds have not told their employer; and a quarter have not told their doctor.¹⁸ Marginalised groups, for fear of evoking stigma or becoming more marginalised, can inadvertently perpetuate vulnerability by reinforcing stigma and stifling discussion. Just as a scandalous headline feeds stigma and reinforces marginalisation, so too does silence within communities.

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Sigma Research (2004) *Outsider Status: Stigma and discrimination experienced by gay men and African people with HIV*, www.sigmaresearch.org.uk/downloads/report04f.pdf

17

See footnote 16, p15

18

Weatherburn et al (2003) *Project Nasah: an investigation into the HIV treatment information and other needs of African people with HIV resident in England*, London: Sigma Research

19

These definitions are taken from a combination of resources, including: NAT factsheet (July 2005) *HIV-related stigma and discrimination* (www.nat.org.uk/document/80); USAID (2006) *Breaking the cycle: Stigma, discrimination, internal stigma and HIV*; Department of Health (2006) *Action Plan*; and the background paper for the Spark discussion series on stigma, available at: www.panos.org.uk/global/spark_stigma.asp

Defining stigma and discrimination

Stigma is a form of prejudice that discredits or rejects an individual or group. It can include pre-existing stigma related to gender, race, or sexual orientation; HIV-specific stigma; and enacted stigma, such as avoiding or segregating people living with HIV. When people act on their prejudice, stigma turns into discrimination.

Discrimination can be defined as any action or measure that results in someone being treated differently because they belong, or are perceived to belong, to a particular group. It can include limits on human rights, discriminatory laws and policies (such as workplace or migration policies), and differential treatment in the healthcare system.

Internal stigma is stigma that is not conferred by others, but internalised by people who perceive themselves through stigmatising lenses – for example, they may consider themselves to be immoral or unclean. People with internal stigma who suspect or know that they are HIV positive are often reluctant to test or access services, as a way of protecting or distancing themselves from the stigma.¹⁹

‘The message that comes out is: “I am a person living with HIV, but I am a normal person, just like everyone else.” Media can help to challenge that stigma.’

Editor

Community engagement meeting, July 2007

Efforts to address stigma need to tackle social inequalities and marginalisation. To be effective, this includes providing accurate information, breaking taboos, and empowering people who are most affected by HIV to speak out. It is also vital that people living with HIV are involved in designing, facilitating and delivering anti-stigma initiatives to ensure that any responses are relevant to the specific needs in that group or community.²⁰ Stigma and social inequality are two sides of the same coin – success in overcoming HIV vulnerability depends on tackling both.

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UNAIDS (2005) *HIV-related Stigma, Discrimination and Human Rights Violations: Case studies of successful programmes*, UNAIDS Best Practice Collection, Geneva

HIV in the UK press



Effective UK media coverage of HIV must confront stigma and draw on the voices and perspectives of those most affected – including leaders from African communities.

To confront HIV stigma in the UK effectively, media coverage must be factually accurate and balanced, and draw on the voices and perspectives of those who are most affected – including African communities. Journalists and editors should consider: the way they frame the issues; how they use language (for example, avoiding the use of words such as ‘sex predator’ or ‘victim’); and the underlying causes of vulnerability embedded in the overlap between issues such as HIV and undocumented migration.

Our content analysis found that HIV coverage in the national broadsheets and the ethnic press was generally factually accurate, clearly written and used non-stigmatising language.²¹ Some of the tabloids, however, tended to use words such as ‘victim’, ‘sex fiend’ and ‘scandal’ to frame stories about HIV transmission and often drew on unnamed sources and inaccurate information, as illustrated in the coverage of Everson Banda’s story (see page 11). Coverage of HIV also remains highly medicalised, focusing mainly on treatment, with only a few articles investigating the wider social and cultural aspects underlying HIV or broader issues such as living positively with HIV, vulnerability to infection and access to appropriate health services.

Key findings

The key findings of our research include:²²

- The UK press tends to present HIV as a disease in Africa, signifying a shift from framing HIV as a ‘gay disease’. More than half of all articles in the national and ethnic press focused on HIV in countries outside the UK – mainly Africa. In the national press, 31 per cent (119 articles) included in the study looked at HIV as a domestic epidemic. Likewise in the ethnic papers, 19 per cent (26 articles) focused on HIV in the UK.
- People who are most affected by HIV are rarely interviewed in articles: the main sources of information are government spokespeople (such as the Department of Health or NHS), doctors, or civil society organisations (such as the Terrence Higgins Trust, NAT or AHPN). In the ethnic papers, people identified as living with HIV were interviewed and quoted in 13.5 per cent of the articles studied (12 articles); in the national press, they were quoted in 10 per cent (40 articles). In both types of papers, the most commonly quoted sources were activists and NGOs, government or other political spokespeople, and doctors and scientists. The views and voices of African migrants living with HIV were largely absent.
- There is relatively little coverage of HIV and migration – approximately 6 per cent of the total coverage we analysed (18 articles in the national press and 15 in the ethnic papers). Of this coverage, the tabloid newspapers (*Sun* and *Daily Mail*) contained the most stigmatising language, according to the National Union of Journalists (NUJ) guidelines. Articles that focused on HIV and migration in the UK were often framed around legal issues (such as the prosecution of HIV transmission). Only one article investigated the underlying inequalities that contribute to HIV vulnerability for African migrants in the UK; and that was a reprint of an AHPN press release – it was not written by a journalist.
- Coverage of HIV-related tuberculosis (TB) was low in both the ethnic and national press, with two articles in each, which accounted for 2.7 per cent in the former and 0.5 per cent in the latter. Even though HIV-TB co-infection is one of the most common AIDS-related illnesses among migrants in the UK, there was no coverage of the combined issues of TB, HIV and migration.

²¹ Based on NUJ and NAT (April 2007) *Guidelines on reporting HIV*

²² The complete findings will be available in 2008 from: www.panos.org.uk

■ *The framing of HIV and migration in terms of prosecution of HIV transmission and “illegal” migration... risks conflating stigma around each of these issues.*

- Access to treatment and health services was the primary focus of HIV coverage in the ethnic press, rather than transmission or prevention. Articles focusing on treatment accounted for 55 per cent (75 articles), which was almost double the attention given to any other single theme – for example, prevention was covered in 34 per cent of articles, transmission in 28 per cent. This suggests that the ethnic press perceived these issues as most relevant for their target audience – in this case, African communities in the UK.

A combination of what is covered in the UK press and what is left out contributes to perceptions that coverage is stigmatising. Coverage that specifically linked HIV and migration in the ethnic press usually framed the stories in terms of conflict and war (refugees and asylum seekers), the prosecution of HIV transmission, human rights and entitlement to services in the UK. The majority of articles in the national press were in the tabloids and predominantly focused on issues of undocumented migration. The framing of HIV and migration in terms of prosecution of HIV transmission and ‘illegal’ migration in the tabloids – the most widely read papers in the UK²³ – risks conflating stigma around each of these issues.

By failing to do any investigative reporting into the underlying inequalities relating to the concentration of HIV among African migrants and other marginalised communities in the UK, all the papers are missing an opportunity to generate debate, confront stigma, and influence inclusive and evidence-based policy responses that reflect the priorities and needs of the most affected communities. By overlooking the voices of African migrants in these debates, UK press coverage risks perpetuating stigma and processes of marginalisation that entrench inequality and vulnerability to HIV.

At the community engagement meetings, people living with HIV, their advocates and leaders among African communities in the UK all felt that press coverage of HIV and migration is stigmatising, highlighting key examples of such coverage. These findings generally support other studies that found stigmatising coverage of asylum and refugee issues in the UK press may exacerbate experiences of discrimination for Africans living with HIV even when the coverage does not explicitly link the issues with HIV.²⁴ These findings suggest that the framing and type of coverage of HIV and migration, and the broader history of constructed identities reinforcing inequalities (such as racism or stereotypes about African hyper-sexuality), rather than the amount of coverage per se, is responsible for magnifying perceptions that the coverage is stigmatising. Further research is needed to understand the differences between perceptions and experiences of stigma in the media in comparison with the content of the coverage itself.

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The *Sun* has an average net circulation of almost 3 million readers per issue; the *Daily Mail* has almost 2.2 million, according to the Audits Bureau of Circulations UK (www.abc.org.uk). The *Daily Mail* alone has more readers than *The Times*, the *Guardian*, *Financial Times* and the *Independent* together (a total of almost 1.7 million for all four broadsheets combined)

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See, for example, Information Centre about Asylum and Refugees (2004) *Media Image, Community Impact*

The finer print – a case study

Analysis of coverage of the case of Everson Banda in August and September 2006 highlights how the framing of migration and HIV in terms of scandal and illegality can conflate and stigmatise the issues and people most affected. It highlights a need and opportunity for people who are most affected by HIV to engage the media more effectively to promote accurate, informed and inclusive debate about HIV in the UK.

Everson Banda is a Zimbabwean man who allegedly had unprotected sex which led to the transmission of HIV to six women while working at a holiday camp in Essex. The coverage of his story highlights some of the key characteristics of overall coverage of HIV and migration in the period studied: the voice or perspective of central actors (in this case Everson Banda himself) was absent from the debate; coverage did not question links between HIV, migration and vulnerability; and the tabloid coverage tended to be inaccurate, framing the story as a scandal, with vague facts about the events. The press presented no evidence that Everson Banda had been tested, or that he was aware of his HIV status (whether positive or negative). None of the articles named sources, simply referring to spokespeople from the holiday camp and immigration services – yet the Home Office has a policy not to comment on individual cases.

The *Sun* in particular featured six stories about Everson Banda, with headlines such as ‘Lock up the HIV monster’, ‘Holiday camp sex monster has given me HIV’, and ‘HIV fiend put us on death row’. The stories address legal aspects of migration by repeatedly emphasising how Banda was sent home to Zimbabwe by the authorities when immigration officials found that he was in the UK illegally. The coverage framed HIV transmission in the context of illegality and scandal. In one story, Everson Banda was cited alongside a separate case of another migrant from Zimbabwe who was working at the Home Office: ‘the scandal is the second involving Zimbabwean illegals... Two months ago we were told how Joseph Dzumbira got a job at the Home Office after entering Britain as an asylum seeker.’²⁵ By scandalising and linking coverage of two completely unrelated individuals (Banda and Dzumbira), the *Sun* unnecessarily forces association between HIV, asylum and ‘illegal’ migration and risks conflating stigma associated with each of these issues.

The press coverage tended to hyper-sexualise Banda, reinforcing stereotypes that link African migrants and men in particular with sexually predatory behaviour. For example, Banda was described as a ‘burly African’ who ‘seduced many of his conquests’ (*Daily Mail*),²⁶ ‘woo[ing] girls... plying them with drink before walking them back to his berth’ (*Sun*),²⁷ and having sex with ‘literally scores’ of women (*The Times*).²⁸ Such sensationalised stories can reinforce the stigma, discrimination and internalised stigma that people living with HIV and African migrants experience in the UK.

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‘Ace had HIV but must have had scores of girls in caravan’ the *Sun*, 14 September 2006

26

‘Asylum seeker gave 6 women HIV’, the *Daily Mail*, 14 September 2006

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‘Hols fiend gives 6 girls HIV’, the *Sun*, 14 September 2006

28

‘Migrant “infected six with HIV”’, *The Times*, 14 September 2006

Readers' responses to the *Daily Mail* article, posted online, illustrate how the framing of the article can influence the framing of public debate about an issue. Forty-six people commented online – mostly from the UK, with 10 from abroad, only one of whom was from Africa (Zambia). Many of the comments touched on morality, HIV prevention and the responsibility of women as well as men for safer sex. Of the responses, 13 directly responded to issues of migration or asylum (28 per cent). One respondent did in fact question the link between asylum and HIV; however, the others referred to issues such as 'border control', medical checks for migrants and even 'quarantine'. This indicates that even though there is no direct link between migration, asylum and HIV in Banda's case, the framing of the story significantly influenced the public responses (in this case select ones posted on the website) and highlights the potential to evoke stigmatising, racist and/or xenophobic comments.

Readers' online responses to *Daily Mail* article

'This will only increase as a problem... the number of HIV-infected Africans – legal and illegal – has only shot up. There needs to be a return to the shock ads of the past to drive home the point: if you screw everything in sight without a condom, you are at high risk.'

'A sad illustration of the collapse of morals and border controls in Blair's paradise.'

'It matters little that the person who gave the AIDS virus to these women was an asylum seeker. What does matter is the fact that these women were so irresponsible in the first place to have unprotected sex.'

'And to think that my well taken care of dog with vaccinations and vet's check-up is not allowed in without going through quarantine.'

'This is a failure by the immigration department: people from high-risk areas not being screened for diseases transmitted to the local host community.'

www.dailymail.co.uk
September 2006

One story published in the *African Echo* was a direct follow-up to the coverage in the *Sun*, *Daily Mail* and *The Times*. The article, 'Let's support, not vilify people living with HIV', discussed broader social and cultural issues such as discrimination, sexually transmitted diseases, HIV prevention, health services and testing. The headline and introduction to the story indicate that the paper is trying to encourage responsible reporting. The article highlights the importance of different perspectives in the mass media, including different angles and coverage between the national and ethnic press. It also indicates that media coverage itself can encourage best practice across the sector – by printing an article that involves self-analysis, critique and suggestions for best practice on reporting on particular issues (HIV and migration in this case). However, the article was not written by a journalist – it was a reprint of an AHPN press release.

Overall, the UK press could be better engaged to provide human stories about living positively with HIV, and to promote debate about the underlying inequalities that entrench vulnerability and limit access to appropriate health services. In doing so, the UK press could more effectively raise debate about HIV and confront stigma.

HIV on the box – advocates and scientists happy to see themselves on BBC television

The UK African Microbicides²⁹ Working Group and St George's University decided to broadcast directly to the nation and beyond – the groups of HIV advocates and researchers jumped at the chance to highlight their collaboration when approached by TV producers. The programme was broadcast on Wednesday 19 September at 7.30pm. It was a chance for Africans living with HIV, advocates and scientists to speak out about HIV prevention and groundbreaking research in the UK. All involved – the community spokespeople, the advocates, the researchers and the journalists – are happy with the final product and the representation of the main issues.



Members of the UK African Microbicides Working Group with Professor Robin Shattock
PHOTO: ST GEORGE'S UNIVERSITY, LONDON

The working group is a dynamic coalition of African women and men living in the UK, which is working closely with a leading research team at St George's University of London to advise them about what they want from a microbicide and exactly how it should feel, smell and be used when it hits the market.

The BBC feature is part of a new project known as 'HIV Science In Action'. The project enables scientists to understand the cultural context of microbicides, put a face to their research, and reinforce how urgent the need is for new methods of protection. The BBC feature was filmed over three days, where journalists accompanied members of the working group on a tour of the research facilities at the university; scientists on a visit to the offices of Positively Women, a support centre for women living with HIV and their families; and the final gala event that also included members of the wider research and African communities.

Some feedback from two of the HIV advocates who were working with the journalists:

'My heartfelt thanks to [the journalists] for such an excellent and impressive documentary. The feedback has been phenomenal. I was recognised by someone at a meeting in Ealing. The appreciation was affirming. It was great working with you all and thank you for the opportunity to contribute to such important work. Looking forward to more opportunities in the future.'

'What a steep learning curve it was! ... We all have lessons to learn from what was said in the Microbicides film and I think the way that you put your points across on camera was exemplary.'

The BBC feature can be viewed online at:
www.bbc.co.uk/insideout/london/

Source: Global Campaign News 87

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Microbicides are products that could prevent the transmission of HIV and some other sexually transmitted infections (STIs). They are being formulated as gels or creams designed to be applied vaginally or rectally to prevent infection with HIV and other STIs. They could also take the form of a sponge, suppository or a vaginal ring. For more information see: www.ahpn.org/campaigns/index.php?camp_id=4



Journalists want stories with human interest. HIV advocates can help identify these by engaging with the media and speaking out about what it means to live positively with HIV.

Speaking out and confronting stigma

It will take time, courage and openness to successfully overcome HIV stigma in the UK. It will mean tackling social inequality, reversing processes of marginalisation, and speaking out about difficult and intensely personal issues. Raising critical and accurate public debate that includes the perspectives of people most affected – and most marginalised – by HIV is a necessary step to confront stigma. By scrutinising inequality and challenging taboos, responsible journalism can help turn the vicious cycle feeding stigma and marginalisation into a virtuous cycle of inclusion and social justice.

‘I have sometimes been asked by journalists “How did you get infected?” This can feel offensive. However, I respond positively by turning it around and focusing on how I live positively. It can be tricky. But for me what is important is how I live with HIV, not how I got infected.’

African person living with HIV
Community engagement meeting, June 2007

Positive role models can play a huge role in communities and in the media to draw attention to HIV and champion what it means to live positively. But it takes courage and personal sacrifice to speak out and individually confront stigma – both personally as well as in the public eye. People living with HIV need support to do this and encouragement to engage the media on their own terms.

‘We need role models in the media. They don’t need to be famous, but to be able to portray and reflect the positive issues in our community.’

HIV advocate
Community engagement meeting, June 2007

To achieve this, and in response to the findings from the community engagement meetings, the Thomson Foundation and AHPN are conducting media and communication workshops with African people living with HIV in London and other UK regional centres. The National AIDS Trust’s ‘Press Gang’ – an online group of people who are interested in challenging stigmatising coverage in the media and making their voices heard – is another example of how people living with HIV can challenge discriminatory media coverage.³⁰

Journalists also need guidance and support to engage people affected by or living with HIV in a responsible, sensitive and ethical way. Journalists are interested in case studies or stories with a human interest. HIV advocates can help identify these human stories. Various initiatives already exist to support journalists – for example, the media guide accompanying this report, the NUJ/NAT *Guidelines on reporting HIV*, and invitations to journalists to events where they can connect with African people living with HIV in the UK. Media organisations can support their journalists by being familiar with the NUJ/NAT guidelines and encouraging training for staff reporters and editors in their use.

‘A lot of times you [HIV advocates] have got something that the journalist wants – you’ve got the quotes, you’ve got the stats, you’ve got the figureheads... It’s all about who has the power in generating a story.’

Journalist

Community engagement meeting, July 2007

Tips from journalists for HIV advocates

People living with HIV and their advocates can engage the media better and build relationships to encourage responsive and responsible journalism. At the community engagement meetings, journalists offered the following suggestions for people living with HIV and their advocates, to help them work more effectively with journalists to enhance media coverage of HIV in the UK:

- Build relationships with journalists, to give them an added interest in checking the accuracy and language of their stories. By building trust, it is easier to ensure that the issues and interviews are accurately represented.
- Complaints about a specific article should be directed in writing to the editor of the journalist concerned. Complaints about the accuracy of an article should be directed to the Press Complaints Commission: www.pcc.org.uk
- Journalists always want a human angle for their stories. Although it takes courage to speak out, journalists recognise that HIV advocates have quotes, case studies and the power to generate a story.

African migrants in the UK are among the most vulnerable to HIV infection, accounting for the greatest number of new diagnoses in recent years. Being HIV positive can intensify experiences of stigma and marginalisation, apparent in inadequate living conditions, limited employment opportunities, and lack of visibility in policy decisions. Stigmatising media coverage of African migrants can exacerbate the feelings of isolation and frequently prevents people from coming forward to access health services.

Start the press argues that by speaking out, people living with HIV and leaders among African communities can raise awareness of the discrimination they experience. HIV advocates can get to know the media and work with journalists to tell their stories on their own terms, spotlighting inaccurate and misleading coverage, and beginning to confront the stigma that exists on so many levels.

Cover image

Leaders in the African community can speak out about living positively with HIV and challenge stigma and discrimination.



African HIV Policy Network

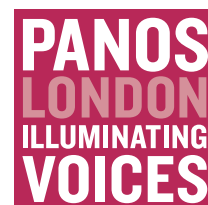
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