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#### **Lecture 4: Reporting Tools for Covering HIV/AIDS**

The following two lectures will concentrate on reporting on HIV/AIDS issues.

The reporter's objective should be to accurately and fairly report on the topic of HIV/AIDS. In order to do that, the reporter's professionalism and ethics are extremely important. Both will determine how just the journalist is to the story, the people they are interviewing, and whether their reports will support the misconceptions and stereotypes that exist in society about the virus, or if they will be the vehicle for a deeper understanding of an issue that is becoming increasingly important globally.

#### **How do we formulate stories and develop sources?**

The first step for a journalist when beginning research on a subject as expansive as HIV/AIDS is to do as much background reading as possible. The Resources Section of the Kaiser Reporting Manual provides a list of recommended web sites for global and Ukraine-related information. This list is not exhaustive, but provides a beginning source list as well as an overview of what is happening in regions around the world.

In Ukraine, the best place to find out about what is happening within a community is at a local non-government agency (NGO). The International Aids Alliance ([www.aidsalliance.kiev.ua/ru/library/our/aidsdirectory/pdf/aidsdir3.pdf](http://www.aidsalliance.kiev.ua/ru/library/our/aidsdirectory/pdf/aidsdir3.pdf)) has a directory of NGOs working in HIV/AIDS in each region of Ukraine. Many of the people working

at NGOs are at the front lines of harm reduction. They know the lay of the land and problems associated with the spread of and prevention of HIV/AIDS in their communities. Outreach workers have constant contact with individuals from so-called high-risk communities; they are best suited to help reporters make contact with these individuals. Some outreach workers themselves are recovering drug addicts and know the wide range of issues facing addicts and alcoholics, i.e. job loss, harassment by police, lack of social acceptance, and stigma.

Additionally, UNAIDS, UNDP, USAID and other international organizations have local representatives in Ukraine who are reliable as sources and who can provide not only a national, but international, perspective on the pandemic. It is also critical that journalists develop sources within the community of people living with HIV/AIDS. In Ukraine, one of the best organizations to turn to is the All-Ukrainian Network of People Living with HIV/AIDS ([www.network.org.ua](http://www.network.org.ua)). This group has branches all over the country and is active in communities throughout the country. Individuals who are HIV-positive are able to provide a unique perspective on what it is like to live with HIV/AIDS. They can also help battle many of the stereotypes that exist within Ukrainian society about the type of people who are HIV-positive.

It is important to remember that Ukrainian society is still too often prejudiced against people living with the virus. The media, unfortunately, have too often reflected that prejudice; derogatory statements about people living with HIV/AIDS too often find their way into the media. Although the driving force behind Ukraine's epidemic is still injecting drug use, the media are overlooking the dangerously fast-growing HIV/AIDS rate among young people who are not drug users or sex workers, but who have contracted

the virus through unprotected sex. This story is widely underreported, as are stories that deal with the economic, political, military and national security consequences of the epidemic. Overlooked as well are stories that investigate how HIV/AIDS is being taught in the school system, the types of outreach programs that have been established by non-profit groups for HIV prevention and the situation regarding orphans and street-children.

Journalists will be better equipped to report on these and other stories once they develop strong contacts within the community of people working on HIV/AIDS issues.

**Interviewing:** When interviewing individuals from so-called high-risk groups such as injecting drug users and sex workers, time, patience and respect are of importance. People will not just open up to you. Each individual requires his/her own approach. You may have to return several times before a person will talk about his/her life. It is critical not to pass judgment; there are reasons why people begin using drugs, alcohol or go into the sex business. Find a common ground when speaking to individuals in so-called high-risk communities. There will be times that you may need to open up about your life in order to gain trust – don't be afraid to do so, within reason. Remember, people talking to you are the ones taking the risk when being interviewed, not the other way around.

Reporters need to decide for themselves to what degree they are willing to go to gain trust. For instance, if a drug user is willing to let you see them shot up, the reporter needs to decide if that is appropriate or not. This is something that should be discussed with your editor before beginning the interviews.

When interviewing drug users, make sure they aren't under the influence of drugs, or, if they are, make sure the interview can proceed. Outreach workers are best suited to help you to determine this. Many drug users are open to a wide-range of questions, including about their own sexuality, if they are treated with respect and understanding by the reporter. The same holds true for sex workers. Keep your opinions about the life choices people made to yourself. You may not agree with the choices individuals may have made in their lives, but it is not your place to say so. If you want to have success in interviewing people within high-risk groups, approaching them with respect and understanding are key.

When interviewing individuals from so-called high-risk communities, however, the reporter's personal safety is also important. Do not put yourself in a situation where you are alone during interviews. Watch out for aggression. Again, outreach workers are best able to help you defuse an aggressive situation. In some circumstances, you may also want to tell an editor where you will be and when in case you encounter trouble.

**Interviews with sub-groups:** Interviewing people who fall into sub-groups of high-risk communities presents special challenges. The following are some suggestions to help reporters successfully interview people in these subgroups:

**Prisoners:** The Ukrainian media and Ukrainian officials have largely overlooked the plights of prisoners when reporting on HIV/AIDS. Yet by some non-official estimates, nearly half of the inmates in some prisons are HIV-positive, according to regional officials. There are few anti-AIDS programs directly targeted toward people who are

incarcerated. Prisons do not provide condoms for prisoners who have sex with other inmates. Needle exchange programs are also nonexistent. However, one prison in Mykolavivska oblast – all of the inmates here have been incarcerated on drug related charges -- is considering providing condoms for prisoners. Prison officials have said they recognize sexual intercourse takes place and it is better to provide condoms for inmates in an attempt to curb HIV. Needle exchange remains a question because of the many legal ramifications; even though drugs are illegal and the prison takes precautions to ensure they don't get behind prison walls, drug usage remains a problem, prison officials admitted.

The high HIV rate among prisoners also presents a challenge when prisoners leave the prison system. For one, there are very few programs to reintegrate prisoners into society. Thus, because of their prison record, it is difficult for many former prisoners to find jobs after their release. Consequently, former convicts may find themselves dealing drugs to financially support themselves since they have no prospects for employment. Using drugs also becomes a danger if ex-convicts become depressed.

Local officials also worry that those prisoners who acquired HIV while incarcerated may spread the virus to unsuspecting wives or partners, whether they are female or male. Men who are heterosexual often find it embarrassing to admit they had sex with men in prison, regional officials have said. They may also be unaware that they acquired the virus until after they infected their partner. An important point to keep in mind, however, is that even though sexual contact may occur between male prisoners, it is a mistake to assume these men are gay. Plenty of sexual contact occurs between male prisoners who are heterosexual

Prisoners who are HIV-positive and are receiving ARV treatment behind bars also worry about how they will be treated once they are released. Although there is no evidence to support that ex-prisoners have been denied therapy, in interviews, some prisoners on ARV therapy have expressed that fear nonetheless.

The HIV epidemic in prisons will likely take a larger toll on an already troubling HIV/AIDS situation in Ukraine; this subject will merit further study and coverage by the media.

**Children:** Children have become a favorite subject for Ukraine's media. Yet much of the coverage has viewed children as being "victims" of HIV/AIDS, rather than taking a hard look at whether the government is doing enough to help children affected by the virus.

Like in other parts of the world, children are some of the most vulnerable when it comes to HIV/AIDS. According to UNICEF, the international agency that works in 157 countries helping children survive and thrive by providing health, nutrition, education, protection from violence, exploitation and HIV, the virus has had a devastating effect on young people globally. That devastation has largely gone unnoticed by the international community, according to officials.

According to Kofi Annan, the former General Secretary of the United Nations:

"Nearly 25 years into the pandemic, help is reaching less than 10 percent of the children affected by HIV/AIDS, leaving too many children to grow up alone, grow up too fast or not grow up at all. Simply put, AIDS is wreaking havoc on childhood."

An estimated 15 million children around the world have lost at least one parent to HIV/AIDS, according to UNICEF. For millions of others, adults responsible for their well-being -- relatives, teachers, community leaders -- have perished because of the virus. As the pandemic grows, the global catastrophe only threatens to get worse. As of 2005, in Ukraine more than 9,800 HIV-positive children have been born to HIV-positive mothers and nearly 200 have died.

UNICEF said the effect of HIV/AIDS on children has largely been missing in global and national policy discussions. Not only is the question of how to curb the prevalence of HIV/AIDS among young people absent in talks, but how to strengthen the social infrastructure to ensure the virus doesn't spread is not adequately addressed either.

"Children still get less attention (than adults) even though we've had great achievement in lowering mother-to-child transmission," Dmytro Konyk, who heads Ukraine's UNICEF program, told a parliamentary hearing at the end of 2005.

The problem of children with HIV in Ukraine is still relatively new -- the first cases appeared in the mid-1990's. Much of the debate today surrounding children and HIV is to ensure the rate of mother-to-child transmission continues to fall and how to best care for children who have the virus. That includes where they should live.

Currently, most children who are HIV-positive are being integrated into the nation's orphanages, largely because they have nowhere else to go. Orphanage administrators, however, are divided over whether that is best for the children. An active debate is taking place whether they should be living in specialized facilities that cater to their health needs, or if they should live with other children, as they currently do, so they are not segregated from society.

A movement that is gaining momentum in Ukraine that may help resolve some of the issues facing HIV-positive children, however, is to establish orphanages where children will spend their entire youth, rather than being transferred from one orphanage to another, depending on their age. Currently, children can live in up to four different orphanages until they leave the system.

**The homosexual community:** In some respects, this may be the most difficult community to gain access to because it is still closed, even to homosexual outreach workers. Again, time and patience are of importance. Ukrainian society is still largely homophobic and a stigma is associated with identifying oneself with this community of people. Because of this, many men are unwilling to speak openly about their sexuality, or the life of Ukraine's homosexual community. One way to approach this community is to first develop contact with a homosexual outreach worker who can discuss the issues within the community, then proceed from there. Listen to suggestions. It is important not to pass judgment on individuals from the gay community; a journalist's subjective opinions could too easily end up in a story. Because of Ukrainian society's often negative stance toward homosexuals, one way of easing into stories about HIV/AIDS and homosexuality is to write how the gay community, government officials and NGOs in the West have reacted to the virus. This would allow for stories that revolve around "lessons learned" and might provide a blueprint for Ukraine. Additionally, check with local NGOs to see what kinds of programs are being geared toward the homosexual and lesbian communities. Writing about these programs may also help lower stigma and



open the door for the respectful treatment of stories related to the gay community and HIV/AIDS.

**What issues are faced by outreach workers?**

*Danger:* Outreach workers usually work late at night in often questionable parts of town and, because of a lack of financial resources, often have to make their way home by themselves after work. For instance, in Odessa, an outreach worker was mugged and violently beat up on her way home in 2005. Ambulance personnel did not contact her employer, failed to give her proper medical attention, and as a result, she was in the hospital for three days until the NGO she worked for found her after she did not show up for work. She sustained substantial injuries.

*Anonymity violated:* Some outreach workers who have needed medical attention are themselves HIV-positive. Medical personnel have violated their anonymity – which is legally protected in Ukraine -- by telling other people in the hospital of their status. In one example, an outreach worker was hospitalized in Odessa in 2005 and then her records were sent to her doctor in a small village. By the time she came home, the entire town knew her HIV status.

*Proximity to drugs:* Many of the outreach workers who work with drug users are recovering addicts themselves (we use the term ‘recovering addict’ because even those individuals who haven’t used drugs for many years say they are still addicts). They are surrounded by drugs and drug users, some of whom they have known for years, making

temptation to use drugs significant. They do this work, however, because they feel it is important to lower the HIV/AIDS rate in Ukraine. Many outreach workers have said they have found their life's calling with their jobs.

*Psychological pressure:* Outreach work is not easy. There are often conflicts with the very people outreach workers are trying to help. Clients can turn on outreach workers, making for tense situations.

*Problem with the police:* Police have been known to arrest outreach workers when they make a sting on sex workers and drug users, even though they have cards identifying them as outreach workers. Although they are eventually let out of detention, the experience can be humiliating and can make for conflicts with officers.

*Medical workers:* Too often, the medical community has been the first to undermine the work of outreach workers. In a number of cases, outreach workers who are HIV-positive and need medical treatment have had to pay for medication, even though they are supposed to receive it for free.

**Where do we find accurate statistics?** This is a challenge. The only statistics in Ukraine, for instance, that are certain are those dealing with the number of people who are on the government's list of individuals who are receiving or need ARV treatment. We do not know for sure how many individuals in Ukraine are HIV-positive. We can only estimate, with the help of statistics which track how many individuals have come in

for testing and then tested HIV-positive. Not all those individuals, however, will be on the government's list of people needing treatment. People may know their HIV status and then opt not to seek treatment because of problems in receiving medication. It is also important to understand that people may suspect they are HIV-positive, but choose not to be tested.

To that end, when citing statistics, globally or nationally, the most accurate numbers are provided by UNAIDS. Every year the organization publishes an annual report that provides current HIV/AIDS figures. Additionally, the report gives an overview of the global HIV/AIDS situation, new trends in the pandemic, and a breakdown of the HIV/AIDS situation in the world's different regions. One important aspect to keep in mind is the information UNAIDS provides is only as good as various governments are willing to provide. Ukrainian HIV/AIDS experts contend that because of a host of reasons, some of which were cited above, even the Ukrainian government does not have the full picture regarding the HIV/AIDS situation in the country.

The accurate reading of data, however, can provide for interesting stories. Some issues that should be kept in mind regarding data are outlined in the English-language version of Kaiser's reporting handbook:

- There are many sources and types of data, each telling a different story about the epidemic;
- HIV/AIDS surveillance methods evolve over time, so data from the same source may not be directly comparable year to year;
- The type of data available, and the lag-time in availability, may pose challenges to assessing recent impact;
- There are gaps in the data;
- Epidemiological measures of HIV/AIDS are numerous and each has important and distinct definitions (see table in Kaiser's reporting handbook) ;
- HIV incidence (new infections) is an estimate only. This is true globally and in all countries, even the United States, due to the lag-time between HIV

infection and the development of AIDS, the fact that many do not know their status, stigma which leads to underreporting, and surveillance systems that may not be complete;

- Rates/percents, not just numbers, are important—rates are standardized measures, allowing for comparison of impact or concentration of HIV/AIDS across different population groups, time periods and areas;
- The story is often local and complex so global, regional, and country averages may mask localized epidemics and trends.

### **The Internet as a reporting tool:**

Although the Internet has become a popular tool in gathering information, reporters need to be very cautious when using it. Some information they find on the internet may be wrong or misleading. Thus, reporters are encouraged to limit their research to those organizations that are known as reliable sources, such as UNAIDS, the International AIDS Alliance, Transatlantic Partners Against AIDS, and foreign governments and organizations that are represented in Ukraine and which deal in HIV/AIDS issues. (Foreign governments represented in Ukraine are an often overlooked source).

An outstanding research tool is [www.GlobalHealthReporting.org](http://www.GlobalHealthReporting.org), which is sponsored by the Kaiser Family Foundation. Journalists will find a plethora of information on this website, including reporting tools, statistics, ethical guidelines, latest updates in the world of HIV/AIDS, interviews with officials and information about tuberculosis and malaria.

Kaiser's English-language handbook also provides the following advice on what to look for when using the Internet. Their information comes from SciDev.Net:

The most important aspect of information quality is accuracy. Sometimes you will be able to assess the accuracy of the information on a web site directly yourself.

Very often, though, you won't have the specialized knowledge needed to do so. In this

case, you will need to ask a number of questions to help you assess the *likely* accuracy of the information. These questions include:

- What is the source of the information, and how reliable is it likely to be? Does the provider of the information perhaps have a vested interest in promoting a particular point of view? Look for
  - A “mission statement” or other information about the organization which maintains the site.
  - Information about individual authors.
  - Sponsorship of the site.
- Has the information been through an editorial review process? For example, is it in a peer-reviewed journal?
- How current is the information?
- How comprehensive is the information?
- Is the information based on clinical and scientific evidence?
  - Be wary of content which goes against widely-held scientific beliefs without proper discussion. This could be an indication that the information is not based on scientific research.
  - When information relates to clinical trials, remember that randomized clinical trials are generally accepted as being the most reliable, followed by other study methods such as non-randomized trial and case/cohort studies.
- Are adequate references provided, indicating the source of the information, including statistics?

Sourcing is extremely important. Next week we will look at ethics, including the question of how to protect sources, particularly if they are HIV-positive. But in reporting on HIV/AIDS, it is important that the reader, listener or viewer understand where the reporter got his or her information. Thus, providing sources is critically important. Never, ever, say the source was “the Internet”. The public needs to know where the information came from.

Reading:

From Kaiser Reporting Handbook: FAQ When Covering HIV/AIDS,  
Examples of articles in the handbook.  
Do’s and Don’ts of Reporting

Exercise: Ask students to look out the window. Based on what they immediately see, have them list story ideas. Then ask them to conduct the same exercise regarding HIV/AIDS. What are the stories they could write about HIV/AIDS based on what they see outside and the locale they find themselves?