The reporting of HIV & AIDS in the Third World / UK NGO AIDS Consortium for the Third World.

Contributors

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THE REPORTING OF

HIV & AIDS

in the

Third World

UK NGO AIDS CONSORTIUM FOR THE THIRD WORLD

While much reporting of the AIDS epidemic has been clear and informative, some, particularly about the effect on Africa and developing countries, has been troubled by inaccuracies and sensationalism. This has caused offence to the governments and peoples concerned, and has sometimes slowed recognition of the epidemic and progress of prevention programmes. The following brief analysis of why this has happened in the past may contribute to the efforts of writers and editors to prevent offence being caused in the future.

Reports may be misleading due to:

- inaccuracies, or careless use of language
- indiscriminate reporting of scientific information, or unbalanced selection of scientific theories
- misinterpretation or sensationalising of information
- personal attitudes of reporters and editors which have influenced their reporting, particularly relating to Africa and black communities in Britain and the US
- misleading headlines, subheads and editorial introductions
- repeating information which, though reported accurately at the time, has later been proved wrong
- failure to keep pace with rapidly changing information
- unfortunate use of quotes which seem to give credence to inaccurate and sometimes damaging misinformation

AIDS and developing countries

Reporting about AIDS has rarely drawn attention to the effect of poverty on the spread of disease in developing countries. The lack of information technology, low literacy rates and too few trained health workers all hinder the dissemination of information. Lack of blood screening equipment means that blood supplies cannot always be made safe. The incidence of disease is higher, and tropical diseases can lead to anaemia and the need for blood transfusions. Genital ulcer disease seems to increase the likelihood of HIV transmission, but although this and other STDs are easily treated, many developing countries cannot afford drugs. More fundamentally, poverty may mean that people cannot choose to avoid risks; for example, a woman alone with children may find that the only way she can support them is through selling sex.

Particular pitfalls, frequently subject to inaccurate reporting relate to:

The origins of AIDS/HIV

Much was written during 1985 to 1987 in the scientific press which suggested that HIV originated in Africa. This has never been substantiated and the damage caused by sensationalising some of the theories was considerable. In some countries, the existence of HIV was denied in order to refute the exaggerated reports. This set back the start of prevention programmes. The emphasis on an unfounded African origin also added to racial tension in the UK and elsewhere.

Rates of infection

There is frequent confusion between rates of HIV infection and numbers of AIDS cases. There are two main sources of information; the cases of AIDS reported to the World Health Organization, and the rates of HIV infection which are being studied by epidemiologists. For each person with AIDS, there are between 10 and 100 people infected with HIV. It is therefore very important to be aware of the distinction.

Not all of Africa is equally affected by HIV. Some countries still seem to have a much lower rate of infection than others. However, Africa is frequently treated as a single entity although the enormous geographical, economic, social and cultural differences all contribute to the different rates of HIV infection and different responses to the epidemic. Rates are quite different in urban and rural areas, even in the same country. Rates of HIV infection must be used in the correct context. It is very misleading to apply the rate from a small study or a specific population group to a whole country or a different area.

HIV is also present in Latin America and Asia, and developing countries in these areas may also experience rapid spread of infection.

Under-reporting

In Europe and the US, under-reporting of AIDS cases may be around 10- 20%. In some developing countries under-reporting may be even higher. There are clear reasons for this: there is a shortage of trained health care personnel who can recognise the clinical signs of AIDS; lack of resources means that communication technology is insufficient and information on the disease does not reach health care staff; without facilities for testing, it is not always easy to know when to report a case as AIDS — especially as many symptoms of AIDS can be confused with other tropical diseases.

Transmission

Scientific speculation on theoretical routes of transmission (such as via contaminated toilet seats or banging heads in a rugby match) have been given wide coverage leading to unnecessary fear. Inaccurate suggestions that mosquitos and bedbugs can transmit HIV have caused great concern, and reports are often uncorrected when the facts become available.

Traditional practices

Reports in the press have suggested that traditional practices such as circumcision and scarification are routes of transmission. But although there may be a theoretical risk, in practice the areas of Africa which are most affected by HIV are not those where such traditions are widely practised. The spread of HIV is greatest in urban areas where these traditional practices are not as widely prevalent.

Injections

Injections are frequently cited as a route of transmission in developing countries. The true significance is far from clear. Transmission through injections with unsterile needles and syringes is possible. But if this were common in developing countries, more children aged between 5-15 years would be infected. Current evidence suggests that in Africa unsterilised needles are not a major route of transmission. The risk of children dying from other diseases if they are not vaccinated is much greater than the risk of their contracting HIV from injections.

Medical Care

Press reports have suggested that health services in developing countries pose a risk of infection to patients. Unless blood or body fluids from an infected person actually enter another patient's bloodstream, HIV cannot be transmitted. This can only happen through a transfusion of infected blood or through very few specific medical procedures if sterilisation is inadequate.

Transmission from mother to child

All pregnant women who are infected with HIV produce HIV antibodies which are passed into the baby's bloodstream during pregnancy. Their babies therefore test positive to HIV antibodies at birth. This was the reason for early estimates of high transmission rates from mother to child. It has since been shown that not all these babies are infected with the virus itself. If the virus has not been passed from mother to child, the mother's HIV antibodies in the baby's blood disappear at around 15 months and the child is likely to be perfectly healthy. In European studies, around 30% of children born to HIV positive mothers seem to be carrying the virus (not just the antibodies) after 15 months. In some African countries the proportion of babies born with the virus may be higher. This is possibly because more women in Africa are likely to be at a later stage of the infection, when it seems that they may be more infectious. Research into this is at an early stage, and it is still not clear exactly how transmission occurs.

Breastfeeding

The current scientific evidence on transmission through breastmilk is inconclusive. There are a handful of cases worldwide in which breastmilk seems to have been the means of transmission. Until the evidence is clearer, it is essential to acknowledge that the risk of death through other diseases to babies in the Third World who are not breastfed is far greater than the risk of contracting HIV through breastmilk. There is no confirmed scientific evidence that a child who has been infected after birth through contaminated needles or a blood transfusion can pass the virus to the mother through breastfeeding.

Prostitutes

The term "prostitute" should be used with caution when referring to people in different cultures. Exchanging sex for money or goods does not always imply having a large number of partners. People who have many partners may not be "prostitutes". Reports often assume that prostitutes are always female, but men as well as women work in the sex industry. While prostitutes are often accused of spreading HIV, the role of their clients should also be stressed.

HIV and AIDS

Press reports often give the impression that it is possible to "catch AIDS" or that death is an almost immediate result when someone is infected with HIV. AIDS only develops after HIV infection has damaged the immune system which can take up to eight years or longer. During these years the person infected may not be ill in any way.

One further aspect should be of great concern to journalists reporting on AIDS and HIV in developing countries. Writers often seem to forget that national newspapers from Europe and the United States are readily available in cities in Africa and Asia, and that many people have relatives living in Europe and the United States. Considerable heartache has been caused by writers identifying people with AIDS in Africa in newspapers which become available to friends and relatives. The NUJ guidelines for journalists urges that "identities and addresses should not be revealed or hinted at unless of course those concerned have given permission". This applies equally to developing countries, but it requires more care to carry out in areas where language and literacy problems make it difficult to be sure that permission really has been obtained.

The UK NGO AIDS Consortium for the Third World is a group of non-governmental agencies whose work is concerned with developing countries. The Consortium was formed in 1987 to share information and expertise and help to co-ordinate an approach to the problems posed by the AIDS epidemic.

Current full members are:
ACORD, ActionAid, Action Health 2000, AHRTAG, APSO, Baby Milk Action, BMA Foundation for AIDS, BOMS, British Red Cross, Bureau for Hygiene and Tropical Medicine, BValg, Care Britain, Christian Aid, CIIR, CMF, CMS, ECHO, Help the Aged, Interhealth, IPPF, IVS, Marie Stopes International, Methodist Church Overseas Division, Oxfam, PANOS, QPS, Ranfurly Library Service, Salvation Army, Save the Children Fund, TALC, URC, USPG, VMM, VSO, War on Want, World in Need.

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