Media Coverage of HIV/AIDS & Health Issues in Africa: Needs Assessment in Kenya
STUDY OF MEDIA COVERAGE OF PUBLIC HEALTH ISSUES IN AFRICA

I. Background
The African Women's Center (AWMC), under the auspices of the International Women's Media Foundation (IWMF) is conducting a three-year, multi-level campaign to help prioritize HIV/AIDS and public health as an issue of media and public interests in Africa. Specifically, the project seeks to exploit the educational potentials of the media for addressing the impact of TB, malaria and HIV/AIDS on women in the continent.

Central to this purpose is the need to conduct baseline studies, as a basis for determining empirically, the current “quality and quantity of media coverage of public health issues in Africa” and for assessing objectively, “what resources are needed by the media to enhance coverage”. The results of such studies would also inform decisions about what outreach activities are effective; and what intervention strategies are feasible.

The importance of encouraging more and relevant media coverage of public health issues, as a condition for improving the preventive health awareness of society, is quite obvious. Nevertheless, no studies have been conducted to suggest the extent, or dearth, of media coverage; or bring to the fore, new directions for strengthening such efforts. The purpose of this study, therefore, was to gather specific stakeholder views and perceptions that would inform the AWMC about best practice for the implementation of its project for improved media coverage of public health issues. In addition, quantitative data would be collected to assess the amounts and kinds of coverage being given to public health issues. In addition, quantitative data would be collected to assess the amounts and kinds of coverage being given to public health issues in selected newspapers in Africa.

II. Specific Objectives
- To gain a “needs assessment” appreciation (SWOT analysis) of the potentials of the media as tools for addressing public health issues in Africa;
- To assess the nature and amounts of coverage, and determine appropriate intervention strategies for improving media coverage of public health issues in Africa;
- To explore and evaluate new approaches for improved collaboration among public health professionals and NGOs, policy makers and the media, in the planning and implementation of outreach strategies.

III. Study Design
The project proposed to use both quantitative and qualitative research tools for a study of the coverage of public health issues by the media in five selected countries; namely Botswana, Cameroon, Kenya, Malawi and Senegal.

The qualitative studies would entail a series of “Focus Group Discussion” and “Individual In-depth Interviews” with a cross section of respondents in the project outreach constituencies. The emphasis is on soliciting the views, insights and recommendations of people who are articulate and knowledgeable enough to respond to the issues, rather than a desire for strict demographic representation. Therefore, screener questions would be developed to
purposively select representatives of media workers, health professionals and health related NGO workers, policy makers, and the public for the Focus Group and In-depth Interviews. [Even so, the study would endeavor to achieve a 50-50 balance between male and female respondents. Respondents for the in-depth interviews will also (generally) be middle and top-level management members].

The quantitative dimension of the study is basically a content analysis, involving the measurement and evaluation of some mainstream newspapers in the selected countries.

**In-depth interviews**
In addition to the focus group sessions, a series of face-to-face, one-on-one interviews (using a standardized interviewer-administered question guide) will be conducted to elicit the views, experiences and suggestions of representatives of Policy Makers, Public Health professionals and NGOs, the Media, and the Public. These one-on-one encounters would allow for the probing and exploring of individual insights and orientations, and should complement and enrich the findings from the group sessions. They also account for individual differences in literary skills, language, culture, socio-economic status and location, etc.

For each country, 20 respondents were to be interviewed – to yield a total of 100 such interviews for the five countries. The purposive sampling method (which allows for the inclusion of “information-rich” cases) was used to recruit interviewees. Letters, phone calls and physical contacts were used to explain the purpose of the study, enlist participation and secure interview appointments.

Eligibility for inclusion was based on characteristics such as knowledge of media and public health issues, gender, age, type of employment and office location. Furthermore, in order to ensure both demographic and spatial representation, a recruitment screener was used to select interviewees according to a predetermined criterion.
Public Health Needs assessment in Kenya

Major Concerns About the State of Public Health In Kenya

Poor access to facilities
Most media and health experts interviewed cited poor service delivery as the biggest concern with regard to the state of public health in Kenya today. Apart from complete lack of PH facilities especially in rural areas, where the services are hardly available the delivery was found to be very poor and inadequate. In urban areas where most of the facilities are, there is poor maintenance and lack of essential supplies such as water, soap and other disposable material required for sanitation.

A second area of concern was the attitude of public health workers. Low pay has resulted in low levels of staff motivation compounded further by poor supervision. As a result there is a lot of complacency amongst the public health workers and their performance is usually very low.

Infrastructure
Public health infrastructure in Kenya, including health facilities, toilets, sewage systems and plants have been allowed to fall into disrepair over the years. This dilapidated infrastructure poses potential health risks, for example when sewage pipes burst and spill out. These problems are partly attributed to the fact that facilities have not been expanded proportionately with the increase in population.

Lack of information and awareness
Some stakeholders, feel that lack of awareness and information amongst the ordinary mwananchi is the biggest bottleneck to improving the state of public health in Kenya. The media has been accused of being focused on making money and ignoring social responsibility to educate and inform. The most vulnerable groups – women and children – are also the most disadvantaged when it comes to accessing public health information from the mainstream media. The youth, especially in urban areas, have been carried away by western influence and would rather pay more attention to pop music instead of watching/listening to documentaries on public health issues. The challenge therefore is to interest them into such educational programmes.

The public is generally uninformed on what public health issues are. Many think it is a preserve of professionals, and this has made the public naïve. This problem is partly the result of poor packaging and dissemination of information. While some stakeholders recognize the role played by the media in educating the public on HIV/AIDS, Malaria and typhoid, there is consensus that a lot still needs to be done especially in TV and radio.

The way the media covers public health issues has sometimes been erratic, inadequate and in some cases a misrepresentation of situations or facts.

Most of the public health information does not reach people in the rural areas, who have to depend on only one state television (KBC TV) to know what is going on. This station is monopolistic and has a bias towards giving political content messages.
Other media houses are not performing better either. In the area of HIV/AIDS, for instance, the media has been very silent on covering the HIV/AIDS related issues from the beginning of the pandemic. Although they became pro-active later on, they have been misreporting the issues.

The local media in Kenya still refers to people with Aids as victims. In addition, they have no programmes where children either infected or affected with HIV/AIDS talk about their situations.

Besides, media organizations are profit making entities, who will give us air time to air public health issue only if we pay. And when they do, the coverage as their routine work, they leave out key messages.

“So many people do not have access to health care, including information on how to manage health issues. Also, the relationship between poverty and health is not always realized.” (a leading public health specialist in Kenya)

There is the tendency to treat health as a soft sector and macroeconomics as a hard one. Yet it is acknowledged that you cannot develop a country with sick people. Health is key to poverty reduction.

Media practitioners interviewed in the study felt that the attitude of civil servants and the red tape at the Ministry of Health was a key matter of concern since journalists do not get any information concerning public health in this country easily.

A major concern with regard to public health service provision is the high cost. Due to a government policy on cost sharing, many Kenyans are unable to access these essential services. The high cost of public health has also been attributed to corruption within the health sector. As a result many people cannot afford such services. Government investment in public health facilities has also remained very low over the years.

**Brain Drain**

Some health and media personalities felt the continuing loss of medical personnel to other countries that offer better terms of services is a major public health concern. Qualified nurses, clinical officers, medical doctors and health inspectors move to other countries while there is a shortage of personnel in government facilities. This brain drain does not augur well for the improvement of the public health sector in Kenya.

**Policy and its implementation**

Although there are currently good policies on paper, many health and media practitioners are worried about the non-implementation of such policies. Public health issues in this country have been handled erratically. The lack of consistency in implementation of public health policy is a cause for concern.
Specifc concerns
The impact of HIV/AIDS particularly on the youth, and the effect of malaria and TB to the general population have been identified as a specific area of concern in public health. This is partially due to the fact that these diseases put a strain on the resources and facilities. The emergence of HIV/AIDS brought on board the media to reflect the values of society and help combat the stigma associated with the scourge. Other specific concerns are on emerging issues such as substance abuse, prostitution, high poverty levels and road accidents.

Role of media in public health in Kenya
Opinions were divided on the role played by media in public health in Kenya. While some key informants felt the media played positive roles others thought the media worsened the situation especially when handling dangerous diseases such as HIV/AIDS.

Positive Roles
Media, especially newspapers have done well in flagging off important science issues and raising social public health awareness. In fact, research shows that the media is a leading source of health information for many people. Some of the more specific roles identified during the study are outlined below:
1. Most of the media houses often carry stories on public health issues and have devoted special pages and airtime to HIV/AIDS, malaria, and water borne diseases.
2. There are also special features and documentaries that shed light on topical issues in public health. Examples cited include the Daily Nation Horizon, Family Doctor on Family TV and Nation TV’s Eyes on the people, which look at issues from a human interest point of view.
3. The media also alert the public of potential health hazards such as outbreaks of communicable diseases.
4. Certain media such as drama on TV are unique ways of getting important messages to people. The media therefore has performed an important role in packaging information in ways that are appreciated by the public.
5. Some informants felt the media had played an important role in turning taboo subjects into everyone’s agenda. For example in demystifying HIV/AIDS and other public health advocacy areas.
6. An emerging role of the media has been to act as an interface between the public, government agencies and professionals. In the recent past there has been good collaboration between media and health professionals especially when professionals are called in to discuss certain issues. Print media is seen to be doing better than the electronic media in this role.

Negative Roles
Although media is usually seen as an important tool in improving public health through education and awareness creation, some policy makers, media practitioners and health professionals warn that the media can also play a negative role. Some of the perceived negative roles of the media in Kenya as identified by the informants are outlined below:

1. Due to the profit-orientation of most media houses they focus on what is fashionable and sensational even in health topics so as to increase sales. Real public health issues
The Media are too focused on personalities and not on issues – for example when they cover politics. This is something I keep telling journalists in training, for instance during elections this was the perfect time to pin down candidates and their parties on important policy issues in their campaigns. They could have been made to tell the electorate their agenda for gender, youth, HIV/AIDS, etc. I remember that one or two candidates addressed issues about HIV/AIDS but the media failed to pick that up as an agenda.

A lecturer at University of Nairobi’s School of Journalism expressing her disappointment with the media coverage of Public Health issues.

get very little coverage.

2. The publications and/or programs do not give people options to take action. The media is not very keen on following up issues from A to Z, they merely offer scant information which is pointless if no concrete alternatives or suggestions are proposed. This problem is due to the lack of in-depth analysis that can help the communities act on their public health concerns. Most of the stories tend to give only general information to people. The journalists should also be encouraged to analyze health issues rather than just reporting them in a routine manner.

3. The media has been accused of reporting catastrophe and epidemic when it comes to public health rather than preventive reportage on the perspective of the epidemics before they occur.

4. Although the media habit of focusing on personalities has been somewhat changing, there has been a gap between health officials, researchers and the media. Some media houses are accused of relying more on politicians rather than health professionals who would provide them with accurate and comprehensive information.

5. Lack of specialization and clear understanding of the public health issues at hand causes reporters to distort information sometimes with catastrophic results. The media have failed to hire professional science editors who can then report competently on the subject. There is also little investment in investigative journalism in the realm of public health. Further interest and investment in this kind of journalism should generate value added information.

6. Mainstream media is based in urban areas, ignoring the public health information needs of rural areas and communities. It would be important for the media to focus on what is happening in the rural communities where public health concerns are catastrophic to help them on the predictive developments in health matters.

Effectiveness of the Print and Electronic Media in Kenya

The perceptions of stakeholders regarding the effectiveness of various media in delivering public health information in Kenya were collected and analyzed. Table 1 shows these perceptions on the basis of whether the media was state or public service, private/commercial or rural/community. 55% of the respondent thought public service media had been most effective while 36% felt state media had been moderately effective. Only 9% felt community media had been least effective. 36% felt private media had been most effective while a similar percentage felt they had been least effective in delivering public health information. Rural or community media were deemed to be most useful by only 9% of the respondents, instead most (64%) felt it had been least efficient.
Media Coverage of HIV/AIDS & Health Issues in Africa: Needs Assessment in Kenya

Table 1: Performance of Kenyan media in PH by ownership and focus

<table>
<thead>
<tr>
<th>Ownership/Focus</th>
<th>State /public</th>
<th>Private/commercial</th>
<th>Rural/community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most effective/Useful</td>
<td>54.55%</td>
<td>36.36%</td>
<td>9.09%</td>
</tr>
<tr>
<td>Moderately effective</td>
<td>36.36%</td>
<td>27.27%</td>
<td>27.27%</td>
</tr>
<tr>
<td>Least effective/useful</td>
<td>9.09%</td>
<td>36.36%</td>
<td>63.64%</td>
</tr>
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</table>

When looked at by type (Table 2), Radio was seen as the best with 15% saying its performance was excellent while 46% labeled it good. The remainder 38% said it was fair. Newspapers came second in performance while television was least rated. 38% felt TV performance in public health coverage was poor and 54% gave a fair mark.

Table 2: Performance of Kenyan in PH by type of media

<table>
<thead>
<tr>
<th>Rating</th>
<th>Newspaper</th>
<th>Radio</th>
<th>TV</th>
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</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>15%</td>
<td>15%</td>
<td>8%</td>
</tr>
<tr>
<td>Good</td>
<td>38%</td>
<td>46%</td>
<td>0%</td>
</tr>
<tr>
<td>Fair</td>
<td>31%</td>
<td>38%</td>
<td>54%</td>
</tr>
<tr>
<td>Poor</td>
<td>15%</td>
<td>0%</td>
<td>38%</td>
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Coverage of public health issues

The HIV/AIDS pandemic receives the most coverage in Kenyan media. According to most informants, HIV/AIDS has consistently received most of the media coverage over the past few years. A few stakeholders feel malaria, which is second in coverage, should be given more attention while others feel the coverage given to HIV/AIDS is still inadequate. Most think other important issues such as TB have suffered as a result.

Some stakeholders feel that some of this coverage is unnecessary since it is alarmist and mainly reporting in nature. As a case study of media performance in public health, the HIV/AIDS experience shows that quality rather than quantity of information is important. There is still little behaviour change despite information overload from the media.

Some of the reasons given by the informants for the overwhelming coverage given to HIV/AIDS by the media include:

1. It is the most threatening issue at the moment as it is relatively killing more people.
2. A lot of money (resources) has been pumped by donors into HIV/AIDS programmes or activities like workshops and conferences.
3. Mostly HIV/AIDS is covered as news statements made by policy makers and politicians in the country.
4. Many people are involved in trying to help the infected and affected persons. There are many TVs and radio programs that address the issue of AIDS. Billboards are also being used to highlight the role of VCTs among other related messages.
5. It is getting more coverage due to its incurable nature and is still relatively new compared to malaria and TB.
6. Since the government declared it a national disaster the media’s interest has grown overtime.
7. The media is also responding to the keen interest of its readers. HIV/AIDS has more facets that need to be understood - AIDS orphans and antiretroviral drugs are some of these facets of HIV/AIDS.

8. **By virtue of its global nature, it has raised global attention and debate**

**Focus of the coverage**

The main focus of coverage for public health issues has been in creating awareness about diseases. Unfortunately, the media in Kenya still lacks innovativeness in developing programmes that can lead to behavior change. It simply provides information, which does not necessarily target specific populations at greater risk such women and the youth.

Prevention is another major theme in media coverage and more recently about the power of the antiretroviral drugs with regard to HIV/AIDS. But such messages on issues like home based healthcare and more recently HIV/AIDS antiretroviral drugs are discussed in general terms.

VCT messages asking people to go for testing for a better future are also being covered more due to sponsorship by various organizations. The statistics of infected and dead persons as a result of public health problems such as AIDS are also covered frequently in news media (e.g. 700 people die in Kenya daily from the HIV/AIDS).

Media also focuses on funding, how much is allocated and spent and whether this is being done efficiently. For example in Kenya, the debate on HIV/AIDS has shifted to funds being misused e.g. on staff salaries, sometimes distracting attention from the real issues affecting the populations.

**Why public health is not such an important media priority in Kenya**

Most of the informants are not sure why public health is not a priority issue in Kenyan media, yet public health service is arguably one of the most critical information needs for those who read the newspapers, listen to news either on radio or on TV. However some were quick to attribute this poor prioritization to a number of reasons discussed below:

**Profit making motive**

Media houses are primarily profit-making organizations. They tend to focus on issues that will increase their sales and as a result prefer very sensational reports. Public health issues, by their nature do not fall under this category. The media owners would like to engage only on articles or programmes that would sell their publications. For instance political stories, which are of great interest to the public, will be given more coverage. Many media houses claim that if they cover a lot of health matters they will close down since there is scant sponsorship for such items.

**Consumer demands**

Public health stories are not considered newsworthy especially since they are not controversial enough. This is a function of what the public wants. People want good and exciting information. It is easier to package entertainment and other news in an exciting manner than to do the same for public health news. However there are recent exceptions
like in the Daily Nation’s Horizon magazine (Horizon is a weekly health, environment and technology magazine published by the Nation Media Group in conjunction with the Population Council, every Thursday) and Straight Talk magazine inserted in the East African Standard newspaper.

**Low funding and investment**
Apart from buying advertisement space and time, public and private institutions do not invest in journalists by supporting them to research and produce feature articles and documentaries. Few NGOs and media houses have budgetary provisions for investigative research and reporting on public health. Communication budgets are usually limited to buying advertising spaces in the newspapers or TV commercials rather than supporting research and investigative journalism.

**Lack of policy on media and health reporting,**
There is no media policy that would require media houses to allocate minimum space and time for certain content. Although the government has promised to enforce laws requiring media houses to observe social responsibility by allocating a certain percentage to local production and presumably issues of national interest such as public health, this is yet to be enforced.

**Lack of capacity to report health issues**
Most of the journalists (and editors) are not trained to be able to handle scientific information. They find it hard to understand and interpret what scientists say and instead prefer ‘softer stuff’ such as politics. This lack of capacity to cover health issues such as HIV/AIDS is a major reason for its poor prioritization in the media.

**Attitudes of the journalists**
Media attitude towards public health issues is wanting. There is a perception that if a health issue cannot sell, then it is not good. In general, the public ends up not being sensitized about the importance of public health, and the media continues to disregard it. This attitude creates a vicious cycle because media must first highlight the issues then gain public interest and not the other way round. Some informants also feel there is a lack of discipline and commitment among some journalists.
In addressing some of the interventions that are required to improve coverage of public health issues in Kenya, different approaches will be required for different stakeholders. Public health professionals, NGOs, government authorities and media practitioners all have a role to play in this.

**Challenges of the Media Sector:**

1. Media organizations need to network with the people who work in NGOs and government so that they begin to think of the media as partners and the role of the media is incorporated to have them produce articles and programmes on public health issues such as HIV/AIDS.

2. Both the electronic and print media houses should train and allow their journalists to specialize on different public health matters so that they can internalize health issues for effective reporting.

3. The media need to package public health information differently so as to reach different target populations. Further, it is instructive they do a sustained coverage of an issue just the way they do with politics.

4. The media needs to conduct regular research on how their public health information is being received and whether it is effective. This will help them improve how they package such information. Feedback is an important aspect of this process as it will enable them to know whom they are reaching. For instance, to reach the youth on matters of HIV/AIDS, the media can use vote-in-programme or polls.

5. Media should hold regular workshops and forums between journalists and public healthcare professional and providers on the issues of public health. This will help create rapport and iron out disagreements as the professionals can inform and educate the media on the relevant program content. Apart from this, media need to meet among themselves to share experiences and discuss their weak points as far as health reporting is concerned.

6. There is need to allocate more time and space in the media for health information. The media houses through the Editors’ Guild could come together and develop a binding policy securing a page, column or programmes solely on public health issues. The policy makers in the media through the Media Owners Associations should come up with a policy to encourage greater media coverage of public health issues in the local dailies and electronic media.

7. The media should seek to source more funding or sponsorships for health programmes. One way to do this is by writing creative funding proposals to donors requesting them to support programmes on health issues.

8. The media should allocate resources for capacity building that will enable their reporters cover scientific issues like HIV/AIDS more effectively.
9. Any individual listening to any media be it radio, TV or newspaper looks for something that has a bearing to their lives. The challenge is for the media to package public health information messages to be more appealing and exciting to members of the public at a personal level and not just a generally. They can do this through panels of experts debating certain issues and people calling in to ask questions or the health experts contributing articles to newspapers.

10. The media should be more proactive in encouraging those involved in health matters both at professional level and even at the community level to share with them information. This is as opposed to the current situation where most media report by reacting to issues raised in news conferences and other meetings.

What should NGOs do

1. NGOs should create a working partnership with the media. Work with them and provide them with adequate information as opposed to just involving the media to do press coverage or dissemination of activities. They need to have more dialogue and sharing of information with the media. They have so much information, and they need to increase their communication. The NGOs should also facilitate and allow media access to their resource centers, networks and the communities they work with.

2. Should sponsor programmes on specific health issues in the media. NGOs have greater fundraising capabilities and can mobilize more resources for dissemination of public health information. They need to work in partnership with the media in the dissemination of health information.

3. They should interact with the media, acting as bridge between the media and general public. This should involve advising the media on how to approach communities.

4. They can facilitate media programmes that deal with health issues or events that mark public health issues.

5. The role of NGOs is to undertake a lot of lobbying and advocacy in media as way of encouraging coverage of public health issues.

6. NGOs can also involve themselves directly in media by publishing magazines, newsletters and producing radio and TV programmes.

What must health professional do

1. Share the information they have with the media and act as experts or authorities on the subject.

2. They must be accessible to the media if and when needed

3. Health professionals should package their information in a language that is aimed at communicating to the public. It is their responsibility to simplify the scientific jargon. This will help communities’ access information very fast, before it trickles down to
them through the slower government machinery.

4. Steer debate on important public health issues for example by writing articles on areas they consider important for the public.

5. Create linkages with the media and NGOs because they are the custodians of accurate information.

6. Professionals should also help look at the government policy and regulations on public health with a view to improvements e.g. on improving the freedom of speech.

7. Health professionals should help monitor research developments and be available to offer clarifications on issues of public health. Professional bodies like the Kenya Medical Association and the Kenya Medical Women’s Association should take a more proactive role in voicing issues of public health in the country.

What contributions can government/ parliament / health administrators make?

1. Government’s role in enhancing the coverage of public health issues in Kenyan media is through policy. The government must provide enabling policy environment for the media to cover public health matters. For example on issues of airtime, the government ought to provide some guidelines or policies on how public health issues should be covered. When issuing licenses, the government should, as a policy, require media houses to declare the number of hours or space they will dedicate to health issues. It can also establish minimum ethical standards.

2. Complete funding or subsidizing certain programmes to help the media allocate more airtime and space to health issues.

3. Government institutions should provide the media with public health information as and when required. This should be in a well-packaged manner. For instance, if there is malaria outbreak, the same information the government sends to its provincial health officers on how to manage the outbreak need to go to the media.

4. There is need for increased political will to address thorny public health issues facing the country e.g. HIV/AIDS, TB, Malaria and other diseases.

5. The government needs to be pro-active, by partnering and dialoguing with the media on health issues.

6. It should strengthen the state media and make sure they train journalists to understand public health issues. Government owned media houses like Kenya Broadcasting Corporation should devote more air time to public health issues. The government should also facilitate a forum where they can finance the training workshops for the media as well as finding ways of helping in information dissemination.
7. Similarly, the government within itself should integrate and coordinate information on public health from relevant ministries and departments. Ministries of Health, Education, local government, Transport and Roads need to cooperate on the management of public health issues.

8. Government officials should talk more about public health issues because they will be covered by the media as an additional message to what they say.

9. The government should have budgetary provisions for media activities. The government should network with media houses at the planning level, rather than dealing with the media as a hazard or in a fire-fighting mode by saying that “you have to handle the press.”

10. The government also has to work with the media, NGOs and professionals in partnership making it possible to pass information on health issues to the general public in an organized way.

11. The government should be media friendly and cut down bureaucracy involved in getting official information and data.

12. Parliamentarians need to incorporate the media in their constituency public health campaigns and projects and there is need to open up the institution of public health to the press and also empower the professionals at all levels to speak on issues. There is need to use the press to highlight some issues and advocate especially on some of the epidemics.
PRIORITY OF MEDIA ORGANISATIONS

Most media houses and practitioners interviewed were focused on getting relevant information into the public domain as fast as possible. The primary concerns in this area are to educate, inform and entertain the general public. The large media houses focus on matters of national interest and seek to change and shape their opinions.

Certain specialized media institutions deal largely with specific areas of interest such as human rights abuses within the media (Media Institute), Education, HIV and AIDS (UNESCO).

In general, privately owned profit-making media institutions carry out regular research to determine the characteristics and needs of their readership. This research is then used to chart out priorities as well as choice and emphasis of news beat.

Universities and other related institutions are more concerned with influencing priorities through training. For example the University of Nairobi School of Journalism is concerned with training middle level media managers who are also capable of good writing. They are currently modifying their approach to respond to emerging issues such as public health and other development issues.

Choice And Emphasis Of News Beat

In most cases, print and electronic media do have the means to carry out consumer research, which informs their news beats. However due to the costs associated with investigating and reporting scientific information many do not use scientific themes for their newsbeats. Availability of funding for a particular line of news highly influences newsbeats in commercial media institutions.

Other media organizations including universities and NGOs focusing on media use perceived importance of various issues in the public domain to determine their news beat.

Some journalists, especially regular columnists and talk show hosts are given enough editorial leeway to decide what to handle and what to leave out of their programmes and columns.
Although universities have been historically constrained by the wider bureaucratic frameworks, operating under rigid governing statutes and hostile political climates, they are gradually moving towards freer systems where university media will set the agenda in science.

Many media practitioners agree with the assertion that the media in Kenya are only interested in stories that will sell their papers or programs that have been sponsored. They argue that there is need for the media to stop glorifying politics and also find a news angle around public health issues.

Others are of the opinion that this is based on the harsh reality profit motive. For media houses to survive, they must air stories that will sell. Thus their fixation with sensational news items.

However some media personalities do not think the media is only reporting stories that will sell. Instead they blame the public for avoiding boring news. A prominent newspaper columnist had this to say on the subject: “I do not agree with that mythology. We carry a lot of news on HIV/AIDS. The problem we face is that most people do not want to read grim news but we carry it nevertheless. Our commitment is to give the people such news and we have devoted space for such issues even though public health stories do not sell the newspaper”

**Editorial Policy on Health Reporting**

The main newspapers in Kenya have clear editorial policies regarding science, health and environmental reporting. This policy includes devoting a page or a pullout every week to cover such issues. These policies are based on the belief that health is a crucial development issue.

The School of Journalism at the University of Nairobi is seeking to influence future editorial content through improved training. A course for specialized writing, covering health reporting is currently part of its syllabus. This course is the initiative of individual lecturers who are in touch with NGOs, government ministries and medical doctors. But a wider proposal to have specialized writing split up into smaller courses to include health reporting is still under consideration.

**Resource Requirements**

Training and re-training of the journalists to improve their ability to report scientific issues was identified as a big resource gap by some of the key informants. Some
media houses felt the lack of resource persons; materials and studio equipment had militated against better reporting of health issues.

Increased funding or sponsorship to media organizations would help them produce more of the documentaries and carry out research since the media in Kenya are basically profit making organizations.

Universities and NGOs need financial support to improve their ability to train journalists on specialized reporting. University and student newspapers should be supported financially.

Possible areas of collaboration with AWMC in outreach campaigns
1. Through joint training of journalists
2. Information sharing and sponsorship of public health programmes in the media
3. Attachment of staff and university students who could work with AWMC on collaborative projects.
4. Joint workshops

Need for any specialist training in health reporting for media practitioners in Kenya
There was an agreement amongst the informants that there is need for specialist training in health reporting. Some stakeholders even suggest that the media should hire experts to write for them in highly specialized subjects. There is also need for media executives in general to be sensitized on the issues.

Training must necessarily involve the use of simple language to explain complex scientific phenomena that cannot be otherwise understood by the general public. Refresher training courses are needed from time to time to keep journalists abreast of the current methods and changes. Also training on how to sustain interest on issues in the public domain and writing to mobilize, build on knowledge and give direction, should be given.

The industry should also bring all stakeholders together to craft a common language for use in health reporting so as to eliminate confusion and misinterpretation.

**Potential capacity to participate in public health outreach**
There is underutilized potential for public health information in most of the media. Policy makers have an obligation to ensure that they provide information on public health issues in this country. Some of the agencies identified as having great potential for sharing information in the public domain include:
The Government
The leading health agency is the government. It is the most important player when it comes to health care and public health. Even though mission hospitals have tried, the government is still the key agent. The government can use its formidable machinery and army of health officers and extension agents to spread public health information.

NGOs
NGOs including the National Aids Control Council, WHO, Kenya Medical Women’s Association (KEMWA), Kenya Medical Association (KMA) are among some of the organizations with special networks that can quickly spread public health information.

Media
The nationwide print and electronic media can also be effective agents especially when funding is available.

Conclusions
Public health issues need to be simplified. There is also need for the media to make such interesting so that they can sell. The media needs to look at the interesting angles and to package public health information in modern, catchy ways.

The media is slowly moving towards specialization as seen by devoting of space to scientific research and health.

The health stakeholders need to deal with public health as a development issue. The media can make their contribution by facilitating, channeling and sustaining debate. Community media can become powerful tools in public health outreach. The question of communities taking initiative for information dissemination has not been integrated in the health policies.
ADVERTISING AND PUBLIC HEALTH

Advertising is an important avenue through which public health information can be channeled. Most stakeholders feel that because of its regional spread, the radio is the most effective method of advertising. Newspapers come second and lastly television though each has its own advantages and disadvantages. However some warn against restricting only to these media. For instance if the Ministry of Health used a helicopter to disseminate flyers, within one week you could have achieved a serious level of awareness. This can work better than using the newspaper for example. Other respondents are against the use of money from public organizations to advertise. There should be a collaborative media/public effort to send out these messages.

Radio
Based on the fact that radio has a wider reach nationally compared to the other print and electronic media, it is the most attractive for advertising and spreading public health campaign information. At the same time, radio messages are mostly broadcast in Kiswahili and vernacular languages, which are understood by the majority of Kenyans. In terms of reach, the KBC radio is the widest but even some of the FM stations like Kiss FM are virtually everywhere nowadays. Radios are also cheaper and majority of Kenyans have access to at least a transistor radio even in the remotest part of the country.

Radios are also a popular medium because they use different approaches for different segments of the population, such as use of slang for youthful audiences and vernacular for the rural populations.

Some of the major public health messages on radio are advertisements for condoms (social marketing), HIV/AIDS, Voluntary Counseling and Testing campaign adverts and malaria mosquito nets.

Newspapers
Newspapers are ranked second in effectiveness. Their strong points are the high quality production that characterizes their adverts. Most of the public health related advertisements in the newspapers are from the pharmaceutical industries and sometimes the NGO sector, but rarely the government. Newspaper adverts are also seen as becoming more explicit and daring in their messages. These advertisements also target the youth who form 60 per cent of the country’s total population. In addition, the content of newspapers can be used for a long time by different users more so in rural areas where newspapers are shared in the villages.

The main disadvantage is that the majority of the people who need the public health messages cannot get access to them because most are poor and cannot
media coverage of hiv/aids & health issues in africa: needs assessment in kenya

afford to buy a newspaper. Newspapers focus on the elite and young people. People in the slums are not getting the message. And yet there is greater need for this information in the context of the slums dwellers.

Recent messages related to public health in Newspapers include:

1. The Unicef media campaign during the 2002 General Elections which focussed on getting Parliamentarians to commit themselves to supporting anti AIDS campaigns and legislation.
2. VCT advertisements (captured in full newspaper pages)
3. Mosquito nets (Supanets as part of PSI social marketing programmes)
4. Anti malaria campaign which include advertisements against chloroquine drug etc.

Television
Like the radio, televisions use youthful language used to address the youth who are the majority of the population in Kenya. Although its coverage is limited, it is effective since many people can remember adverts because of the visual impacts. The television is also for the higher income bracket.

Recent television advertisements touching on public health include:
1. Malaria advertisement on treated mosquito nets (Malaria Net)
2. Trust condom advertisements
4. TV, the HIV and AIDS advertisement that talks about the various ways on how the virus is transmitted is very creative and imaginative
5. Voluntary Counseling and Testing (VCTs).

Health Professionals and NGOs Study
Profile of Health professionals/NGOs

NGO personalities and health professionals were drawn from different backgrounds and had different missions with regard to public health. A common objective was to disseminate information and knowledge, provide preventive and curative services as well as carrying out research. Others were involved in teaching, training, clinical work and capacity building.

The focus of NGO’s research was both scientific and policy related. Networking also formed an important activity for NGO’s. Most informants are concerned about the key public health issues of the day including HIV and AIDS vaccine development, communicable diseases control and sanitation especially in slums.

Other professionals interviewed aim to encourage and promote leadership, solidarity and collaboration among groups and individuals for collective action towards effective responses to specific public health issues, for example the KANCO targets HIV and AIDS.
There are five core activities of NGOs in media:
- Gathering and dissemination of information
- Capacity building of individuals and organizations.
- Networking with media other NGOs, religious groups and community based organizations to generate and share information.
- Policy formulation and advocacy
- Direct activities such as programmes for physical care of AIDS patients (e.g. WOFAK); voluntary testing and counseling; orphan support programmes

Publications
Most NGOs and professional organizations have other avenues for disseminating public health information other than the mainstream public media. These are mainly institutional media such as newsletters.
Examples
- University of Nairobi: Nairobi Medical Journal and the Anvil a student-training journal that also features public health issues
- KANCO: A newsletter called Partner that comes out on quarterly basis. It is basically an information exchange tool.
- WOFAK: newsletter that basically informs people of the image and activities of WOFAK as well as testimonial of its members.

Other popular methods include the use of booklets, posters, public information packs or policy briefs each focusing on a specific thematic areas. In general these publications are aimed at specific stakeholders and the general public.

Mode of coverage
The media is critical in influencing behavior, attitudes and policy changes in the way it portrays information. Professionals expect more specialization and space allocation on health issues than politics in the media. They also need the press to be innovative, creative, and catalytic and practice the ‘politics of health’ in its coverage.

Some of the health articles in the media bring a lot of confusion and generate controversies. Instead, public health professionals expect proper interpretation from the media based on accurate cross-checked data. Presentation of debates and data must be in more accurate and informative ways.

There is also a need for good analysis of the issues covered. The media should handle controversies by asking questions, which people want answered. With regard to women, the media needs to reach more women with friendly programmes that help them understand basic health issues.

Possible roles of NGOs and professional organizations in projects to encourage greater media coverage of public health and women’s issues
1. Working in collaboration with the media to carry out research on specific health issues and then highlighting them.
2. Participate and discuss health information with the public through the media.
3. Undertake training and capacity building of the media on reporting health issues. (E.g. University of Nairobi has a public relations office and post-graduate diploma programme in journalism and masters degree in communications. These are entry points that can be used to train people on health reporting)
4. Advising the policy makers on the way forward in health matters.
5. Coordinating the work of various organisations and creating networks between them and the media: For example KANCO works with over 698 organisations dealing with HIV/Aids. As an umbrella organisation, it brings them together to discuss how to increase coverage of public health issues.
6. Help build the capacity of the media on reporting health issues and improve their access to health resources.
7. Engaging the media, lobbying and advocating for greater coverage of public health. This could be achieved through proactive approaches.
8. Help mainstream issues that are being left out such as those of women. Because the vulnerability of women and their role in social care, their health concerns have not been well articulated. NGOs see ourselves better positioned to help in such areas.

Potential contributions of NGOs and professionals to a health outreach project

NGOs have leadership skills in advocacy, mobilization, partnerships and working with communities and media to a certain degree. They also have communication skills and are a powerhouse of knowledge and research. Through their networks the NGOs have the ability to advise the government on policies on public health issues.

Experience in handling such issues is an asset that would be invaluable. NGOs such as KANCO have many years experience dealing with different communities and public health issues.

Another possible contribution is human resources. NGOs can avail experienced personnel to work on projects.

Support Required by NGOs

- Computers and e-mail will be needed to facilitate communications.
- Extra staff including experts to deal specifically with health issues and the media.
- Resource and materials on health will also be needed.
- Funding for research and dissemination of the information gathered.
- For workshops and for supporting focal points for collecting and disseminating health information.
- Training of technical people and staff on methods and issues.
Assessment of media organizations role in public health information: NGO perspective

Print media, especially newspapers are consistently covering health issues. Some have regular science and health pullouts. Private media is doing much better than public media in packaging information but with a limited spread. Through the use of things like cartoons they are communicating well. Some professionals feel the state media was so compromised by politicians that the people lost trust in it. So they rely on private media to hear the truth because it does not supporting any ideological positions. Despite this, the state media is everywhere and would still reach more people when they broadcast on issues of health.

Research institutions and NGOs like the Kenya Medical Research Institute have begun to interact more with the public. NGOs working specifically in the media area have a wider coverage compared to health teaching institutions. Also, NGOs are flexible and can change with circumstances. NGOs need incentives to deliver more. The NGOs and CBOs are leading in health delivery itself because they go to communities, especially on the issue of home-based of people living with HIV/Aids. They focus well on targeted groups. The only problem is that they have the capacity but not the means.

The Ministry of Health can play a critical role by the mere fact that it has the machinery that is well structured from the top (national government) down to the rural level. Chiefs and sub-chiefs, for instance, are sometimes used in disseminating public health information.

Conclusions

We need to look for ways of mainstreaming women in all facets public health. There is also need for training and capacity building of media and other stakeholders. Women’s human rights to employment opportunities need to be emphasized since this is related to their access to healthcare.

Another issue is access to ARVs to reduce mother to child transmission of HIV. There is not much awareness surrounding this issue. The media need to do good analysis and link health issues and development. For example the coverage on malnourished people is not creative. They also need to link health and mortality.

There is need to strengthen women-focused organizations and scale-up their programmes so that they can reach more women in various geographical regions. The Media should try to analyse and understand how women are affected with health issues.
POLICY MAKERS STUDY

Expectations on coverage of women’s health issues

There is general agreement amongst policymakers that public health issues and specifically those that affect women have been neglected in the media. And yet these issues are most critical since women deal with prevention and care when diseases strike. Women care for their children, husbands and relatives and so their public health issues need special attention.

Public health is the foundation of development and women happen to be more than half of the population. There is need to look at the family as a public health unit. However the media has excluded family as reference point and made it appear if it is a woman’s thing. This is making men fail to share roles and the burden of the family with women.

Policy makers expect the media to develop special fora that target women because they (women) are well placed to disseminate information related to public health like sanitation. Policy makers also expect to see more articles targeting women’s health issues. By virtue of their proximity to family members, the media needs to target women and underscore their role in public health.

Perception of policymakers on the ability/role media facilitate positively the dissemination of public health messages

The media attempts to facilitate dissemination of public health issues but usually faces obstacles. They have failed to portray health information correctly because of inability to understand medical terminologies. For the media to perform better and report actively on health issues, there is need to encourage dialogue with health professionals as well as training on specialized public health reporting.

The messages in the media should be clear and not distorted because the media acts as a link between policy makers and the people. Up to now, the general feeling is that the media has not linked the importance of health to development.

Role of policymakers

Policy makers see their role as including holding forums where discussions on health matters are held, and providing cutting-edge, accurate information in health dissemination. The media if they network with policymakers, this can help simply public health issues for them.

Factors that could inhibit contribution of Policymakers

The biggest problem cited by policy makers is human resource: there is need to train people who will go out and disseminate health information. Most of the time
they rely on auxiliary staff.

A second bottleneck is lack of funds. Costs of disseminating, especially on TV, are prohibitive and may inhibit the success of policy maker’s contribution to go around the country disseminating the information.

The other problem is poor coordination between professionals, government and other institution on issues to do with public health.

Policy makers are usually afraid of the press because of potential distortion of messages or misrepresentation of information by the media, which makes them more cautious in interacting with media.

**Legislation/policy needs**

There is need to have a health policy that accommodates private institutions because they play a big role in implementing a lot of public health activities. For instance, such a policy, would allow patients from private hospitals access to the national blood bank.

In the case of procurement of drugs, the government should get the comments and advise of private health institutions. This means they need to be incorporated in government’s decision-making health committees.

Another policy need cited is the creation of a National Insurance Scheme, where people, even those without a source of income, can be taken care of. There is also need to formulate an HIV and Aids policy of non-discrimination of those infected. Policy on sanitation and proper use of environment also needs to be strengthened.

Implementation is sometimes the problem where comprehensive policies such as the Public health Act exist.

**Steps to improve the media’s role in public health education – policy makers’ perspective:**

Communication between health providers and the media need to be improved. Suspicion that exists between the professionals need to be erased. They have to realize each have a role to play.

The government should come up with incentives like tax exemption policies for media houses that dedicate certain proportion of their time to public health issues. To achieve this, the media personnel need also training on health issues so that
they do not only concentrate on negative aspects of health matters. This is what makes health providers recoil from talking to media.

The media should change its attitude to public health issues and identify their challenges. There is need to change the thinking of the media and let them know that health is the foundation of development.

**Conclusions**
The health policies exist, but they need to be strengthened, and made relevant to particular health issues. There is also the need to have constant consultations between the media, Ministry of health and local health specialists to give advise on health issues. Politicians and others should not be allowed to guide the debate on such matters.

Public health awareness in Kenya is very poor. There are few sanitary facilities, which are poorly maintained. Although policies are in place to address these shortcomings, they are not implemented. One of the reasons for non-implementation is poor dissemination of information. Media ought to have a carefully thought out media policy and strategy on public health so that it can pull people along with it. With such policy, and strategies, the media can then approach the government to put in place media friendly policies.
IMPORTANT PUBLIC HEALTH ISSUES FOR MEDIA COVERAGE

TB and how women in particular are affected
TB has been a big concern in the past and lately it has re-emerged with HIV/Aids. People in urban centres are not that conversant with TB. For women there is a need for public education on their roles and vulnerabilities by NGOs and Public health professionals because this is also a human rights issue. It also requires that media be socialised into looking at these issues in a gender sensitive manner.

Policy makers should push to have community and rural media strengthened. The rural population is in most need of public health information. There is also need to look at alternative channels to reach rural population which would include barazas (public meetings) public administration, district development workers and social workers. The messages regarding TB should centre on the following areas:

TB is a deadly disease
The focus should be that TB is a killer and that staying with someone who has TB might lead to infection. Those infected should also be encouraged to seek treatment as early as possible. And because women are the caregivers they are likely to be infected. When TB is handled as a killer disease it is likely to be taken more seriously.

Need for early treatment
Messages should not only show that the disease is deadly but that it is preventable and has a cure. Emphasis should be laid on the fact TB is curable especially when treatment is sought in good time. This will allow infected women to seek treatment early enough. Women need to know that it is an infectious disease and they can transmit it to their Children.

Women should comply with the rigidity of treatment
TB treatment regime is strict and very long sometimes taking months. Women need information on importance of complying strictly with the treatment regime and completing it.

Women as caregivers
Women as caregivers are in constant contact with children and young people and are therefore susceptible to infections. They thus play a critical role than men. Hence, information on preventive and treatment measures of the disease should be emphasized directly to women. Women should get information on prevention, identification of the disease, its treatment and compliance with the drugs. Women need to know that they are vulnerable to TB during and immediately after
pregnancy because of a suppressed immune system. Being those in-charge of home based care of people with HIV and Aids as well as TB, information on these diseases is critical to them. Women also need to understand the vulnerability of their children to TB. Most women look after the sick and should be able to identify symptoms, diagnosis, prevention and even treatment of the disease.

**Immediate Screening**
What also needs to be emphasised are the symptoms. Women should be asked to go for regular check-up when they see these symptoms. They are also to be reminded that they have children and babies who are vulnerable to infection. Because women look after the sick, they often neglect themselves. They need to know they have responsibility to their health.

**Immunization.**
There is immunization against TB. But people need education about the re-emergence of TB even after immunisation. Why has it come back? And what are the implications? Also the strong link between TB and HIV/Aids ought to be highlighted. Women should be addressed particularly as care givers.

**MALARIA**

**Women, pregnancy and Malaria**
Women in malaria zones should know that they must get malaria treatment in the second trimester of their pregnancy. Women need to know malaria is lethal to them especially during pregnancy. Malaria also makes it difficult for women to work well. Women therefore need to know about the prevention of malaria and anaemia during pregnancy. Information should target women as child bearers – pregnant women die of malaria because they have a low immunity.

**Prevention**
Prevention by avoiding mosquito bites through the mosquito net, which is being promoted, taking anti-malarial drugs and regular check-ups should be emphasized in the media. Prevention is very important for women and they need to be told to sleep under mosquito treated nets. And when they get sick, they need to take sulphur-based anti-malarial drugs not chloroquine that are ineffective. Emphasis should be laid on the preventive measures of malaria targeting women.

**Prompt treatment**
Malaria like most other diseases is easy to treat at the early stages before complications set in. Messages should emphasize seeking treatment as early as possible for both women and children.

**Symptoms**
Women tend to do a lot of work, and may confuse malaria symptoms with fatigue.
Adequate information on the symptoms of the disease has to be availed to them. They need also to know the vulnerability of their children to malaria, and the symptoms associated specifically with children.

As caregivers
Women need to know how to prevent malaria and how to help in health areas because they are the ones who look after the sick. However they may not have the means to buy mosquito treated nets, and ways of solving the problem should be looked into. As caregivers, they need information on prevention and treatment of the disease how to take care of people who are suffering from malaria and quick understanding of the symptoms in order to make quick decisions. Information should be provided to them on what they need to know.

HIV/AIDS
HIV/AIDS is the biggest development challenge in Kenya today. Women bear the brunt of so many of the problems associated with this disease. First, as people who are unable to negotiate safer sex and secondly because of poverty they end up trading in sex. Thirdly as caregivers, women who are HIV positive still have to care for family members who are ill. HIV/AIDS is tough for women. They take days off [from work]. Whatever money is earned is spent on caring for whoever is affected. The media focus should be on these difficulties women face.

HIV/AIDS awareness should be handled through in-depth investigation and regular campaigns repeatedly focusing on specific situations where women are vulnerable. Campaigns, for instance on HIV/AIDS treatment or behaviour change using personal testimonies as good case studies. Health professionals/NGOs should learn to use the creativity of media people by moving away from giving boring medical statements and using graphics and artistic presentations.

The priority should be highlighting the structures that put women at risk and especially the adolescent girls. These are the majority of those that are affected and infected by the disease. Biological and social factors make women vulnerable to HIV/AIDS thus need to be discussed openly in the media. Women need adequate information on prevention, abstinence and the skills on how they can practice it. Whereas many women stay in abusive relationships because of poverty, they need information telling them that there is another way of making a living.

Women also need information on hygiene because their organs are easily infected with disease causing pathogens like bacteria. On mother to child transmission of HIV, women need information on how they can prevent passing of the virus to their offspring. Pregnant women should know their status to prevent mother to child transmission of the virus.
The press should emphasize reproductive rights for women. Some of them who are innocent get the disease from their unfaithful husbands/partners and also from abusive relationships and rape. There is need for greater awareness on how women can negotiate for safe sex. Pressures of poverty make women succumb to advances of older men. They should know that admitting to sex is likely to cost their lives. Women and young people need to be empowered with information on how to avoid such advances.

Women take care of those who are infected and their lives are endangered by process. Women need information as care givers at the home level. This includes what they need to know in terms of diet for the infected in order to maintain low strains of the virus. However, home based care should be a basic need and should be taught everywhere because the most of public are either in infected or affected by HIV/AIDS.

Women should be encouraged to find out if they are infected and what support they can get. They also need information on symptoms so as to facilitate early detection of the disease.

Women should be told how to communicate HIV/AIDS messages and how to get their husbands involved in prevention and management. There is also need to promote the prevention of Mother to Child Transmission of HIV/AIDS and the usage of female condom.

**Suggestions how such issues should be carried or portrayed in the Media**

Media need to understand that part of the problem with public health and development issues such as HIV/AIDS is that people are unable to relate to or translate the dangers they carries within their own lives because they are so intangible. For instance in HIV/AIDS, often the message is one may get HIV/AIDS (emphasis on the future) which does not bring a more immediate concern for people and this is something that people in media and public health need to talk about. It is important to give public health issues a human face and also deal with stigmatization and blame. For instance women are normally blamed in circumstances such as HIV infection.

Some specific suggestions on how these public health concerns can be handled are:

1. The media need to take a strong advocacy position and they need to be on the side of public health and government in creating awareness rather than being antagonistic.
2. The media should emphasize that the diseases are devastating if nothing is done. But at the same time show the preventive and curative steps.
3. Issues of prevention of mother to child transmission of HIV, safe sex, family planning in areas of HIV/AIDS and empowering women to understand their reproductive health issues and rights also need to be emphasized in the media.
4. The articles and programmes need to be presented in a consistent analytical and well-
researched manner. The information should be able to motivate communities and other stakeholders to take action on critical health issues.

5. The media need to have short and captivating messages on these issues. For instance if it is on the sulphur-based anti-malarial drugs, there is need to have some consistency.

6. These diseases should be portrayed as those that can be prevented or managed with effective treatment. Information on simple basic signs and symptoms, and the relationship of these diseases to each other has to be emphasized. This will help the public know their mode of transmission.

7. TB should be portrayed as a preventable and curable disease. HIV/Aids is a very technical issue because what you say can have either positive or negative influence. There is need therefore to have real stories that portray the situation as it is on the ground.

8. All stakeholders should bear in mind that there is no limit to the amount of public awareness on HIV/AIDS and let everyone know that HIV/AIDS kills and the spread should be stopped through awareness because there is no cure.

9. The media needs to develop a strategic plan on coverage of public issues, and then give it to government to see how it can complement.
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