



HIV/AIDS  
MEDIA MANUAL  
India 2007



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**LE VIH FAIT PARTIE  
DE MA VIE MAINTENANT  
LES RAPPORTS  
SEXUELS AUSSI  
C'EST POURQUOI J'UTILISE  
UN PRESERVATIF.**

Let's talk  
**HIV**

Let's talk  
**SAFER  
SEX.**

**NHS**

# ETHICS and LANGUAGE



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**T**HESE are some of the principles on coverage of HIV/AIDS that emerged from the discussions of those who attended workshops under The EU-India Media Initiative on HIV/AIDS. A total of 112 journalists and programme makers from the print, radio and television media attended these workshops during 2005 and 2006 and conducted introspective discussions on the role and methods of the media in covering HIV/AIDS issues.

The role of the media in disseminating information was thought to be all the more important in India, where literacy rates are low in many areas. Added to this is the fact that most people get more information on HIV/AIDS from the media than from a doctor or specialist. The participating journalists and programme makers generated hundreds of points of ethical concern based on their experience in the field.

Below, the points that emerged from these workshops have been distilled into one comprehensive list.

## ■ Respect confidentiality

Fear of stigma and discrimination may often compel people living with HIV/AIDS (PLHA) to keep their medical status secret. Respect their wish and remember that while for you it's another story, for them, it may be a matter of life and death or, at the lowest level, a question of life as they knew it. Meet the PLHA often and build up a climate of trust before you even think of asking them intrusive questions.

**AIDS** is not 'God's wrath' or any other absurdity. A segment of our society was experimenting with their lifestyle, and it didn't work. They got sick. Another segment of our pluralistic society, call them doctor/scientist refugees from the failed War on Cancer, or just call them professional jackals, discovered that it did work. It worked for them. They are still making payments on their new BMWs out of your pocket.

— DR KARY MULLIS

*Nobel Prize winner for inventing the polymerase chain reaction test*







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*Reporting HIV/AIDS Award winners at the UK Coalition of People Living with HIV/AIDS in London*

■ **Informed consent**

Even in cases where a PLHA agrees to talk to you, make sure he is aware of the possible fallouts on his life. Talk to him, preferably in his own language, so that you make sure he understands you. Tell him how you will treat his story, where it will be read/broadcast, what is the angle you intend to use.

■ **Take extra care with children**

Informed consent is all the more necessary when you are speaking with children, who may not fully understand their situation. In such a case, talk to the child as well as his parents/guardians and make sure they understand why you are doing the story and what could be the effect of your doing it.

■ **Be objective**

Give the PLHA a voice. Allow them to voice their concerns, but without bending to their side. Check your story with all those who could be involved — the government, the NGO, the PLHA, their neighbours, the healthcare officials. Use what they have to say, but try not to play up any one group overly. Adequate representation of all stakeholders is important when covering HIV/AIDS. Be especially careful with government policy — check who it impacts and how.

■ **Be aware**

Be clear about the purpose of your story and know the audience at which you are targeting it. Don't sit in judgement on individuals and groups. Be aware of local gender and sexuality issues. Equally, make yourself aware of myths and misconceptions. Use your right to information to examine the role of the government. Make sure your story is legally defensible.

■ **Use appropriate language**

Use only language that is sensitive and politically correct. Avoid jargon. Explain all acronyms in the first instance. Use simple, clear and accurate language so that your work reaches the widest possible audience. Your objective is to inform, so weed out all sensationalism from your story. Avoid terms that might be confusing



*Visiting an ART centre in Shimla*



or stereotyping in their effect. To further this objective, check out the headlines on your story with your copy editor. Language should also be culture specific — encourage the use of local dialects. Explain the science as simply as possible.

### ■ Double check facts and figures

You can never be too careful with facts and figures — go to a second or even third source and check them again. Interpret statistics at all times and put them in the right perspective. Give the source for any data that you use, and ensure it is a reliable source.

Research your piece thoroughly so that no errors creep in even unwittingly. Provide all facts wherever necessary, even if they go against the interests of the government or the National AIDS Control Organisation (NACO). Your job is to interpret conflicts, but do take care to avoid confrontations.

### ■ Check your sources

Check out your sources thoroughly. The most sincere source could have a hidden agenda. Question the role of NGOs.

### ■ Keep reading

Keep reading about issues connected with HIV/AIDS. This will help you keep your knowledge base updated. This will also help you place your stories in the right context as backgrounds are invaluable in such stories.

### ■ Be consistent

Use HIV stories across all forms of programming, including entertainment. Introduce some form of it even in prime-time programming. Increase their appeal by inserting elements of entertainment. Aim for year-round coverage rather than concentrating your stories around World AIDS Day. Don't forget a story after it's done. Go back and see if you can do a fol-

low-up. This is important where government or NGO action is being evaluated.

### ■ Offer back-up services

Offer full-length interviews — which include information you cannot find space for in your article/programme — on your website so that the extra information can reach those affected directly or indirectly.

### ■ Use well thought out pictures

Yes, a picture is worth a thousand words. But remember, pictures are also more damning. Avoid stereotyping any group or community in your choice of pictures.



Winners of the Reporting HIV/AIDS Awards, 2005

## The Nuances of Language

While reporting news about people living with HIV/AIDS, it is important that we remember to keep in check our personal biases and ensure that our language does not portray ignorance. We should take care to not add to the stigma, prejudices, misconceptions and fears that accompany the syndrome.

At the same time, the language we use in our reports helps shape attitudes about HIV/AIDS. Therefore, we as reporters must learn language that is appropriate to the epidemic.





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While HIV/AIDS has huge social and emotional ramifications, it also has aspects that are intensely technical. Thus, it is important to not only try and understand the technical issues involved, but also to ensure that the information conveyed through our reports is not technically flawed. What is appropriate language in the context of reporting on HIV/AIDS?

- Appropriate language is constructive.
- It avoids sensationalism of all kinds.
- It does not fuel stereotypes.

- It does not cause prejudice or fuel stigma.
- It is suitable to the intended audience. This requires journalists to be familiar with our audience as well as fluent in HIV/AIDS terminology.
- It is non-judgemental and non-discriminatory.
- It is positive and empowering, rather than victimizing.
- It is neutral and gender sensitive.
- It is technically accurate, but distils technicalities into an easily understood form. ●



## Writing with sensitivity

| AVOID X                     | BECAUSE ?  | USE ✓   |
|-----------------------------|--|---|
| Aids                        | Aids already means many things. AIDS is an acronym for Acquired Immune Deficiency Syndrome   | AIDS  |
| HIV and AIDS<br>HIV or AIDS | HIV and AIDS are linked. HIV leads to AIDS   | HIV/AIDS  |
| AIDS virus<br>HIV virus     | Can cause confusion between HIV and AIDS. HIV is an acronym for Human Immunodeficiency Virus, so virus is already included in the term   | HIV   |
| AIDS<br>scourge/plague      | Sensationalist; implies that HIV/AIDS cannot be controlled; may fuel panic, discrimination and hopelessness  | HIV epidemic  |
| The disease of<br>AIDS      | AIDS is not a disease. It is a syndrome (group of illnesses) that results from a weakening of the immune system by HIV. This opens the body to 'opportunistic' diseases (illnesses that take advantage of weak immunity) | AIDS-related illness. Name the specific illness, such as TB or cancer |
| Full-blown AIDS             | No need to use if correct distinction is always made between HIV and AIDS; there is no half-blown AIDS   | AIDS  |
| AIDS test                   | There is no test for AIDS, but there are tests for HIV   | HIV (antibody) test   |
| Catch HIV                   | No one can catch HIV; people can become infected. Transmission of HIV is also correct, but it emphasizes 'who' and how the virus is transmitted, which, often, HIV+ people do not know                                   | Contract HIV;<br>Become HIV positive                                  |
| Catch AIDS                  | AIDS can't be 'caught'   | Develop AIDS;<br>Person living with AIDS                              |



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| <b>Writing with sensitivity</b>                |  |  |
|--|--|--|
| <b>AVOID X</b>                                 | <b>BECAUSE ?</b>   | <b>USE ✓</b>   |
| Carrying AIDS<br>AIDS carrier<br>AIDS positive | This confuses the two distinct phases of being infected with HIV and having AIDS. A person can have AIDS, but can't carry it   | HIV positive person;<br>People living with HIV/AIDS (PLHA) |
| Safe sex                                       | No sex with a partner is ever completely risk free, even when using a condom, which can greatly reduce, but never fully eliminate, the risk  | Safer sex  |
| Bodily fluids                                  | Not all bodily fluids transmit HIV   | Semen; breast milk; blood; vaginal fluids                  |
| HIV victim/sufferer                            | Victim connotes powerlessness — PLHA are definitely not victims  | Person/people living with HIV/AIDS (PLHA); HIV positive    |
| AIDS sufferer                                  | Many people with HIV/AIDS can enjoy relatively good health for years and lead happy lives  | HIV positive person  |
| AIDS patient                                   | Only appropriate when someone is ill. Care is needed to distinguish this from HIV infection, when 'patient' is not appropriate. The word patient should be used when referring to the clinical setting only  | People living with HIV/AIDS; person living with AIDS       |
| Innocent                                       | It implies someone else is guilty. No one chooses or deserves to contract HIV  | AVOID USING THIS AT ALL                                    |
| Prostitute                                     | Considered value laden and derogatory  | Sex worker   |
| Promiscuous                                    | Accusatory and derogatory  | Having multiple partners                                   |
| Drug abuser/addict                             | Many people who use drugs consider that they are in control of their use of drugs, that they are not addicted to them. Calling them abusers/addicts alienates them, which serves no good purpose. It is the act of injecting with a contaminated needle, not the drug use itself, that transmits HIV | Intravenous drug user (IDU)                                |
| Homosexual                                     | This is a Western idea of one's identity. In different regions of the world, men who have sex with men do not necessarily consider themselves to have a gay or homosexual identity   | Males who have sex with males (MSM)                        |
| High risk                                      | There is high risk behaviour, but no high risk group. Regardless of the group he belongs to, it is what a person does that exposes him to HIV  | High risk behaviour  |

