

AN EXAMINATION OF THE COVERAGE OF HIV/AIDS IN UGANDA'S TOP
NEWSPAPERS

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ABSTRACT

Napakol, Angella, M.S., Department of Communication, College of Arts, Humanities, and Social Sciences, North Dakota State University, November 2011. An Examination of the Coverage of HIV/AIDS in Uganda's Top Newspapers. Major Professor: Dr. Nan Yu.

The following thesis examined the coverage of HIV/AIDS in Uganda's top newspapers.

Both evidence from previous literature and this study shows that HIV/AIDS is a dangerous social, health, and demographic problem which has received varied media attention over the years. This study sought to investigate the different frames used in HIV/AIDS news stories, the major themes associated with HIV/AIDS, the different risk groups identified in the news stories, and the different preventatives/correctives provided in the HIV/AIDS news stories so as to discover what has been emphasized or deemphasized in order to help the media become more valuable in HIV/AIDS prevention. While some findings were consistent with previous literature, some were different. The general coverage of HIV/AIDS news stories was low, with a fluctuating trend in the four-year period. The thematic frame emerged as the most used frame in both *The New Vision* and *The Monitor*. The themes of prevention, treatment, prevalence, awareness, moral issue, and stigma and discrimination appeared more frequently. Among the risk groups that appeared most were children, married couples, and women while some preventatives/correctives that appeared more frequently were diagnosis and antiretroviral therapy. The married couples appeared most in the risk group category for example. This group is a recent addition to the HIV/AIDS risk group and has quickly become predominant as illustrated by this study hence showing that the concentration of HIV/AIDS is constantly changing.

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DEDICATION

To my Dad: Mr. Okirigi Cyprian

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CHAPTER 1: INTRODUCTION

Acquired Immunodeficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) have been a pandemic in Africa and, in particular, Uganda. According to UNAIDS (2003), Uganda ranks high among countries hardest hit by HIV/AIDS. HIV is transmitted through direct contact of the blood stream or mucous membrane with bodily fluid that contains HIV/AIDS such as blood, semen, vaginal fluid, and breast milk. The transmission can take place during vaginal, anal, or oral sex, sharing of contaminated needles, through blood transfusion, and through mother to child during child birth or breast feeding (Levy, 2007). In Uganda, the prevalent forms of transmission are heterosexual relations (UNAIDS, 2003) and mother to child (Poggensee et al., 2004).

Since the discovery of HIV/AIDS in the country in 1982, the Ministry of Health (2007) estimated over 104, 000 HIV/AIDS related deaths. An estimated 940,000 were living with HIV/AIDS by 2007. Though there is a visible decline, the number is still high: at over 76,400 deaths in 2005 and 64,000 in 2010 (Kalembe, 2005; UNAIDS, 2010). Due to such devastating effects, the government of Uganda responded promptly to the HIV/AIDS pandemic. The main goal was to educate the public about HIV/AIDS and how it spreads. Various media channels were utilized to educate the public such as print, radio, and television (Gary et al., 2006). The government adopted the media in HIV prevention because the media has potential to impact a large number of people in the shortest time possible (Durham & Kellner, 2001). Different sections of the newspapers were created (e.g. Health and Living, Ask the Doctor, and Health and Beauty) where people submit questions regarding HIV/AIDS, and a doctor or someone with HIV/AIDS expertise would

answer their questions (Nassanga, 2000). The primary purpose of this paper is to investigate how newspapers in Uganda have portrayed HIV/AIDS issues.

In this Chapter, the following are examined: the rationale of the study, the background of HIV/AIDS in Uganda, the different preventative/corrective intervention methods and how the media worked hand in hand with government to reduce HIV/AIDS infection in the country.

Rationale for Study

When confronted with the outrageous numbers of HIV/AIDS infections, the government of Uganda resorted to different prevention initiatives to spread awareness about HIV/AIDS. These initiatives were delivered to the population through the media. The government used various kinds of media including radio, television networks, and print media (Gary, et al, 2006). The media in Uganda has played and is still playing a significant role in HIV/AIDS prevention.

When HIV/AIDS was discovered in the 1980s, there was a lot of media coverage on it. As time passed, the coverage reduced as it did in several other countries, including US (Swain, 2005). This is disadvantageous because the media outlets have potential to act as powerful change agents to convert the knowledge of HIV/AIDS into practice. This can be done through covering different aspects of HIV/AIDS including the causes of HIV/AIDS, different ways to prevent the spread of the disease, and different treatment options. Newspapers can also act as change agents by creating new, interesting, and challenging ways to look at the facts about the disease instead of reporting the same information in the same way as it was when HIV/AIDS was first discovered (Dutta-Bergman, 2004). This stale reporting causes the public to lose interest in the subject of

HIV/AIDS especially because it has been around for a long time. It could also lead to complacency, a dangerous trend in HIV/AIDS prevention.

The primary purpose of this paper is to study the coverage of HIV/AIDS in Uganda's two major newspapers. The investigation focuses on different frames associated with HIV/AIDS, risk groups portrayed in the news, different themes discussed in HIV/AIDS news stories, and the coverage of preventative strategies in Uganda. The primary goal is to discover what has been emphasized and deemphasized so that it may help us to understand what can be improved to make the media more valuable in HIV/AIDS prevention.

HIV/AIDS in Uganda

HIV prevalence

The first case of HIV/AIDS in Uganda was discovered in 1982 in the south western district of Rakai (Okware, Opio, & Waibale, 2001). There was rapid increase in infection, morbidity, and death throughout the country between 1984 and 1991. The prevalence rate reached 18.3% in 1989 (SAS Foundation, 2010) and a peak of about 30% of the entire population in 1991 (Uganda AIDS Commission, 2000; Uganda AIDS Commission, 2002).

Due to the vigorous prevention programs initiated by the Ugandan government in 1986, the Ugandan public was educated on the causes and effects of HIV/AIDS and informed about the various prevention behaviors. A noted decline from about 30% in 1991 to 13% by 1995 was achieved. The prevalence rate continued to decline afterwards. By 2000, it was recorded at 5% of the entire population. Uganda is now seen as a model country for the rest of Africa in HIV/AIDS prevention (Kiwunuka-Tondo, Van den Berg, & Zuckerman, 2003).

However, The Uganda AIDS Commission fears that HIV/AIDS prevalence in the country could be on the rise again. It is estimated that the new infections in 2009 were 120,000 more than the number of registered deaths (UCSF, 2009). There was increase in the infection rate from 5% in 2001 to 7% in 2005 (Uganda AIDS Commission, 2010).

Causes of HIV/AIDS pandemic

At the beginning of the HIV/AIDS pandemic, people in Uganda were ignorant about how HIV was transmitted and how it spread. There was enormous tension and fear because people knew so little about the causes and prevention methods (Okware, Opio, & Waibale, 2001). Due to such ignorance, the public looked for particular features to identify people living with HIV/AIDS (Okware, Opio, & Waibale, 2001). The most identifying features included loss of weight, having rashes all over the body, and Kaposi sarcoma (i.e. e'kisipi (belt) because of its tendency to strike a particular part of the body in a stripe or belt like form) (Avert, 2011; Serwadda, 1985). Due to these assumptions people thought that a person who did not have the above symptoms was HIV negative yet the opposite could be true. Such misunderstanding therefore led to additional spread of HIV/AIDS (Okware, Opio, & Waibale, 2001).

Risky sexual behavior was also blamed for the spread of HIV/AIDS in Uganda. High rates of sexual infidelity and cross generational sex plus concurrency were blamed for the rapid spread of HIV/AIDS especially in the late 1980s and early 1990s (Epstein, 2007). According to Population Services International (2010), cross generational sex refers to sexual relationships between a young girl/boy with a man/woman that is 10+ years older. Early sexual activity among the youths, inadequate use of condoms, and

cultural beliefs that prevent women from taking responsibility for their sexual lives greatly aggravated the spread of HIV in the country (Avert, 2010).

Various reasons related to social and cultural practices, values, and beliefs are important to define sexual behaviors that have effects on HIV/AIDS prevention (IRIN news, 2010). An example of this is the importance of children. In African society, children are very important in marriage. For example, when a woman fails to have children, she risks becoming the object of ridicule; this compels the women to participate in unprotected sex with possibly infected partners so as to have children (Siu, Oundo, & Whyte, 2006). This kind of social pressure negatively affects the spread of HIV/AIDS (Porter, 2004).

Due to the various causes noted, the government developed a holistic HIV/AIDS prevention program that included different HIV/AIDS prevention strategies. The program included education of the masses of people about the causes of HIV/AIDS, how it spreads, and a variety of ways to prevent the spread of HIV/AIDS.

Initial prevention strategies

Following the dictatorship of Idi Amin between 1971-1979, several years of civil war persisted in Uganda until 1986 when Museveni gained the presidency from Tito Okello (Uganda Aids Commission, 2000). In the preceding years, there was economic and institutional collapse created by political oppression. This led to widespread poverty and social disruption. According to Kahunen (2010), a flourishing black market and sex industry picked up along the highway running from Mombasa, Kenya to Kampala, Uganda, into the country's southern Buganda region; this highway was a central trucking route and source of demand for hotels, bars, and prostitution (Epistein, 2007; Kiwanuka-Tondo & Payne, 2008). It was in Rakai district of Uganda, an area through which this

route ran, that the first cases of HIV in Uganda were discovered in early 1982 (Okware, Opio, & Waibale, 2001). The epidemic started silently and took advantage of the country's disarray. By 1986 it had started spreading at a high rate, fueled by political, social, and economic instability (Kuhanen, 2010).

Facing such a big problem, Uganda started a national response program to prevent HIV/AIDS (Low-Ber, 2002). The goal of the national response program was to expand partnerships, to increase institutional capacity for care and research, to initiate public health education for behavior change, to strengthen sexually transmitted disease management, to improve blood transfusion services care, and to support services for persons living with HIV/AIDS (Okware, Opio, & Waibale, 2001).

The national response program has had three phases: 1980-1986, 1986-1990, and 1990-present (Nassanga, 2000). The first phase helped to set the ground work in HIV/AIDS awareness and prevention discussions within individual communities and by religious organizations and nongovernment organizations (Avert, 2010). The second phase witnessed the Ministry of Health becoming fully active in HIV/AIDS prevention. During this time, the AIDS control program was developed after which the first massive information, education and communication campaign was created. This campaign was effective in raising awareness of HIV/AIDS in the country (Nassanga, 2000). In 1990-91, after the review by the National Task Force on HIV/AIDS, a multispectral approach to HIV/AIDS prevention was adopted. The multispectral approach led to the establishment of Uganda AIDS Commission in 1992. Uganda AIDS Commission was to take charge and coordinate all activities related to HIV/AIDS (Okware, Opio, & Waibale, 2001). The responsibilities of the Uganda AIDS Commission were to review HIV/AIDS prevention

mechanisms at the national level, to bring together stakeholders from public and non-public sectors, and to coordinate district systems that were utilized to implement national HIV/AIDS programs (Nassanga, 2000).

The 1986 to mid 1990s response to HIV prevention was to raise awareness by instilling fear in the population to induce behavior change (Stoneburner & Low-Beer, 2004; Gary et al., 2006). The program included widespread and constant education of masses of people about the causes and spread of HIV/AIDS. Prominent people such as the president were also used to talk about HIV/AIDS and the dangers of casual sex (which was taken to be among the major causes of the rapid spread of HIV) (Green & Witte, 2006). Awareness messages comprised of alert messages such as ‘AIDS kills’ and ghostly pictures such as imagery of human skulls and coffins (Green & Witte, 2006). These messages often left the audience in fear and increased the likelihood of behavior change (Okware, Opio, & Waibale, 2001).

Current prevention strategies

In addition to the strategies described above, the current health strategy reforms have decentralized AIDS control to districts, sub districts, and communities (Okware, Opio, & Waibale, 2001). The HIV/AIDS agenda ranks high in government development programs because of the far-reaching socio-economic and political effects of the disease on Ugandan society (Ministry of Health, 2006).

One of these reforms includes the Ministry of Health HIV/AIDS counseling policy. The policy entails routine testing in clinical settings as well as home and family based counseling (Baryarama, et al., 2004). The routine testing is a stark contrast to the Voluntary Counseling and Testing (VCT) policy, an older Ministry of Health policy that

prevented health care workers from testing anyone without their consent. The new counseling policy shows that HIV/AIDS prevention has moved from the all fear message to a manageable disease ideology where people are given as much information as possible about prevention, diagnosis, symptoms, and treatment. This study focused on most recent coverage of HIV/AIDS in Uganda which may reflect the current prevention strategies for HIV/AIDS in the country.

Media and HIV/AIDS prevention

Government initiatives however, would not have been successfully implemented without the media. The government used all communication channels possible to communicate its HIV/AIDS prevention initiatives (Okware, Opio, & Waibale, 2001). HIV/AIDS prevention became crucial at the time when there was media liberalization in the country (Nassanga, 2000). This enabled the government to use as many channels of communication as possible. Media channels such as televisions, radio stations, and newspapers were used to communicate government initiatives to the public (Nassanga, 2000). On television for example, images of people living with HIV/AIDS were shown to the public as a way of warning them into behavior change (Green and Witte, 2006). On national radio stations such as *Radio Uganda*, people were always reminded of the danger of irresponsible sexual behavior (Mataka, 2006). Today, there are programs on different radio stations that remind HIV positive people to take their medication. Different sections of the newspapers were created to answer any questions that people may have about HIV/AIDS. The media therefore has and is still playing a very important role in HIV/AIDS prevention in Uganda and the role of this paper is to establish ways to examine the media, especially print media, and the coverage of HIV/AIDS.

In this Chapter, the introduction, the rationale of the study, background of HIV/AIDS in Uganda, government preventative intervention strategies, and how the government used the media in HIV/AIDS prevention have been reviewed.

The next Chapter will cover related literature including: coverage of HIV/AIDS in different countries, the theoretical framework, and finally, it introduces the research questions derived from the literature review.

CHAPTER 2: LITERATURE REVIEW

Coverage of HIV/AIDS in US Media

This literature review includes coverage of HIV/AIDS in the US, other countries, and Uganda. The reason for this is to be able to understand what patterns may have emerged in different countries.

Various studies have examined the coverage of HIV/AIDS by the media (Brodie, 2004; Dearing & Rogers, 1992; Kinsella, 1989; Walters & Walters, 1996; Swain, 2005). This line of research has helped to show how HIV/AIDS is portrayed by the media in the US. The US media coverage of HIV/AIDS has been inconsistent from the early 1980s to the present and marked by episodic framing. Episodic frames refer to the coverage that focuses on single events or situations without providing much background information hence promoting the notion that people living with HIV/AIDS were responsible for their own illness (Bhardhan, 2001; Swain, 2005). It has been characterized by confusion, denial, and uncertainty about how to handle the pandemic (Swain, 2005).

Pickle, Quinn, and Brown (2002) studied HIV/AIDS coverage in five African American newspapers (i.e. *Amsterdam News*, *Oakland Post*, *Washington Afro American*, *Atlanta Inquirer*, and *Chicago Citizen*) from 1991 to 1996. The researchers found that most of the articles analyzed framed the story mainly as a health issue. A significant amount of coverage also exhibited a critical attitude toward the government about their commitment to saving the lives of minorities. Most articles suggested that fighting HIV/AIDS required robust action as regards the larger contextual issues that cause health inequities such as economics, politics, and social conventions. These frames reflect distrust and rational concerns rooted in the historical context of American race relations, including the legacy of the Tuskegee study. In the early 1980s, the disease was perceived as an

emergency and voice was given to activists who created a sense of urgency by emphasizing dreaded, hyperbolic scenarios (Swain, 2005; Rogers & Dearing, 1991). This affirms the view that appreciating how HIV/AIDS has been tackled is not merely a matter “of tracking the number of stories published in a set period of time, but rather, a matter of distinguishing frames of reference about the disease found in that coverage” (Brodie et al., 2004).

By the mid 1990s media coverage of HIV/AIDS had started to include advances in treatment such as antiretroviral treatment. This led to less panic and HIV/AIDS was looked at as a systematic, decades’ long problem (Treichler, 1999). This raised hopes but failed to show the limitations of such developments. Currently, the coverage of HIV/AIDS in American newspapers has reduced compared to the early 1980s and early 1990s (Swain, 2005).

Brodie et al. (2004) examined media coverage of HIV/AIDS from 1981-2002. The study revealed that the coverage of HIV/AIDS increased during the early 1980s and peaked at over 5,000 stories in 1987, and then declined steadily to less than 1,000 stories in 2002. The most noted factor for this decline is the long time of HIV/AIDS coverage in the US media. According to Kinnick, Krugman, and Cameron (1996), the long years of coverage led to ‘compassion fatigue’, an emotional burnout for problems that receive extensive media attention. It is interesting that the decline in news stories continued even as the number of HIV/AIDS cases diagnosed in the US increased (Brodie et al., 2004). This trend of HIV/AIDS coverage is not limited to the US; other countries around the world have gone through a similar trend (Swain, 2005). It is therefore important to examine them to help enrich the knowledge about different the different patterns.

Coverage of HIV/AIDS in Other Countries

Despite the fact that HIV/AIDS prevalence has stabilized and its coverage has lost its significance to journalists in the Western world (Bardhan, 2001), the disease is on the increase in the developing countries. Therefore, media may continue to serve as an important channel for education and prevention of HIV/AIDS in such countries. According to Bardhan (2001), research has noted an overall decline in the volume of HIV/AIDS stories since the late 1980s. Swain (2005) finds this situation to be extremely dangerous. She insists that the public should get a constructive criticism from journalists because journalists help develop realistic HIV/AIDS prevention models.

Min (2006) compared the news coverage of HIV/AIDS in China by the Xinhua News Agency of China and the Associated Press (AP) of the United States in 2004. The study examined the social reality of HIV/AIDS in China; the two leading news organizations constructed the framing of messages. Results of the study revealed that anti-government frame was apparent in AP's report whereas Xinhua News Agency's coverage articulated a pro-government frame. By examining the frames embedded in the two news discourses, this study showed that the different frames of the news media constructed multiple realities related to the social phenomenon of HIV/AIDS in China, yet even in such constructive discussions, the author notes that there is a general decline in HIV/AIDS news coverage.

In 2001, Bardhan analyzed the coverage of HIV/AIDS in the 1990s by five transnational wire services (i.e. *The Associate Press, Agence France-Presse, Reuters, Telegrafnoye Agenstvo Sovetskovo, and Inter Press Service*). The results of his study showed a marginal shift from the biomedical debate of 1980s. Prevention, education, and

projection of HIV/AIDS as a global pandemic still received secondary attention. Grube and Boehme-Duerr (1998) examined the coverage of HIV/AIDS in international news magazines. They found that the reports on HIV/AIDS were not based on severity of the issue and that countries with a high prevalence of HIV/AIDS infection did not necessarily get more coverage than countries with a low HIV/AIDS prevalence.

Myhre and Flora (2000) looked at published articles of international HIV/AIDS prevention campaigns. The study explored the extent to which HIV/AIDS prevention efforts moved beyond media campaigns to comprehensive community wide programs. Forty one studies were identified and 17 countries were represented. The recommendations of the study included better reporting of media campaign components and outcomes. This agrees with several studies which call for more and, most importantly, better media reporting on HIV/AIDS.

In Africa, the coverage of HIV/AIDS in the media is as well limited (Gibson, 1994) and often under pressure by national governments that fear the effect a bad image would have on the economy of the country. Kasoma (1990) analyzed HIV/AIDS coverage in Zambian press in 1986, 1987, and 1993. The results revealed that the media was slow to see that cultural beliefs and taboos prevented clear and informed debate about HIV/AIDS. This was especially true when it came to sexual intercourse, which was the main cause of HIV/AIDS transmission in the country. Pitts & Jackson (1993) conducted a similar study of the Zimbabwean press from 1987-1991. They realized that the limited number of coverage was influenced by the same factors as those found by Kasoma in 1990.

Pitts and Jackson (1992) reported that coverage of HIV/AIDS between 1987 and 1991 focused on public education and awareness. Mchombu (2000), through his analysis

of HIV coverage in Namibian leading newspapers, discovered that media coverage of HIV/AIDS was rare compared to the perceived severity of the issue. Visser, Hsu and Kalinskaya (2003) found that HIV/AIDS was predominantly portrayed as a social, political, and health issue in South Africa. HIV/AIDS portrayal in different countries has been found to go through the same phases as those shown by the US media. Tranquina (1996) for example, found that in Portuguese, denial was followed by homophobic fear appeals, gradual normalization, medication, and routine. Though there was early acceptance of the prevalence of HIV/AIDS in Uganda (Kahunen, 2010), the amount of coverage of the disease was not consistent either.

Coverage of HIV/AIDS in Uganda

The reason to examine the coverage of HIV/AIDS in Uganda is to understand what the trend has been with regard to HIV/AIDS themes so as to give support to the interpretation of the results of the study.

It is important to note that reporting on HIV/AIDS has followed similar trends as those in most countries, including US (Swain, 2003). At the discovery of HIV/AIDS in Uganda the number of HIV/AIDS articles was many, however with time, HIV/AIDS news progressively decreased. The rates of HIV/AIDS articles are generally low throughout the years with slight increase in December and on World AIDS Day (Nantulya, 2002).

In Uganda, the coverage of HIV/AIDS leans more on the traditional HIV/AIDS prevention strategies which solely promote risk avoidance and risk reduction (Westerhaus, Finnegan, Zabulon, and Mukerjee, 2007). Such coverage assumes the existence of personal choice, failing to recognize the fact that not all people in the country can make personal choices with regards to HIV/AIDS. For instance, poor people and/ or people living in war torn areas especially the northern part of the country have difficulty making personal

choices. Westerhaus et al. (2007) challenged the Ugandan media to recognize the factors such as physical, sexual, and economic violence that put people in war torn areas at risk for HIV/AIDS infection.

Nantulya (2002) in her study of newspapers and radio materials related to HIV/AIDS noted that frequent subjects of discussion were HIV/AIDS prevention, prevalence, demographic cost, and awareness. Nassanga (2000) studied media coverage (including radios, televisions and newspapers) reports that risk groups were identified and blame was attributed to reckless life styles and prostitutes. However, if such risk groups are to be reached and helped, different ways of reporting on HIV/AIDS should be identified.

Framing Theory and HIV/AIDS

The framing theory is examined in this study to establish different frames associated with HIV/AIDS, so as to provide a wider perspective of what to expect in the result of the study.

To frame is to select some aspects of a perceived reality and make them more salient in a communicating context in such a way as to promote a particular problem definition, casual interpretation, or a moral evaluation of an item described (Entman, 1993). According to Entman (1991) and Peng (2008), framing is a process of inclusion and exclusion. Entman (1993) asserts that frames call attention to aspects of reality while obscuring others hence shaping their audiences perspectives in different ways. According to Entman (1993), salience means making a topic more noticeable, meaningful, or memorable to a particular audience. Framing of an issue depends on what is included or excluded, what is highlighted, hidden, or suppressed in the news media.

There are three fundamental types of frames (i.e. episodic, thematic frames, and mixed frames) that emerge across space, topics, and time in health news (Gross, 2008). Thematic frames are those frames that focus on health issues or events in a broader context. They present collective abstract and general evidence. An example of a thematic frame is a news story about reduction of government funding for healthcare with a detailed reason why the reduction was made. Episodic frame on the other hand tends to describe isolated news events focusing on particular cases (Iyengar, 1991). An example would be an HIV positive pregnant woman who cannot access healthcare services. The mixed frame is when the news refers to a particular case or issue but also provides some in-depth information (Yu, 2011).

Episodic and thematic frames influence audience reaction to news stories. According to Gross (2008), the episodic frame discusses the consequences of actions or events while the thematic frame provides background on the causes for the actions and or events. For example, Iyengar (1991) examined the effect of thematic and episodic frames and found evidence that the presence of episodic frames in political news coverage diverts attention from societal responsibility and leaves the public to blame individuals who are affected for their own problem. In fact, Gross (2008) argues that people who are exposed to a constant stream of episodic frames fail to see the connection between problems such as poverty, health issues, and racial discrimination when such issues are presented as distinct and disconnected. On the other hand, people who are exposed to a constant flow of thematic frames displayed more social responsibility.

According to Gitlin (1980), media frames “generally implied and unacknowledged, organize the world both for journalists who report it and, in some important degree, for us

who rely on their reports” (p. 7). By selecting some events and rejecting others, journalists shape people’s social reality.

In addition, media frames emerge within specific cultural contexts. Iyengar (1991) posits that to make stories intelligible, journalists draw on preexisting cultural frames to construct their narratives. Beckett (1996) reasons that interpretive packages consist of linguistic and symbolic resources (e.g. metaphors and narratives) that make sense of and give meaning to one or more aspects of social issues. The news media in particular are an arena in which symbolic contests are carried out over the construction of reality (Gamson et al., 1992; Gamson & Stuart, 1992). Hilgartner and Bosk (1988) emphasize that such contests arise not only among general issues but also with beliefs on any single issue, as different ways of framing the issue struggle to be accepted as authoritative. In other words, journalists and policymakers decide not only which problems, but how those problems will occupy their respective agendas.

Previous studies criticized the ways in which the media framed HIV/AIDS in the early 1980s (Biddle, Conte, & Diamond, 1993; Rogers, Dearing, & Chang, 1991). Journalists have been blamed for evading the issue or for reporting in euphemism hence contributing to confusion and restiveness of the public, given the fact that HIV/AIDS was an already complex issue.

In a 1993 study, Seidel noted that the HIV/AIDS epidemic was associated with medical, medical-moral, and human rights issues. In addition, HIV/AIDS coverage across different countries is dominated by negative framing. In the US for example, HIV/AIDS has long been framed as a biomedical and a gay problem instead of a public health concern (Myrich, 1998).

Despite the fact that a lot of effort is being put to change this perspective, in Kenya, frames of HIV/AIDS are still related to shame, denial, attribution of blame, and evasiveness (Odhiambo, 2000). Swain (1997; 2003) studied the coverage of HIV/AIDS and discovered that the prevailing themes about HIV/AIDS in Africa included disaster, destruction, and damage. In South Africa, HIV/AIDS is viewed as a shame to society. The South African government and the society in general has been in denial and attributed blame of HIV/AIDS increase to reckless life style and sexual infidelity (Kiwauka-Tondo, Van den Berg, & Zuckerman, 2003).

Due to such negative notions, different groups of people have been blamed for the spread of HIV/AIDS and others considered risk groups. Karnik (2001) noted that in the US, high risk groups were/are often identified as unclean and unhygienic prostitutes, truck drivers, and low-class people. In Uganda, sex workers/prostitutes, the youths, children, women, clients of sex workers are considered risk groups (World Health Organization, 2010). Given the fact that the main ways through which HIV/AIDS spreads is sexual relationships, there is a lot of blame attribution and victimization of those who are seen participating in risky behaviors or those who affected by the disease. Even in Uganda, a country which has been commended for reversing the HIV/AIDS epidemic, HIV/AIDS is still often constructed negatively (Nassanga, 2000). It is still associated with immoral behaviors such as prostitution, drug addiction, and alcoholism. For example, Nassanga (2000) and Nantulya (2002) studied media coverage of HIV/AIDS in Ugandan media (i.e. television, newspapers and radio stations) and discovered that although blame attribution was no longer explicit, negative images of people living with HIV/AIDS led to their isolation in society.

There have been few articles on media coverage of HIV/AIDS in Uganda print media. The readily available studies are Nassanga's (2000) study is one of the latest studies to examine different types of Uganda media such as radio and print media and discovered that though the media had done a commendable job in HIV/AIDS awareness, coverage was still low. The articles for the study were for a period of 18 months from January 1997-June 1998. This current study emphasizes a different timeframe (2007-2010) and leans more on the different frames used in HIV/AIDS news stories, major themes, risk groups, and coverage of HIV/AIDS preventatives/correctives. It also examines the fact that if government ownership of *The New Vision* and private ownership of *The Monitor* has an effect on the coverage, frames used and the themes discussed in the two newspapers.

Research Goals and Research Questions

The review of the literature suggests that media reports may shape the social context of the HIV/AIDS epidemic (Swain, 2003), affect public perceptions (Peng, 2008), personal behavior and policy agendas (Conrad & McIntush, 2003). The goal of this study therefore, is to analyze the portrayal of HIV/AIDS in two top newspapers in Uganda. The following research questions are proposed:

1. To what extent have the episodic or thematic frames been used in news stories about HIV/AIDS in Uganda's major newspapers?

The above literature has indicated that both the thematic and episodic frames affect the public differently. Therefore, it is important to examine which frame is frequently used in Ugandan newspapers and discuss what effect this might or has had on the Ugandan audience and how it might have affected the management of HIV/AIDS in the country.

2. What were the major themes of HIV/AIDS coverage in Uganda's major newspapers?

People read the news to get informed and the media has often been used in HIV/AIDS prevention. This means that the major topics of discussion in the media have an effect on its audience. Themes such as prevention, blame attribution, and prevalence (etc) will have a tremendous effect on the way the audience reacts to the issue of HIV/AIDS.

3. Does the ownership of newspaper influence news frames or the major themes used in HIV/AIDS news stories?

Ownership by government or private party of any newspaper is bound to affect the information covered in news stories and how it is covered. It is imperative to know if the government ownership of *The New Vision* and the private ownership of *The Monitor* have an effect on the way the two newspapers portray HIV/AIDS.

4. What were the different risk groups identified in HIV/AIDS coverage in Uganda's major newspapers?

The identification of risk groups in HIV/AIDS is important in HIV/AIDS prevention because they help to channel resources to particular people that are in need and to also raise awareness. The study will help to identify any new risk groups that have been emphasized given the fact that these groups tend to change regularly.

5. What were the HIV/AIDS preventatives/correctives covered in Uganda's major newspapers?

HIV/AIDS prevention or intervention strategies are a major topic of discussion in many countries and among agencies that are dedicated to the reduction of HIV/AIDS. Uganda has had many HIV/AIDS preventative/corrective strategies, many of which have had different effects on different audience.

This chapter has examined the coverage of HIV/AIDS in newspapers, the framing theory and its relationship with HIV/AIDS coverage, given detail about the episodic and thematic frames, different themes, risk groups, and research questions.

The next chapter discusses the methodology taken to answer the proposed research questions. It describes the sample and procedures taken to come up with the sample, the coding scheme, coders, and inter-coder reliability.

CHAPTER 3: METHODOLOGY

Quantitative content analysis was used to answer the above proposed research questions. The analysis will focus on stories whose content addressed the issue of HIV/AIDS. Quantitative content analysis is appropriate for this study because, according to Weber (1990), it is an indispensable technique which helps social scientists to make sense of historical documents, newspaper stories, open-ended questions, and official publications. This makes content analysis useful for this study because the study uses newspaper stories as sources of data and uses open-ended questions. In addition, content analysis is widely used in studying communication messages (see Baxter & Babbie 2004, Wimmer & Dominick, 1991).

Sample and Procedure

The most recent four-year period was analyzed: January 2006 to December 31, 2010. Articles were drawn from two national daily newspapers: the government-owned *The New Vision* and the privately-owned *The Monitor*. The print media was examined because of the nature of the issue being studied. Given the fact that the issue is quite complex and ambiguous, the print media, according to Nelkin (1991) provides in-depth information. *The New Vision* and *The Monitor* were used because these are the only national daily newspapers and are available online.

The reason for the selected four year period is, as Swain (2005) noted, the decline of AIDS coverage mentioned in the literature review coincided with the decline in research into AIDS media representation. The four years have seen a continuing trend of this decline so this gap needs to be filled. In Uganda, the increase in HIV/AIDS prevalence from 5% to 7% was noted in 2005. During this time, it was noted that the increase and

number of deaths was more. It is therefore logical to think that research focusing on 2007-2010 AIDS news stories may reveal the most recent frames, themes, risk groups, and attitude changes.

The New Vision was established in 1986. It has grown into a multimedia business focusing on newspapers, magazines, television, internet publishing, and radio broadcasting (*The New Vision* Annual report, 2010). It has a daily circulation of over 35,000 copies countrywide. Although it is owned by the government, the paper is enjoined by the act of parliament to remain independent. *The New Vision* believes that it provides balanced information and that it covers all facts while leaving the opinion of the matter to the readers (Khamalwa, 2006).

The Monitor, on the other hand, was established in 1992 as an independent daily newspaper but was renamed in June 2005 as *The Daily Monitor*. To its readership however, the paper is favorably referred to as the *The Monitor* and this name is used in most of its publications (*The Monitor* Annual report, 2010). In this study, the name '*The Monitor*' will be used to refer to *The Daily Monitor*. It has a daily nationwide circulation of about 32, 000 copies (*The Monitor* Annual report, 2010). *The Monitor* refers to itself as "Uganda's favorite and only independent paper" (Vergaelen, 2001). It is largely critical of government and the president and has often been labeled as an enemy of the state (Khamalwa, 2001).

Due to the difference in ownership, there are likely to be differences in coverage of HIV/AIDS by the two newspapers. *The New Vision* might avoid any frames or themes that might portray the government in a negative light while *The Monitor* will likely present facts, regardless if the government is portrayed negatively or not.

Articles that were included in the study had to focus on HIV/AIDS. Articles such as letters to the editor, photo features, cartoons, or news analysis were not included in the study. The article had to be either in the news, a feature, science feature, or should have appeared in the regular column. A total of 132 articles were sampled for the study. Of these, 69 were from *The New Vision* and 63 were from *The Monitor*. To get the articles for this study, emails were sent to the newspaper companies to request access to the archives. After about 3 months of email exchange, access was granted. Different search words such as HIV/AIDS, HIV/AIDS awareness, and HIV/AIDS prevention were used.

Coding Scheme

The unit of analysis was the individual news story. To analyze the dominant news frames associated with HIV/AIDS, the major news themes associated with HIV/AIDS, identified risk groups, and HIV/AIDS preventatives/correctives, each story was coded. The dominant frame types were coded as thematic, episodic, and mixed frames (Matthes, 2008).

News themes were analyzed as; 1) disaster (this is when an article has a description of the damage caused by HIV/AIDS); 2) family disruption (this is when couples separate due to HIV/AIDS, child headed families as a result of death caused by HIV/AIDS, or abandonment of homes especially by husbands, who are still considered almost sole bread winners in most families); 3) treatment (this is when an article focuses on HIV/AIDS treatment and care of HIV/AIDS infected persons); 4) denial (this is when an article introduces refusal of someone, family, community, or government to acknowledge that they are infected or in case of the government-the level of infection rates); 5) attribution of blame (this is when the spread of HIV/AIDS is blamed on somebody, a group of people,

institution, or behavior); 6) prevention (this is when the article provides HIV/AIDS preventatives/correctives); 7) prevalence (this is when news story has mention of rates of HIV/AIDS prevalence either in the general population or a specific group of people); 8) demographic/Economic costs (this is when the article shows the effect of HIV/AIDS on the population and the economic development of either a particular group of people or the country as a whole); 9) awareness (this is when the article focuses on educational messages or the general sensitization of the public); 10) evasiveness (this is when a person or country is indirect either about their HIV/AIDS status or the prevalence rates of the virus); 11) moral issue (this is when an article addresses issues of morality and HIV/AIDS spread; the fact that the spread of HIV/AIDS is due to moral degeneration); 12) stigma and discrimination (this is when the article addresses issues of stigma and discrimination due to HIV/AIDS); 13) disclosure (this is when the article talks about people i.e. married couples, people in long term relationships, youths, and or children who may fear to tell their partners or parents about their HIV/AIDS status if they are HIV+); and 14) discordance (this is when the article discusses issues to deal with HIV/AIDS discordance among couples in long-term relationships or among married couples). The categories for major themes above were adopted from Odhiambo (2000), Swain (1997; 2003), and UNAIDS (2008).

Risk group categories were adopted from Nantulya (2002) and Sun et al. (2007). These categories were analyzed as; 1) sex workers (these are people who have sex for material gains, especially money); 2) truck drivers (These are especially men who drive long distance trucks); 3) married couples (these are people in long-term monogamous relationships); 4) children/youths (these include young people who are approximately not

more than 20 years old, including AIDS orphans); 5) women (these include both married and unmarried women, plus pregnant women); 6) care givers (care givers include family members and or health practitioners who take care of and treat HIV/AIDS clients); 7) men who have sex with men (MSM); 8) clients of sex workers (these include all men and women who pay for sex services); and 9) blood donors/donees (these are people who either donate or receive donated blood).

HIV/AIDS intervention strategies (preventatives/correctives) were adopted from Rimal and Berendes (2009) and Forsyth and Carey (1998). These were coded as; 1) diagnosis (this includes HIV/AIDS testing and counseling); 2) male condom use; 3) female condom use; 4) prevention of mother to child transmission at birth; 5) prevention of mother to child transmission through breast feeding; 6) safety of blood transfusion; 7) prevention of drug abuse through injections; 8) abstinence (this is when unmarried men and women abstain from sexual relations); 9) antiretroviral therapy (drugs that suppress the development of AIDS in an HIV+ person); 10) fidelity (being faithful to one's sexual partner); 11) male circumcision; and 12) prevention of cross generation sex (this refers to prevention of sex between men/women with young women/men who are approximately 10 years younger). It is important to note that though all of the frames, risk groups, news themes and preventatives/correctives information above were adopted from different studies, some of them were modified to fit the context of this study.

Coders

The total of 132 articles from both newspapers was divided between two coders. The author was one of the coders. The outside coder was an international, female graduate

student pursuing a master's degree in computer engineering. The outside coder was trained on what to look for in the articles so as to be able to participate in the study.

Inter-coder Reliability

An inter-coder reliability test was done to achieve a sense of agreement. Ten percent of the sample was randomly selected to be used in the inter-coder reliability test. This met Wimmer and Dominick's (2006) recommendation of coding 10% - 25% of the total sample for reliability. A code book was developed to guide the coders and to deal with disagreements that may have come up during the coding process. The results of the reliability test were $Kappa=0.8853$ with a 95% confidence interval (.8099, .9607). The reliability coefficient met the recommendation (above .80) set by Krippendorff (2003). Any other disagreements were addressed by the coders before the actual coding process started.

Chapter 3 discussed the methods section including the coding scheme, coders, and inter-coder reliability. Chapter 4 discusses the results of the study. It includes: The results about the general coverage of HIV/AIDS stories in *The New Vision* and *The Monitor* newspapers, the frames used in the news stories, the major themes identified, how the ownership of both newspapers affects the frames used and the main themes discussed in the news stories, the risk groups, and preventatives/correctives identified in the study.

CHAPTER 4: RESULTS

The previous chapter discussed the methods used in this study. Chapter 4 discusses the results realized from the analysis of the five research questions generated from the literature review.

There were 132 stories included in the study. The incidence of news stories varied over the years: 31 news stories in 2007 (23.5%), 35 news stories in 2008 (26.5%), 26 news stories in 2009 (19.7%), and an increase to 40 news stories in 2010 (30.3%). The total number of stories generated by *The New Vision* was 63 (47.7%) while *The Monitor* published 69 (52.3%) news stories about HIV/AIDS (see Figure 1).

As mentioned above, both *The New Vision* and *The Monitor* have had fluctuating numbers of HIV/AIDS news stories over the four-year period as shown in Figure 1.

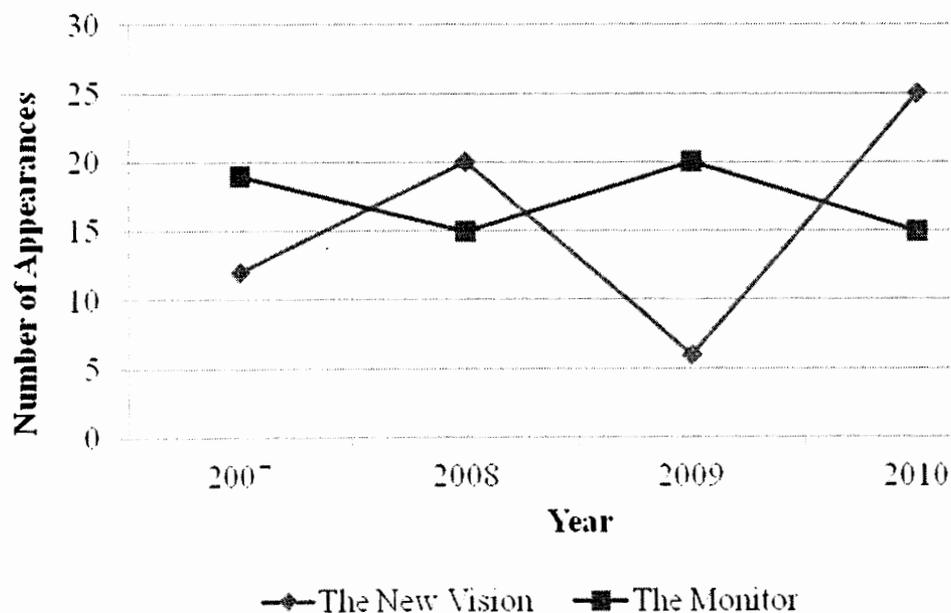


Figure 1: The Trend of HIV/AIDS Stories from 2007-2010 by Newspapers.

The frequency of news stories varied between the two newspapers. The number of HIV/AIDS news stories generated by *The New Vision* was 12 in 2007; 20 in 2008; 6 in

2009, and 25 in 2010. *The Monitor*, on the other hand, had slightly high but fluctuating coverage of HIV/AIDS. There were 19 news stories about HIV/AIDS in 2007; 15 stories in 2008; 20 stories in 2009, and 15 news stories in 2010 (see Figure 1).

The first research question investigated the extent that episodic and thematic frames have been used in HIV/AIDS news stories. Overall, the thematic frame was used most frequently by both newspapers ($N=87$, 65.9%). The episodic frame was used less frequently compared to the thematic frame in general ($N=28$, 21.2%). And mixed frame was used least frequently ($N=17$, 12.9%).

The study further investigated whether the ownership of the newspaper influences the news frames used in HIV/AIDS news stories. A 2x3 Chi-square test showed that the two newspapers did not differ in terms of the use of thematic, episodic frames, and mixed frames, $\chi^2 (df=2, N=132) = 1.09, p = .58, V^* = .09$ (see Table 2).

There were 43 (68.3%) news stories that used the thematic frames in *The New Vision* and (63.8%) news stories that used thematic frames in *The Monitor*. A total of 11 (17.5%) HIV/AIDS news stories used the episodic frames in *The New Vision* while 17 (24.6%) news stories used the episodic frame in *The Monitor*. The mixed frame was the least frequently used frame with a total of 9 (14.3%) news stories in *The New Vision* and 8 (11.6%) news stories in *The Monitor* (see Table 1).

Table 1: Dominant Frames in HIV/AIDS Stories by Newspaper.

| Newspaper | Dominant Frame | | |
|-----------------------|----------------|----------------|-------------|
| | Thematic Frame | Episodic Frame | Mixed Frame |
| <i>The New Vision</i> | 43 (68.3%) | 11 (17.5%) | 9 (14.3%) |
| <i>The Monitor</i> | 44 (63.8%) | 17 (24.6%) | 8 (11.6%) |
| Total | 87 (65.9%) | 28 (21.2%) | 17 (12.9%) |

The second research question examined the major themes of HIV/AIDS discussed in HIV/AIDS coverage in Uganda's major newspapers. Table 2 lists themes that were identified in HIV/AIDS news stories.

The top six themes in the news coverage of both newspapers include: prevention which appeared 87 (65.9%) times, treatment which appeared 48 (36.4%) times. The theme of prevalence appeared 46 (34.8%) times, stigma and discrimination appeared 29 (22%) times, and moral issue appeared 28 (21.2%). Themes that were less frequently used include: denial which appeared two (1.5%) times, evasiveness which appeared three (2.3%) times, family disruption which appeared seven (5.3%), demographic cost which appeared eight (6.1%) times, disaster which appeared nine (6.8%) times, discordance which appeared 12 (9.1%) times, and disclosure which appeared 12 (9.1%) times. The theme of attribution of blame appeared 26 (19.7%) times. Though the attribution of blame theme was not listed among the top six major themes, the number of times it appeared in the news stories is very close in range to the theme of moral issue.

Table 2: HIV/AIDS Themes..

| Themes | Number of Appearances |
|---------------------------|-----------------------|
| Prevention | 87 |
| Treatment | 48 |
| Prevalence | 46 |
| Awareness | 42 |
| Stigma and Discrimination | 29 |
| Moral Issue | 28 |
| Attribution of Blame | 26 |
| Disclosure | 12 |
| Discordance | 12 |
| Disaster | 9 |
| Demographic Cost | 8 |
| Family Disruption | 7 |
| Evasiveness | 3 |
| Denial | 2 |

The prevention theme, which is the leading theme, appeared almost equally in both *The New Vision* and *The Monitor*. The theme appeared 46 (67.6%) times in *The Monitor* and 41 (65.1%) times in *The New Vision*. The theme of treatment appeared 25 (39.7%) times in *The New Vision* and 23 (36.4%) times in *The Monitor*. On the other hand, the theme of prevalence emerged 22 (34.9%) times in *The New Vision* and 24 times in *The Monitor*. The theme of awareness occurred 20 times in *The New Vision* and 22 times in *The Monitor* while the theme of moral issue appeared 14 (22.2%) times in *The New Vision* and 14 (20.3%) times in *The Monitor*. Lastly, the theme of stigma and discrimination appeared 9 (14.3%) times in *The New Vision* and 20 times in *The Monitor* (29%). It is important to note that for all the major themes discussed above, there was no main difference between the two newspapers except for the theme of stigma and discrimination, which registered a difference of about 15% between the two newspapers. A 2 X 2 chi-square test revealed that the stigma and discrimination theme was more frequently used in *The Monitor* ($N=20, 29.0\%$) than in *The New Vision* ($14.3\%, N=9$), $\chi^2 (df=1, N=132) = 4.15, p < .05, V^* = .18$. However, Chi-square tests did not reveal significant differences in the usage of the other top six news themes between the two newspapers (see Table 3).

Table 3: Top Six Major Themes Identified in HIV/AIDS News Stories by Newspaper.

| Newspapers | Prevention | Treatment | Prevalence | Awareness | Stigma | Moral Issue |
|-----------------------|------------|-----------|------------|-----------|--------|-------------|
| <i>The New Vision</i> | 41 | 25 | 22 | 20 | 9 | 14 |
| <i>The Monitor</i> | 46 | 23 | 24 | 22 | 20 | 14 |
| Total | 87 | 48 | 46 | 42 | 29 | 28 |

The analysis also showed that risk groups with high appearance in HIV/AIDS news stories included: children/youths which appeared 43 (32.58%) times; married couples which appeared 32 (24.24%) times; women which appeared 24 (18.18%) times, and sex

workers which appeared 10 (7.58%) times. Risk groups with very low appearance in HIV/AIDS news stories included: clients of sex workers which appeared 2 (1.52%) times; men who have sex with men appeared 3 (2.27%) times; caregivers which appeared 3 (2.27%) times, and truck drivers which appeared 5 (3.79%) times. Some risk groups such as blood donors had no appearance at all as shown in Table 4.

Table 4: Risk Groups by Newspaper.

| Risk Groups | # of Appearances by Newspapers | | |
|------------------------|--------------------------------|--------------------|-------|
| | <i>The New Vision</i> | <i>The Monitor</i> | Total |
| Children | 20 | 23 | 43 |
| Married Couples | 17 | 15 | 32 |
| Women | 9 | 15 | 24 |
| Sex Workers | 7 | 3 | 10 |
| Truck Drivers | 3 | 2 | 5 |
| Caregivers | 0 | 3 | 3 |
| MSM | 2 | 1 | 3 |
| Clients of Sex Workers | 2 | 0 | 2 |
| Blood Donors | 0 | 0 | 0 |

And lastly, the study also analyzed the preventatives/correctives provided in HIV/AIDS news stories. Diagnosis had the highest appearance of 41 (31.06%) times, followed by antiretroviral therapy which appeared 39 (29.55%) times. Male condom use appeared 22 (16.67%) times; mother to child transmission at birth appeared 20 (15.15%) times; and fidelity appeared 17 (12.88%) times. The preventatives/correctives with the lowest number of appearances included safety of blood transfusion which appeared 1 (0.78%) time, female condom use which appeared 2 (1.52%) times, cross generation sex which appeared 7 (5.30%) times, male circumcision which appeared 7 (5.30%) times, mother to child transfusion through breast feeding which appeared 10 (7.58%) times, and abstinence which appeared 13 (9.85%) times (see Table 5).

Table 5: Preventatives/Correctives.

| Preventatives/Correctives | # of Appearances by Newspapers | | |
|-----------------------------|--------------------------------|-------------|-------|
| | The New Vision | The Monitor | Total |
| Diagnosis | 22 | 19 | 41 |
| Anti Retroviral Therapy | 17 | 22 | 39 |
| Male Condom | 12 | 10 | 22 |
| Mother to Child at Birth | 9 | 11 | 20 |
| Fidelity | 11 | 6 | 17 |
| Abstinence | 6 | 7 | 13 |
| Breast Feeding | 4 | 6 | 10 |
| Male Circumcision | 6 | 1 | 7 |
| Cross Generation Sex | 3 | 4 | 7 |
| Female Condom | 2 | 0 | 2 |
| Safety of Blood Transfusion | 1 | 1 | 1 |

Chapter four reported the results of the study. Chapter five addresses the discussion section of the study. This includes the summary of the results highlighting the most important findings, comparison of the results of the study and the reviewed literature, practical implications of the results of the study, limitations to the study, areas of future research, and the conclusion.

CHAPTER 5: DISCUSSION

Summary of Results

This section discusses the results of the research study. It draws different lessons for the mass media to aid in the prevention of HIV/AIDS in Uganda. Both the evidence from previous literature and findings of the current study show that HIV/AIDS is a dangerous social, health and demographic problem in Uganda and has received varied media attention in recent years. Therefore, the backdrop of previous literature and the results of this study help to provide a framework for discussion and the practical implications of the study.

The number of HIV/AIDS stories appearing in *The New Vision* and *The Monitor* newspapers fluctuated greatly during the four-year period that was examined. *The New Vision* for example had a decline in 2008, a slight increase in 2009 and yet another decline in 2010. *The Monitor* had a similar trend, but worth noting is the sharp decline to 6 stories in 2009 from 20 stories in 2008 and a considerable increase to 25 stories in 2010.

There were five research questions posed in this research study. The first research question investigated the extent episodic, thematic, or mixed frames were used in both *The New Vision* and *The Monitor* newspapers over a four-year period. In answer to this question, the thematic frame was well represented within both *The New Vision* and *The Monitor* (68.3% and 63.8% respectively). The episodic and the mixed frames were the least used frames in both newspapers. Nearly all HIV/AIDS stories in the two newspapers used the thematic frame.

In response to the second question, the major themes mentioned in the news stories included prevention, treatment, prevalence, awareness, moral issue, and stigma and discrimination. Themes such as denial, evasiveness, demographic/economic costs, family disruption, disaster, disclosure, and discordance were the least discussed. The ranking of

these themes, when compared to previous research (Odhiambo, 2000; Swain 1997; 2005; UNAIDS, 2008) varies greatly. For example, the theme of disaster, denial and evasiveness were predominant in previous research, in this research however, the themes were less frequently used.

It was apparent that different ownership of *The New Vision* and *The Monitor* had negligible impact on the news frames and the themes that were used/ discussed. For example, both newspapers predominantly used thematic frames, followed by episodic frames and lastly, the mixed frame. Also, the top six major themes discussed in both papers were nearly all equally represented in both newspapers apart from the stigma and discrimination theme, which was discussed more in *The Monitor* than in *The New Vision*.

A number of risk groups were identified in HIV/AIDS news stories in *The New Vision* and *The Monitor*. The risk groups that appeared more frequently in the news stories included: Children/Youths, married couples, women, and sex workers. The risk groups in the least identified category include: Truck drivers, care givers, men who have sex with men, and clients of sex workers. There were some risk groups such as blood donors that did not appear in either newspaper. It is interesting to note that the number of appearances of the sex workers' group in both *The New Vision* and *The Monitor* was higher than the number of appearances of their counterparts: the clients of sex workers. This draws a clear picture of what is happening in HIV/AIDS prevention and awareness programs where most effort is given to sex workers while neglecting their clients, yet both groups are equally highly risky and vulnerable when it comes to HIV/AIDS infection.

Many of the preventatives/correctives appeared several times in both *The New Vision* and *The Monitor*. The two preventatives/correctives that appeared most were

diagnosis and antiretroviral therapy, which appeared 41 and 39 times respectively. Female condom use and safety of blood transfusion appeared the least. What is important to note in these results is the difference in appearance of female condom use and the male condom use. Male condom use appeared 22 times compared to female condom use which appeared only 2 times. Also, prevention of mother to child transmission at birth and prevention of mother to child transmission through breastfeeding differed considerably.

Theoretical and Practical Implications

The results of this study showed inconsistent coverage of HIV/AIDS in the four-year period that was studied. This observation confirms previous studies (Bardhan, 2001; Brodie 2004; Nassanga, 2000; Swain, 2005). The study also indicated a decrease in coverage by the *The New Vision* and an increase in coverage by *The Monitor*. These results differ from Nassanga's (2000) study, which noted an overall slight increase in coverage of HIV/AIDS in Uganda. Worth noting though is that Nassanga's (2000) study included both print and broadcast media. The analysis of both the print and broadcast media has the potential to affect the trend and number of HIV/AIDS news stories covered. The current study further validates Mchombu's (2000) study in which he concluded that the media coverage of HIV/AIDS was less compared to the perceived severity of the issue. Uganda, as mentioned earlier, is among the countries with high HIV/AIDS prevalence (7%) (Uganda AIDS Commission, 2010), and so, it would be expected to have high coverage of HIV/AIDS. Therefore, the print media in Uganda has to observe its role as the important channel for education and prevention of HIV/AIDS, and one of the ways to achieve this goal is to increase the amount of HIV/AIDS coverage.

In general, the study showed that the thematic frame was used more frequently compared to episodic and mixed frame. According to Hawkins and Linvil (2010), thematic

frames focus on collective accountability, holding governments and society together with the responsibility to remedy social problems. The episodic frames, on the other hand, hold affected persons responsible and expect those individuals to find solutions to their own problems. The results of this study therefore help to emphasize that HIV/AIDS in Uganda is seen as a social responsibility. Furthermore, Iyengar, (1991) and Gross (2008) suggest that since thematic frames hold social responsibility for social problems, they have a potential to increase support for programs that are designed to solve such problems.

The themes that appeared most were prevention, treatment, prevalence, awareness, moral issue, and stigma and discrimination. It is interesting to note that some of the prevalent themes discovered in former studies that examined coverage of HIV/AIDS in Africa (Kiwunuka-Tondo, Van den Berg, & Zuckerman, 2003; Swain, 1997; 2003) were rarely mentioned in the news stories that were analyzed for this study. These themes included: disaster, denial, evasiveness, and demographic costs. The reason for the, infrequent mention especially of denial and evasiveness, is that the government of Uganda acknowledged the presence of HIV/AIDS (Feldman, 2003) and was quick to educate its public about the dangers of HIV/AIDS and prevention methods (Okware, Opio, and Waibale, 2001).

Clearly, HIV/AIDS has been a disaster in Uganda and has led to both demographic and economic costs (UNAIDS, 2003). The estimated number of deaths due to HIV/AIDS is 104, 000 (Ministry of Health, 2006). An estimated 2.5 million children have been orphaned due to HIV/AIDS; hence, these children are at increased risk of poverty, malnutrition, and illiteracy (World Vision, 2010). The themes of disaster, demographic and economic costs therefore ought to be given credence in news stories just like the other

themes such as prevention. However, the two newspapers that I analyzed failed to adequately reflect the social and health consequences caused by HIV/AIDS in Uganda. The negative impact of this is that the public may not be able to evidently see the disastrous impact of HIV/AIDS.

The spread of HIV/AIDS has often been considered a moral issue in Africa as a whole and Uganda in particular (Kiwauka-Tondo, Van den Berg, & Zuckerman, 2003; Odhiambo, 2001). Given the fact that Uganda is a highly religious and socially bound community (Alessandra, 2009), the spread of HIV/AIDS has been blamed on activities that are considered morally deviant such as sexual infidelity, prostitution, and sex before marriage while ignoring other ways that enable the spread of HIV/AIDS such as mother to child transmission and unsafe blood transfusion. Looking at other ways that HIV/AIDS spreads instead of focusing or putting blame on moral degeneration can lead to more effective HIV/AIDS prevention.

Examination of the effect of the ownership of *The New Vision* and *The Monitor* had negligible impact on the frames and the themes used in the news stories. Both newspapers predominantly used the thematic frame. According to Hawkins and Linvil (2010), the thematic frame shifts blame from the affected individuals and considers society responsible for social problems. In this study, it is apparent that the both *The New Vision* and *The Monitor* consider HIV/AIDS a social responsibility which all people should work to prevent.

In addition, the top six themes that were used in the newspapers were all nearly equally represented apart from the stigma and discrimination theme which appeared more in *The Monitor* than in *The New Vision*. The reason for this could be that the government

of Uganda has been commended internationally for successful prevention of HIV/AIDS and therefore, mention of stigma and discrimination which would portray the government in the negative manner, especially by the government owned newspaper might not be a welcome idea.

Most risk groups identified in this study are in line with previously identified risk groups such as children, women, sex workers, and truck drivers (Karnik, 2001; World Health Organization, 2008). However, there are relatively new risk groups such as married couples which were barely mentioned in previous literature. This group was first identified by the Uganda National Surveillance Survey (Ministry of Health, 2006) and reinforced by UNAIDS (2008). This study has attested that married couples are currently very high risk groups in regard with HIV/AIDS. This increase is credited to infidelity or multiple sexual partners (Ntozi, Najjumba, Ahimbisibwe, Ayiga, & Odwee, 2003). There has been a shift in concentration of HIV/AIDS from the younger to older generations; therefore, the management of HIV/AIDS needs to re-channel the focus of HIV/AIDS prevention efforts to include all groups. Designing prevention messages and literature particularly geared towards the married people will be much more beneficial (Feldman, 2003).

Men who have sex with men were barely referred to in the news stories that were analyzed. Men who have sex with men have been identified in HIV/AIDS previous literature as being a risk group (Karnik, 2001; World Health Organization, 2010). In Uganda, this risk group has had a very controversial path. In 2009, the country was noticed internationally for the then newly proposed anti-homosexuality bill. The bill provoked a lot of debate about ethics and morality in regards to homosexuality in Uganda (Nel, 2011). Given the controversy surrounding the topic, the print media in Uganda might have shied

away from the topic entirely. However, neglecting the gay population in Uganda is bound to cost Ugandans' lives regardless of whether they are homo or heterosexual (Nel, 2011). This will most likely be due to stigma and discrimination, a big obstacle in HIV/AIDS prevention (UNAIDS, 2003).

Some of the groups that were predominant in previous literature such as the truck drivers appeared sparsely. This shows that the patterns of HIV/AIDS coverage keep changing. This may also indicate that the awareness and prevention information should be constantly updated in order for prevention efforts to be directed to the groups that need HIV/AIDS services the most.

The preventatives/correctives that appeared more frequently included: diagnosis, antiretroviral therapy, male condom use, prevention of mother to child transmission, and fidelity were consistent with the previous studies (Forsyth & Carey, 1998; Rimal & Berendes, 2009; World Health Organization, 2010). Among the preventatives/correctives that appeared most were diagnosis and anti retroviral therapy. A key in HIV/AIDS prevention is testing and counseling. The reasons why the diagnosis preventative is prevalent in the news stories could be many but one resounding reason is that the government made it possible for everybody to be aware of HIV/AIDS testing services and provided routine HIV/AIDS testing. The people are often encouraged to get tested for HIV/AIDS through different campaigns and mainly through the media.

Additionally, the different pattern that emerged regarding male and female condom use was interesting. The male condom use appeared more frequently compared to the female condom use. These results show that the female condom is infrequently mentioned which could indicate that it is less likely to be used in Uganda. Knowing that the media

shapes its audiences' perspectives through calling attention to certain aspects of reality while obscuring others (Entman, 1993), the infrequent coverage of female condom use makes the idea remain farfetched to the people of Uganda. Furthermore, women, as the results indicate in the risk group categories, are among the high risk groups. Women have been considered victims who need protection (UNAIDS, 2008). Therefore, educating and exposing them to the female condom, while emphasizing it in different media or news stories, can help to empower and protect women from unprotected exposure to HIV/AIDS.

The other predominant way that HIV/AIDS spreads is through blood transfusion (Okware, Opio, & Waibale, 2001). It is surprising to note that safety of blood transfusion was not mentioned at all in the news stories. With no sensitization on safe blood transfusion services, unsafe blood transfusion can do more harm than good. It has been proven that the extremely severe attribute of HIV infection through blood transfusion is that it is almost 100 percent effective in each single case (UNAIDS, 2008). It is therefore paramount that such an important HIV/AIDS preventative/corrective be emphasized so that the audience is more educated and more conscious of the dangers.

Limitations and Future Research

The research reviewed two nationally circulated Ugandan newspapers from 2007 to 2010. The inadequate online access of *The New Vision* and *The Monitor* made collecting articles of HIV/AIDS news stories of the years before 2007 highly difficult. The study could have included more years of coverage if the access was easier. Other news contents available in other media platforms such as television, radios, internet, and magazines were not examined; therefore, conclusions regarding these channels should not be drawn based on the results of this research. Also, more types of articles should have been included to get a broader analysis of the coverage of HIV/AIDS in Uganda.

The limitations to this research suggest areas for future research. Other newspapers could be examined for content and coverage of HIV/AIDS, paying particular attention to frames, themes, risk groups, and preventatives. Also, the findings from this study suggest a very low and fluctuating trend of HIV/AIDS coverage over the four-year period. It would be helpful to know the trend of HIV/AIDS coverage in Uganda over a long period of time.

Conclusion

This thesis examined the coverage of HIV/AIDS in Uganda's top two newspapers. It investigated the news frames used in the news stories, the major themes associated with HIV/AIDS, the risk groups, and the preventatives/correctives provided in the news stories. The study also examined whether the ownership of a newspaper would have an effect on the news frames used and the news themes associated with HIV/AIDS.

Since newspapers have potential to act as powerful change agents to convert the knowledge of HIV/AIDS into practice, it is important for researchers to examine how these newspapers cover HIV/AIDS news stories. This study had significant findings. Some findings were consistent with the previous literature while some findings were not, which lent an interesting perspective to the study. For example, the diagnosis, antiretroviral therapy, male condom use, prevention of mother to child transmission, and fidelity were consistent with the previous studies (Forsyth & Carey, 1998; Rimal & Berendes, 2009; World Health Organization, 2010). Interesting to note is that a preventative such as mother to child transmission appeared frequently but when divided into mother to child transmission at birth and mother to child transmission through breast feeding, mother to child transmission at birth appeared the most.

It is clear that HIV/AIDS is still a problem in the developing world and Uganda in particular. Indeed, the consequences of the disease have been characterized as “disastrous” (Swain, 2005) and a closer look at these consequences shows that this characterization may not be far from the truth. Communication scholars can therefore contribute to resolving the HIV/AIDS catastrophe through high quality theory-based research.

REFERENCES

- Alessandro, C. (2009). HIV/AIDS, Pentecostal churches, and the “Joseph generation” in Uganda. *Africa Today* 1, 58. E-ISSN: 1527-1978
- Avert. (2010). HIV and AIDS in Uganda. Retrieved March 22, 2010 from E:\HIV & AIDS in Uganda.mht.
- Bardhan, N. (2001). Transnational AIDS-HIV news narratives: A critical exploration of overarching frames. *Mass Communication and Society*, 4(3), 283-309.
- Baryarama, F., Bunnell, R. E., Ransom, R. L., Ekwaru, J.P., Kalule, J., Tumuhairwe, E. B., & Mermin, J. H. (2004). Using HIV voluntary counseling and testing data for monitoring the Uganda HIV epidemic, 1992–2000. *Journal of Acquired Immune Deficiency Syndrome*, 37(1).
- Bateson, G. (1972). *Steps in ecology of mind*. New York: Ballantine.
- Baxter, L., A., & Babbie, E. (2004). *The basics of communication research*. Belmont, CA: Wadsworth.
- Beckett, K. (1996). Culture and the politics of significance: The case of child sexual abuse. *Social Problems*, 42, 57–76.
- Biddle, N., Conte, L., & Diamond, E., (1993). AIDS in the media: Entertainment or infotainment. In S.C. Ratzan (Eds.), *AIDS: Effective health communication for the 90s*. DC: Taylor & Francis: 113-140. 6.
- Brodie, M., Hamel, E., Brady, L. A., Kates, J., & Altman, D.E. (2004). AIDS at 21: Media coverage of the HIV epidemic 1981-2002. *Columbia Journalism Review*, 42(6), A1-A8.

- Conrad, C., & McIntush, H. G. (2003). Organizational rhetoric and healthcare policymaking. In T. Thompson, A. Dorsey, K. Miller, & R. Parrott (Eds.), *Handbook of health communication* (pp. 403–422). Mahwah, NJ: Lawrence Erlbaum Associates, Inc.
- Colby, D., & Cook, T. (1991). Epidemics and agendas: The politics of nightly news coverage of AIDS. *Journal of Health Politics, Policy and Law*, *61*, 215–249.
- Dearing, J., & Rogers, E. (1992). *AIDS and the media agenda*. In T. Edgar, M. Fitzpatrick, & V. Freinuth (Eds.), *AIDS: A communication perspective* (pp. 173-194). Hillsdale, NJ: Lawrence Erlbaum.
- Durham, M., & Kellner, D. (2001), *Media and cultural studies*. UK: Blackwell Publishing.
- Dutta-Bergman, M. (2004). The unheard voices of Santalis: Communicating about health from the margins of India. *Communication Theory*, *14*, 237–263.
- Entman, R. M. (1991). Framing U.S. coverage of international news: Contrasts in narratives of the KAL and Iran air incidents. *Journal of Communication*, *41*, 6-27.
- Entman, R. M. (1993). Framing: Toward clarification of a fractured paradigm. *Journal of Communication*, *43*, 51-58.
- Epstein, H. (2007). *The Invisible Cure*. New York: Farrar, Straus, and Giroux.
- Feldman, D. A. (2003). Problems with the Uganda model for HIV/AIDS prevention. *Anthropology News*, *6*. Retrieved October 21 2011 from www.aaanet.org/press/an/infocus/hiv aids/0310-feildman

- Forsyth, A. D., & Carey, M. P. (1998). Measuring self efficacy in the context of HIV risk reduction: Research challenges and recommendation. *Health Psychology, 17*(6), 559-568. doi: 10.1037/0278-6133.17.6.559
- Gamson, W., & Stuart, D. (1992). Media discourse as a symbolic contest: The bomb in political cartoons. *Sociological Forum, 7*, 55–86.
- Gamson, W. A., Croteau, D., Hoynes, W., & Sasson, T. (1992). Media images and the social construction of reality. *Annual Review of Sociology, 18*, 373–393.
- Gary, S., Sam, O., Warren, N., Don, S., Donna, F., Michel, C., Erik, B., Paul, D., & Daniel, T. (2006). How Uganda reversed its epidemic. *AIDS and Behavior, 10*(4), 351-360.
- Gibson, M. D. (1994). AIDS and the African press. *Media, Culture and Society, 16*(2) 349-356.
- Gitlin, T. (1980). *The whole world is watching*. Berkley: University of California Press.
- Green, E. C., Halperin, D. T., Nantulya, V., & Hogle, J. A. (2006). Uganda's HIV Prevention Success: The Role of Sexual Behavior Change and the National Response. *AIDS and Behavior, 10*(4), 335-346.
- Green, E., & Witte, K. (2006). Can fear arousal in public health campaigns contribute to the decline of HIV prevalence? *Journal of Health Communication, 11*, 245-259. Doi: 10.1080/10810730600613807.
- Gross, K. (2008). Framing persuasive appeals: Episodic and thematic framing, emotional response, and policy opinion. *Political Psychology, 29*(2), 169-192. doi: 10.1111/j.1467-9221.2008.00622.x

- Grube, A. & Boehme-Duerr, K. (1988). AIDS in international news magazines. *Journalism Quarterly*, 65(3), 686-89.
- Hawkins, W. K., & Linvil, D. L. (2010). Public framing of news regarding childhood obesity in the United States. *Journal of Health Communication*, 25, 709-717. doi: 10.1080/10410236.2010.521913
- Hilgartner, J., & Bosk, C. (1988). The rise and fall of social problems: A public arenas model. *American Journal of Sociology*, 94, 53-78.
- IRIN NEWS. (2003, March 28). Traditional culture spreading HIV/AIDS. Retrieved on 04/26/2010 from www.irinnews.org.
- Iyengar, S. (1991). *Is anyone responsible? How television frames political issues*. Chicago: University of Chicago Press.
- Kalembe, I. (2005, June 18). Two million orphans expected in 2010. *Asia Africa Intelligence*.
- Kahunen, J. (2010). Sexualised space, sexual networking and emergency of AIDS in Rakai, in Uganda. *Health and The Place*, 16(2), 226-235.
doi:10.1016/j.healthplace.2009.10.001
- Karnik, N. S. (2001). Locating HIV/AIDS and India: Cautionary notes of the globalization of categories. *Science, Technology, & Human Values*, 26, 322-348.
- Kasoma, F. (1990). The Zambian press and the AIDS crisis. *CAEJAC*, 3, 49-59.
- Khamalwa, J. W. (2006). Uganda AMDI research report. *BBC World Service Trust*. Retrieved on January 2010 from http://www.bbc.co.uk/worldservice/trust/researchlearning/story/2006/12/061204_amdi_uganda.shtml

- Kinnick, K. N., Krugman, D. M., & Cameron, G. T. (1996). Compassion fatigue: Communication and burnout toward social problems. *Journalism and Mass Communication Quarterly*, 73(3), 687–707.
- Kinsella, J. (1989). *Covering the plague: AIDS and the American media*. New Brunswick, NJ: Rutgers University Press.
- Kiwanuka-Tondo, J., Van den Berg, S., & Zuckerman, C. (2003). The effect of participation on the AIDS communication campaign process in Uganda: An organizational perspective. *International communication Association*.
- Krippendorf, K. (2003). *Content analysis: An introduction to its methodology*. Beverly Hills: Sage.
- Lene, A. (2011). Investigating frame strength: The case of episodic and thematic frames. *Political Communication*, 28(2), 207-226.
- Levy, J. A. (2007). *HIV and the pathogenesis of AIDS*. ASM Press: Washington DC, USA.
- Low-Ber, D. (2002). HIV incidence and prevalence trends in Uganda. *The Lancet* 360(9347), 1788.
- Mataka, R. (2006, December). Behavioral Change Messages. The New Vision, Uganda. Retrieved on 04/20/2010 from <http://newvision.co.ug/>
- Matthes, J. (2008). The effects of episodic and thematic framing revisited: Exploring the role of attribution styles. *Paper presented at the annual meeting of the International Communication Association*. Montreal, Canada.
- Mchombu, K. (2000). The coverage of HIV/AIDS in Namibian media: A content analysis study. In S.T. Kwame Boafo, & C.A. Arnaldo (eds.) *Media and HIV/AIDS in East and Southern Africa: A resource book*. Paris: UNESCO.

- Min, W. (2006). Framing AIDS in China: A comparative analysis of US and Chinese wire news coverage of HIV/AIDS in China. *Asian Journal of Communication*, 3(16), 251-272.
- Ministry of Health and ORC Macro. (2006). Uganda: HIV/AIDS Sero-Behavioural Survey 2004-05. Kampala, Uganda: Ministry of Health.
- Myhre, S. L., & Flora J. A. (2000). HIV/AIDS communication campaigns: Progress and prospects. *Journal of Health Communication*, 5, 29-45.
- Myrick, R. (1998). AIDS discourse: A critical reading of mainstream press surveillance of marginal identity. *Journal of Homosexuality*, 35, 75-93.
- Nantulya, V. M. (2002, February 5). *HIV/AIDS prevention: Policy and program context of Uganda's success story*. Presentation to USAID: Washington DC.
- Nassanga, G. L. (2000). Media coverage of HIV/AIDS in Uganda. In *Media and HIV/AIDS in Eastern and Southern Africa: A Resource Book*. UNESCO: Paris.
- Nel, A. (2011). Enacting the Ugandan anti-homosexual bill: Implications for the HIV/AIDS crisis. *Consultancy Africa Intelligence*. Retrieved on October 20, 2011 from www.consultancyafrica.com//index-php?option.com
- Nelkin, D. (1991). AIDS and the news media. *The Milbank Quarterly*, 69, 293-307.
- Netter, T. W. (1992). The media and AIDS: A global perspective. In J. Sepulveda, H. Fineberg, & J. Mann (Eds.), *AIDS: Prevention through education: A world view* (pp. 241-253). New York: Oxford University Press.
- Ntozi, J. P., Nujjumba, M., Ahimbisebwe, F., & Odwee, J. (2003). Has the HIV/AIDS epidemic changed the sexual behavior of high risk groups in Uganda? *Africa Health Science*, 3(3), 107-116.

- Odhiambo, L. (2000). Mass media and the AIDS pandemic in Kenya, 1997-98: A moral panic perspective. School of Journalism, University of Nairobi, Nairobi, Kenya. In S.T. Kwame, B. & Carlos, A. A. (Eds). (2000). *Media & HIV/AIDS in East and Southern Africa: A resource book*. Paris: UNESCO.
- Okware, S., Opio, A., Musinguzi, J., & Waibale, P. (2001). Fighting HIV/AIDS: Is success possible? *Bulletin of the World Health Organization*, 79, 1113-1120.
- Peng, Z. (2008). Framing the anti-war protests in the global village: A comparative study of newspaper coverage in three countries. *International Communication Gazette*, 70, 361-377.
- Pickle, K., Quinn, S. C., & Brown, J. D. (2002). HIV/AIDS coverage in black newspapers, 1991-1996: Implications for health communication and health education. *Journal of Health Communication: International Perspectives*, 5(7), 427-444.
- Pitts, M., & Jackson. H. (1993). Press coverage of AIDS in Zimbabwe: A five-year plan. *AIDS Care*, 5 (2): 223 - 230.
- Population Services International. (2010). Cross generational sex. Retrieved November 9, 2011 from <http://www.psi.org/our-work/healthy-lives/interventions/cross-generational-sex>.
- Poggensee, G., Schulze, K., Moneta, I., Mbezi, P., Baryomunsi, C., & Harms, G. (2004). Infant feeding practices in western Tanzania and Uganda: Implications for infant feeding recommendations for HIV-infected mothers. *Tropical Medicine & International Health*, 9(4), 477-485.
- Porter, L. (2004). HIV status and the union dissolution in Sub-Saharan Africa: The case of Rakai, Uganda. *Demography*, 41(3), 465-482.

- Rimal, R., & Berendes, S. (2009). Addressing the slow uptake of HIV testing in Malawi: The role of stigma, self efficacy and knowledge in Malawi Bridge project. *Conference Papers-International Communication Association*, 1-32.
- Rogers, E., Dearing, J., & Chang, S. (1991). AIDS in the 1980s: The agenda-setting process for a public issue. *Journalism Monographs*, 126.
- Sas Foundation. (2010). HIV and AIDS in Uganda. Retrieved February 24 from <http://www.sasfoundationafrica.org/ugandahistory.html>.
- Seidel, G. (1993). The competing discourses of HIV/AIDS in sub-Saharan Africa: Discourses of rights and empowerment vs. discourses of control and exclusion. *Social Science & Medicine*, 36(3), 175-94.
- Serwadda, D. (1985). Slim disease: A new disease in Uganda and its association with HTLV-III infection. *The Lancet*, 19(2), 849-852.
- Siu, G., Oundo, G., & Whyte, S. (2006). Sexual and reproductive behavior among people living with HIV/AIDS (PHA). In Busia District, No.16, CHDC Research Brief. Retrieved November 9, 2011 from <http://chdc.mak.ac.ug/publications/Policy%20Briefs/Oundo-brief.pdf>
- Soffer, M., & Mimi, A. (2010). Stigma and otherness in the Israeli media's mirror representation of illness. *Qualitative Health Research*, doi: 10.1177/1049732310369803.
- Stoneburner, R., & Low-Beer, D. (2004). Population-Level HIV declines and behavioral risk avoidance in Uganda. *Science*, 304, 714-718.
- Swain, K. A. (1997). AIDS Coverage in U.S. news magazines in light of the World Health Organisation statistics: What is the true picture of Sub-Saharan Africa's pandemic?

Presented to the Health Communication Division, International Communication Association Montreal, Quebec.

- Swain, K. A. (2003). Proximity and power factors in western coverage of the Sub-Saharan AIDS crisis. *Journalism & Mass Communication Quarterly* 80 (1), 145-165.
- Swain, K. A. (2005). Approaching the quarter-century mark: AIDS coverage and research decline as infection spreads. *Critical Studies in Media Communication*, 22(3), 258_262.
- Sun, Z., Denton, P. W., Estes, J. D., Othieno, A. F., Wei, B. L., ... Wege, A. K. (2007). Intrarectal transmission, systemic infection, and CD4+ T cell depletion in humanized mice infected with HIV. *The Rockefeller University Press*, 204(4), 705–714. doi: 10.1084/jem.20062411
- Temmerman, M., Quaghebeur, A., Mwanyumba, F., & Mandaliya, K. (2003). Mother-to-child HIV transmission in resource poor settings: How to improve coverage. *Epidemiology & Social: Concise Communications* 8(17), 1239-1242.
- The Monitor. (2008). *The Monitor annual report*. Retrieved November 3, 2011 from <http://www.monitor.co.ug/>.
- The New Vision. (2010). *The New Vision annual report: 2009/2010*. Retrieved on November 3, 2011 from <http://www.visiongroup.co.ug/downloads/Final%20Annual%20report.mail.pdf>.
- Traquina, N. (1996). Portuguese Journalism and HIV/AIDS: A Case Study in News. Paper presented at the annual convention, AEJMC, CA, 1996.

- Treichler, P. (1988). AIDS, homophobia and biomedical discourse: An epidemic of signification. In D. Crimp (Ed.), *AIDS: Cultural analysis, cultural activism*. (pp. 31–70). Cambridge, MA: MIT Press.
- Treichler, P. (1999). *How to have theory in an epidemic: Cultural chronicles of HIV/AIDS*. Durham, NC: Duke University Press.
- UCSF. (2009). Epidemiology and trends. HIV/AIDS in Sub-Saharan Africa. Retrieved on March 1, 2011 from <http://hivinsite.ucsf.edu/global?page=cr09-00-00>.
- Uganda AIDS Commission. (2000). *The epidemic, the response and the challenge*. Kampala: Uganda AIDS Commission Secretariat.
- Uganda AIDS Commission. (2002). Uganda commission: *Together we share the challenge*. Kampala: Uganda AIDS Commission Secretariat.
- Uganda AIDS Commission. (2010). UNGASS country progress report, Uganda: January 2008-December 2009. Retrieved November 9, 2011 from http://www.unaids.org/en/dataanalysis/monitoringcountryprogress/2010progressreportsubmittedbycountries/uganda_2010_country_progress_report_en.pdf
- UNAIDS. (2003). *Statistics on HIV/AIDS in Uganda*. Retrieved October 12, 2004, from <http://www.unaids.org>.
- UNAIDS. (2008). Report on global AIDS epidemic. *Executive Summary*. Retrieved on November 3, 2011 from http://data.unaids.org/pub/GlobalReport/2008/jc1511_gr08_executivesummary_en.pdf

- UNAIDS. (2010). Global report: UNAIDS report on the global AIDS epidemic. *The Global Reference Book on the AIDS Epidemic and Response*. Retrieved November 3, 2011 from http://www.unaids.org/globalreport/Global_report.htm.
- UNAIDS Inter-agency team on young people. (2006). Preventing HIV/AIDS in young people: A systemic review of evidence from developing countries. *WHO Technical Series, 938*. Downloaded on 4/10/2011 from http://whqlibdoc.who.int/trs/WHO_TRS_938_eng.pdf
- Vergaelen, E. (2001). An attempt towards a more human journalistic discourse: Some portraits of stake holders in the DR Congo conflict. Internship Report. University of ANTWERP: Institute of Development Policy and Management.
- Visser, M., Hsu, C., & Kalinskaya, S. (2003). The story behind the headlines-HIV/AIDS in a leading South African Newspaper. A Paper presented at the convention of the *National Communication Association NCA*, through NCA's International and Intercultural Division, Miami Beach, November 19-23, 2003.
- Walters, L. M., & Walters, T. N. (1996, August). *Life on the edge of the precipice: Information subsidy and the rise of AIDS as a public issue, 1983-1989*. Paper presented at the Association for Education in Journalism and Mass Communication Convention, Anaheim, CA.
- Weber, R. P. (1990). *Basic content analysis* (2nd ed.). Newbury Park, CA.
- Westerhaus, M. J., Finnegan, A. C., Zabulon, M. Y., & Mukherjee, J. S. (2007). Framing HIV/AIDS prevention discourse to encompass the complexities of war in Northern Uganda. *American Journal of Public Health, 97*(7), 1184-1186.
doi: 10.2105/AJPH.2005.072777.

- Wimmer, D., & Dominick, J. (2004). *Mass Media Research: An Introduction* (8th ed). Belmont CA: Wadsworth.
- Wu, Z., Sullivan, S., Wang, Y., Rotheram-Borus, M. J., & Detels, N. R. (2007). Evolution of China's response to HIV/AIDS. *The Lancet*, 9562(369), 679-690.
- World Health Organization. (2008). Scale up of HIV-related prevention, diagnosis, care and treatment for infants and children: A programming framework. Downloaded on 4/10/2011 from http://www.unicef.org/aids/files/OMS_PAEDS_Programming_Frameworks_WEB.pdf
- World Health Organization. (2010). World health statistics 2010. *WHO Statistical Information System*. Retrieved November 8, 2011 from <http://www.who.int/whosis/whostat/2010/en/index.html>
- World Vision. (2010). How communities are coping with the impact of HIV and AIDS on children: Findings from Uganda and Zambia. Retrieved on November 3, 2011 from [http://www.worldvision.org/resources.nsf/main/CCCfinal_OR_cd_vsn.pdf/\\$file/CCCfinal_OR_cd_vsn.pdf?Open&lid=coping&lpos=main](http://www.worldvision.org/resources.nsf/main/CCCfinal_OR_cd_vsn.pdf/$file/CCCfinal_OR_cd_vsn.pdf?Open&lid=coping&lpos=main).
- Yu, N., Frohlich, D. O., Fougner, J., & Ren, L. (2011). Communicating a health epidemic: A risk assessment of the swine flu coverage in US newspapers. *International Public Health Journal*, 3(1), 63-76.
- Zucker, H. G. (1978). The variable nature of news media influence. In B. D. Ruben (Ed.), *Communication Yearbook 2* (pp. 225–240). New Brunswick, NJ: Transaction.

APPENDIX A

Codebook

Coverage of HIV/AIDS in Ugandan newspapers

The article should be gotten rid of if;

HIV/AIDS is not the focus of article.

The word HIV/AIDS is mentioned at the beginning, but the rest of the article is talking about something else.

A letter to the editor, cartoon, photo feature, or news analysis.

0. Story ID

1. Date: Indicate the date of publication of the newspaper

2. Publication: Indicate the newspaper in which the article was found by using the following code

1=*The New Vision*

2=*The Monitor*

3. Dominant Frames (Matthes, 2008; Lene, 2011).

1=Thematic: Thematic news frames synthesize events into an overriding issue and provide background knowledge surrounding the issue.

2=Episodic: Episodic news frames present single, specific cases related to the issue.

3=Mixed: (If the article refers to specific cases but has included some background information= each frame is relatively equally presented)

4. Risk groups (Nantulaya, 2007; Sun, et al. 2007). Indicate the first four risk groups listed in the article.

1=Sex workers (People who have sex for material gains, especially money).

2=Truck drivers (These are especially men who drive long distance trucks)

3=Married couples /People in long-term monogamous relationships

4=Children/Youths (These include young people who are approximately not more than 20 years old, including AIDS orphans)

5=Women (Both married and unmarried women).

6=Care givers (Care givers include family members and or health practitioners who take care of and treat HIV/AIDS clients).

7=Men who have sex with men (MSM)

8=Clients of sex workers (All men and women who pay for sex services).

9=Blood donors/donees (People who either donate or receive donated blood).

10=N/A (When an article does not list any risk group above)

5. News themes (Swain 1997, 2003; Odhiambo, 2000).

1=Disaster (When article has a description of the damage caused by HIV/AIDS)

2=Family disruption (Separation of couples due to HIV/AIDS, child headed families as a result of death caused by HIV/AIDS, or abandonment of homes especially by husband who are still considered as bread winners in most families)

3=Treatment (When an article focuses on HIV/AIDS treatment and care of HIV/AIDS infected persons)

4=Denial (This when an article introduces denial of someone, family, community, or government to acknowledge that they are infected or in case of the government-the level of infection rates)

5=Attribution of blame (The extent to which the spread of HIV/AIDS is blamed on somebody, a group of people, institution, or behavior)

6=Prevention (When the focus of the article focuses on prevention)

7=Prevalence (When news story has mention of rates of HIV/AIDS prevalence either in the general population or a specific group of people).

8=Demographic/Economic costs (This is when the article shows the effect of HIV/AIDS on the population and the economic development of either a particular group of people or the country as a whole)

9=Awareness (This is when the article focuses on educational messages or the general sensitization of the public)

10=Evasiveness (This is when a person or country is indirect either about their HIV/AIDS status or the prevalence rates of the virus)

11=Moral Issue (This is when article addresses issues of morality and HIV/AIDS spread; the fact that the spread of HIV/AIDS is due to moral degeneration)

12=Stigma and discrimination (When the article addresses issues of discrimination due to HIV/AIDS)

13=Disclosure (When the article talks about people i.e. married couples, people in long term relationships, youths, and or children who may fear to tell their partners or parents about their HIV/AIDS status if they are HIV+)

14= Discordance (When the article discusses issues to deal with HIV/AIDS discordance among couples in long-term relationships or among married couples)

15=N/A (This is when an article does not have any of the themes above)

6. HIV/AIDS preventatives/correctives (Rimal, et al., 2009; Forsyth & Carey, 1998).

The article introduces the knowledge of how to diagnose or prevent HIV/AIDS.

1=Diagnosis (HIV/AIDS testing and Counseling)

2=Male condom use

3=Female condom use

4=Prevention of mother to child transmission at birth

5=Prevention of Mother to child transmission through breast feeding

6=Safety of blood transfusion prevention of drug abuse through injections

7=Abstinence (This is when unmarried men and women abstain from sexual relations).

8=Antiretroviral Therapy (Drugs that suppress the development of AIDS in an HIV+ person).

9=Fidelity (Being faithful to one's sexual partner).

10=Male Circumcision

11=Prevention of cross generation sex (Refers to prevention of sex between men/women with young women/men who are approximately 10 years younger).

12=N/A (The article will be coded N/A if there is no mention of any of the above interventions).