CHAPTER 6: ANALYSIS OF FINDINGS

In this chapter I analyse the findings to discuss the present orientation that news media uses to cover such issues as women’s health and PMTCT and the extent to which the news media can critically engage with women’s health as a development concern. I use the themes and sub-themes presented in the last chapter to analyse what was found in the text. I also highlight significant quotes from the newspaper texts and interview responses in text boxes.

The outline of this chapter is as follows:

- Analysis of themes and sub-themes from newspaper texts
  - Theme 1: PMTCT is an important intervention for HIV transmission to children
  - Theme 2: Nevirapine is an antiretroviral used for PMTCT
  - Theme 3: The Minister of Health, Manto Tshabalala-Msimang, is an impediment to the fight against HIV/AIDS
  - There is a feminisation of the HIV/AIDS pandemic within Sub-Saharan Africa

- Analysis of themes and sub-themes from interview responses
  - PMTCT is a major health and development issue, for South Africa, that should be critically discussed in news media
  - News media can facilitate the development of women’s health in the realm of PMTCT
6.1 Analysis of themes and sub-themes from newspaper texts

Theme 1: PMTCT is an important intervention for HIV transmission to children

1.1 In the realm of PMTCT and HIV/AIDS, babies are vulnerable

Though issues concerning HIV/AIDS are indeterminate and complex, often the HIV/AIDS discourse separates those who are infected into two main camps: those who deserve to be infected because of their sexual irresponsibility, and those who are victims (Connelly & McCleod, 2003). The first sub-theme illustrates that in relation to babies and children, there is consensus that they are innocent and vulnerable in regards to HIV/AIDS.

The focus on the vulnerability of the babies and children falls in line with the framework of PMTCT as an effort to “save the babies” as Welch-Cline & McKenzie (1996) discuss the women’s role in the fight against HIV/AIDS. The next few quotes are examples in the newspaper texts that signify this sub-theme:

- “Anti-retroviral drugs were provided to 13 130 HIV-positive mothers and 10 469 babies. During the year under review, 25 000 children were put into poverty alleviation programmes to help them cope with the social effects of the disease” (2004 Nov 23, The Star, p. 6)

- “And after taking the anti-Aids drug [NVP] from when she was seven months’ pregnant and a dose being administered to her son soon after birth, her little boy has tested HIV negative” (Green, 2004 Dec 1, The Star, p. 8) (Appendix D1)

- “‘the terrible suffering of HIV-positive children can’ can be avoided” (Spurr, 2004, August 5, The Mail and Guardian, p. 39) (Appendix D2)
The risk of transmission exists in the stages of early infant feeding, UNICEF (2002) states that approximately 33% of all mother-to-child transmission of HIV occurs through breastfeeding. Consequently the WHO (2005) recommends exclusive bottle-feeding to the infant; however in resource constrained areas, where formula may be expensive and not sustainable, the WHO recommends exclusive breast feeding for the first six months. Mix feeding is prohibited because it increases the chances of transmission (for biological reasons that cannot be explored in this research).

The debates about breastfeeding are integral to the overall discussion of women’s development within the realm of PMTCT because being an HIV positive mother changes the rules of how to infant feed your baby. Further as will be discussed in later sections, the interview respondents (particularly the health professionals) notably mention this issue as one primary area where media could do more to ensure that the “right messages” are reported in regards to breastfeeding as a HIV-positive mother. The following quotes illustrate how media covered this issue:
Connelly and Macleod state in their analysis of media messages that there were two dominant themes about women: “women as primary care-givers and women as primarily responsible for prevention” (2003, p. 71). These dominant images of women as the “mother” or “child-bearer” in the media also perpetuate the patriarchal values in society (Steeves, 2003; van Zoomen, 1991). Even the acronym, PMTCT, signals this construction: prevention of mother to child transmission of HIV. Women are responsible for going to the ante-natal clinics, inquiring about PMTCT and making sure they get single-dose Nevirapine, and after birth they must be clear and decisive about what kind of infant-feeding they will do and do it exclusively.

1.3 Mothers are key to PMTCT

“Either free formula feeds or exclusive breastfeeding should be offered as a choice to women. The problems of increased transmission with mixed feeding should be emphasised” (Dinat, 2004 Aug 5, *Mail and Guardian*, p. 39). (Appendix D3)

- Anna Coursoudis, a paediatrics professor from University of Kwa-Zulu Natal, states “particularly in poor communities, the chances of a baby getting a fatal bout of diarrhoea or pneumonia form contaminated water, used to mix formula feed, far outweights the chances of contracting HIV through breast milk…”If a mother can afford formula feed and everything is in place to provide enough safely, is she is empowered enough to resist the pressure to also breastfeed and socio-economic conditions allow for it, then- formula feeding is probably best’, Coutsoudis said” (Green, 2004 Jul 2, *The Star*, p. 3)

- “HIV-positive mothers who breastfeed their infants for the first six months of life lower the chances of transmitting the virus, compared to mothers who mix-feed their babies (Green, 2004 Jul 2, *The Star*, p. 3)
Also, the issue of why women get pregnant is an underlying theme throughout the articles. A quote from an article mentions ‘legacy’ and a ‘reminder’ for African women, which Bartnett and Whiteside (2002, p. 21) also argue the issues of lineage are contributing factors to pregnancy in African societies. Nevertheless, the stories fail to discuss in any depth that these pregnancies could be due to unprotected sex and then interrogate why these HIV-positive women would be having unprotected sex. In addition, key issues like the father’s responsibility and external family or the community’s support is virtually ignored throughout the text. Examples of salient quotes are:

- A headline: “Mothers seen as key to HIV prevention” (2004 Nov 23, The Star, p. 6)

- “The Health Department said that while it was aware of the findings of the report, it believed all HIV-positive women should be counselled on the infant-feeding options available to them” (Green, 2004 Jul 2, The Star, p. 3)

- “…Sindane joined the Hillbrow Clinic’s HIV support group where she received much-needed advice and information about the options available to her and her unborn child – Nevirapine” (Green, 1 Dec 2004, The Star, p. 8)

- “As anti-AIDS drugs become available to more South Africans, a growing number of HIV-positive women are choosing to become pregnant in spite of their status. Although it is generally accepted that all women have the right to bear children, society finds it harder to accept when women living with the virus exercise that choice. … The reason for having a baby varies. According to Lupondwana [research doctor at Chris Hani Baragwanath Hospital], some want a child to leave behind as ‘a legacy or reminder’” (correspondent, 2005 Jan 24, The Star, p. 10)

- “About one-third of HIV-positive women will transmit the virus to their infants during pregnancy, if untreated. So, should HIV-positive women deliberately get pregnant? And if so, will they be held accountable if they pass the virus on to their children?” (Spurr, 2005 Apr 7, Mail and Guardian, p. 29)

- “the mothers must also be shown how to feed and wash the baby: (Govender, 2005 Jul 6, The Star, p. 5)
In the “comprehensive strategic approach” for public health, the WHO (2005) states that PMTCT is a central component to any HIV/AIDS prevention and treatment programme. These sub-themes specifically reflect the information from previous literature and theoretical frameworks in relation to issues of PMTCT and also presents how newspaper texts focus on the health of the newborn baby.

**Theme 2: Nevirapine is an antiretroviral used for PMTCT**

2.1 **Nevirapine, like other anti-retrovirals, is toxic and there are concerns of resistance**

This sub-theme includes the newspaper coverage surrounding the implications of viral resistance to future antiretroviral therapy for the mother. Consequently discussions around Nevirapine in the news texts are frequent around the AIDS conference and also when the queries around the HIVNET 012 NVP trial in Uganda is discussed in the Associated Press article, which was published in the *Star* (Appendix D3) a few weeks after the *ANCToday* article in December 2004. The Ugandan study is discussed as being methodologically impaired and not a reliable study; suggesting that there is a strong possibility that Nevirapine is not safe (*ANCToday*, 17-23 Dec, 2004).
Throughout the news texts it seems that there is not any conclusive scientific evidence around resistance in HIV-positive mothers who took single-dose Nevirapine for PMTCT. In addition, the Treatment Action Campaign and the Minister of Health are discussed in opposition to one another: the former being supportive and the latter being highly critical of the use of Nevirapine for PMTCT in the public health sector.

Curran suggests that media facilitating “conflict resolution” between sectors of society is an important function (1996, p. 103). However, in reading the various news texts that extends throughout the year, there seems to be a bit of confusion, not only for journalists, but in the Department of Health.
Debates around why Nevirapine is used in South Africa for PMTCT is limited within news articles. For instance the WHO (2005) recommends this regimen for “resource-constrained settings” however the discussion within these news texts do not interrogate why South Africa is deemed in this way. Still the disputed issue of whether or not it is the best drug available in South Africa for HIV-positive pregnant women is seen throughout the articles. Abdullah (2004), as I mentioned in Chapter 2, discusses the Western Cape’s opt for a double regimen. However discussion about what resistance possibly implies for HIV-positive women’s health, for instance, whether or not such resistance will affect the future use of antiretroviral therapy for these women lacks depth and sufficient analysis. The following quotes are a few occasions in the text, where media engaged with other possible regimens for PMTCT:

- “Dr Andy Gray…said there were many ‘ifs and buts.’ ‘It is unclear whether the levels of resistance to Nevirapine would result in clinical failure if a woman later went on to combination therapy” (Cullinan & Bodibe, 2004 Jul 13, The Star, p. 3).

- ‘UN special envoy on HIV/Aids Stephen Lewis said the world watched in ‘some bewilderment’ at the ‘confusion, obfuscation, complication and controversy’ that surrounded the latest episode on nevirapine and the Health Ministry” (Valentine, 2004 Jul 15, The Star, p. 6).

2.3 Nevirapine is the only antiretroviral used in the public health system for PMTCT but there are better regimens
Gurevitch and Blumler (2000, p. 28) states “the crowd pulling appeal of journalism, the tendency to dramatise, the projection of hard-hitting conflict…are…inducements [for people] to become interested in and aware of political matters.” In this view, political issues are heightened by media sensationalism to grab the reader’s attention. This political contestation around Nevirapine, especially at an international conference, all add news value to the discussion of PMTCT. Finlay (2004, p. 9) states

in the absence of conflict at the national level around HIV/AIDS policy, and particularly when that conflict lacks a news event that emphasises the newsworthiness of the conflict, the extent of HIV/AIDS coverage declines generally, even when the social impact of the disease remains the same.
Theme 3: The Minister of Health, Manto Tshabala-Msimang, is an impediment to the fight against HIV/AIDS

3.1 The Minister of Health does not support the use of Nevirapine for PMTCT

Throughout the news texts, the Minister of Health’s controversial statements are sensationalised. Also she is targeted within the news articles as the person responsible for an inadequate health system in response to HIV/AIDS. Finlay (2004, p. 20) suggests that this treatment of the Minister of Health is potentially “ad hominem: the person is attacked rather than his or her actions or ideas properly assessed.” Consequently, important issues concerning women’s health and development in relation to PMTCT are often marginalised in news texts. The quotes that demonstrate this are as follows:

- Headline: “Tshabalala-Msimang sticks to her guns on nevirapine” (Staff reporter, 2004 Jul 30, The Star, p. 6).

- “The minister [of Health] said yesterday that, in taking the government to court, the Treatment Action Campaign had ‘forced the government to extend the use of the drug beyond limited research sites where the possibility of resistance was being monitored’” (Staff reporter, 2004 Jul 30, The Star, p. 6).

- “Dr Manto Tshabalala-Msimang said that as a country, ‘we tried to interrogate the use of Nevirapine as a monotherapy to mothers and babies. However, due to pressure from some organisations, our court ruled that we needed to extend beyond the research programme that we had’” (Valentine, 2004 Jul 12, The Star, p. 3).

- “Achmat said the health minister’s questioning of the anti-Aids drug nevirapine at the Bangkok conference had been ‘a sideshow’ and ‘a tragedy’” (Smetherham, 2004 Jul 28, The Star, p. 3).
In the literature discussed, political leadership has been lacking for a long period in regards to HIV/AIDS in South Africa (Heywood, 2004; Mbali, 2004). Many see this denialism of the impact, and even the existence, of HIV/AIDS in the country as a critical hindrance to the progress of prevention and treatment programmes in the country (ibid). The history behind political leadership in the HIV/AIDS pandemic is extensive and out of the scope of this research. However, media’s coverage of this denialism is significant to this research because it implies a particular orientation news media has towards government concerning the issue of HIV/AIDS.

Minister Tshabalala-Msimang’s questions about resistance to Nevirapine, her concerns of toxicity and her endorsement of vitamins all leads to this sub-theme. This last sub-theme encapsulates the portrayal of the Minister throughout the news articles. This sub-theme does not only discuss the Minister’s political will but many times throughout the articles, the entire government is said to be lacking in leadership. Noteworthy quotes that illustrate this are as follows:

- Headline: “Health minister is a huge liability, says top Aids activist” (Smetherham, 2004 Jul 28, The Star, p. 3)

- “‘What the government does not appreciate is the grief contained in every home, in every workplace,’ Achmat [of the TAC] said” (Smetherham, 2004 Jul 28, The Star, p. 3)

- “National leadership is lacking. While thousands of health-care workers are working tirelessly, they require effective management, coordination, visible and unambiguous political leadership with commitment, for the programme [Operational Plan for Comprehensive HIV and Aids care, management and treatment] to provide optimal results. Let’s start working together” (Hassan, 2005 Mar 31, Mail and Guardian, p. 1)
Theme 4: There is a feminisation of the HIV/AIDS pandemic within SubSaharan Africa

4.1 Women are victims and more vulnerable to HIV-infection than men

Media constructions of women in relation to the HIV/AIDS pandemic are often that of “victims” (Connelly & Macleod, 2003; Welch-Cline & McKenzie, 1996). Throughout the news texts there is a continuous depiction of women in this fashion; the feminisation of the pandemic is presented as a result of women’s lack of sexual and social power in their homes and in society. The UN report and the World AIDS Day were ‘events’ which resulted in increased media coverage around women’s social and physical vulnerability to HIV-infection in South Africa; however throughout the news texts there is a lack of analytical coverage about this complicated trend. These are a few quotes that illustrate this sub-theme:

- “One reason for this disturbing trend [feminisation of HIV/AIDS] is that women may be physiologically more vulnerable to HIV than men. … Added to this are a host of social, legal, and moral problems that best women. These can be nightmares to resolve, for they touch on sexual taboos, marital tradition, deep poverty and age-old gender roles. – Infection by husbands… - Coercive sex and male violence… - male myths and machismo… - poverty, ignorance and discrimination…” (2004 Dec 1, The Star, p. 19).

- “…the message ‘to be wise and condomise’ is lost in a society where the role of women is that of second-class citizens. The message assumes that women will be empowered to negotiate safe sex and insist that men use condoms. Women’s inability to exert control over sexual encounters is the reason that female condoms are far more effective in the ‘condomise’ messaging” (Daniels, 2005 Mar 31, Mail and Guardian, p. 8).

- “Nombuyiselo Maphongwane celebrates life on antiretroviral drugs. … Her story is typical of women in South Africa who contract the virus from a lover and generally find out about their status only when they get sick.” (Deane, 2004 Aug 12, Mail and Guardian, p. 1)
This sub-theme is intricately connected to the feminisation of HIV/AIDS, not only are women seen as victims but they are also portrayed as primary care-givers for those who are already infected. This sub-theme incorporates women’s use of contraception, issues of childbearing while HIV-positive, and the socio-economic burden of childcare for women. As discussed earlier, women are targeted as the cornerstone for HIV prevention efforts, and this is particularly demonstrated when discussing PMTCT. The quotes from articles that illustrate this include:

- “Women are the number one target of Aids in Africa, facing a greater risk of infection than men and shouldering the burden that illness bring to their families, according to a United Nations report. ‘Nowhere is the epidemic’s ‘feminisation’ more apparent than in sub-Saharan Africa, where 57% of infected are women and girls,’ the UN’s 2004 Global Report on Aids states” (2004 Jul 7, The Star, p. 10).

- “Tiny Mbele wants nothing more than to provide for her family – but it isn’t always easy. The scourge of Aids has taken its toll on this Soweto woman and her family, emotionally and financially. … ‘I used to hear about this disease, but before my daughter got sick. I did not believe it could happen to me,’ she [Mbele] said” (Green, 2004 Jul 9, The Star, p. 6)

- “Maloka [nurse adviser for Reproductive Health Research Unit at Wits University] argues that women cannot be singled out as wilful perpetrators of HIV infection as transmission is a complex issue. Many women face pressure from their partners and family to have children and a higher status is often afforded to women with children. This makes it difficult for women to make decisions about conception with only their own interests in mind” (Spurr, 2005 Apr 7, Mail and Guardian, p. 29)

The sub-themes indicate that news media’s coverage did not analytically interrogate the established perceptions about women in relation to PMTCT and HIV/AIDS. Nevertheless, the fact that this theme and sub-themes are reoccurring throughout the text
illustrates the possibility of more meaningful coverage. Steeves (2003) stresses that women’s participation in media is imperative to their social empowerment; this lack of a platform for their contribution can be an impediment to their overall human development. Also with the increased feminisation of HIV/AIDS in South Africa, women’s participation is critical. For news media to facilitate women’s development in this realm, they would have to consider “women … seriously as active creators of their own daily lives and experiences, instead of being ‘medicalised’ as helpless victims of dominant culture” (Van Zoomen, 1991, p. 48).

6.2 Analysis of themes and sub-themes from interview responses

Theme 1: PMTCT is a major health and development issue, for South Africa, that should be critically discussed in news media

1.1 Journalists can be more proactive in PMTCT and HIV/AIDS reporting

The general sentiment from the interview responses about news media is that the journalists are generally responsive or reactive to political statements, press conferences of civil society and press releases from international organisations. Also many respondents point out that there are authoritarian voices throughout the news text. This, again, is an illustration of the modernisation paradigm, as Melkote (2003) describes a heavy reliance on expert sources for development communications.
There is the constant challenge for journalists to become hands-on in covering issues pertaining to PMTCT and women’s health and it involves the commercial imperative of providing consumers with stories they are interested in. Stein (2002, p. 23) states that journalists believe that their readers are not the one’s directly affected by the pandemic thus stories around HIV/AIDS or PMTCT would not appeal to them. However, the respondents state that there is this myth about ‘reader fatigue.’ Proactivity on behalf of the news media involves many concerns; the quotes illustrate recommendations and critiques from respondents:

- Warren Parker (Director of CADRE) – “there is a total failure to think beyond the concept of drugs and clinical aspects as being the issue. … The media should be more proactive setting some agenda’s around HIV/AIDS and following them through… “

- Helen Struthers (PHRU) – “I think journalists don’t often make an effort to find out what it’s [PMTCT] all about. Think there a perception with journalists that the public’s not interested”

- Kubi Rama (Deputy Director of GenderLinks) – “firstly the coverage of HIV/AIDS tends to revolve around the personality of the decision-maker; a lot of it has to do with whether we are demonizing her [Minister of Health] or making her a hero. …it’s almost become like a drama playing out. And the sad part is that there are issues that people face on a daily basis that are completely ignored. “

- Philippa Garson (freelance journalist) – “I think that journalists can sort of relax in thinking ‘oh well we’ve covered AIDS’ and really what they’ve ended up doing is covering a press release from the TAC and a statement from the government and that’s your AIDS coverage….I think journalists are not uninterested in these issues, it’s a question of is their story going to make it in the newspaper… I also think there’s laziness on the part of journalists, you know, we love to sit behind the phone… behind our computers, look at the internet, get a few quotes and there’s your story. We don’t like to get out there on the field…. And I think also just a lack of education …. I think this readership fatigue is actually a sort of drabbed up concept…because we know that readers are hungry for information”

- Jillian Green (‘AIDS reporter’ for The Star) – “Media coverage around HIV/AIDS is very ’shoot from the hip,’ and ad hoc, rather than dealing in-depth and reporting more holistically…”
1.2 A significant effort can be made by news media to de-stigmatise HIV/AIDS as well as increasing awareness surrounding the various issues

As I have previously stated throughout this research report, stigma and discrimination is a fact that many people living with HIV/AIDS encounter daily. There are discussions about media coverage that perpetuate such abuse of persons living with HIV/AIDS (Kalipeni et al, 2004; Steeves, 2003). Also many reports emphasise the negative impact stigma and discrimination have on prevention efforts and treatment programmes of PMTCT and generally HIV/AIDS (UNAIDS, 2004; Msimang, 2003).

Msimang (2003) states that because there is such gross amount of stigma throughout societies there are significant issues about the pandemic that are not being addressed or even discussed. Many respondents agree with this and believe that there is not enough coverage around the many realities of women, in relation to HIV/AIDS, particularly around sexual negotiations and infant feeding options for HIV-positive mothers. This sub-theme highlights some of these issues because responses believe this to be untouched areas where news media can greatly contribute to by increasing awareness about these issues.
- Project Director (PHRU) – “We really do need media, especially with PMTCT; we really do need media, to help the communities’ eyes. They do rely on media for information. So even the issue of disclosure problems, where they don’t want to disclose to their partners and their families because the environment at home is bad. We need to prepare the community, so that when these mothers go back she’s accepted and she gets support instead of rejection.”

- Marinus Hendrik Gotink (UNICEF) – “Well I think that media are not doing enough in promoting breastfeeding by far. And they are not doing enough in ensuring, supporting and informing mothers that they can do it.”

- Philippa Garson (journalist) – “Well I think just delving into what people are really doing and thinking of getting out there and getting the real stories. … that’s what’s happening—women are having risky sex, women who know well what the risks are, and a lots being said about how you know there’s thing about the 4Cs—cellphones, cars, clothes and there’s one other one [cash], …women are sexual beings, they have sex because they want to have sex. So they’re not just having sex because someone is forcing them to, or because they need money, or because they’ve got a gun to their head, or because they want a child—they’re having sex because they want to have sex and I think nobody is looking at that.”

- Dr. Francois Venter (RHRU) – “…the issue of sexual negotiation is complex. There are all these poor young girls and women who are exposed to all these perpetrated men, and to say it has a huge impact on the population is completely correct. …But I know my patients when I ask them the process the acquisition of HIV, they do not sit there and say ‘oh I was raped’ or ‘I was sexually abused’ or this and that, they talk about a complex set of negotiations with their boyfriend, or husband, or partner which results in them making some bad decisions.”
Theme 2: News media can facilitate the development of women’s health in the realm of PMTCT

2.1 There are external and internal challenges that should be considered

All respondents considered the obstacles that news media face as a profit-driven enterprise in response to media’s ability to cover this topic. There are many external and internal challenges that one has to take into account when asking the news media to report meaningfully on pertinent development issues. Since commercial media is situated as a business they have a priority to please consumers and have to negotiate with the demands of advertisers (Cottle, 2003; McChesney, 2003). Coyne and Leeson (2004, p. 33) state that these consumer demands do not guarantee successful development, thus media should create demands that contribute to the agenda of development. In other words, news media plays a significant role in making issues that affect a large but marginalised section—HIV-positive women—of the population’s issues relevant to the society.

Respondents generally agree that this new demand should start in the news room by educating journalists about the socio-economic issues and how to cover HIV/AIDS correctly and ethically. The media practitioners suggest that change should also include creating policies for gender-sensitivity and HIV/AIDS editorial policy that spells out how and why a particular newspaper will cover women and HIV/AIDS. Respondents state that even with the market-driven environment, news media still has the creative autonomy to write inspired and investigative stories that are important for South Africans.
- Philippa Garson (journalist) – “I worked as a journalist for many years, and you can write the best story but an advert will land on page 3, or whatever, where your story was supposed to go, and your story will go out, or your story will be cut to a little box of what it was”

- Kubi Rama (Genderlinks) – “Advertisers need the media, and yes the media needs advertisers. But surely the ultimate thing is more people who read or consume your media is better for the advertisers. And some people have started turning advertisers away.”

- Tusi Fokane (MISA-SA) – “…we’ve [MISA] heard stories where a newspaper has had to stop writing a particular story concerned with a particular business because their advertisers threatened to withdraw their advertising. And without money, without funding, without advertising, its’ [news media] is an unsustainable operation.”

- Libby Lloyd (MDDA) – “[There appears to be a] ‘juniorisation’ of those news rooms—we don’t often see now a journalists being able to – you know sort of spending like three months focusing on doing some sort of investigation without producing anything until the end of that three months…”

- Kubi Rama (Genderlinks) – “And yes I know there’s a level of juniorisation, but that’s a symptom of wanting to save money… And ultimately it’s about good journalism…writing the stories the way they should be written not what we’re seeing—this kind of three minute clip, no investigation, no analysis, no context.”

- Tusi Fokane (MISA-SA) – “So it’s internal newspaper, or internal newsroom policy, to say that ‘this is our style guide, this will be our style of writing, this is our policy on interviewing children, this is our policy on AIDS stories etc etc etc”

- Kubi Rama (Genderlinks) – “And quite often what it boils down to is institutional mechanisms, you’ve gotta have policies in place and you gotta hold people to them…Quite often people are very willing…but they don’t have the tools…for example, a checklist: ‘how do you ensure that you story is balanced’…So a checklist about…language relating to sources, relating to stereotypes…”

- Tusi Fokane (MISA-SA) – “I think the one newspaper that has been quite good at covering developmental issues is the Mail and Guardian, although it will come under attack for appearing to be terribly anti-government etc. But I think if you pick a copy of M&G you do get a sense of what the developmental challenges are inherent in living in South Africa because I think they do a lot more in-depth investigative reporting. … The liberal framework is more applicable to the commercial media.”

- Jillian Green (‘AIDS reporter’) – “I have been a health journalist until the 1st November, 2005, then I became the ‘AIDS reporter’…”The Star is the first newspaper in South Africa to recognize that HIV/AIDS is a big enough issue to dedicate an AIDS beat”
HIV/AIDS is regarded as a significant case because it has a devastating impact on the lives of millions of South Africans, and worldwide, and will continue to create distress amongst societies, communities, and families for years to come. Unfortunately news media generally covers these issues with over referenced statistics, press releases and controversial statements from decision-makers (Finlay, 2004; Spurr, 2005). To counter this, all respondents ask for more human stories with faces of real people who are encountering the challenge of HIV/AIDS every day. This sub-theme suggests that the human experiences, the day-to-day realities of HIV/AIDS, for instance, the strategies grandmothers use to mitigate the challenges of raising grandchildren, the complex interplays of sex, power and trust, the questions of science – all result in complicated and significant ‘stories’ for South Africa.

One respondent stresses that media should ask “who does this story affect the most?” This question also speaks to Riano’s (1994, p. 33) concern about communication strategies for development regarding whether or not media is perpetuating or challenging the marginalisation of certain groups in society. For this research, the myriad of experiences and situations of HIV-positive mothers could give comprehensive accounts in news media about issues concerning PMTCT. This, many respondents believe would enable society to understand more parameters that are involved with HIV/AIDS. This sub-theme points to the possibility of there being a media for development that focuses on the human imperative in the midst of a commercial environment of a newspaper.
In the final chapter I discuss these findings in relation to news media’s ability to facilitate the development of women’s health in this arena of PMTCT and HIV/AIDS. As well as my recommendations based on these findings and the theory of a reconstructed news media for development.