

## Dealing with the headline 'She came and spread AIDS'

By Angana Parekh

The media in India has come a long way in the past few years when it comes to being more sensitive while writing on HIV/AIDS. But has it become more gender sensitive? The answer to this is: not entirely. While many journalists, in the English and non-English media, are now conscious of the gender angles in HIV/AIDS and therefore are careful to take these into account, there are many, many more who are not.

In 2001, when the Women's Feature Service first began media sensitisation workshops on HIV/AIDS, there were few articles on the issue in the media. Worse, glaring - and misleading - headlines and text that exacerbated fears, furthered misconceptions and reinforced regressive attitudes were common. Irresponsible articles based on hearsay, with headlines such as, "She Spreads AIDS" (about a sex worker allegedly bent on taking revenge on society by spreading the virus through the sexual route), not only spread rumours but added to the stigma and discrimination faced by sex workers.

With the spread of the virus in India, there are more articles in the press about HIV/AIDS. Unfortunately, a majority of them are reportage of press conferences, based on speeches, press releases, statements of politicians and bureaucrats, or reports of statistics. There is little analysis or examination of policy matters, and far too few human interest stories.

It is important for mediapersons to be able to clearly differentiate between gender and sex. We are all born with our sex - male, female or transgender - decided for us. But gender is a social construct; it is a result of conditioning that defines roles and expectations, what is considered right and wrong, acceptable and unacceptable. In India, patriarchal attitudes are the norm, and mediapersons (men and women) are no exception. And in no other area do these surface more clearly than while reporting on the HIV/AIDS issue.

Why is the issue of women and HIV one of critical concern? For one, women now account for nearly 40 percent of India's estimated HIV/AIDS prevalence. We cannot afford to neglect or ignore women's problems, concerns, and needs. HIV is a health issue but the epidemic is a gender issue. It is not considered proper for women to be knowledgeable about sexual matters or even about their own bodies; the same social restrictions result in women not seeking medical advice when it comes to problems with their sexual and reproductive organs.

### **Women are more vulnerable to HIV/AIDS than men in three ways:**

- a) Epidemiologically (getting married at a young age; needing more blood donations due to childbirth, anaemia and abortions; poor nourishment).
- b) Physiologically (the female anatomy is such that it makes infections more possible in case of unprotected sex; semen has a higher concentration of the virus; and young girls - 60 percent in India marry before they are 18 - are more vulnerable because of their immature genital tract).
- c) Socio-Cultural factors (insufficient access to incomes; lower social status than men; early marriage; unsafe abortions; taboo on seeking information or medical treatment; abandonment/ desertion by husbands leading to economic and social vulnerability; violence against women such as rape and molestation; trafficking).

In addition to these vulnerabilities, women and girls bear the brunt of caring for husbands, children and other family members who are HIV positive. More often than not, HIV positive widows shoulder the responsibility for the family. Studies have shown that almost all married women in India are monogamous and contract the virus from the husband. Nevertheless, it is common for wives to be blamed for the husband contracting the virus. Often they are thrown out of the marital home on the death of an HIV positive husband and denied their property rights; nor are they easily taken back into the natal family - basically they are declared social outcasts. The same is not the case for HIV positive men. Families are more willing to spend money on treatment of a man and also care for him. HIV positive men and boys, too, face fear and discrimination - but not as acutely as women, whose moral character is immediately put under a cloud.

During a media monitoring exercise, we found that HIV positive women were generally portrayed in two ways: the poor woman and the bad woman. The poor woman is the vulnerable wife, who has take care of the affected man along with the family, with little or no hope for the future; while the bad woman (like sex workers) is the one who is blamed for spreading the virus. There was little about how it is possible to live a productive and reasonably normal life with HIV, about the inherent strength that enables women to shoulder such heavy burdens, nor about the ethical and legal rights of sex workers.

In fact, there is a strange disconnect between the media (print and television) and social realities. Survey after survey shows that the young generation is sexually active before (and outside) marriage and the female body is being flaunted as never before in advertisements, newspaper supplements and music videos. Yet when it comes to HIV, the media echoes hidebound attitudes and portrays female sexuality and emancipation as undesirable and worthy of condemnation. The media would do a greater service to GenNext by advocating sex education in schools and promoting safer sex.

It is time for the media to think out of the box.

- Highlight methods to tackle HIV/AIDS, provide useful information regarding treatment, care, testing and counselling.
- Write about people living positively with the virus, of women courageously running the house. Let them tell their story. This puts a human face on the story and is far more effective in educating people.
- Human interest stories and feature articles can examine various gender and HIV issues analytically and in depth (stigma and discrimination; unequal access to treatment and care; burden of caregiving; women-headed households; livelihoods issues).
- It is vital to include more news items on how to prevent infection and to highlight risk behaviours rather than just risk groups.

Despite repeated suggestions by experts to avoid questioning or speculating on how a person contracted the virus, the media tends to ignore this cardinal rule. Confidentiality surrounding news items on HIV/AIDS should be maintained at all times and no names or addresses should be mentioned. In fact, a clear editorial policy needs to be developed on how to report on HIV/AIDS, and the news desk also needs to be brought into these discussions.

Finally, a piece of gratuitous advice: When writing on HIV/AIDS, think of someone living with the virus as a dearly loved family member or friend. Then ask yourself whether what you are writing would help or hinder that person. That is the best test for a sensitive, progressive and well-written story on HIV/AIDS.

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