

Aids, news, views and journalism

By Franz Kröger

One of the biggest ethical controversies to hit South African journalism in the past 10 years erupted over the death of presidential spokesperson Parks Mankahlana.

Widespread speculation that Aids had claimed his life was reported in the media, despite denials from the government and his family. The outcry divided journalists on broadly racial lines. For some, the reports were justified because openness about Aids is so important in fighting stigma, and because he had been associated with a dissident view on HIV and Aids. For others, it was racist, culturally insensitive, an invasion of privacy, and politically motivated.

Lizeka Mda, then an executive editor of The Star, said coverage amounted to a "gumboot dance" on his grave.

ANC leader Peter Mokaba was among the sharply critical. At Mankahlana's funeral, he said: "The media has disappointed us and I do not know how they are going to repair the damage. A comrade passes away, a comrade who served them well ... and they want us to bury him with diminished status."

About 18 months later, Mokaba was also dead, under very similar circumstances. He had been a vocal proponent of the dissident view on Aids. He was also comparatively young, and the speculation was very strong that his death was also due to Aids.

And yet the media handled this death in a much more restrained way. There was no quoting of "informed sources". The Star wrote merely: "The cabinet has refused to speculate on Peter Mokaba's HIV status."

Mokaba's death was handled differently because of the earlier outcry, and because the debate around Aids had shifted considerably in the meantime. The dissident position had become much more marginal.

The ethics of journalism are not static. Basic principles such as independence, fairness and accuracy don't change much, but they always have to be applied in concrete situations.

At roughly the same time as the new political order was being established, the Aids pandemic erupted into the national consciousness. Both have confronted journalists with a whole new set of ethical issues and challenges. For a profession that prides itself on speed, it's been remarkably slow in coming to terms with them.

A unique aspect of the pandemic is the stigma attached. Why does a mere health problem have so much baggage?

It is, we are told, because Aids is bound up with sex, death and other taboo subjects.

True, but it's possible to be even clearer: it is because in too many minds, infection indicates what is seen as an "immoral" lifestyle: promiscuity, homosexuality or drug use. That's why Mokaba could say the reporting of his colleague's death was diminishing his status.

The stigma is very real. It hurts people, and can even kill, as the story of Gugu Dlamini shows, who was murdered in KwaMashu after disclosing her status.

Journalists are supposed to respect people's privacy. But here we have a story that not only routinely involves private areas of people's lives, but which also has implications that cause people to be even more hesitant about being open than usual.

Journalists should take great care when it comes to reporting on people's status. Their story, the way their family deals with the situation, medical details - all of these belong to their private sphere.

A code of conduct developed by the website www.journ-aids.com says there is an obligation to get informed consent, which means making sure that people know and have thought through the implications of putting their lives on public display.

The issue has a particular slant where, as is so often the case, the people involved are poor and disadvantaged. It is too easy to ride roughshod over poor people.

Kerry Cullinan, of health-e news service, has chronicled several instances of appalling behaviour by journalists. In one, a woman in Durban allowed her picture to be taken on the basis that it would only be published overseas. It found its way into a local Sunday paper, and the woman's father threw her out of her home.

This woman and others are "ordinary South Africans. They were exploited and humiliated", writes Cullinan.

Although the individual's right to privacy needs to be taken very seriously, it can be overridden

by a legitimate public interest. The Journ-aids code says this includes cases where a crime, anti-social conduct, threats to public health and safety or hypocrisy are being exposed. Some journalists justified the Mankahlana coverage in these terms.

Undoubtedly, openness is an important principle, but that doesn't mean people can be dragged into the trenches if they don't want to be there. Often, their families can be profoundly affected if they are "outed".

In the context of Aids, the interaction between journalist and source is often a very unequal one. The reporter roars up to an Aids orphan's home in a 4x4, loaded down with cameras and attitude. They get the story they came for and roar off again, leaving the child in his or her misery.

Is that good enough?

Many feel the child should get something out of the exchange.

Some journalists do leave groceries or do other favours, while others argue that the reporting itself benefits people with Aids.

That argument should be treated with caution. Cullinan has written: "Anyone who promises that their stories will lead to a flood of funds is lying."

The problem is that audiences distrust stories that have been bought. And journalists' first loyalty must be to their audiences. "Chequebook journalism" evokes images of tabloids paying for stories about the misbehaviour of minor British royals. The situation of a person with Aids is, of course, quite different. But the credibility of reporting in this area would be damaged if a cottage industry of Aids stories was to develop. The ethics of research in the social sciences, too, have a similar caution against paying sources.

Journalistic ethics are all built around the basic imperative of truth-telling. In the context of Aids, accuracy is essential. The science around the disease may be complex, but reporting must get it right.

In a broader sense, the media must tell this story fully, in all its complexity. It means reporting in a nuanced way about how the pandemic affects women differently to men, covering the rural areas as well as the urban, ensuring that it's not represented as a "black disease" and much else. The social, medical, personal, scientific, economic aspects need to be covered, as well as the politics. That kind of balance is not achieved in a single story, but it can be achieved over time.

Accuracy also requires journalists to be careful about wild myths and improbable claims. If somebody claims to have found a cure, there's an ethical duty to at least find sceptical voices to counterbalance the claim.

Journalists also have to be careful in the way they handle dissident views. While no views should be suppressed, accuracy demands that journalists make it clear these are minority or even fringe views.

Aids challenges journalistic ethics at their most fundamental level, since the story doesn't always fit neatly into traditional news values.

The story of Aids did hit all the right buttons once: the conflict between Aids activists and the government made for great copy. But since that conflict has died down, it's harder to write the story. It seems to have become static.

A 2002 study on the media's handling of the pandemic by the Centre for Aids Development, Research and Evaluation, entitled *What's news?*, quotes a journalist as saying: "HIV is boring". An editor said: "The story doesn't change."

In addition, many audiences feel relatively unaffected. One editor is quoted in the study as saying: "I don't think Aids is going to kill our readers in the same proportion that it might kill other classes of people. The threat for our readership is an economic one, primarily."

Normal practices and news values can obstruct coverage. Yet the ethical imperative is clear - it must be told, and told well.

There are options. Normal news values are not completely rigid. Journalism is a craft that values inventiveness, even though that may sometimes be hard to see in the grey expanse of everyday coverage. The classic hard news story may not easily lend itself to coverage of the pandemic. But there are other formats, such as features - it is often just a question of being inventive or original. The Star not so long ago invested considerable time and resources into the story of two women dying of Aids. It ended up being a three-part series entitled "A Fall of Sparrows" - a great piece of journalism that deservedly won several prizes.

Journalists need to report on the pandemic in new and interesting ways, even when the sometimes myopic views of audiences or traditional news values seem to be in the way. It needs imagination, and a bit of will.

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