

MASS MEDIA COVERAGE OF HIV/AIDS: THE UNINTENDED CONSEQUENCES

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Abstract. The reach of mass media is large and it creates awareness at a very fast pace. Several studies have pointed it out and vouched for its use to create awareness about the issues of HIV/AIDS community. Furthermore, researches all over the world have concurred that collaborating with mass media is not free from challenges. The present study conducted in the Ganjam district of Orissa, with 78 percent of rural population and one of the 14 districts of India with high HIV Prevalence among ANC (Antenatal Clinic) attendees (HIV Sentinel Surveillance by NACO, 2006), explores some of the unexplored dimensions of mass media coverage. The study uses the Grounded Theory method (Strauss & Corbin) and finds out that the coverage of mass media especially the vernacular print media is ineffective in its very purpose of creating awareness on the disease, reducing HIV/AIDS stigma and discrimination in society and fighting for the rights of PLHA (People Living with HIV/AIDS). Biased and prejudicial media coverage of the disease result in compounding of already existing HIV/AIDS stigma and discrimination. It also looks for a communication action plan to reduce the unintended consequences of mass media coverage of HIV/AIDS.

Keywords: HIV/AIDS, mass media, media effect, Ganjam, Odisha

JM&C

Volume 3 Issue 1
© Central University of Tamil Nadu
Thiruvarur - India

Gouda, Nikhil Kumar. (2019). Mass Media Coverage of HIV/AIDS: The Unintended Consequences.
Journal of Media and Communication, 3(1): 1-16.

Introduction

Various journalistic theories and philosophies e.g. public journalism, social responsibility, peace journalism and development journalism have long advocated for the practice of responsible in all categories of media coverage for the welfare of society. However, unforeseen consequences can't be ruled out.

This exploratory qualitative inquiry is set within the context of unintended consequences of HIV/AIDS communication by mass media with a larger focus on news media. Primary data collected in 2012 as part of a research project in the Ganjam district of Odisha— one of the two districts of Odisha having ANC (Antenatal Clinic) sites showing with 1 percent or more HIV prevalence which is largely migration linked even though Odisha is not a high prevalence state in India (NACO, 2018) with 0.13 % which is below the national average of 0.22 % (Express News Service, 2018).

HIV/AIDS Present Status

As per the latest data of the Joint United Nations Programme on HIV and AIDS (UNAIDS), the world has a total of 36.9 million HIV population with adults of 35.1 million and children of 1.8 million. Women (15+years) constitute 18.2 million. India bears the world's third largest HIV population with 2.14 million having 1.2 million men (15+ years), 0.88 million women (15+ years) and children of 0-14 years of 0.61 million (UNAIDS, 2018). Over the past decades, India has made significant progress by containing the spread of the disease and bringing the new infection down by 85% compared to the peak of 1995 and by 27% between 2010-2017 (NACO, 2018) by targeted interventions at high risk groups. However, the emergence of new pockets of infections including in Gujarat, Bihar, Delhi, Chhattisgarh, Rajasthan, Odisha, and Jharkhand have become points of worry for the policy planner which needs close monitoring and interventions (AVERT, 2018).

Odisha with 46,264 people living with HIV infection has been able to bring down the HIV prevalence from 0.31 per cent in 2010 to 0.13 per cent which is below the national average of 0.22 per cent. However, its two districts namely Ganjam (15034) and Cuttack (6264) have shown HIV prevalence >1% and have been put under the category A districts of India. Ganjam alone accounts for around 33% of Odisha's HIV population (Express News Service, 2018).

Role of Mass Media in HIV/AIDS Communication

The goal three of Sustainable Development Goals (SDGs) of United Nations Development Programme (UNDP) calls for Good Health and Well-being. It laments that AIDS is the major factor for death among teens in sub-Saharan Africa-- a place hugely affected by the HIV epidemic. The toll can be decreased to a large extent through prevention and treatment, education and sexual and reproductive healthcare (UNDP, 2018).

Though HIV/AIDS is a colossal public health problem, the patient's psychological and emotional well-being are crucial to deal with it (Selwyn and Arnold, 1998). Communication is an important player in dealing with some of the issues concerning stigma and discrimination which is critical in the overall management of the disease. To spread awareness, to educate them, to bring the people to 'test and treat' mode, communication plays an important role.

In many studies world over, radio and television have been hailed as important sources of information about AIDS (UNAIDS, 2005).

Shalini Bharat in her study (Bharat, 2011) mentions that in India, mass media campaigns using radio and TV have been largely used since the outbreak of the epidemic for dissemination of HIV/AIDS knowledge. However, researches all over the world have concurred that working in tandem with mass media throws a lot of challenges. Production of programs is costly; competition for broadcast time and space in newspapers and magazines is fierce (UNAIDS, 2005).

Again, media coverage is patchy and sensationalist (Cullen, 2014), with a skewed narrative of HIV/AIDS coverage, stereotypical representation of certain sections of society (Mapuranga, Garura, & Zebon, 2015). It has often been blamed to be gender biased with narratives through the eyes, voices and perspectives of men (Inter Press Service, 2002). Media stories often fail to provide context beyond individual behavioural risk factors keeping it open to the general public's incorrect interpretations (Stevens & Hull, 2013). Media has also been criticised for creating disproportionately more hype on HIV/AIDS than that of other fatal diseases such as Tuberculosis (TB), Malaria with a possible indication of incomprehension of the real health challenges and their knowledge to journalists (Madhu et al., 2009).

In Indian context, the market orientation approach of mass media covers HIV news with less seriousness. It has competition from many important events for coverage in newspapers (A. R. Singh, 2002). Again, media perpetuate certain perceptions of HIV/AIDS and stereotype PLHA (People Living with HIV/AIDS). They are represented as sick and dying, 'promiscuous' among others as per a study of tackling HIV/AIDS stigma (Insideout Research, 2003). The study further

reiterates that media practitioners select only those aspects of stories that turn them more 'newsworthy', or to fit into a particular perspectives. A study on Indian journalists by Jyotika Ramaprasad reveals the journalists' attitude as 'sceptical and negative' towards NGOs and their work. With the orientation of liberal model of objective journalism to most of the Indian journalists either in Journalism school or in the workplace, and news organisations functioning as business ventures; the coverage is largely inspired by western news values (Ramaprasad, 2011).

The consequences of lack of priority, understanding, sensitivity is very unpleasant and sometimes regressive. A study in the USA on newspaper coverage from 1993–2007 points out decline in HIV testing with increase in HIV/AIDS newspaper coverage with a racial twist with African Americans showing more decline in HIV testing than that of the Whites (Stevens & Hornik, 2014).

Another study shows that the style and content of writing has created to the reinforcement of various forms of stigma and discrimination cautioning to control it else losing the decades of progress the mankind has made to curb the menace (UNDP, 2005; HIV Scotland, n.d.). The HIV/AIDS patients are not the only victims of improper media coverage of the issue. It affects the whole HIV/AIDS ecosystem. Regarding HIV and the criminal law, every stakeholder including the potential complainants, defendants, police, prosecutors, judges and others are influenced by news reports (Bernard, 2010). The human rights violations of HIV/AIDS patients have been recognised in many international fora and still continuing in some form or other all over the world (Gruskin & Tarantola, 2002).

To tackle it, studies suggest that maintaining confidentiality by not disclosing the name, identity, location of HIV/AIDS patients is the first step to counter the negative impact of HIV/AIDS media coverage. Sensitization of the media persons towards the sensitivity of the issue, increasing their technical knowledge, policy appropriateness are some of the key points to minimize the damaging repercussions (Ramaprasad, 2011; UNESCO, 2000; PCI, 2008). Assistance of public authorities has been emphasized by studies to make best use of research reports by media which can be effectively used for mass circulation.

This will also help mass media to bring to the notice of public health officials useful insights in their campaigns (WHO, 2009). To go further, mass media can make AIDS content creation and distribution a key segment of their output and corporate strategy. The task needs vision, dedication and creative programming engaging the consumer of media content. Media can build pressure on authority to take the disease seriously (UNAIDS, 2004).

Researchers have pointed out that mass media can help end stigma by correct representation and journalistic accuracy or fuel the epidemic through sensationalism and poor unethical reporting (Inter Press Service, 2002; Bolles, 2014). It would be interesting to study, especially from a policy perspective, the state of affairs of mass media coverage of the disease in a high prevalent district of India, assess its negative consequences, if any, and suggest an action plan for curb them.

Research Questions

With socially responsible approaches to Mass Media, the study asked:

1. What is the mass media coverage profile of HIV/AIDS in a high prevalent district of India, where the state (Odisha) it belongs to is not high prevalent?
2. What are the effects of mass media HIV/AIDS coverage?
3. What can be done to enhance the positive effects and reduce the negative effects, if any, of HIV/AIDS mass media coverage?

Methodology

The proposed research used the Grounded Theory approach (Strauss & Corbin, 1990) which is a method as well as a methodology for analyzing the data as it is the most popular method of analyzing qualitative data dealing with sensitive issues like HIV/AIDS. In-Depth Interviews (IDIs) with unstructured questionnaires were used to collect primary data from 19 respondents.

A total of six media practitioners from Ganjam district were taken. The Station Director, and Program Presenter of the HIV/AIDS dedicated program Mita Janitha of the only Government-run FM station of the district (AIR FM 100.6 MHz) were approached. For TV, the district Correspondent, Prasar Bharati and programme director of a popular local TV (Utkal TV) were interviewed. For newspapers, district correspondents of a national English daily (The Indian Express) and a widely circulated regional daily (The Sambad) were interviewed.

For non-media interviewees, two Integrated Counselling & Testing Centre (ICTC) laboratory technicians; two ICTC counsellors; one Sexually Transmitted Diseases (STD) clinic counsellor; two Drop-in-Centre (DIC) counsellors; one program coordinator of DIC, Ganjam; one district program manager, District AIDS Prevention and Control Unit (DAPCU), Ganjam; one program coordinator, Community Care Centre (CCC) attached to Odisha State AIDS Control Society (OSACS) for Ganjam district; secretary and founder member of ARUNA—an NGO working for HIV/AIDS in the Ganjam; nodal officer, Anti-Retroviral Treatment

(ART) centre of the district; and Additional District Medical Officer (ADMO), Public Health of Ganjam district were selected for interviews as per the rule of Grounded Theory method to achieve theoretical saturation.

Some of the interviewees were HIV positives (Identity protected).

Steps Used for Grounded Theory (Strauss & Corbin) Approach:

- First Interview was audio recorded and later transcribed.
- Each sentence of the transcription was read and analyzed and major concepts highlighted (sentence-by-sentence coding).
- Concepts were leveled / coded.
- Codes can be defined as recurring facts, themes, comments, and the like selected from field notes and sorted into categories to help explain a situation of interest. Descriptive names of the categories are called codes (Krathwohl, 1997). Lofland, Snow, Anderson, and Lofland (2006) writes in their book that codes may refer to acts, activities, meanings, participation, relationship, settings etc. (Lofland, Snow, Anderson, & Lofland, 2006). Codes can be even literal, interpretative and reflexive (Mason, 2002). Codes can also be about conditions, interactions, strategies and tactics and consequences etc (Strauss, 1997).
- By passage of each sentence, new concepts emerged. They were constantly compared with old ones and accordingly given levels. Similar or dissimilar concepts pertaining to the same phenomenon were grouped to form categories and sub-categories. (Constant Comparison Method).
- Sub-categories were formed by explaining when, why, how, where etc of categories.
- Categories and subcategories were coded (Open Coding).
- Categories/Sub-categories were analyzed in memo writing in terms of its properties and dimensions of the phenomenon it represented, conditions which gave rise to it, the action/interaction by which it was expressed, and the consequences it produced.
- The analysis of categories and subcategories gave hints for future interviews and questions (Theoretical Sampling).
- In Axial Coding: Through Coding Paradigm (The phenomenon it represents, conditions which give rise to it, the action/interaction by

which it is expressed, and the consequences it produces), sub-categories were related to a category.

- Efforts were made to look for macro and micro conditions in explanations.
- Any contradictions and variations were observed and reported.
- These steps were repeated in the text of subsequent interviews to achieve Theoretical Saturation and Category Saturation.
- Selective Coding: The process of integrating and refining a theory was done by unifying all categories under a core-category, which was a central phenomenon of the study.
- Central category was defined in terms of properties and dimensions.
- Findings were presented as a set of interrelated concepts and not just listing of themes.
- The theoretical scheme was refined by reviewing it for internal consistency, gaps in logic, filling poorly developed categories, trimming excess categories, validating scheme (correlated things).

Deviations

As per Strauss and Corbin, in their book, “Student should stay within the general guidelines outlined in this book and use the procedures and techniques flexibly according to their abilities and the realities of their studies.” (Corbin & Strauss, 1998). They also wrote that if the aim is description, conceptual ordering, or discovery of categories to build measurement of scales, the procedure can be used in parts (Corbin & Strauss, 1998). The deviations from the procedure were:

- Conditional matrix
- Theoretical saturation could not be achieved because of constraint of time, resources and other factors. The findings could be at best called ‘Theoretical Scheme’ and not ‘Theory’ which is the intent of Grounded Theory approach of data analysis. However, this is also permissible as per Corbin and Strauss in their book. (Strauss & Corbin, 1998, p. 293)
- No models could be established during the analysis.

Findings: Open Coding

Table 1. Showing category and its sub-categories and concepts

Category	Sub Category
Mass Media Coverage Profile	TV Coverage
	Maximum awareness
	Awareness at grassroots
	Radio Coverage
	Journalists' positive attitude
	Creating awareness
	Newspaper Coverage
	Active in coverage
	Negative coverage
	Neglecting story follow-up
	One of the problems
	Commercial considerations

Table 2. Showing category and its sub-categories and concepts

Category	Sub Category
Coverage Consequences	Positive
	Easy reach
	Maximum reach
	Awareness generation
	Negative
	Feeling social exclusion
	Fuelling stigma & discrimination
	Blacklisting of villages
	Avoiding matrimonial relations

Table 3. Showing category and its sub-categories and concepts

Category	Sub Category
HIV/AIDS Stigma and Discrimination	<i>Self-stigma</i>
	Feeling of community isolation
	<i>Family</i>
	Separating children from parents
	Breaking marriage
	<i>Village</i>
	Ostracization
	Denial to common resources
	Avoidance of matrimonial relationship
	<i>Healthcare set-up</i>
	Child delivery
	Surgical interventions
	Doctors' blame
	Doctors' avoidance
	Delaying treatment
	Denying treatment
	Doctors' fear
	Doctors unsympathetic
S&D decreasing	

Table 4. Showing category and its sub-categories and concepts

Category	Sub Category
Way Forward	<i>Coverage Objectives</i>
	Dispelling misconceptions
	Condemning stigma
	Covering more positive stories
	Covering NGOs' good work
	Emphasizing prevention messages
	Encouraging women PLHA
	Campaign for HIV rights
	<i>Coverage Frequency</i>
	Regular columns/slots
	<i>Coverage Format</i>
	Awareness by soap opera
	Folk-Arts format awareness
	<i>Message</i>
	Localised IEC message
	'Feeling component'
	Reducing fear element
	<i>Policy</i>
	Revisiting policy
	Media priority
Change in editorial policy	
Communicators' orientation	

Axial Coding

In Axial coding; through Coding Paradigm (the phenomenon it represents, conditions which give rise to it, the action/interaction by which it is expressed, and the consequences it produces), sub-categories were related to their respective categories i.e. sub-categories 'TV Coverage', 'Radio Coverage' and 'Newspaper Coverage' were related to 'Mass Media Coverage Profile'; sub-categories 'Positive' and 'Negative' were related to 'Coverage Consequences'; sub-categories 'Self-Stigma', 'Family', 'Village' and 'Healthcare Set-Up' were related to category 'HIV/AIDS Stigma & Discrimination' and finally sub-categories 'Coverage Objectives', 'Coverage Frequency', 'Coverage Format', 'Message' and 'Policy' were related to category 'Way Forward'.

Selective Coding

As per the Grounded Theory, selective coding is defined as the process of integrating and refining a theory. All categories are unified under a core-category, which is a central phenomenon of the study. The categories after Axial coding were:

- Mass Media Coverage Profile
- Coverage Consequences
- HIV/AIDS Stigma & Discrimination
- Way Forward

A central or core category was identified which could unify all categories stated above was: "*Mass Media Coverage of HIV/AIDS: The Unintended Consequences*". This can be defined as: The mass media coverage of HIV/AIDS creates huge awareness within no time because of its reach, access and speed. Among the mass media tools, TV, probably creates, maximum awareness mostly with its public service advertisements (PSAs) at grassroots which is also useful to illiterates who cannot read the print media. Radio, another mass medium, is doing satisfactory work in the district as per the interviewees. There is only one Government run AIR (All India Radio) FM radio station at Berhampur exclusively catering to the needs of Ganjam district. The station is broadcasting regular programs on HIV/AIDS awareness generation. The attitude of the radio broadcasters is also reported to be positive towards PLHIV (People Living with HIV).

The print media, especially regional newspapers are though very active in HIV/AIDS news coverage yet ineffective in its very purpose of creating awareness on the disease and reducing stigma & discrimination in society.

Most of the times, the stories are not in positive light. To a few positive stories, follow-up is vastly neglected. Newspapers consider HIV/AIDS as one of the many problems ailing our society. Newspaper organizations do not see any benefit (read profit) in covering HIV/AIDS related stories.

Though mass media has made the disease a household name for its reach, access and speed; its negative effects outweigh the positive ones. When HIV/AIDS stigma & discrimination cases are highlighted in media, the villages housing the victims are blacklisted for various purposes. People, in some cases, stop matrimonial relationships with those villages. For this, newspaper journalists reason that they limit their coverage to creating general awareness on HIV/AIDS and exposing corruption cases in various projects handling the disease. The interviewees also opine that negative media coverage of HIV/AIDS lead to feeling of social exclusion by the PLHIV which in turn help further increase in HIV/AIDS stigma & discrimination in society.

At the individual level of HIV/AIDS patients, there may be a feeling of isolation from its community after diagnosis of the disease; at family, the stigma & discrimination may take the form of separating children of PLHIV forcefully from them and handing over to their non-HIV relatives for upbringing, breaking of marriage; at village, Ostracizing PLHIV, denial of access to essential common resources such as drinking water from village well, taking bath at the village pond, collecting firewood for cooking from adjacent jungles, availing services of village dhobi and barber, denial of emergency services to ailing PLHIV, cancelling matrimonial relationships with villages where a person with HIV/AIDS lives are some of the common features; sufferings seems to be at its worst at healthcare set-ups where the PLHIV visit frequently for management of HIV/AIDS and control of other associated infections. Doctors ignore, avoid, blame, shame and deny treatment to PLHIV. They are afraid of treating HIV patients. The degree of stigma and discrimination are highest during delivery of child from an HIV positive mother or during some surgical interventions on PLHIV. Doctors seem to be afraid of treating the PLHIV. They have an unsympathetic attitude towards them. It is more in big hospitals than at small healthcare set-ups like the Community Health Care (CHC) centres. However, things are improving.

The interviewees are of the opinion that to reduce the negative effects of mass media coverage it should have, first, make its coverage objectives very clear and well defined. It should be to dispel many misconceptions regarding the disease among the masses, for this it should condemn stigma and resultant discrimination. Media should cover more and more positive stories of HIV patients such as the

long, healthy life they can live provided some precautions are taken, their achievements, possibility of chance infections, fatal consequences of lack of sensitivity to HIV patients among others. It should not be over critical of NGOs work and highlight their positive efforts among the masses. The messages can emphasise more on prevention. Media should also encourage, particularly, women PLHA to come forward, network and fight for their rights. Media should start sustained campaigns for the rights of HIV/AIDS patients such as hiking the monthly pension for HIV/AIDS patients which was a meagre Rs. 200.00 as of June 2013. This hike would aid in better treatment of PLHIV and reduce ART (Anti-Retroviral Treatment) discontinuance as they discontinue ART mostly for not having required money to travel to ART centres every month to collect it.

The frequency of media coverage holds the key. It should be made media's priority issue and have regular slot/space for it. It should not be limited to a few special days' coverage only. The interviewees opine that if HIV/AIDS can find a place in the story of the popular soap-operas of TV and if the traditional folk arts such as drama are shown on TV, aired in Radio etc. with a human touch to HIV/AIDS issues, things would improve dramatically.

In mass media coverage, message has a special role to play. The Information Education and Communication (IEC) materials should be in the local language and should have some 'feeling component' for better effect. Whatever media it may be, the message for awareness generation and stigma & discrimination mitigation should not spread fear in PLHIV and society at any cost.

In the end, most of them are of the opinion that revisiting media policy is the need of the hour. Media houses' changing priority of attracting higher rating leading to gradual loss of independence of reporters/editors in the story selection has not helped the cause much. Most media practitioners of today are very clear that mass media is not for charity and the days of social responsibility are over.

Stories on HIV/AIDS attract low rating. Many pointed out that media houses barter advertisements for HIV/AIDS coverage from the concerned groups.

In the prevailing conditions, the personal interests of reporters to cover HIV/AIDS related stories many a time take a back seat.

Sometimes, journalists' lack of technical knowledge of the issue, educational background and attitude towards the issue have been the obstacles. It is also suggested that the communicators and gatekeepers of media organisation should be properly oriented on the need for HIV/AIDS stigma & discrimination mitigation and persuaded enough to change in their editorial policy and make HIV/AIDS stigma & discrimination mitigation a priority area in their content coverage.

Conclusion

Ganjam, one of the migration-linked high prevalent AIDS/ HIV districts of India, witnesses a mixed bag of mass media coverage. The electronic media such as TV, Radio have not faced much criticism than that of the print media which is more active in terms of news coverage but highly ineffective in its objective of spreading awareness to reduce HIV/AIDS stigma and discrimination. The irresponsible coverage of mass media especially the vernacular print media has led to serious negative consequences of fuelling HIV/AIDS stigma and discrimination in society threatening to reverse the decades' progress the mankind has made in controlling the disease. To keep the unintended consequences of mass media coverage of the disease its minimum, there is an urgent need for the media houses to revisit their media policy towards social issues of great concern. It should not be mere profit making. Orientation of journalists to improve their technical knowledge on the disease and create empathy towards the victims is another area to be stressed upon.

Limitations of study

The study could not make a comparative analysis of coverage between public media and private media. As the district had only one public media (All India Radio FM) station and journalists of many popular private TV channels could not participate in the study for some reasons.

Funding

This study was partially funded by the National AIDS Control Organization (NACO), New Delhi.

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