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Abstract

This paper focuses on the expanding HIV (Human Immunodeficiency Virus) epidemic in parts of Asia and the Pacific region and recommends the adoption of insights from particular health communication theories. The author argues that these paradigms can assist in broadening the current scope and content of HIV reporting. One theory in particular – Social Change Communication (SCC) - challenges the media to extend the framing of HIV from primarily a health story to one that is linked to more macro socio-economic, cultural and political factors. Asian and Pacific countries that have an emerging or expanding HIV epidemic need to realise a common reality when reporting on the disease; that is, the complexity and interconnectedness of the web of issues into which the HIV pandemic is woven.

Health Communication Theories: Implications for HIV Reporting in Asia and the Pacific

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Abstract

This paper focuses on the expanding HIV (Human Immunodeficiency Virus) epidemic in parts of Asia and the Pacific region and recommends the adoption of insights from particular health communication theories. The author argues that these paradigms can assist in broadening the current scope and content of HIV reporting. One theory in particular – Social Change Communication (SCC) – challenges the media to extend the framing of HIV from primarily a health story to one that is linked to more macro socio-economic, cultural and political factors. Asian and Pacific countries that have an emerging or expanding HIV epidemic need to realise a common reality when reporting on the disease; that is, the complexity and interconnectedness of the web of issues into which the HIV pandemic is woven.

Introduction: HIV in Asia

Overall, an estimated nine million Asians have been infected with HIV since it first appeared in the region more than 20 years ago. In fact, HIV entered the region between 1984 and 1986, which is roughly 3-5 years after its first appearance in the United States and Africa. Currently, just under five million people in Asia live with the virus, including 440,000 newly infected cases and 300,000 people who died from AIDS related illnesses in 2007 (UNAIDS, 2007). HIV entered the region around 1986, roughly 5-6 years after its first appearance in the United States and Africa. Despite the progress made in many Asian countries, HIV currently accounts for more deaths annually among 15-44 year old adults than do tuberculosis and other diseases (UNAIDS, 2008, p. 2).

HIV infection rates at the end of 2007 portrayed a wide variation in epidemic trends between different countries in Asia. For example, Myanmar, Thailand and Cambodia saw declines due to wider surveillance in these countries and more targeted prevention campaigns. But the epidemic is growing at a particularly high rate in Indonesia and Vietnam (UNAIDS, 2007). The country in South-East Asia with the fastest growing HIV epidemic is Indonesia. The acknowledgement of so many infections in Indonesia is due in part to a greater degree of transparency and openness in the Post-Suharto era. When surveyed in 2005, more than 40 per cent of injecting drug users in Jakarta tested HIV-positive. The epidemic is even more serious in the province of Papua (bordering Papua New Guinea) with unprotected sex being the main mode of transmission.

Generally, the epidemics in Asia follow a common pattern in which the HIV prevalence initially rises among injecting drug users, then increases among female sex workers and their male clients, and eventually grows among those clients' wives and children. Also, parallel epidemics among men who have sex with men have reached high levels in many Asian countries. In fact, HIV risk is highest among men. For example, male clients outnumber sex workers by 10 to 1 and most injecting drug users in the region are men (UNAIDS, 2008, p. 172).

A report on AIDS in Asia entitled, *Redefining AIDS in Asia – Crafting an effective response* (UNAIDS, 2008) acknowledges that HIV transmission has not spread into any general population but remains concentrated in the highest HIV-risk groups, such as gay men, injecting drug users, and sex workers. It is a fact that prevalence rates in most parts of Asia are still low: nowhere in Asia is there a concentration of the disease anywhere close to the numbers seen in Africa where some communities have prevalence rates between 20-25 per cent as seen in Zimbabwe (UNAIDS, 2007). But there are several explosive heterosexual epidemics within large commercial sex networks in Thailand, Myanmar, Cambodia and several states in India that erupted in the late 1980s to early 1990s. The fear is that the epidemic could increase in other countries that have an extensive commercial sex industry such as in China and India, because heterosexual transmission continues to drive the epidemic among sex workers, their clients and their clients' partners. While current HIV rates may be low, the risks of an epidemic escalating in some Asia countries remains high.

Globally, the HIV epidemic is by no means over. At the end of 2007, an estimated 33.2 million people were living with HIV. Some 2.5 million people became newly infected that year, and 2.1 million died of AIDS. Indeed, AIDS still remains the leading infectious disease challenge in global health (UNAIDS, 2007, p. 2).

New challenges for the media in Asia

The 2008 report on AIDS in Asia leaves no doubt that HIV/AIDS is a serious public health crisis in some Asian countries. This presents a real challenge for the media, especially about how to find an appropriate response. The media, particularly journalists, exercise a significant influence in moulding public opinions and attitudes towards the disease. Swain (2005) goes further and argues that much of society's understanding of the disease, including who it affects and its future possibilities, comes from the media (Swain, 2005, p. 258). And yet:

Coverage of HIV in many parts of the world has been erratic and often journalists frame the epidemic as an emergency rather than a lasting concern. Also, news analysis frequently fails to recognize socio-economic contexts that made it more difficult for some to avoid infection such as poverty, disempowerment, and inequalities (Swain, 2005, p. 259).

The reality in the newsroom is that coverage of the disease has to compete with many other issues. In recent years, traditional newsgathering routines and standards have failed to justify HIV as newsworthy, and journalists have faced great difficulty persuading their editors to run HIV stories (Brodie, Hamel, Kates, Altman, & Drew, 2004). Editors, on their part, fear that their papers may be seen as merely relaying public health information. Most importantly, there is also a feeling that 'HIV fatigue' has set in where readers may already be saturated with what seems to be the usual narratives of infection, suffering and death surrounding the disease in the newspapers.

Ratzan (1993) argues that despite differing views on the precise role of the media in reporting HIV, there is broad agreement on the fact that the media are an important and influential source of health and medical information, and that they shape public understandings of, and responses to, the current epidemic. "The media have enormous potential to help stop the spread of AIDS if they could inform the public continuously and accurately about the true nature and scope of HIV risks around the world" (Ratzan, 1993, p. 256). He stressed in the early 1990s that journalists should rise above the epidemic of complacency, stigma, and denial to uncover solutions for slowing HIV infection in the most devastated areas of the world. "Effective health communication is our primary and most potent weapon in preventing the spread of AIDS. Until a vaccine or cure for HIV infection is discovered, communication is all we have" (Ratzan, 1993, p. 257). This insight is still relevant today, especially since scientists are no nearer to finding a vaccine or a cure for the disease. However, there is one defining difference in the HIV/AIDS landscape between 1993 and today that needs to be considered: the discovery in 1996 and consequent widespread uptake of antiviral drugs. This has had a huge effect on both continuing health promotion efforts and a widespread perspective that the epidemic was manageable. But affordability in developing countries is still an ongoing problem.

After 20 years of reporting the disease in some countries, the challenge for journalists is to find new angles and approaches in order to retain the story of HIV in the public limelight. This point was raised by a former editor, Anna Solomon, whose reporting career in the South Pacific spanned more than thirty years. She stated: "AIDS is boring to report - so let's try to make it interesting" (Solomon, 2002). She recognised the seriousness of the unfolding HIV epidemic in her country of Papua New Guinea (PNG) and urged her fellow journalists to use imagination, initiative and sensitivity to

cover the disease. Part of this new approach involves reporting on issues that are closely linked to the disease. For example, the global epidemic of HIV was seen initially as a crisis in public health and was defined as a health issue that required a health response. This is now generally seen as too simplistic and does not reflect an understanding of the complex social, cultural and economic determinants and consequences of the epidemic. Indeed, the challenge for academics, and especially communication researchers, is not only to provide constructive criticism of the media but to develop practical models that adequately address the wider links and issues connected to the disease.

Previous studies on media coverage of HIV

The majority of academic research on media coverage of HIV dates back to the late 1980s and early 1990s. This is when the disease peaked in the United States, Australia and many Western European countries. The vast majority of research into media coverage of HIV/AIDS was focused primarily on the news media in the United States and Britain. In the USA studies were conducted by Baker (1986), Albert (1986), King (1990), Nelkin (1991), Clarke (1991), Rogers, Dearing and Chan (1991); and in Britain by Watney (1988), Wellings (1988), Berridge and Strong (1991), and Beharrell (1993): Herzlich and Pierret (1989) and Cunningham (1989) in France; Lupton (1990, 1993, 1994) and Galvin and Pearson (1994) in Australia. Other areas of research focused on comparing news coverage of HIV/AIDS in San Francisco and London (Temoshok, Grade and Zich, 1989), Japan and the United States (Dearing, 1992), and a number of European countries (Grube and Boehme-Duerr, 1988). A significant feature in the research of the Euro-Atlantic countries was that media coverage of HIV followed a common pattern with the rise, peak and decline in coverage.

In Africa, Pitts and Jackson (1993) examined newspaper coverage of HIV/AIDS in the Zimbabwean press from 1987-1991 and Kasoma (1990, 1995) analysed the same topic in the Zambian press in 1986, 1987 and 1993. The researchers revealed that the media in both countries were slow to realise that the extent and impact of the disease and were hampered by cultural taboos that prevented a clear and informed debate on unprotected sexual intercourse which was (and remains) the main mode of HIV transmission in these countries.

Research on media coverage of HIV in Asia is limited to a few researchers. Barcelona (1989) challenged the media to be more systematic and comprehensive in their reporting of HIV/AIDS and to shift from awareness to public information and education with more local or country-based reporting. Brown and Xenos (1994) discussed the hidden nature of the epidemic in Asia, caused, they said, by the low numbers of early HIV/AIDS cases and the social invisibility of the behaviours that spread it. They argued that this made it difficult to convince policy makers and the media that a problem existed and to persuade them to act (Brown and Xenos, 1994, p. 16).

Criticism of media coverage of HIV/AIDS in the Asia region surfaced again in a United Nations report on the Fourth International Congress on HIV/AIDS in Asia in 1997. It listed several criticisms: the media had relied too heavily on 'event-orientated' rather than 'process-orientated' stories; the media over-emphasised people dying with HIV; the media tended to stereotype and even to 'hound' people living with HIV;

and voices for HIV advocacy were easily drowned out by more lucrative commercial interests (UNDP, 1998, p. 68). The report urged the media to review its role of impartial observer and think about taking a more active educational role.

Wolffers and Bevers (1997) criticised the media's negative reporting of HIV/AIDS especially in southeast Asia at the beginning of the pandemic, and highlighted how the discrimination of minority groups in the west, mainly gays and drug users, was reflected in the Asian media.

The status of injecting drug users and sex workers in southeast Asia, who were among the first to become infected with HIV, is virtually the lowest in society and most of the people in the media look down on them or are indifferent to their needs. This is one of the reasons for the unsympathetic attitude towards HIV-infected people and people with AIDS and has become a serious block to writing positively about HIV (Wolffers and Bevers, 1997, p. 52).

The result was that the media played a negative role by blaming certain groups in society by not respecting people's privacy, and by misinforming people about the dynamics of HIV/AIDS (Wolffers & Bevers, 1997, p. 54). While Wolffers & Bevers conceded that the media had informed people about the existence of HIV/AIDS, the use of fear-based tactics, instead of distributing information in order to contextualise the situation, had intensified the sense of fear and discrimination among people (Wolffers & Bevers, 1997, p. 53).

When HIV began to spread more widely throughout Asia in the mid to late 1990s, Linge and Porter (1998) discussed the potential enormity of the epidemic in terms of new infections.

Within a decade the disease will reach proportions that will dwarf the epidemic in sub-Saharan Africa, which has until now been the focus of world attention. In 1988, it could be said that although HIV was certainly present in Asia, it had not yet taken hold even in major risk groups. But by the end of 1995, the World Health Organisation (WHO) was estimating a massive increase with up to 3.7 million HIV positive children and adults and 300,000 more who were living with AIDS (Linge & Porter, 1998, p. 14) .

Linge and Porter (1998) admitted that there was considerable uncertainty about the exact extent, course and impact of the HIV/AIDS epidemic in Asia. They argued that this was primarily due to under-diagnosis which subsequently results in under-reporting. Other factors, they argued, that prevented a more accurate assessment of the extent of HIV/AIDS infection levels included the high variation in the probability of transmission per sexual act; a long and variable period of clinical latency; and a limited knowledge of the political, social and economic consequences of the disease (Linge & Porter, 1998, p. 33). The extended period between infection and death made it harder, argued Linge and Porter (1998), to persuade governments, communities and individuals to confront a problem that will only appear at some time in the future (Linge & Porter, 1998, p. 6).

The first comprehensive and multidisciplinary overviews of the HIV epidemic in Asia were conducted by Milton, Bamber and Waugh (1997), who focused on comparative historical perspectives, while Beyer (1998) conducted research on the transmission

and prevention of HIV in Northern Thailand. The project also investigated issues of sexuality and the complex nature of sexual categories.

More recent studies have been in the form of international surveys on press and media coverage of HIV in the United States (Kaiser, 2003), in Southern Africa (Panos, 2004), and in parts of Asia (International Federation of Journalists, IFJ, 2006). This last survey, conducted by IFJ, focused on six countries across Africa and Asia. The countries included the Philippines, India, Cambodia, Zambia and Nigeria in Africa. Media monitoring was conducted for two weeks (one week in Asia and the other in Africa) in late November and early December 2005 in order to determine the quality and quantity of HIV reports in the media. Overall, the survey revealed that the language and tone of HIV stories showed sensitivity to people living with HIV. Editors and journalists were encouraged to amplify the voices of those infected by the disease and to widen coverage and report HIV as a story with medical, political, social, economic, cultural and religious aspects.

Expand scope and content through health communication theories

When HIV was first reported in the early 80s, a broad range of strategies based on social psychological theories and models of behaviour were introduced as ways to promote more effective communication approaches to HIV prevention and care. Some of the most important theories and models of behavioural change include the health belief model, the theory of reasoned action, learning /cognitive theory, diffusion of innovation and social marketing (Airhihenbuwa, Obregon, 2000, p. 7). So, for example, the theory of reasoned action argues that individual behaviour is predicted by examining the beliefs, intentions and actions of the person and concluding that a particular behavior is determined by an individual's intention. However, these theories and models of health behaviour change are based on individual psychology and opposed to family, group or the community. Although these theories may have been effective in certain societies for addressing certain diseases, they proved to be inadequate for HIV communications in Africa and Asia where decisions about preventing HIV are based on cultural norms that often override an individual's decision. This has important implications: to focus on the contextual rather than purely individual theories. This approach should inform HIV communications especially in planning communication strategies in developing countries. As early as 1986, with the adoption of the Ottawa Charter, the social and cultural dimensions of health behaviour change became increasingly more mainstream. Indeed, theories based on the individual, which may be effective and meaningful in a Western context, have less relevance in community-driven cultures in Asia and Africa.

Deane (2002) and UNFPA (2002) note there are two commonly used health communication theories in relation to HIV: Behaviour Change Communication (BCC) and Social Change Communication (SCC). As stated above, early health communication theories tended to focus on behaviour change at an individual level as seen in BCC and that early in the epidemic it was assumed that by simply giving correct information about transmission and prevention, this would lead to behaviour change. Deane (2002) describes BCC as "based on a belief that urgency of the epidemic necessitates a high degree of focus on behaviour. It tries to encourage people

to make informed choices” (Deane, 2002, p. 1). BCC theory involves the development of tailored messages and approaches in order to develop, promote and sustain primarily individual behaviour change. However, BCC theory has come under increasing criticism as being inadequate to respond to the challenges of the pandemic. The theory assumes an individual can take control of his or her behaviour and action, and that people are rational creatures who consider the costs and benefits of alternative actions and make careful use of information available to them (McKee, Bertrand and Becker-Benton, 2004, p. 43).

In recent years social scientists have come to realise that socio-cultural factors influence complex health behaviours, including sexual behaviour related to HIV infections. Beyond an individual’s own social network, there are larger structural and environment determinants that affect sexual behaviour such as living conditions related to one’s employment. For example, mining camps that require men to spend long periods away from home, the cost of condoms, the lack of sexually transmissible diseases services, pressures on some sex workers to act in unsafe ways to keep customers satisfied – all these work against people adopting safer behaviours.

Social scientist, Kippax (2007), argues that individual behaviour and ‘choice’ is always mediated and structured by social relationships, which are in turn influenced by important differences of community, social status, class and other structural differences such as gender and age. In other words, individual behaviour is always contextual, always socially embedded (Kippax, 2007, p. 5). This social communication approach to understanding HIV, and the need to highlight the context in which the pandemic is embedded, has wide support (McKee, Bertrand & Becker-Benton, 2004, p. 41). Indeed, this is not a new insight. The United Nations Educational, Scientific and Cultural Organization (UNESCO) echoed this view several years ago:

This epidemic has become a major developmental challenge that goes beyond the realm of public health. The emerging complexity of the epidemic has made it an issue that touches all aspects of human life. And the perspectives are diverse: medical, human rights, ethical, legal religious, cultural and political (UNESCO, 2001, p. 20).

This shift in thinking forms a key part of SCC theory where the focus is on seeing people and communities as agents of their own change. It is based on a belief that behaviour change is dependent on social change and is a long-term process (Deane 2002, p. 1). The implications of this theory, if adopted by editors and journalists, would widen the predominant framing of HIV stories from primarily a focus on health to one that covers related issues such as gender equality, domestic violence, inadequate access to treatment, poor health facilities, complex sexual networking and challenge governments on their policies towards treatment, human rights and overall strategies. Indeed, this perspective on the disease provides a new and extensive list of news and feature stories for both print and broadcast journalists.

Another example is gender equality. This reflects the complexity of the situation and exposes how difficult it is to prevent and slow the spread of HIV. For example, sexual relations lie at the heart of the HIV epidemic in PNG. Women’s lack of social or economic authority is underwritten by the sexual economy and enforced largely by violence. Current attitudes to sex pose serious barriers to the effectiveness of HIV interventions. Women in general, and those involved in sex work in particular, are

blamed for HIV infection in PNG. It is true that this attitude is not limited to PNG, but also exists in even more developed countries. But the constant public scapegoating of sex workers has further entrenched the view that HIV can be attributed to filthy and immoral women. And yet, it is estimated that almost half of PNG men pay for sex at some time each year (Smith & Cohen, 2000, p. 6). For the same reasons, married women are the largest group of women at the risk of HIV infection. Since most infected women are of childbearing age, they also carry the risk of infecting their children. These issues are directly linked to HIV and yet, until recently, there was rarely a news story or feature article on the topic in PNG's two main newspapers, the *Post-Courier* and *The National*. It is difficult to give a clear explanation for this omission other than to state that gender equality was not considered newsworthy by the editors.

Yet, in-depth articles could expose the serious gender inequality in PNG and argue that if married women are to protect themselves and their children in such circumstances, they need precisely the same things as women need in general – access to education and training, removal of restrictions on employment, access to banking services and credit on their own surety. In addition, what they require are drastic shifts in laws on property rights, rights of divorced and widowed women, child custody rights and protection against physical violence. The HIV epidemic is not simply about public health – it also is about basic human rights. There is a need, therefore, to ensure that when reporting on HIV epidemic, the wider links such as poverty reduction and gender equality are part of the coverage.

Others issues include the fact that with increasing health care costs in countries hard hit by HIV, there is immense pressure to generate more income through mining, forestry and other environmentally degrading sources. Increased exploitation of natural resources will mean further degradation of water and eco systems on which people depend for survival, so poverty increases, and the whole cycle of poverty fuels HIV transmission. Also, when family members in urban areas fall sick they often return to their villages, putting additional pressure on scarce resources and fragile environments. How many journalists would think of reporting these issues or are able to link these issues. This is not due to an unwillingness to report but rather a lack of awareness about the wider links to HIV. Unfortunately, the narrow conception and understanding of HIV has led to missed opportunities for wider coverage and debate.

Current practice: some examples from PNG.

HIV is a story of critical importance in many countries throughout the world. Therefore, all audiences in these countries deserve full, accurate and informed coverage about the short and long-term effects of HIV. While the media have a significant role to play by informing the public and holding governments to account, a more immediate problem is how journalists can report effectively on a disease that has been around for more than 20 years, as is the case in PNG which has 96 per cent of all HIV infections in the Pacific region. Up to 1.8 per cent of the adult population in PNG is infected with HIV and prevalence in urban areas maybe as high as 3.5 per cent (UNAIDS, 2007). New infections rates have increased about 30 per cent each year since 1997. A report by the PNG National AIDS Council Secretariat (NACS) in May 2007 suggested an infection rate of over 100,000 people in PNG and predicts that the country will eventually match the massive infection rates seen in several Southern

African countries. It is evident from the data on press coverage of the disease in PNG from 1998–2007 that a disproportionate emphasis was placed upon reporting infection rates, international funding and regional workshops, with little in-depth analysis of the disease or educational content (Cullen, 2007). Anna Solomon, a former PNG editor, acknowledged that framing the disease in this way has narrowed debate of the topic and led to a lack of interest among readers. Solomon has urged her fellow PNG journalists and editors to use imagination, initiative and sensitivity as a way to widen and inevitably improve the reporting of HIV in her country (Solomon 2002).

Changes, however slight, are beginning to emerge. A study by Cullen (2007) of press coverage of HIV in PNG analysed all online news items on HIV from the websites of the *Post-Courier* and *The National* during a three-month period from September to November 2007. Surprisingly, while stories on HIV were similar in content to Cullen's 2000 and 2005 study on press coverage of HIV in PNG, there was a new focus on domestic violence with both daily newspapers including 10 items each on the topic in October. *The National* ran four editorials, three front-page stories and three new stories while the *Post-Courier* included two editorials, one front-page story, one in-depth feature and six news stories. Domestic violence is a major social problem in PNG, and an issue closely linked to HIV because it undermines the ability of PNG women to control their bodies and negotiate safe sexual practices. In November 2007, the *Post-Courier* wrote two editorials calling for an end to domestic violence and three news stories about a woman who suffered major burns after her husband set her alight. *The National* included three news items on the same incident and three news items on the rising number of rape cases in the country. While there is little research on press coverage of domestic violence in PNG, it could be argued that coverage on domestic violence in October and November in both newspapers represents a small shift in the reporting of HIV in PNG and suggests journalists have begun to link HIV with the wider social and cultural context of the disease.

Indeed, there are many stories on HIV that extend beyond the overwhelming statistics that often dominate reports of the disease. Health communication theories provide a wide variety of stories such as how someone lives with HIV and the effect on their family, relatives, school and local village. Stories like this help to demystify the disease and gradually lessen the paralysing fear associated with it. Other challenges involve debating the current status of women, challenging stigma, addressing men's roles in HIV prevention, exposing the state of the health service and calling for decisive leadership. Reporting on these issues can help to build public policy, create a supportive environment and strengthen community action (Cullen, 2007). Shining the spotlight on how local governments are coping, or not coping, with HIV is vital. Political leadership has proved a vital component in the struggle to stem the rise of HIV infections in other parts of the world. This is clear from the decline of infections in Uganda, Thailand and the Gambia where the political leaders of these countries spoke openly and constantly about the epidemic. This helped lessen the stigma surrounding HIV/AIDS in the local communities, and it galvanised them into action as they defined the struggle against HIV as a national cause and campaign,

There are a number of useful media guides that inform journalists on how to report the disease in a way that is informative and linked to wider social, economic, cultural and political issues. The *HIV/AIDS Media Guide* (2006) is by the International Federation of journalists (IFJ) and sponsored by the Swedish Trade Union movement.

It is divided into three parts: the basics, the media and more about HIV. It provides answers to frequently asked questions and presents explanations on transmission, treatments, opportunistic infections and alternative terms to use so as to avoid promoting misconceptions about people living with HIV and AIDS. These sections are extremely useful, especially for up-to-date content, which is clear, well-researched and easy to access. The latest guide, *Reporting HIV in Australia* (2009) is written by Sally Cameron and published by the Australian Federation of AIDS Organisations (AFAO). Likewise, it provides the latest developments on the use of language, treatments, transmission, prevention and a new section on legal regulations..

Conclusion

This paper argues that some HIV communication theories can help broaden the current scope and content of HIV reporting. One theory in particular – Social Change Communication (SCC) – challenges the media to extend coverage of HIV from primarily a health story to one that is linked to social, economic, cultural and political factors. In contrast, Behaviour Change Communication theory (BCC) was found to be less effective because it was limited mainly to promoting the knowledge and skills of individuals without taking into account the wider social and economic contexts. Nevertheless, both SCC and BCC theories challenge the media to rethink their approach when reporting on HIV. Another reason for this is that the BCC approach still continues to dominate both the clinical and social sciences and this is where journalists often seek expert views. Second, SCC is difficult to implement in socially repressive environments where such stories could threaten the privilege of the status quo.

Many questions remain and a deeper consideration needs to be given to the role of journalism in health promotion/development contexts. For example, how does the media address extremely complex questions like gender power and the connections between rising health costs and ecological sustainable development? What are the arguments around news values, styles of media reporting, audience expectation, newsroom practices and newsroom hierarchies that mitigate against this type of reporting? What are the cultural factors in Asian media that relate to this?

For now, the most challenging aspect for editors and journalists in Asia and the Pacific region, is to realise the complexity and interconnectedness of the web of issues linked to the HIV pandemic. Indeed, HIV is not merely a medical problem but operates like a magnifying glass that magnifies the exploitation of women; domestic violence; gender inequality, illiteracy, the lack of health facilities and the kind of rampant poverty that forces people to migrate. These connections have important implications for political and financial reporters, editorial page writers, television producers and radio journalists, especially if they want to engage in meaningful coverage of the crisis and its broad ramifications.

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Useful websites on Aids reporting

AIDS Media Center	www.aidsmedia.org
Centers for Disease Control and Prevention	www.cdc.gov
Global Health Reporting	www.globalhealthreporting.org
HIV/AIDS Media Guide	www.ijf-cij.org
International AIDS Vaccine Initiative for HIV	www.iavi.org
IFJ Asia-Pacific HIV/AIDS resources	www.ijf-asia.org/page/hiv aids.html
Joint United Nations Program on HIV/AIDS	www.unaids.org
Journ-AIDS	www.journaids.org
PANOS Global AIDS Program	www.panos aids.org
The EU-India Media Initiative on HIV/AIDS	www.aidsandmedia.net
The Global Fund to Fight AIDS, TB and Malaria	www.theglobalfund.org
The Henry J. Kaiser Family Foundation	www.kaisernetwork.org
You and AIDS	www.youandaids.org