

Communicating AIDS: the coverage of HIV/AIDS discourse in two Ugandan newspapers, 1992-2011

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DECLARATION

This doctoral thesis, *Communicating AIDS Over Two Centuries: the coverage of HIV/AIDS discourse in two Ugandan newspapers, 1992-2011* was completed at the Centre for Communication, Media and Society, University of KwaZulu Natal from January 2014 to December 2016 under the supervision of Professor Ruth Elizabeth Teer-Tomaselli. I declare that the thesis is of my own unassisted effort and has never been presented before for any degree or examination at any other university. Other than those acknowledged as sourced from other work, all tables and figures originate from my work. Any reference to work of others has been duly acknowledged and recorded.

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ABSTRACT

Approximately thirty-five years after its discovery, HIV/AIDS is still among the world's worst health challenges, not only because of its multifaceted nature, but because since its discovery in the early 1980s, no guaranteed medical measures have been discovered to contain it. The disease has transcended boundaries, affecting all people irrespective of age, colour or social status. HIV/AIDS has infected about 75 million people since it was discovered in early 1980s, claiming about 36 million lives by 2012 and about 35.3 million people lived with HIV/AIDS worldwide in the same year (WHO, 2012). Although its prevalence and burden varies between regions, Sub-Saharan Africa is the most affected. At the close of 2014 for example, 36.9 million people worldwide lived with HIV/AIDS, 25.8 million of these were in Sub-Saharan Africa. The region therefore, accounts for approximately 71 percent of HIV/AIDS infection worldwide (UNAIDS, 2015).

Uganda has had a turbulent past with HIV/AIDS, with the worst prevalence rate reported at approximately 30% in some sentinel sites in the late 1980s and early 1990s. Such high prevalence rates coupled with high level of severity led the government to embark on different prevention strategies under the multisectoral approach. The government engaged various media channels i.e. print, radio and television to effectively deliver HIV/AIDS preventive information to the population. After the initial engagement by government, media have remained fundamental to the cause of HIV/AIDS in Uganda and their role cannot be underestimated (Gary et. al., 2006).

The majority of people depend on the media for up-front, current and comprehensive reporting. This is especially true of HIV/AIDS in Uganda. Different scholars have studied HIV/AIDS coverage in various parts of the world and researchers such as Robin. C. Stevens and Shawnika, J. Hull (2013); Kristen Swain (1997; 2005); Mollyann Brodie et. al., (2004); Nilanjana Bardhan (2001); Kannick, Krugman and Cameroon, (1996); Deborah Lupton (1993); and Everett Rogers, James Dearing and Chang Soonbum (1991) noticing a great decline in HIV/AIDS content in press from late 1980s to early 1990s. In Uganda, a few studies (Kiwauka-Tondo 2012; Nassanga, 2000) have researched HIV/AIDS in the news. The current study however, delves deeper and back in years to examine the nature of coverage and how such coverage was affected by social, economic and political situations.

The research followed quantitative content analysis approach. Twenty years of coverage were studied in two daily newspapers, *New Vision* and *The Monitor*. The twenty years were divided into four phases and the organisation of literature followed the same pattern. The four phases are; phase one (1992-1994), phase two (1995-2000), phase three (2001-2006) and phase four (2007-2011). The occurrence of major events or activities or policies about HIV/AIDS such as increase or decrease in HIV/AIDS incidence or profound response activities by government dictated the number of years contained in each phase thus the uneven distribution in each phase. The researcher was cognizant of the fact above throughout the literature review process, analysis of results and their interpretation and discussion thereof. A total of 1510 HIV/AIDS related articles were collected. There was increase in HIV/AIDS coverage in each phase, although there were noted fluctuation as well. The highest amount of coverage per year was in 2008 with n=143, 9.5% while the final phase had the most amount of coverage. The *New Vision* covered the issue of HIV/AIDS more than *The Monitor* (n=867, 57.4% and n=642, 42.6% respectively) and the difference in coverage for all the years studied was significant with $\chi^2(19) = 38.36, p \leq 0.005$. Sex workers dominated the risk group category while official sources were preferred by both newspapers for HIV/AIDS information.

Findings confirmed previous conclusions that the issue of HIV/AIDS is characterised by low and fluctuating coverage. However, contrary to coverage in other countries where reporting decreased over the periods under study, reporting of the issue in Uganda although less than expected in terms of amount, was seen to increase after every phase with the final phase having the most coverage. Results also, confirmed various propositions of agenda setting and framing theories: the main theories guiding this research. According to McCombs (2014), coverage of most issues is comparatively short term, with a few persistent ones extending to about six months. He explained that for most issues to maintain coverage or to have the attention of the media and the public depends on their orientation and relevance. The issue of HIV/AIDS in Uganda rotates around concepts of orientation and relevance. HIV/AIDS is still a burden to many households and government as a whole. For on top of affecting a significant mass, its characteristics and a constant reinvention of itself which includes affecting new or different populations, places HIV/AIDS high on both the media and public agenda in Uganda thus increase, instead of decrease in coverage. Also, coverage overridingly assumed thematic instead of episodic framing in both newspapers which, according to thematic versus episodic frames, imply that social and environmental

structures instead of the individual, are held accountable for the spread and prevention of HIV/AIDS. Given that thematic frames are known to destigmatize (Iyengar, 1991), a juxtaposition of this study's results and those from previous studies which showed high incidence of stigma in Uganda, pointed to the fact that the relationship between thematic, episodic and mixed frames may be affected by other factors.

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ACRONYMS

ADF	Allied Democratic Forces
AIDS	Acquired Immune Deficiency Syndrome
AICAIDS	Information Center
AMREF	African Medical and Research Foundation
ARV-DAC	Antiretroviral Drug Access Initiative
CDC	Center for Disease Control
DANIDA	The Danish International Development Agency
GDP	Gross Domestic Product
DFID	Department for International Development
DHS	Demographic Health Survey
DISH	Delivery of Improved Health Services
DIPR	Development Initiative Poverty Report
DP	Development Partners
ESSP	Education Sector Strategic Plan
FHRI	Foundation for Human Rights Initiative
FSWs	Female Sex Workers
GTZ	Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation Agency)
HCT	HIV/AIDS Counseling and Testing
HIV	Human Immuno deficiency Syndrome
HRW	Human Rights Watch
IDPs	Internally Displaced Peoples
IEC	Information, Education and Communication
IMF	International Monetary Fund
JCRC	Joint Clinical Research Center
JICA	Japan International Cooperation Agency
LRA	Lord's Resistance Army
MAP	Multi-country AIDS Project
MDGs	Millennium Development Goals
MES	Ministry of Education and Sports

MFPEd	Ministry of Finance Planning and Economic Development
MOT	Mode of Transmission
MMAU	Moslem Medical Association of Uganda
MTCT	Mother to Child Transmission
NAADS	National Agricultural Advisory Services
NAIS	National AIDS Indicator Survey
NAP	National Operational Plan
NPSP	National Prevention Strategic Plan
NORAD	Norwegian Agency for Development Cooperation
NSF	National Strategic Framework
NRA	National Resistance Army
NRM	National Resistance Movement
NSP	National Strategic Plan
NUSAF	Northern Uganda Supplementary Fund
PEAP	Poverty Eradication Action Plan
PEPFAR	US President's Emergency Plan for AIDS Relief
PLWHA	People Living With HIV/AIDS
PMA	Plan for Modernisation of Agriculture
PMTCT	Prevention of Mother to Child Transmission
SIDA	Swedish International Development Cooperation Agency
STIP	Sexually Transmitted Infected Project
TASO	The AIDS Support Organisation
THETA	Traditional Healers and Modern Practitioners Together Against AIDS
UAC	Uganda AIDS Commission
UBOS	Uganda Bureau of Statistics
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNCDC	Uganda National Curriculum Development Centre
UPE	Universal Primary Education
USAID	U.S. Agency for International Development

USE	Universal Secondary Education
VCT	Voluntary Counseling and Testing
WB	World Bank
WHO	World Health Organisation

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CHAPTER ONE

INTRODUCTION

The former United Nations secretary general, Kofi Annan, in an address to United Nations general assembly special session on HIV/AIDS in 2001 noted that,

“When you are working to combat a disastrous and growing emergency, you should use every tool at your disposal. HIV/AIDS is the worst epidemic humanity has ever faced. It has spread further, faster and with more catastrophic long-term effects than any other disease. Its impact has become a devastating obstacle to development. Media have tremendous reach and influence, ... we must seek to engage these powerful organizations as full partners in the fight to halt HIV/AIDS through awareness, prevention and education” (UNAIDS, 2004:4).

Uganda is among the countries that have experienced high HIV/AIDS prevalence rates and suffered through the disease’ devastating effects. Although challenges still exist, the country has been recognised for its efforts towards HIV/AIDS prevention. The social and economic impact of HIV/AIDS was realised in the late 1980s and robust prevention measures set in place. To be effective however, government engaged the media. Government recognized the power of the media and engaged them as partners to fight against HIV/AIDS. Different media have been used to spread awareness about HIV/AIDS and educate the public about its causes and how it can be prevented. This work examines the role of the media, especially the way print media have covered the issue of HIV/AIDS in Uganda.

This chapter introduces the reader to the main content of this thesis. The chapter is divided into six sections namely; statement of purpose, background to and rationale for the study, how the study is framed in terms of theories and the methodology, key research questions, contributions and finally the structure of the study.

1.1 Statement of Purpose

As of 2015, 36.7 million people worldwide were living with HIV/AIDS and more than 70 million had lost their lives to the disease since it began in early 1980s. Within 2015, approximately 2.1 million people were newly infected with HIV virus while 1.1 million people died of the disease. (UNAIDS, 2016; WHO, 2015). In Uganda, HIV/AIDS has claimed approximately over one million lives since it was discovered. Within 2015, there were 23,000 deaths related to AIDS while

83,000 people were newly infected with HIV/AIDS. Of those infected, only about 57 percent had access to health care services (Avert, 2016; UAC, 2015). The disease has had devastating social and economic effects on the country since it claims enormous human capital and resources are diverted to its prevention.

Prevention has remained the best mechanism to curb the spread of HIV/AIDS. The government of Uganda embarked on HIV/AIDS prevention since the late 1980s. Different educative and awareness campaigns have been developed and circulated by government to curb the issue of HIV/AIDS. To be more effective in reaching the public, government engaged the media. Media outlets including broadcast, radio and print became the main sources of HIV/AIDS information. Indeed, open discussion of HIV/AIDS related issues in the media was encouraged since such discussions were considered learning points.

This study therefore examines media coverage of HIV/AIDS content in Uganda between 1992 and 2011. Specifically, the thesis set out to examine coverage of HIV/AIDS in Uganda's print media over a 20-year period and assess how such coverage has changed overtime. *The primary goal is to investigate retrospectively how the issue of HIV/AIDS has been covered in Uganda's print media, taking note of the changes through the different phases qualified in this study and make comparison between them given the different social, political and economic situations within these periods.*

The specific objectives include;

1. To assess the amount and trend of coverage of HIV/AIDS in terms of volume, risk groups, sources, and preventatives/correctives
2. To examine the relationship between ownership of print media and HIV/AIDS coverage and its implications on agenda setting and framing theories.
3. To assess how HIV/AIDS is covered in terms of episodic, thematic, and or mixed frames.

1.2 Background to the Study

Although HIV/AIDS is a phenomenon world over, Sub-Saharan Africa is affected most. Out of approximately 36 million people living with HIV/AIDS worldwide in 2015, 25.8 million were in Sub-Saharan Africa, accounting for about 71 percent of the infection rate (UNAIDS, 2016). Uganda is located in Sub-Saharan Africa and despite the fact that there are countries with higher HIV/AIDS prevalence rates in Southern Africa, Uganda's dreadful past and precarious HIV/AIDS

prevalence trends warrants investigation.

HIV/AIDS was discovered in Uganda in 1982 in Rakai District from whence the disease rapidly spread to other parts of the country and by 1989 infection rates were at 18.3% country wide (SAS Foundation, 2014) and as high as 30% in 1991 in some sentinel areas (Uganda AIDS Commission, 2000). HIV/AIDS became a national issue as early as 1986 due to uninhibited infection rates. Under the leadership of President Museveni, the seriousness of the issue of HIV/AIDS was acknowledged, paving way for a national response strategy in 1987 (Low-Ber, 2002). The national prevention response has expanded and evolved overtime to reach other relevant sectors and accommodate changing policies, social, political and economic factors which enable or disable HIV/AIDS prevention efforts. For example, beginning of 1992 the response had strong political commitment but as seen in the later discussions commitment was varied thus affecting HIV/AIDS prevention efforts. The total years studied were twenty but these were divided into four phases to enable discussion of variations and allow comparisons between them.

1.3 Rationale for the Study

The HIV/AIDS pandemic has been raging now for approximately 34 years and has affected the country's social and economic development. The early phase of the epidemic, was characterised by ignorance about how to handle the disease and high rate of infection. Due to the severity of the issue of HIV/AIDS in late 1980s, government of Uganda acted fast and embarked on different prevention strategies including a multisectoral approach to prevention, awareness, different policies to protect people living with HIV/AIDS (PLWHA) and behavioural change communication messages.

In order to reach a wider population and effectively implement prevention strategies, government engaged various media channels including but not limited to print, radio and television for effective delivery of information. After the initial engagement by government, media have remained fundamental in the HIV/AIDS cause to date (Gary et. al., 2006). The Ugandan government embraced the media in HIV prevention because the media would likely impact a vast number of people in a short period of time (Durham and Kellner, 2011). In the *New Vision* newspaper for example, different sections of the paper were created (e.g. Health and Living, Ask the Doctor, Health and Beauty etc.) where people submitted questions regarding HIV/AIDS and a doctor or an HIV/AIDS expert would respond accordingly (Nassanga, 2000).

News coverage is central to each policy sphere. While a few individuals may have understanding of particular topics, the majority of the population depends on the media for up-front, current and comprehensive reporting. This is especially true of HIV/AIDS given its crucial position in Ugandan society. The knowledge that most people have about HIV/AIDS is from radio, television, internet or newspapers. Scholarly research about the scope and focus of news coverage of HIV/AIDS worldwide exist with researchers such as Robin, C. Stevens and Shawnika, J. Hull (2013); Kristen Swain (1997; 2005); Mollyann Brodie et. al., (2004); Nilanjana Bardhan (2001); Kannick, Krugman and Cameroon, (1996); Deborah Lupton, Chapman and Wong (1993); and Everett Rogers, James Dearing and Soonbum Chang (1991) noticing a great decline in and change in content of coverage of HIV/AIDS in press from late 1980s to early 1990s. According to Brodie et. al., (2004:1), although a

“cause-effect relationship between public opinion and media coverage is difficult to measure, the old adage that *the media does not tell the public what to think but does tell them what to think about* suggests that declining coverage of HIV/AIDS in the news and how it is covered might have a relationship to the public’s declining perception of the urgency of the problem”.

Such decline therefore, and lack of consistency in coverage is disadvantageous given that media have the potential to act as powerful change agents to convert the knowledge of HIV/AIDS into practice. Newspapers for example, can also create new, interesting and challenging ways to report the issue of HIV/AIDS to avoid stale reporting that often precedes complacency, especially for persistent issues like HIV/AIDS (Dutta-Bergman, 2004).

In Uganda, a few studies (Napakol, Yu and Okigbo, 2013; Kiwanuka-Tondo 2012; Nassanga, 2000) have researched coverage of HIV/AIDS. It appears that no study has researched early print media coverage of HIV/AIDS in the country and so scholars and policy makers rely on HIV/AIDS literature from western countries on print media coverage as basis for policy formulation and academic discourse. The current research positions its findings as part of the trajectory of fluctuating meanings and discourses around HIV/AIDS in Uganda’s press since the early 1990s. In particular, it shows how recent coverage pulled on preceding pre-established discourses, and how such discourses are capable of varying overtime, affording new meanings to incessant occurrences like HIV/AIDS.

1.4 Framing the Study: Theory and Methodology

The thesis was guided by agenda setting and framing theories. The two theories show the ability of the media to select and influence the importance of a public issue (Patterson, 1980). In this case agenda setting and framing can be used to place an issue such as HIV/AIDS high on public agenda and also influence audience attitudes and actions. Agenda setting theory is based on the assumption that the degree of emphasis placed on issues in the news influences the priority accorded these issues by the public, while framing theory assumes that subtle changes in description of a situation affects how audience members interpret the situation (Weaver, 2007). The two theories stem from media effects research which originates from the functionalistic paradigm in communication research.

Framing and agenda setting are more than merely dissemination of information, they can be strategic and analytic processes that when used correctly can move health issues, public approval, political support, and policy decisions in a preferred direction (Gilliam et al., 2010). Previous studies by Frank Gilliam (2008), Lori Dorfman et. al., (2005), Brodie et. al., 2004; David Korn, et. al., (2003), Regina Lawrence (2003), Lupton et. al., (1993) and Rogers et. al., (1991) show that framing and agenda setting are becoming increasingly important tools in media content, health communication, and public health research especially in the coverage of HIV/AIDS.

Agenda setting

The idea of agenda setting was first referenced by Walter Lippmann (1922) when he emphasised the role of the press in formation of public opinion. Fifty years later, Maxwell McCombs and Donald Shaw (1972) explained Lippmann's concept in the Chapel Hill study, the results of which led to the development of agenda setting theory. McCombs and Shaw's (1972) study showed a relationship between the salience of the elements in the mass media's pictures of the world to the elements of the pictures in audience's heads. In essence, the core theoretical assumption of agenda setting theory is that elements prominent in the media picture become prominent in the audience's picture.

After the initial study, several studies such as McCombs and Shaw (1977), Weaver, McCombs and Spellman (1975), Weaver (1977), McCombs (1993) and many others followed thus further developing the theory. Agenda setting has continued to evolve and McCombs has been key to its development and expansion. The theory now includes a study of any set of objects or issues in

addition to public issues and has three dimensions: first, second and third level agenda setting. First level agenda setting deals with salience and prominence of issues while second level agenda setting deals with attributes such as traits and characteristics (personality, ideology), or tone in which issues are described. The research was guided by first level agenda setting, specifically dealing with salience of the issue of HIV/AIDS during the period under study.

Though agenda setting theory has been used largely in the study of political issues (McCombs et al., 2000; McCombs et al., 1997; Iyengar, 1991, McCombs and Shaw, 1972), research has shown a positive significant relationship between media coverage of HIV/AIDS and the importance of the topic to its audience (Rogers et. al., 1991). This study therefore becomes important in Uganda's HIV/AIDS discourse since HIV/AIDS is still among major epidemics facing the country. Studying how the disease has been covered over time will illuminate its importance on both the public and media agendas. Such importance can impact media advocacy efforts and also lead to enhanced knowledge and behavior change. Also, McCombs (2007) and Weaver (2007) recommend studying agenda setting theory (both first and second level agenda setting) in different arenas, contexts, and cultures, such as Africa. The study also explores single issue, longitudinal study of a persistent epidemic such as HIV/AIDS, an area that has not been researched in Uganda and aims at expanding the theory in new arenas and produce new knowledge regarding the role of news media in society.

Framing

Alongside the development of the agenda setting theory was/is the debate on the related framing theory. The main proponents include: Erving Goffman (1974); Todd Gitlin (1980); James Tankard et al., (1991); Robert Entman (1993) and Dietram Scheufele (2000). Goffman defined frames as strips or slices of cut from a stream of ongoing activity. In other words, the framing process involves selecting some aspects of perceived reality and make them more salient in a communication context (Entman, 1993). In an attempt to distinguish framing from agenda setting, Scheufele (2000) illustrates framing as subtle changes in description of a situation invoking interpretive schemas which in turn influence interpretation of incoming information.

Framing theory is broad thus leading to different types of frames and has both psychological and sociological lineages. Psychologists define framing as changes in judgement engendered by alterations to the definition of judgement or choice problem. Social psychologists on the other hand, have demonstrated that attitudes and actions within a wide variety of areas are altered by the

manner in which individuals attribute responsibility; either individual or social responsibility (Iyengar and Simon, 1997:250). There are different types of frames ranging from political, social, and economic issues (Kim and Willis, 2007; Higgins, 2006; Lawrence, 2004; and Iyengar, 1991). However, typically, the media frame issues in either episodic or thematic terms (Iyengar and Simon, 1997:250). Episodic reports depict issues in terms of specific or sporadic events without provision of context and are associated with individual responsibility. For example, if the spread of HIV/AIDS is attributed to the individual, reckless sexual behaviors such as having sex without using a condom, having several sexual partners, or sharing needles by injecting drug users, can be characteristics of content. Shanto Iyengar (1991) noted that episodic reporting may over simplify social issues which can result into a disorganised and remote understanding of issue.

Thematic frames on the other hand place issues in a general or abstract context. They focus on issues in broader context argued by evidence and take the form of background reports directed at general outcomes and require interpretive analysis. Society at large is held responsible. nNews stories for example are characteristic of messages such as ignorance about prevention of mother to child transmission of HIV/AIDS, traditional practices such as circumcision where the same surgical instrument is used on all participants, or inaccessibility of health services such as ARVs. Iyengar (1991) noted a type of frame between episodic and thematic frame; a mixed frame. He said that a few reports are exclusively episodic or thematic. For example, even the most detailed close-up look at the poor person for instance, invariably includes lead in remarks by a reporter on the scope of poverty nationwide. Mixed frames therefore combine both aspects of episodic and thematic frames equally. This research was guided by thematic, episodic and mixed frames to study how the issue of HIV/AIDS was framed by the two newspapers in Uganda during the period under study.

Methodology

The thesis assumed quantitative design involving systematic content analysis of two Ugandan daily newspapers that is; the government owned *New Vision* and privately owned *The Monitor*.

A twenty-year period, from 1992 to 2011 was selected for study. From each newspaper, four newspapers a month, one each week, were to be sampled and a minimum of two thousand and eighty articles were expected from both newspapers, although only 1510 were actually collected. A further breakdown of sampling is given in the methodology chapter.

The researcher engaged research assistants who also worked as coders. These were trained in article identification and coding using a codebook developed specifically for this study. Several categories comprised the codebook including: risk groups, news themes, sources of information, and many more. Inter-coder reliability agreement was calculated and any further disagreements resolved before coding started. The article was the unit of analysis.

A detailed methodological process is discussed in Chapter five of this study.

1.5 Key Research Questions

The following research question and sub questions were developed after the review of literature. Research Question: What was the nature of HIV/AIDS coverage and how did it change during the twenty-year period under study?

Sub Research questions were:

1. What was the amount of HIV/AIDS coverage and how did it change during the period under study?
2. What was the nature of page placement of articles and what were the changes throughout the period under study?

Amount of coverage and where articles are placed in newspapers in agenda setting theory is allied to the importance of the issue under discussion. These first two questions therefore, directly relate to agenda setting theory.

3. What were the major themes, risk groups, preventatives/correctives (condom, HIV/AIDS testing and counseling), and sources discussed and how did these change overtime?

The study of sources in HIV/AIDS coverage is paramount because as actors, sources compete in “framing contests as sponsors of certain frames and depending on their power, they are able to influence news frames” (Bruggemann, 2014).

4. To what extent were episodic, thematic, and mixed frames dominant in news stories in the *New Vision* and *The Monitor*?

According to Iyengar (1991), thematic and episodic frames can affect the way in which people assign responsibility for various issues, with episodic frames tending to cause individualistic responsibility and solutions while thematic frames tend to societal attribution of responsibility and thus societal or structural solutions to challenges. For example, thematic frames could show a wider social concern and indicate social challenges to HIV/AIDS while episodic frames could

show the individual; the victim as responsible for the plight they face and therefore take responsibility over their own health. Episodic framing often assumes a level of self-efficacy.

Also, the assumption was that thematic frames would be dominant in the government owned newspaper and episodic frames would be dominant in privately owned newspaper. Framing theory assumes that ownership and external sources of news organizations affect the degree of journalistic autonomy and interpretation (Van Gorp, 2007), therefore, a difference in frame usage is expected between the government and private owned newspapers. Also, according to Michael Bruggemann (2014: 69) “framing is highly path dependent”. Coverage and frames therein may differ depending on different organisational cultures and ways of coverage.

5. How does government or private ownership of newspaper organisations affect HIV/AIDS coverage in Uganda?

The research assumed that the amount of coverage will be greater in the government owned newspaper than in the privately owned newspaper. A comparison of the two newspapers was expected to show how ownership affected the nature of HIV/AIDS coverage.

Findings from this thesis have different contributions, both to praxis and theory.

The results contribute agenda setting theory especially to concepts of orientation, relevance and the length that social issues take on media agenda. This study researched HIV/AIDS coverage for 20 years and coverage of the issue by the two selected publications increased after each phase qualified in the study. This thesis demonstrates therefore, that some social issues, provided they remain relevant to community, can stay long on media agendas.

1.6 Study Contributions

The findings from such a longitudinal content analysis contributed to both professional and academic discourse about HIV/AIDS. The knowledge gained from the research has implications for HIV/AIDS prevention strategies and policies.

Increase, instead of decrease after each phase was noted and the final phase of the study covered the most articles about HIV/AIDS. These results disconfirm previous studies in many parts of the world which showed that coverage decreased after the issue of HIV/AIDS ceased to be an emergency. Theoretically, agenda setting discourse about the length of time an issue takes on the media agenda has been indeterminate. McCombs (2014) argued that many issues spent a relatively

short time on media's agenda but that a few, could take longer depending on their level of relevance and orientation. This study confirms that assertion especially for a single issue such as HIV/AIDS. The results also mean that different issues, social settings and different factors particular to those settings have an impact on how issues are presented in the media.

The study results also contribute to the question about who sets the media agenda. For both newspapers, official sources were sought for information compared to non-official sources. Although both newspaper overwhelmingly relied on official sources, the government newspaper used more compared to its counterpart. The government owned newspaper was also found to cover more issues about HIV/AIDS than the privately owned paper. These findings imply that government highly directed the course and set the agenda for HIV/AIDS discourse over the years.

Reliance on government and other official sources suggested disregard of other would be important sources such as PLWHAS, women, children or sex workers. These groups are some of the most affected and giving them pedestrian coverage could mean excluding key information that the rest of the public could benefit from. PLWHAS for instance, have lived experiences and their accounts on coping strategies, medication and the general effects and challenges of HIV/AIDS infection could benefit a would be complacent individual.

Results of the study also contribute to framing theory, particularly to thematic and episodic frames and their relationship to attribution of responsibility. When explicating thematic and episodic frames, Iyengar (1991) associated episodic frames with stigmatisation and individual responsibility. He also associated thematic frames with destigmatisation and communal responsibility for social ills. Although the current findings do not contradict Iyengar, evidence has shown that the process of attribution of responsibility and stigma can be disrupted and complicated depending on the issue at hand. Iyengar studied social issues such as poverty and unemployment while this study examined a sexually transmitted disease like HIV/AIDS. For this study, the appearance of stigma and discrimination was low and most HIV/AIDS reports followed a thematic frame. Following Iyengar's conclusions would mean that stigma and discrimination for HIV/AIDS in Uganda was low or nonexistent during the time under study but research studies by Uganda Medical Research Council (2012; 2010; 2009) showed a high level of HIV/AIDS related stigma and discrimination tendencies.

Findings also have implications for general HIV/AIDS prevention discourse and policy. Results indicate that as some groups such as sex worker are given attention and highlighted as vectors of HIV virus, their counterparts, their clients, are conveniently almost left out. This research recommends that as prevention efforts are directed towards sex workers, their clients must also be recognized given that they are the intersection point between the so called vectors and the rest of the population and as such should be considered equally infectious.

The research findings also showed significant increase in coverage of condom use during the different phases studied. In fact, the increase surpassed that of abstinence and faithfulness: the two seemingly preferred HIV/AIDS prevention strategies. However, although coverage of the male condom was favorable, female condom use was almost absent. There are different reasons for this, including but not limited to ease of use and cultural constrictions. The implication for HIV/AIDS prevention, behavioural and policy experts therefore, is to either invent alternative female oriented prevention strategies or address social structures that constrain usage of existing prevention strategies.

1.6 Structure of the Thesis

The thesis constitutes eight chapters. The first chapter provides an introduction to the study. It details the statement of purpose, background to the study, rationale and significance of the study, the frame of the study: summary of theory and methodology, key research questions guiding the study and finally the structure of the study.

Chapter two ushers the reader into the background of the issue of HIV/AIDS in Uganda and a brief overview of the political economy and social framework of Uganda during the period under study. The political economy and social framework discussion illuminates the environment of and different factors that influenced HIV/AIDS prevalence in the country. Various response strategies adopted by government are also discussed together with a brief history of Ugandan media and its involvement in HIV/AIDS prevention. The background of HIV/AIDS in Uganda, social and political framework, media involvement in the issue of HIV/AIDS and response strategies were all assumed to affect the nature of HIV/AIDS coverage by the two newspapers studied.

Chapter three discusses the theoretical framework guiding the study. Two media effects theories i.e. agenda setting and framing were adopted because they suited the intention of the study. The two theories emphasise the relationship between amount of coverage, framing and the importance

attached to a particular issue. The use of framing in this research is specific to aspects of thematic and episodic frames, highlighting the issues of individual and social responsibility of HIV/AIDS.

Chapter four reviews seminal literature about coverage of HIV/AIDS. Different scholars have studied the issue of HIV/AIDS coverage and so their studies, conclusions and interpretation of their findings are important because they provide a foundation for the current study and their conclusions inform and guide the interpretation and discussion of results. The discussion includes work from international and local scholars i.e. United States of America, Australia, China, Kenya, Zimbabwe, Zambia, South Africa and Uganda. The review of scholarly literature from different parts of the world helped to draw a picture about what characterises coverage of HIV/AIDS, giving guidance about what to expect from the data. The examination of previous literature also brought to bear the opening or gap in study where the current study positioned itself. The research questions are also restated in this chapter.

Methodological procedure, sampling and data collection are detailed in chapter five. Quantitative content analysis approach was used. Two newspapers i.e. the government owned *New Vision* and the independent *Monitor* were sampled. Twenty years were selected from 1992 to 2011 and these were divided into four phases that is; 1992-1994, 1995-2000, 2001 to 2006, 2007 to 2011. It is important to mention here that all discussions in this thesis, from the first chapter followed the four-phase division.

The sixth chapter details results from data analysis. The findings were arrived at using simple SPSS statistical tests including frequencies, cross tabulations and inferential statistics. The results were presented in terms of numbers and percentages and illustrated by tables and graphs.

Chapter seven involves the interpretation and discussion of results. The interpretation and discussion were informed by previously reviewed literature ranging from background of the issue of HIV/AIDS, enabling factors, response strategies, scholarly literature and theoretical framework.

And finally, chapter eight concludes the exploration. In this chapter, key arguments arrived at in chapter seven are highlighted, indicating their implication to theory, scholarly HIV/AIDS discourse, media practitioners, international and local HIV/AIDS actors, Ugandan policy makers and the general Ugandan society.

CHAPTER TWO

BACKGROUND, ENABLING FACTORS AND RESPONSE TO HIV/AIDS IN UGANDA

2.0 Introduction

This chapter examines the background of the issue of HIV/AIDS in Uganda giving a brief overview of the political, economic and social framework of the country. The political, economic and social framework discussion illuminates the environment of and different factors that influenced HIV/AIDS prevalence in the country. A number of HIV/AIDS related response strategies and policies implemented by Ugandan government are also discussed together with a brief history of Ugandan media and its involvement in HIV/AIDS prevention. These factors, which are discussed in a four-phase classification i.e. 1992-1994 as phase one, 1995-2000 as phase two, 2001-2006 as phase three and 2007-2011 as phase four: could explain HIV/AIDS portrayal by the two newspapers during each phase. The division into phases was to also enable formidable analysis and comparison of results between phases.

2.1 Background of HIV/AIDS in Uganda

HIV/AIDS was discovered in Uganda in 1982 in Rakai District from whence the disease rapidly spread to other parts of the country. By 1989 infection rates were at 18.3 percent country wide (SAS Foundation, 2014) and as high as 30 percent in 1991 in some sentinel areas (Uganda AIDS Commission, 2000; 2002). The infection rate was exacerbated by widespread poverty and social disruption that followed the dictatorship of Idi Amin between 1971-1979. Several years of political oppression and civil war that persisted until 1986 when Yoweri Museveni gained presidency, sank Uganda into both institutional and economic collapse which led to a flourishing black market and sex industry. The black market and sex industry picked up along the highway from Mombasa, Kenya to Kampala, Uganda, into Uganda's southern Buganda region, through Rakai district: this highway was the central trucking route and source of demand for hotels, bars, and prostitution (Kahunen, 2010; Kiwanuka-Tondo, and Payne, 2008). It was in Rakai District that the first case of HIV/AIDS was discovered in Uganda (Okware, Opio, and Waibale, 2001). HIV/AIDS was

originally inaudible but took advantage of the country's disarray, accelerating its uninhibited infection rates fueled by political, social, and economic instability (Kahunen, 2010).

Under the leadership of President Museveni, the seriousness of the issue of HIV/AIDS was acknowledged as soon as he gained presidency in 1986, paving way for a robust national response strategy in 1987 (Low-Beer, 2002). Under this prevention initiative, the Ugandan public was educated on the causes and effects of HIV/AIDS and informed about the various prevention behaviors. By 1995, three years after the formation of the multi HIV/AIDS prevention initiative, a decline was noted from 30% in 1991 to 13%. By 2000, HIV/AIDS rate was estimated at 5% of the entire population (Kiwanuka-Tondo, Van den Berg, and Zukerman, 2003).

However, the rate of HIV/AIDS in Uganda begun to increase since 2005. In 2009 for example, new cases of HIV/AIDS were 120,000 more than the number of registered deaths (UCSF, 2009). The Uganda AIDS Commission also cited increase in infection rates from 5% in 2001 to 7% in 2005. By 2014, the infection rate was estimated at 7.4% (Uganda Ministry of Health, 2013, 2014).

In Uganda, there are four main ways of HIV/AIDS infection i.e.; transfusion with contaminated blood; contaminated needles and syringes mother-to-child transmission; and through heterosexual activities. The Uganda AIDS Commission (2012) observed that the 80% of HIV/AIDS transmission followed heterosexual relations while 20% transmission occurred from mother to child. Other forms of HIV/AIDS transmission constituted less than 1%. Transmission is driven by various risk factors which the Mode of Transmission Study (MOT) carried out by Ministry of Health classified into modifiable and non-modifiable (UNAIDS, 2014; Ministry of Health, 2010; Uganda AIDS Commission, 2012). According to this study, the modifiable and non-modifiable risk factors constitute

“multiple sex partnerships, HIV sero-discordance, inconsistent condom use, infection with sexually transmitted infections (STIs) especially HSV-2, and lack of male circumcision while the non-modifiable factors include urban residence, older age, being married or formerly married, being female, and residence in northern Uganda, implying the need for focused interventions among these groups” (UNAIDS, 2014: vii).

Although HIV/AIDS transmission through contaminated blood was noted in early 1980s and 1990s, transfusion with contaminated blood was eliminated by ensuring that all blood units were/are screened for HIV. Disposable needles and syringes are now used in health facilities to

avoid sharing of needles or syringes between patients thus eliminating the possibility of acquiring HIV through contaminated needles and syringes (Nantulya, 2014).

In addition to the risk factors identified above, the 2013 Uganda Country Report identified key factors that aid the spread of HIV/AIDS. The Report referred to these as the key drivers of HIV/AIDS pandemic in the country and identified them as follows;

“a) Personal understanding of and attitude towards HIV; b) Awareness about personal and/or partner HIV status; and c) high risk sexual behaviors including early sexual debut, multiple sexual relationships, limited and inconsistent condom use; and transactional, cross-generational, and commercial sex” (Ministry of Health, 2014, UNAIDS, 2014: 4).

Nantulya (2014) asserted that such behaviours are fueled by compassion fatigue, or what is commonly referred to as complacency (Nantulya, 2014; Human Rights Watch, 2005). The argument is that antiretroviral treatment has improved the health and general continence of people living with HIV/AIDS which in turn has reduced fear and urgency to test for HIV and consequently increases the prospect of involving in unsafe sexual practices. Antiretroviral therapy has also meant that the number of new infections exceeds the number of HIV/AIDS related deaths thus a conceivable account in the rise of HIV incidence (Uganda Country Progress Report, 2013; AllAfrica.com, 2008).

Transmission through heterosexual intercourse is the biggest challenge for HI/AIDS prevention efforts in Uganda. The situation is made worse when people engage in unprotected sex with several concurrent partners (Nantulya, 2014). Towards the end of 1980s and early 1990s, there was a dramatic drop in the risky behavior of having sex with several concurrent partners up until 1995/1996 (Nantulya, 2014). This was mainly due to an aggressive national campaign called ‘zero grazing’ mainly championed by president Museveni (Nantulya, 2014). ‘Zero-grazing’ was encouraged for both men and women for example, the number of women aged 15 to 49, with multiple sex partners reduced from about 10% in 1998/1989 to about 0.1% by 1995/96 while that of men reduced from a high of about 29% to about 7% in 1995/96. However, as shown by the 2005/6 study the risky behavior of having multiple concurrent sex partners started to rise after 1995/6 (Ministry of Health, 1989; 1995). By 2006/7, much as the number of women with multiple sex partners seemed to remain constant, the number of men increased to about 17% in 2000/1 and

to approximately 27% in 2006/7, close to the level observed in 1990 (Epstein, 2004; Ministry of Health 2006).

Recent studies indicate that a number of women have on average about the same number of sexual partners as men: as many as five to eight sex partners a year (Nantulya, 2014). Nantulya noted that loose sex had become uncharacteristically widespread. That young women who then operated in different hotspots in the country or ran their business from their offices or homes as call girls, had redefined the practice of prostitution, making the idea of illicit sex only a call away. The study also revealed that different prices were set for sex with or without a condom. Without a condom for example, the price could be 5-10 times higher (Nantulya, 2014). Indeed, the National AIDS Indicator survey of 2011 showed that high-risk behaviour of engaging in sex with several partners was on the rise and yet 84% of women and 85% of men who engage in sex with different partners inconsistently used condoms (Uganda Ministry of Health, 2011). With this turn in events, it is no wonder that the incidence of the epidemic began to rise again, with the second wave reaching a peak of 170,000 new infections in 2011.

While increase in risky sexual behaviour was noted, the most disturbing finding was that by the many Ugandans were found to have inadequate knowledge regarding the cause and transmission of HIV/AIDS (The National AIDS Indicator Survey, 2011). The research reported that 70% of Ugandans were unaware of their HIV status, 64% of women and 57% of men surveyed do not have full knowledge of HIV/AIDS, while 12% and 10% of women and men respectively believed that people who looked healthy could not possibly be infected with the HIV virus.

2.1 Political, Economic and Social Framework

Uganda's political and economic collapse in 1970s and 1980s are associated with a flourishing black market and the resultant sex industry in the southern part of the country. The first cases of HIV/AIDS transmission are traced to that period, making true what Karnick (2001) concluded, that other factors, political, economic and social, have consequences for HIV/AIDS transmission and prevalence. Karnick (2001) criticized the media and HIV/AIDS prevention experts for their tendency to pinpoint specific factors such risk groups and reckless sexual behaviours as roots of HIV/AIDS without considering other factors that might escalate or reduce the advance of the disease. It is against this background that this study delves deeper into the social, economic and political situations in Uganda over the 20 years with the intention to analyse different conditions

or factors such as poverty levels, political stability, education, policies related to HIV/AIDS that could explain HIV/AIDS prevalence and its portrayal in the two newspapers during each phase. The division into phases enables formidable analysis and comparison. The different phases are; 1992-1994, 1995-2000, 2001-2006, 2007-2011.

Phase one i.e. 1992 to 1994 was when the foundation for HIV/AIDS awareness and prevention was laid down. Crucial laws, policies and HIV/AIDS intervention programmes (as will be discussed in subsequent chapters), which are still affecting HIV/AIDS prevention today were legislated during this period. This period was a cornerstone in HIV/AIDS prevention in Uganda. By 1995, several years of implementation and education started to yield results especially in areas of HIV/AIDS awareness and prevention. The prevalence rate dropped to less than 5% of the entire population (Uganda Ministry of Health, 2002). However, the end of 2001 through 2006, Uganda witnessed a change in tide in HIV/AIDS prevalence and behavior. A former vibrant government, especially the president was accused of taking a back seat, prevalence increased, antiretroviral drugs were more affordable and complacency, a component associated with increase in HIV infection rates was on the increase. In the fourth phase, the nation still struggled with increase in infection rate and complacency, but the government and president of Uganda recommitted to the fight against HIV/AIDS (Nantulya, 2014). The phases above are not divided equally in number of years because each followed a specific intervention/occurrence that influenced the course of the HIV/AIDS epidemic in Uganda as will be illustrated later in this thesis.

2.1.1 A political synopsis

Political disruption and civil strife is one of the factors that has been cited for the rapid increase of HIV/AIDS in Uganda in mid 1980s (Kahunen, 2010; Kiwanuka -Tondo, 2003). Understanding the political situation during each phase enables appreciation of its impact to the issue to HIV/AIDS. By the time Uganda gained independence from the British in 1962, the country possessed a promising industrial sector, steady agricultural growth and an auspicious intellectual and cultural environment (US Departments of State, 2003; Garbus and Marseille, 2003) marking the country for potential rapid social and economic development. At the inception of independence however, Uganda opted for a multiparty system (Oloka-Onyango, 1995) which is blamed for the political

performance of the country. The grand opportunity at self-rule soon turned into a period of bloodshed and political turmoil.

Soon after independence, supporters of the centralized state and those who supported the loose federation government at the time started in-fighting. The fights were partly fueled by ethnic divisions and kingdoms. In 1966, Prime Minister, Milton Obote, who was from the northern region of Uganda disposed off the then president, assumed all power and suspended the constitution. In a bid to secure his position, president Obote proclaimed a new constitution in Uganda in 1967 in which Uganda was declared a republic and traditional kingdoms were abolished (Garbus and Marseille, 2003). In-house bickering continued within government and in 1971, armed forces led by Idi Amin overthrew Obote's government through a military coup. Upon assuming power, Amin dissolved "parliament and amended the constitution to give himself absolute power" (Garbus and Marseille, 2003:2). Amin ruled Uganda for eight years, a period characterized by havoc, violence, social and economic disruption.

Amin was over thrown in 1979 with the help of the Tanzanian army and an interim government was created. Elections were held in 1980 and Apollo Milton Obote returned to power, a regime popularly known in Uganda as Obote II. However, some factions were not satisfied with the election results and because of this, shortly after elections, the National Resistance Army (NRA) was created to oppose and militarily remove the Obote government. The leader of NRA was Yoweri Kaguta Museveni. Confrontations between government and the NRA are said to have been the most destructive, especially in Luwero Triangle in the Southern region of Uganda (Oloka-Onyango, 1995; Garbus and Marseille, 2003). The same region that has been marred with high HIV/AIDS prevalence rates since the 1980s.

In 1985, an army brigade under General Tito Okello Lutwa took over Kampala and declared a military government. Attempts were made at negotiations with the NRA but both parties consistently breached the agreements. NRA continued fighting and in 1986 gained victory and took over Kampala. The NRA has since transformed into the National Resistance Movement (NRM) under president Museveni (Oloka-Onyango, 1995).

There have not been major countrywide insurgencies and the country has enjoyed relative peace and freedom since 1986. Some regions however continued to grapple with armed conflict until recently when such insurgencies were diffused by both the Ugandan army and international

community. For example, in the late 1980s the Lord's Resistance Army (LRA) was created by Joseph Kony and for over 20 years, the army engaged in different forms of human atrocities ranging from abduction of able-bodied men and women and later children to join their struggle. Those who resisted were killed and others mutilated. Throughout the late 1980s and early 2000s therefore, the northern region of Uganda was highly unstable and security was not guaranteed thus destabilizing its economic and social growth (Oloka-Onyango, 1995; Garbus and Marseille, 2003) and allowed the spread of many diseases including HIV/AIDS.

Such negative experiences exposed the feebleness of a free and cutthroat political system which was to rely on unswerving, accountable and trustworthy performers from all political parties at all levels of involvement. Subsequently, at the start of its rule, the National Resistance Movement (NRM) declared a period known as "fundamental change", centred around the "Ten-Point-Programme." The doctrines of this programme had been particularised in the course of the National Resistance Army War (Oloka-Onyango, 1995). Museveni guaranteed an interim four-year phase to rearrange and build formidable political structures based on democratic principles. During this period, multiparty system was proscribed and instead, work focused on establishment of the new constitution (Hansen and Twaddle 1995).

It is important to note that political parties were not entirely forbidden, nonetheless political actions or events by political parties were outlawed. The parties continued to exist, as long as they did not conduct meetings, involve in campaigns let alone engage in elections. The prohibition of multi-party politics was generally supposed as necessary during this period, with many endorsing the NRM leadership's argument that Ugandan society was unable to function within a multi-party system without reference to ethnic and religious differences in light of past conflicts. According to this argument, Ugandan society needed to be "nurtured into maturity, by cultivating a large middle class sheared of tribal and religious bigotry, before a multi-party system could be re-introduced" (Leni and Gooloba 2010:3).

According to Giovanni Carbone (2004: 2), "the ideological underpinnings of no-party politics were provided by an interpretation of Uganda's post-independence history as a spiral of violent conflicts prompted by ethnically-based political parties". The guaranteed establishment of a fresh constitution commenced by 1988 and was ultimately approved in October 1995. However, a few issues arose about the 1995 constitution for instance, the inexplicit solution to the future political

system of the country and not having majority within the assembly to enable exigent restoration of a multiparty system among others. Consequently, the assembly extended the existing no party system of government for five additional years at the end of which a referendum was held to decide the future political system (Carbone, 2007).

1995-2000: Finally, the 1995 constitution was founded leading to the establishment of major political institutions (Wiebe, 1998). Also, due to pressure from key groups from the mainstream, from within the NRM itself such as former minister for local government Jaberu Bidandi Ssali and from a number of donors, a decision to revert to multiparty politics was made. President Museveni and his inner-circle of supporters, although ideologically opposed to the restoration of multi-party politics, came to see it as a chance to amend the Constitution. In 2000 president Museveni pushed for re-establishment of political parties despite his continued aversion of multi-party politics, attributing the restoration of party politics to donor pressure (Leni and Gooloba, 2010; Golooba-Mutebi, 2005). In May 1996, the first presidential elections were held and thereafter parliamentary elections in June of the same year within the renewed constitution. Museveni recorded 74.2 % while Ssemogerere scored 23.7%. There were reports of vote rigging by Museveni nonetheless; electoral observers validated the results (Leefers 2004).

Despite relative peace in the country during this period, Northern Uganda was still plagued by war. Though government troops were situated in the region to protect people and try to diffuse the war, not all areas were covered. Many people were still being killed and school children were abducted and raped. Many lived in camps, could not engage in viable economic or agricultural activity, nor could children attend school thus setting the region both economically and socially backwards. Within the same period, in 1996, in the Rwenzori region in western Uganda, the Allied Democratic Forces (ADF) started cross-border armed activity. This insurgency affected the districts of Kasese, Kabarole, and Bundibugyo. By 2000, over 150,000 people were displaced from their homes and were living in camps (Garbus and Marseille, 2003; UN Office for Humanitarian Affairs, 2002). All these activities, especially the political instability affected the issue of HIV/AIDS hence important to this study.

2001-2006: An inaugural referendum about the political system occurred in 2000 following regulations stipulated in the 1995 constitution. An overwhelming 90% voted for multi-partysm. After the elections however, an internal debate ensued within the NRM over the adoption of a

multiparty system. In 2003, the system was unwrapped and a second referendum was held in 2005. Museveni championed the transition to multiparty system which garnered the most votes (Kirunda and Kamp, 2010; Ciganikova 2008). The maiden elections within the multiparty system took place in 2006. Museveni emerged winner with 59% votes while his closest rival got 37%. Though highly criticised as the most personalised elections marred with rigging and with an unfair electoral process, the results of the elections were validated by international observers who espied noteworthy advancement in the electoral process (Kirunda and Kamp, 2010; Rakner, van de Walle 2009; Diamond 2008).

Between 2001 and 2006, despite pockets of attacks here and there by the ADF, government had diffused the insurgency and about 90% of the Internally Displaced Peoples (IDPs) in the western region had returned to their homes. In the North, the early 2000s started with intensified attacks from LRA and counter attacks by government forces. These attacks by LRA could be seen as the last kicks of a dying horse. In 2003, the LRA tried to spread to the Eastern region and displaced about 300,000 people but this was effectively averted and LRA retreated back to the Northern region (Garbus and Marseille, 2003).

2007-2011: From 1996, presidential elections have taken place every five years and the same for parliamentary elections although only the 2006 and 2011 elections happened within a multiparty system (Bertelsmann, 2012). Overall, multiparty elections have occurred in generally nonviolent environments though all have grappled with staid limitations to balanced electoral platforms. During this period, all parties were free to operate although opposition parties struggled to organise themselves effectively in regard to operational structures, programmes and strategies. The previous presidential, parliamentary and local council elections transpired in February 2011 (Bertelsmann, 2012). During this period political and civic groups in Uganda were largely able to connect, gather or function, as granted in Article 29 of the 1995 constitution. It is worthy of note that bringing back of multiparty system furnished the opposition parties, affording them meaningful legroom in both the social and political arenas. The parties could assemble and on a general level they could organise themselves and voice their issues without restraint, and were able to secure foreign support. The LRA had been pushed out of Northern Uganda in early 2000s and the region underwent reconstruction, both socially and economically. A few instances of ADF that arose in western part of the country were promptly stopped.

The phase between 2007 and 2011 witnessed relative peace and quiet throughout the country. By the end of 2011, Uganda was secure and undergoing reconciliation and reconstruction, especially Northern Uganda that had been ravished by war for over 20 years. Nonetheless, by the end of 2011 and years after, the region remained impoverished with limited or no facilities characterized with low education levels, low access to medical facilities, high HIV/AIDS rates, high rates of teenage pregnancy, high instances of cross-generation sex, commercial sex work, high number of orphans, and child headed-families. Scholars such as Kahunen (2010) and Kiwanuka-Tondo and Payne (2008), noted that the rapid spread of HIV/AIDS in early 1990s was due largely to political instability which diverted government attention from the issue. This study therefore intends to follow the trajectory of HIV/AIDS occurrence in Uganda and examine possible association to political stability

2.1.2 The economy, poverty and policies: an overview

In relation to political stability/instability, the economy and issues of poverty are considered factors that lead to the spread of HIV/AIDS not only in Uganda but in many parts of the world. The following discussion therefore highlights Uganda's state of the economy in each phase and consequently its poverty levels for the purpose of understanding their role in the HIV/AIDS prevalence.

1992-1994: By 1992 Uganda still experienced effects of political turmoil and in fact still had pockets of political struggles in North and Eastern regions. The country was characterised by poor infrastructure and absolute poverty was at 56%. According to Development Initiative Poverty Report released by Ministry of Finance, Planning and Economic Development (2012), Uganda recorded the highest number of people living in absolute poverty with most of the population surviving on less than a dollar a day. It is important to note that during this period, poverty was marred with inequality between men and women, urban and rural, and between regions. For example, according to Ministry of Finance, Planning and Economic Development (2010) poverty level was 24% in the central region in 1992/93 compared to the national average that was above 50%. In general, the country was characterised by high levels of poverty, low consumption levels, poor access to infrastructure such as electricity, water, sanitation, and health care.

The government of Uganda partnered with international organisations to help eradicate poverty and also develop programmes and policies such as structural adjustment programmes, including

liberalisation and privatisation policies to improve efficiency in resource allocation and maximise economic growth (Putzel, 2004). Such partnerships and programmes have been influential in fighting and plummeting levels of poverty. By 1994, poverty had declined to 50.3 percent nationwide from 55.6 percent in 1992. Between 1992 to 2009, “income poverty levels reduced from 56.6% to 24.5%, with urban poverty reducing to 9%” (World Bank, 2011:3).

1995-2000: This period was still characterised by high levels of poverty and disease though there was improved economic activity ushered in by political freedom and stability. In response to the poverty challenge, government launched a Poverty Eradication Action Plan (PEAP) to guide all public investment and to empower the poor by enhancing their incomes. By 2000, there was increase in Gross Domestic Product (GDP) to nearly 7 percent per annum and reduction in poverty to about 34 percent of the entire population (Uganda Bureau of Statistics, 2010). Such reforms improved quality of life, an important aspect in HIV/AIDS discourse. By 1999, government had borrowed up to 20 structural adjustment programmes loans from the World Bank and International Monetary Fund. An analysis by William Easterly of the Center for Global Development showed that Uganda benefited from the loans and indicated growth of GDP from 2.3% to an average of 7% during mid and late 1990s (Garbus and Marseille, 2003).

2001-2006: In line with other international agreements that recognise the right to adequate food as a basic human right, world leaders in 2000 jointly decided to put in effort to attain a world rid of poverty, hunger and disease, a world with better survival potential for mothers and their babies, a world that affords decent education to children and with even prospects for women (MOFPED, 2010). As a response to the international agreement and Uganda’s 1995 Constitutional commitment, government made a pledge to champion and supervise Uganda’s development in regard to attainment of Millennium Development Goals (MDGs), including reduction of excessive and poverty and hunger.

The Ugandan government realised the role of agriculture in its poverty eradication effort and decided to work directly with the Ministry of Agriculture to develop various programmes and policies such as the Plan for Modernisation of Agriculture, National Agricultural Advisory Services (NAADS) and so forth as part of the policy framework to boost agricultural production and consequently increase household income (Matovu et. al., 2012). There was marked improvement by 2005. An assessment of PMA showed that households that adopted enhanced

technologies had marked output. The Prosperity for All Initiative was later introduced in 2006 to refocus the struggle against poverty at domestic level. The programme aimed at micro-credit to the 'economically active poor' in the whole country. Also, the Northern Uganda Supplementary Fund (NUSAF) was set up to revive the people of northern Uganda who had been devastated by war. Worthwhile to annotate is that government encouraged income diversification, where a number of people solely relying on substance farming in 1992 drastically reduced from 53% to 28% by 2005/6 (MOFPED, 2010).

While agriculture remained a source of income for 75% of households in Uganda, many complemented it with revenue from additional economic activities which are often more productive. This characterized a subtle structural change in the livelihood sources of Ugandan households, from predominantly agricultural to diversified. In general, the situation in Uganda was seen to improve but the country was nonetheless considered poor. For example, despite noted increase in growth due to macro-economic reforms, the gross national income in 2001 was US\$260. The amount was substantially less compared to (US\$460) common for sub-Saharan African countries thus marking Uganda among the poorest countries in the world (World Bank, 2003).

2007-2011: This period witnessed low levels of poverty with significant economic growth, posting a growth rate of 8.7% per year. Uganda managed to sustain a remarkable growth rate and has been one of the fast growing economies undergoing 'catch up phase' after years of economic sluggishness and political insecurity (MOFPED, 2010). Such growth has been attributed to diversification of household resources, modernised and increased agricultural production, and expansion of education which is considered a key predictor of success of poverty eradication efforts. However, the growth was disturbed by the 2008 world economic crisis which dropped the country's growth projection from 6.5% in 2011 to 4.2% in 2012 by IMF. The drop in the economy combined with a deteriorating monetary condition (World Bank, 2013). Even with robust monetary policy feats to check inflation, it more than doubled. The Central bank raised the reserve rate from 16% in September to 23% in November 2011. Inflation increased from 14.1% in April to 30.4% in November 2011 (Uganda Bureau of Statistics, 2012). HIV/AIDS has been associated with underdevelopment and poverty. International discourse on HIV/AIDS often identifies

HIV/AIDS with Africa: the poor continent. The issues of poverty therefore are assumed to have impact HIV/AIDS incidence and prevention thus pertinent to this analysis.

2.1.3 Education and literacy levels: the context

Levels of literacy are said to affect prevalence and prevention of HIV/AIDS. The assumption is that better literacy rates imply that people can read and interpret communication and as result, make informed decisions. Literacy rates therefore have implications for the nature, prevention and ultimately coverage of HIV/AIDS in the press hence the significance of their analysis to the current study. This section therefore assesses state of education, policy and literacy rates in Uganda during the four phases qualified in the study.

1992-1994: Under the British rule, education in Uganda was limited almost exclusively to the privileged and urban elite. After independence government recognized the value of education and extended the service to all Ugandans. However, education still remained highly elitist since very few could afford it due to its financial burden. Nonetheless, due to the political insurgencies that characterised Uganda in early 1970s, by 1992 the country's education levels were miserable. The education system was characterised by poor infrastructure, inadequate learning materials, and low child enrolment into both primary and secondary schools (UN, 2000). Needless to say, there was low literacy rate at about 61%. Knowing the role education would play in promoting sustainable development and HIV/AIDS prevention, government devoted resources to the improvement of education services (syngellakis and Arudo, 2006).

The government acted fast and by 1989 the Education Review Commission was set up particularly to look into education matters and by mid 1990s the net enrolment into primary school was at 55% though characterised by high dropout rates, with about 16% failing to complete their first year of primary school and only one in three completed primary seven (UN, 2000). The Education Policy Review Commission faced with such challenges put in place policies regulating the sector to encourage school enrolment and reduce dropout rates. Policies adopted included Universal Primary Education (UPE), introduced as a basic free education for each Ugandan child. The objective of UPE was to establish, provide and maintain excellent education as the foundation for upholding and transforming society. Also, the Uganda National Curriculum Development Centre (UNCDC) revised the primary education curriculum in 1992 and thereafter introduced a more gender responsive (Kabasiime, 2010). In 1990 affirmative action policy was enacted. In this policy,

1.5 bonus points were awarded to every female seeking to enter a public university. This was in bid to increase female enrolment in higher institutions of learning (UN, 2000).

1995-2000: As stipulated in the government of Uganda White Paper of 1992, UPE was implemented in January 1997 with the aim to improve literacy levels in the country. Indeed, the programme saw an increase in enrolment and by 1999, enrolment had risen to 6.5 million, an equivalent of 85% enrolment rate (UN, 2000). The high enrolment rate in primary schools soon demanded the expansion and growth of the sector. However, female student enrolment and literacy level were grievously low. Although females constituted 51% of the population at the time, their literacy rate was at 55% compared to the male literacy rate that was 73% by 1999 (UN, 2000).

2001-2006: To further boost the literacy level, the Ministry of Education and Sports put in place several policies during this period, one of which was the Education Sector Strategic Plan (ESSP). The purpose of ESSP was to continue to implement UPE and to address its weaknesses some of which included gender inequality in education and treatment of post primary UPE beneficiaries (Syngellakis and Arudo, 2006). There was also need to address inequalities between rural and urban literacy rates. By 2005 the national literacy rate had increased from 61% in 1990 to 69.5% (Ministry of Education and Sports, 2005). Again the literacy rate was skewed in favour of men at 76% and women at 61%. Also, enrolment in higher institutions of learning had increased and Makerere recorded an increase to 41% of female student enrolment by 2002 (Kabasiime, 2010).

2007-2011: This phase saw the enactment of the Education Act meant to address different issues perturbing the education sector such as weaknesses in the UPE, USE and quality control among others. The act emphatically stipulates compulsory primary education for pupils and evokes the 1995 constitution of Uganda which states that all persons have “a right to education and that a child is entitled to education which shall be the responsibility of the state and parent of the child” (UNESCO, 2010; The 1995 Constitution of Uganda, Article xvii, 34-2). This was to address especially parents who were lax at enrolling their children in school despite free education services.

This phase also witnessed higher enrolment rates and for the first time, higher female enrolment than males. In 2007, the government of Uganda introduced Universal Secondary Education. This increased secondary school enrollment especially for girls from poor households (UNESCO, 2010). Despite the fact that the war ended in Northern Uganda, albeit continued improvement, there is still low enrollment rates and low quality of education in general. This was exacerbated by

inadequate infrastructure, high teacher to student ratios and inadequate scholastic materials. The government and NGOs have put in effort to rebuild the region. Also, in 2010, Makerere University's graduation list comprised more females (50.4%) than males. Despite this success, dropout rate of female learners still looms more often than not with many regions in the country witnessing gender disparities, especially at the completion stage of every level (Kabasiime, 2010; Makerere University Academic Registrar's Records, 2012).

2.2 Response to HIV/AIDS in Uganda: Framework

Since 1986, the national response strategy can be divided into different phases and has expanded and evolved overtime to reach other relevant sectors and accommodate changing policies, social, political and economic factors that enable or disable HIV/AIDS prevention efforts. For example, beginning of 1992 the response had strong political commitment but as seen in later discussions commitment was varied thus affecting HIV/AIDS prevention efforts. The following discussion therefore includes enabling policies, programmes, prevention strategies, that directly or indirectly affected HIV/AIDS prevention as mapped out by the Uganda National AIDS Policy (NAP) and major themes during the four periods under study. The aim is to show variations and differences during the phases to enable comparisons between them. The subsequent discussion also provides a framework that will enable comparative analysis and discussion of results in lieu of the different strategies and policies implemented in the different phases and how such variations affected HIV/AIDS coverage.

2.2.1 Government of Uganda: enabling policies and programmes

1992-1994: The first phase of HIV/AIDS policy in Uganda encompasses the time when the government recognized the need for a coordinated effort to fight the disease and laid the foundation for planning structures within which comprehensive analysis and implementation could be accomplished. Recognising that HIV/AIDS and its causes could not be adequately addressed by the health sector, the Uganda AIDS Commission was founded by the statute of parliament. The main objective of the UAC was to coordinate the development of policies and implementation of HIV/AIDS activities, integrate and harmonise efforts to fight HIV/AIDS and oversee prevention activities (Uganda AIDS Commission, 2001). In 1993, Uganda AIDS Commission led and coordinated the development of the first multisectoral National Operational Plan (NAP) which reflected the priority needs and sectors to take lead in addressing HIV/AIDS epidemic, with help

of international agencies such as the World Bank (Uganda AIDS Commission, 2001). It must be noted that government commitment was highly visible during this phase which enabled smooth operation of HIV/AIDS activities

1995-2000: At the start of the second phase, Uganda HIV/AIDS policy and the first multi sectoral plan were implemented. The beginning of 1995 saw the implementation of the multisectoral national plan for HIV/AIDS activities and Uganda effectively organised and hosted the international conference on AIDS and STDs in Africa (Okware et al, 2001). This conference highlighted Uganda's HIV/AIDS prevention efforts. National health policy reforms decentralized HIV/AIDS activities to enable accessibility and control of services such as HIV/AIDS counseling and testing at community levels. Also, the ARV Drug Access Initiative was established to advocate for easy accessibility and abridged costs for ARV drugs. By 2000, the National Strategic Framework was developed to assess the management and implementation of HIV/AIDS activities (Uganda AIDS Commission, 2001), such reforms broadened access to information, resources, services and amenities both in urban and rural areas thus enabling HIV/AIDS prevention thus shaping how it was covered by the media.

2001-2006: In 2001, Uganda accomplished the formulation of the Uganda AIDS control project under the aegis of the Multi-country AIDS Project (MAP) of the World Bank (Uganda AIDS Commission, 2010). In addition, during this period the National Strategic Framework was revised and 2001-2006 National Strategic Framework was developed to place HIV/AIDS issues into the wider national development framework. In 2003 monies from the US President's Emergency Plan for AIDS Relief (PEPFAR) were invested into HIV/AIDS awareness and prevention programmes (Mackellar et. al., 2011). It is important to note that though Uganda had received aid in the previous periods from different organisations such as the World Bank, Global Fund, UNAIDS and many others, PEPFAR funds led to contradictions and controversies because the over-reaching programmes favoured abstinence only prevention initiatives. Unfortunately, government commitment towards and intervention in HIV/AIDS activities was perceived to be low at the time. Government, and the president in particular, was criticized for handing the HIV/AIDS prevention and treatment burden to international organisations. Critics argued that because of such laxity by government, prevention strategies promoted by PEPFAR seemed to represent the national HIV/AIDS agenda (Mackellar et. al., 2011).

2007-2011: The 2001-2006 National Strategic Plan (NSP) was revised in 2007 and a 2007-2011 National Strategic Plan was adopted to help accelerate HIV/AIDS prevention in face of increased prevalence rates. In addition, a national policy on HIV/AIDS and the world of work was developed to protect PLWHA in work place (Uganda AIDS Commission, 2007). According to Uganda AIDS Commission (2011:18), A revised NSP was launched by the president on World AIDS Day in 2011. The NSP anticipated that it would revitalise the struggle against HIV/AIDS. The goals of the studied NSP were to (a) decrease HIV occurrence by 30% by 2015; (b) increase quality of life of PLHIV through alleviation of HIV/AIDS health effects by 2015; (c) expand access to services for PLHIV, OVC and other at risk people by 2015; and (d) form an effective and competent system that guarantees excellent, impartial and opportune service delivery by 2015. The new NSP epitomised a fresh condensed national commitment to the issue of HIV/AIDS (Uganda AIDS Commission, 2011).

During this time, it was noted that prevention would still be the cornerstone for an effective national response, thus the National Prevention Strategic Plan (NPSP) and other multiple sector HIV/AIDS prevention strategic plans were created and inaugurated. Overall, the fourth phase saw the creation and dissemination of various policy documents and strategies such as Second National Health Policy of 2010, National HIV/AIDS policy of 2011, Safe Male Circumcision Policy of 2010, the 2010 Public Private Partnership for Health Policy among others (Uganda AIDS Commission, 2011). Consequently, these guidelines, strategies and principles were expected not to merely uphold and certainly rise the existing impetus reached by the national response, they were expected to improve the country's possibility of achieving its vision of an HIV/AIDS free generation population by 2020.

The fourth phase can be considered a period during which the national endeavour to fight HIV/AIDS was reinstated. The UAC Board was therefore re- established and the National HIV and AIDS Policy created and distributed. The national prevention response has expanded and evolved overtime to reach other relevant sectors and accommodate changing policies, social, political and economic factors that enable or disable HIV/AIDS prevention efforts. For example, beginning of 1992 the response had strong political commitment but as seen in later discussions, commitment has varied over the years thus affecting HIV/AIDS prevention efforts.

2.2.2 The joint effort: contribution of Development Partners (DP)

Prevention of HIV/AIDS has largely been made possible by donor funds contributing over 70% of the HIV/AIDS prevention budget. There have been various donors to the cause of HIV/AIDS in Uganda including; the World Bank, Department for International Development(DFID), Swedish International Development Cooperation Agency(SIDA), US President's Emergency Plan for AIDS Relief (PEPFAR), Center for Disease Control(CDC), Norwegian Agency for Development Cooperation(NORAD), The Danish International Development Agency(DANIDA), Japan International Cooperation Agency(JICA), German Technical Cooperation Agency (GTZ), Ireland Aid etc. In 1994, through the International Development Association, Uganda accessed a US\$75 million loan from World Bank; a zero interest loan with a ten-year grace period to manage sexually transmitted infections (STIP) (Garbus and Marseille, 2003). Between 1989 and 1998, a total of approximately US\$180 million had been donated to Uganda to support HIV/AIDS prevention efforts. The sum amounted to about 70% of the country's total expenditure on HIV/AIDS prevention and treatment activities (USAID, 2002).

2001-2006: Uganda relied mostly on external funds for HIV/AIDS activities for example in 2001, external donors spent 43.7 million on HIV/AIDS care and support, capacity building, prevention and HIV testing and counseling. Uganda also qualified for the US\$ 47.5 million fund for 2001-2006 under the Multi-country HIV/AIDS programme (MAP). During this period, Uganda was also approved for US\$36,314,892 first round of Global fund to fight HIV/AIDS, tuberculosis and malaria and in 2003: Uganda was among the many beneficiaries of PEPFAR (African Development Bank, 2011; Garbus and Marseille, 2003:12).

2007-2011: During this period Uganda qualified for another sum of Global Fund to fight HIV/AIDS. A total of US\$70,357,632 over a two-year period was accessed with the intention to increase antiretroviral therapy and support orphans (Mackellar et. al., 2011). However, controversy hit Uganda with regard to HIV/AIDS prevention strategies and issues to do with men who have sex with men. In 2009 a homosexuality bill, a legislative proposal meant to criminalise same sex relations was tabled in parliament. The tabling of the bill led to massive media coverage, contestations and interruption of aid as donors withdrew resources from the country. Also, global funds received in 2004 to aid HIV/AIDS activities were suspended in 2007 due to mismanagement thus affecting HIV/AIDS prevention efforts (Mackellar et. al., 2011). Finally, due to glaring money

controversies, a National HIV/AIDS policy was passed in 2010 to enable better management of HIV/AIDS activities. There is no doubt therefore that different activities by development partners affected the course of HIV/AIDS in Uganda and ultimately the nature of its coverage by the press hence the significance of this work to the ongoing discussion.

2.2.3 Civil society and nongovernment organisations

1992-1994: As noted earlier, government established NACP to manage issues of HIV/AIDS. Among one of its strategies, with the encouragement of the president, was to enlist community leaders, religious organisations and civil society organisations in HIV/AIDS awareness and prevention activities. These were already active in HIV/AIDS prevention and awareness during the time when the country was plunged in political strife and HIV/AIDS was not a government priority. The Museveni government acknowledged these groups and their importance in HIV/AIDS prevention and thus officially made them part of the prevention strategies and response. Some of these organisations such as The AIDS Support Organisation (TASO) and Traditional Healers and Modern Practitioners Together against AIDS (THETA), have become global models for best practices for HIV/AIDS prevention and treatment (Garbus and Marseille, 2003; Kagimu et.al., 1998). Religious organisations also played a vital role in HIV/AIDS prevention and care. In Uganda 85% of the population is Christian, 14% Muslim, and 2% are either Hindu or believe in African tradition or are atheists (U. S Bureau of Democracy, Human Rights and Labour, 2014). The influential nature of religion implied that the involvement of religious groups was crucial to HIV/AIDS prevention and treatment and ultimately, to this discussion.

In 1988, the Ugandan Bishops issued a statement on HIV/AIDS to highlight care and compassion for PLWHA. The church also set up mission hospitals that later became one of the first institutions to set up HIV/AIDS care and support programmes in the country. The church similarly designed HIV/AIDS mobile home care projects and came up with specific programmes aimed at widows and orphans living with HIV/AIDS (Kaleeba et.al., 2000). The next year (1989), the Moslem Medical Association of Uganda (MMAU) organised a national AIDS education workshop in which support from the highest level of the Moslem community was declared. In 1992, the Traditional Healers and Modern Practitioners Together Against AIDS (THETA), trained and equipped traditional healers in Kampala with HIV/AIDS/STI prevention skills, turning them into

community educators and counselors. Upon request from UAC, THETA extended its training programme to rural areas in the country for the next years.

1995-2000: In 1995, THETA started a Resource Center for Traditional Medicine and AIDS. The Center consists of a library and a bureau. The facility enables sharing of information and networking at both local and international scenes through publication of training kits, newsletters, booklets and educational videos (UNAIDS, 2002). THETA became a model for best practice and was in 2000 asked by UNAIDS to host a conference that discussed traditional medicine and HIV/AIDS in East and Southern Africa. At the conference, THETA was also nominated as the regional secretariat of a taskforce with the intention to create partnerships amongst traditional and modern health sectors for HIV/AIDS research, prevention and care (UNAIDS, 2002). CBOs and NGOs continued to increase in Uganda and by 1997, there were at least 1,020 in the country. Such increase also meant increase in HIV/AIDS prevention and advocacy activities, thus likely led to increase in coverage of the issue of HIV/AIDS in the media.

2001-2006: According to Garbus and Marseille (2003:13), the amalgamated Transport and General Workers' Union and the Uganda Railway Workers Union started an HIV/AIDS/STI project in 2001. The project targeted long distance truck drivers, their assistants, sex workers, lodge, bar, and restaurant workers in a bid to increase awareness about HIV/AIDS amongst these groups. In the private sectors, initiatives such as Uganda Business Council on HIV/AIDS and the Private Sector Self-coordinating entity were created and these managed to gather deputies from multinational companies, local businesses, insurance companies, people from the informal sector and trade unions to attend to the issues of HIV/AIDS prevention, care and treatment (Garbus and Marseille, 2003). By 2003 there were about 2500 NGOs and CBOs working on HIV/AIDS activities in Uganda and in total civil society provided about 70% of voluntary counseling and testing and they worked together with Joint Clinical Research Center (JCRC) to provide nutritional supplement to over 35,000 PLWHA.

2007-2011: Through this period, Islamic Medical Association managed several HIV/AIDS related projects some of which included; the Madarasa AIDS education and prevention, Community Action for AIDS prevention, Family AIDS Education and Prevention through Imams (Uganda AIDS Commission, 2010). The church has also continued its HIV/AIDS care activism. However, there arose a controversy in mid 2000s with religious leaders trying to encourage abstinence only

as a prevention strategy and deeming the others, especially condom use as encouraging sexual immorality. TASO has continued its work of HIV/AIDS prevention and care and tackling the issue of stigma and discrimination of PLWHA. It has expanded over the years to include pre and post-test HIV/AIDS counseling, provision of ART, HIV/AIDS education and awareness and training of HIV/AIDS counselors and peer educators.

2.2.4 HIV/AIDS awareness, knowledge, and behavioral change

1992-1994: In the course of this period, Uganda registered a peak in HIV infections at 18.3 percent and 30 percent in some sentinel sites. As earlier mentioned, knowledge about HIV/AIDS was poor during this time therefore ignorance, coupled with reckless sexual behaviour worked to accelerate the spread of HIV/AIDS. As a response, the multisectoral approach to control HIV/AIDS epidemic was adopted in 1992. The approach was to provide “love and care for affected people, promote fidelity, abstinence and voluntary HIV/AIDS counseling and testing, spread information and communication through faith based organizations and non-government organizations” to support and care for orphans, and to ensure safe blood transfusion services. Raising awareness was a mainstay of the approach and preventative messages included fear appeals (Uganda AIDS Commission, 2010:23). Prevention efforts also included use of condoms and avoidance of casual and multiple sexual contacts and anti-stigma messages. The approach was comprehensive and behavioral change was a major characteristic with the president emphasizing the need for ‘zero grazing’ (faithful to one’s sexual partner) (Epstein, 2007). During direct interactions with Ugandans let’s say at a rally, Museveni underscored the fact that the struggle against HIV/AIDS was a nationalistic obligation of everyone, and that it required being candid, and required focused leadership from all levels of governance. His compelling frank approach to tackling HIV/AIDS issues positioned HIV/AIDS on the development and national media agenda, and in the process fostered behaviour change.

1995-2000: By 1995, HIV/AIDS prevalence had declined to 13 percent nationally and to 5 percent by 2000 (Kiwanuka-Tondo et.al., 2003). The period also witnessed improved behavior change patterns. For example, between 1995 and 1998 sex with non-regular partners reduced and condom use increased from 57.6 percent to 76 percent (Tumushabe, 2006; Ministry of Health, 1998). Stoneburner and Low-Beer (2004), Green (2003) and Epstein (2004, 2005b) noted that a reduction in casual and different sexual partners was predominantly accountable for Uganda’s HIV/AIDS

prevention achievements in the 1990s and early 2000s. According to Epstein (2004) and Shelton (2004), the percentage of men attesting to three or more non-regular sex partners had reduced immensely from 1989 to 1995.

2001-2006: A study carried out among risk groups in Uganda in 2003 indicated that awareness was high across all risk groups and altogether groups showed comprehensive understanding that HIV could be transmitted via heterosexual intercourse, sharing of unsterilized equipment and contact with infected blood or infected body fluid. In 2006, variations in age of first sexual encounters, condom use and commercial and casual sex tendencies were noted. AIDS fatigue or complacency was also on the rise. AIDS fatigue was attributed to increased availability of ARVs and change in perception of HIV/AIDS from a death sentence to a long-term disease. In addition, investment of PEPFAR funds led to emphasis on abstinence only prevention strategies. President Museveni's stance on condom use changed, saying that when he assented to condom use as a prevention strategy, condoms were meant for prostitutes but instead condoms were promoting promiscuity among young people. It must however be remembered that though there was increase in condoms use, there was also increase in number of sexual partners especially among married people and those in long-term relationships (Uganda Ministry of Health, 2008).

2007-2011: By 2011, awareness about HIV/AIDS was almost universal in Uganda. An assessment of the trends, drivers of HIV/AIDS pandemic and the extent of infection among 15-49-year-old Ugandans however, divulged a renaissance of risky sexual behaviours. An increased number of Ugandans during this period were found to have not only multiple sex partners but had also had sex with high-risk partners, and yet their use of condoms was inconsistent (Musingunzi et. al., 2014).

2.2.5 Stigma, discrimination, blame and risk groups

1992-1994: In the early and late 1980s, HIV/AIDS was deemed a death sentence and anyone that showed symptoms of AIDS disease (extreme weight loss, loss of hair, sunken eyes and skin rash) was feared and avoided. By 1992, high-risk groups were identified generally as long distance truck drivers, sex workers and people who lived in urban areas. Some blamed the Tanzanian soldiers who had crossed into Uganda during the liberation war for having carried the virus into the country (Garbus and Marseille, 2003). At the height of HIV/AIDS prevalence, fear and commotion, TASO was created to provide care and support to PLWHA, a task it continues to play to date. A joint

study by TASO and UNAIDS about HIV/AIDS related stigma and discrimination found that during early 1990s members of the community were not willing to provide care and support to people affected by and those living with HIV/AIDS for fear of being ostracised by the community or at worst, contracting the HIV virus.

1995-2000: In the late 1990s, the same study by TASO and UNAIDS found a decline in level of stigma and discrimination. Improvement was also found in workplaces and some PLWHA were able to keep their jobs or even get employment. However, despite improvement, stigma and discrimination of PLWHA was still high during this time. Sex workers, long distance truck drivers were still key identified risk groups. A study by Pickering et.al., (1997) about casual and commercial sex in one of the trading towns in Uganda found that leading clients of sex workers were long distance drivers. Also, another group identified in this study were fishermen from neighboring fishing communities. Urban areas were still associated with high prevalence of HIV/AIDS virus and reckless lifestyles were still blamed for the spread of HIV/AIDS. There was higher number of women infected with HIV/AIDS. Despite increase in women empowerment, Sekatawa (2000) and Ntozi, Najjumba, Ahimbisibwe, Ayiga and Odwee (2003:108) noted that HIV/AIDS during this period began to increase between ages 15 and 19 and peaked between ages 25 and 30. Among the 15 to 19 year olds however, “girls were two to six times more likely to be HIV positive than the boys”. In 2000, the Uganda Demographic Health Survey also noted that 11% of girls in this group had first sexual partners who were ten years older than they were, once again bringing to light the issue of cross generational relationships and its place in the HIV/AIDS discourse in Uganda.

2001-2006: By 2001, at least 47.4% of women were found to respond positively to the privacy of PLWHA unlike 28.2% of the male. The study showed that despite improved education and awareness about HIV/AIDS transmission and prevention, many people still discriminated against PLWHA. In a bid to smear his major political opponent in 2001, Museveni told *The Times* reporter that his strongest opponent had HIV/AIDS and as a result was not suitable for presidency. He argued that a president should be in control of both his mental and physical faculties (Tumushabe, 2006). Given his position and role in HIV/AIDS prevention in the country, Museveni’s comments were seen to promote stigma and discrimination against PLWHAS. His statements also contradicted with HIV/AIDS prevention policies that discouraged stigma of PLWHA.

2007-2011: This period started with increased rate of complacency and HIV/AIDS infection rates. The Ugandan Medical Research Council in April 2008 to May 2009 carried out a survey among 1,027 Female Sexual Workers (FSWs) in Kampala. The study revealed that HIV/AIDS prevalence stood at 37% within the FSW surveyed. The study also noted a rise in prevalence with age, increasing from 29% among FSW aged less than 25 years to 48% among those aged above 35 thus indicating that though the face of HIV/AIDS was changing, it was still high among groups that for long have been noted to be at risk. There was also a change of the face of HIV/AIDS from predominantly infecting sex workers and long distance truck drivers to married or cohabiting couples (Uganda Ministry of Health, 2012). These were considered to be at a high risk of contracting HIV/AIDS due to several reasons such as unfaithful partners, sexual networks, and inconsistent condom use.

2.2.6 People Living With HIV/AIDS (PLWHA) and Antiretroviral Treatment (ART)

1992-1994: During this time anti-retroviral treatment was available but to only those who could afford it; therefore, many people who acquired HIV only treated opportunistic infections. The Joint Clinical Research Center (JCRC) was created in 1990 with support from USAID and one of its major mandates was to purchase and supply ARVs in Uganda. However, ARVs were hardly accessible due to high cost.

1995-2000: In a bid to increase access to ART, the Ministry of Health created the National Committee on access to ARV therapy in 1996 and also the Drug Access Initiative in 1998 to advocate for reduction of ARVs prices and to establish necessary infrastructure for administering the drugs. The “first line of ART regimen in Uganda reduced from US\$12,000 in 1997 to about 7,200 in 1999” (Garbus and Marseille, 2003:7). In 2000, JCRC started to import low cost generic ARVs. This was considered a breakthrough in HIV/AIDS prevention and treatment since the cost of ARVs was significantly lowered. The majority of the population at the time however, was predominantly poor and therefore many PLWHA could not afford treatment.

2001-2006: During this phase, access to ARVs had generally increased though only a section of people who needed them actually accessed them. By 2003, about 10, 000 PLWHA were receiving ART and an estimated 150,000 PLWHA still had no access to ART drugs. By 2006, in addition to JCRC, there were other private facilities such as pharmacies, or specialized HIV/AIDS clinics accredited by Ministry of Health to distribute ARV drugs (Garbus and Marseille, 2003). Despite

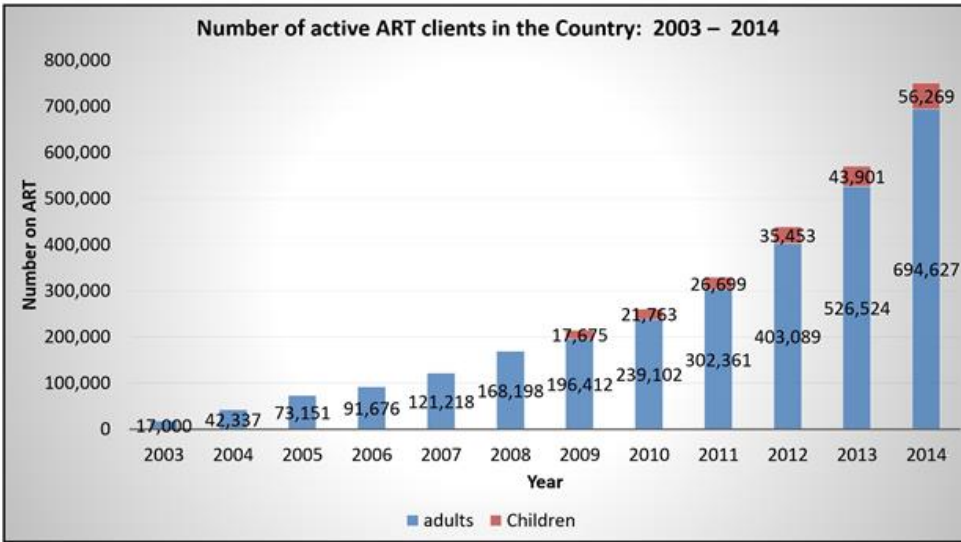
limited funds due financial irregularities, JCRC started free ARV medication to PLWHA in 2004 funded by World Bank and Global Fund. By 2006, about 24% of PLWHA who needed ARVs received them (Avert, 2015). This was a notable improvement.

2007-2011: Due to financial irregularities of 2005-6 that affected ARV provision, the number of people who accessed ART dropped. Global Fund however, started grant disbursements again in 2008. In 2009/10, the government of Uganda also increased her percent fund to ART to 10.5. In addition, the ART drug factory was opened in Luzira in 2007. The factory works in partnership with CIPLA, an Indian company that produces ARV drugs. The factory was expected to lower the cost of ARV treatment and increase accessibility to PLWHA who were in need of treatment. Currently, it is estimated that 54% of people in need of ART medication have access. 64% of these are adults while 32 % are children (Avert, 2015). However, general concern is that availability of drugs, which changes the general continence of PLWHA, has led to complacency. That people do not stop to think about the challenges of living with HIV/AIDS let alone taking ARVS. Ezeamama et. al., (2016) discussed in detail the quality of life of PLWHA on HAART in Uganda. According to their results, many PLWHA suffer depression and anxiety, which is a result of different factors such as increased burden on limited finances, body changes due to disease or drug intake and discrimination: factors which contribute to low quality of life. This contradicts a generalized notion, albeit inadvertent, that living positive with HIV is informal.

2.2.7 HIV/AIDS Counseling and Testing (HCT)

1992-1994: Uganda started voluntary HIV/AIDS counseling and testing through AIDS Information Center (AIC) in 1990. Though there were few Voluntary Counseling and Testing (VCT) centers other than AIC and a few research programmes, government encouraged VCT as a major HIV/AIDS prevention strategy at a time when WHO did not consider it. The AIC initiated delivery of same day results and establishment of posttest clubs to offer social support for behavioral change, one's HIV/AIDS status notwithstanding (Garbus and Marseille, 2003). Initially, VCT was free but cost sharing started in 1994, a move deemed rather costly to HIV/AIDS prevention efforts. To cater for vulnerable groups such as women and youths that could not afford VCT, AIC instituted "free days" to receive VCT.

Figure 2. 1: Number of active ART clients in Uganda: 2003-2014



Source: The 2014 Uganda HIV and AIDS Country Progress Report

By 1995, there was a general change in attitudes towards HIV/AIDS counseling and testing in the country. The government championed this strategy, showing the public that the earlier one knows about one's HIV status, the earlier and easier the monitoring and treatment. Voluntary testing centers were set up both in rural and urban areas hence increasing the number of people seeking HIV/AIDS testing and counseling.

2001 -2006: In 2002, AIC VCT centers had increased to about 70 countrywide and served approximately 55,000 clients. VCT services covered 34 out of 56 districts (Uganda AIDS Commission, 2007:32). Although other publicly funded and private centers provided VCT services, coverage was still considered low (WHO, 2002).

2007-2011: Due to increased HIV/AIDS rates during this period, government adopted robust prevention strategies which included routine HIV/AIDS counseling and testing in all medical facilities, and a media education campaign specifically targeting the married people or those in long-term relations was set up. By 2010, HIV testing and counseling was available in more than 2000 health centers and about only 5% of Ugandans were opposed to routine counseling and testing (Avert, 2015).

2.2.8 Condom use and distribution

During 1992-1994, it is important to note that government did not overtly push condom use, but rather subtly encouraged their distribution and use through social marketing channels. Condoms were encouraged as a last resort after one failed to adhere to abstinence and being faithful to one's sexual partners (AB). Abstinence and faithfulness were preferred to condom use (Green et al, 2006). In fact, the president, a champion of HIV/AIDS prevention, was reluctant to promote condoms during this period and many religious leaders were opposed to their distribution claiming that condoms could aggravate reckless sexual behavior (Kaleeba, et.al., 2000). However, by mid-1990s, condom use was generally accepted.

1995-2000. Increase in condom distribution was noted from 1.5 million in 1992 to 10 million by 1996 and between 1997 to 2000 approximately 150 million condoms were acquired by the Sexually Transmitted Infected Project (STIP) (Africomnet, 2007). In the 1995/6 and 2004/5 Demographic Health Surveys, increase in condom use was also noted. For example, increase among women was noted from "1% in 1989 to 6% in 1995 and to 16% in 2000 while for male condom was at 16% in 1995 and at 40% in 2000". Although there was a marked improvement during this period, condom use was still low. Most important to note as well is the fact that even those who acknowledged use of condoms used them inconsistently, with only 6% reporting consistent condom use by 2000 (Ministry of Health-Uganda Demographic and Health Surveys, 1995/6; 2004/5:66).

2001-2006: In 2001-2002, approximately 50 million condoms were supplied by Ministry of Health. In 2003, though the number of procured condoms had increased over the years, there was still low usage characterised by gender differences (Ntozi, et.al., 2003). For example, the Uganda Demographic Survey (2000-01) found that only 6.9% of women who had had sex a year before had used condoms compared to 14.7% of men. The end of this phase signaled increase in condom distribution for example, in 2004 alone, 39.1 million condoms were procured by Ministry of Health and AFFORD while at the end of 2006, 105.5 million condoms were purchased (Uganda AIDS Commission, 2007).

2007-2011: It is worth mentioning that during this period, the most popular behavioral change adopted by young adults was condom use (Uganda AIDS Commission, 2010). It is cautious to mention that the female condom during this phase and all other phases was the least used or

procured, in fact even its discussion is almost nonexistent. Through 2008 and 2009 the Uganda government accepted backing for procurement of condoms from different international organisations including AMREF, UNFPA and Marries Stopes International thus a remarkable increase in condom distribution. The limitation realized however, is that even with the existence of national condom promotion guidelines, services targeted Most at Risk Populations (MARPs) (UAC, 2008) and the 2008 to 2009 Uganda National UNGASS report decried that “less than half of risky sexual acts were protected by condoms”. (Uganda AIDS Commission, 2010:26). Also, general condom uptake and consistency of use tended to be affected by cultural and social perceptions which portrayed those who purchased condoms as sexually loose. This was especially true for women. Although such notions were more apparent in early phases of HIV/AIDS prevention, with the president at one point noting that he assented to the promotion of condom use because he thought condoms were aimed at prostitutes, they still exist among a vast number of Ugandans, both educated and semi/not educated.

2.2.9 Medical male circumcision

1992-2000: Although male circumcision occurred in Uganda during this period, it was limited to men from circumcising ethnic groups and those in the Moslem community. Male circumcision had never been recognized as a tool for HIV/AIDS prevention in Uganda during or before this period. Its coverage by the media therefore would be expected to be limited to other cultural or social issues.

2007-2011: After a study by WHO and UNAIDS revealed that medical male circumcision could prevent HIV transmission by about 60 percent, medical male circumcision was encouraged as a preventative strategy and was rolled out in 2011 as a national preventative strategy (Uganda Ministry of Health, 2012). By the end of 2011, a mere 23.6% of 15-49-year-old males were circumcised. The government and its partners such as Makerere Walter Reed Project among others however targeted 70% coverage countrywide among males of the above age group by 2015 (MoH, 2011).

2.2.10 Prevention of Mother to Child Transmission (PMTCT)

1992-1994: By 1992, transmission of HIV/AIDS from mother to child was known by many Ugandans however, there was no official prevention strategy. It was not until different trials were

carried out in the country and in the international community in the mid-1990s that prevention strategies were arrived at.

1995-2000: Uganda Demographic Health Survey (Ministry of Health, 1995) indicated that by 1995 85.8% of women and 84.4% of men knew about Mother to Child Transmission (MTCT) of HIV/AIDS at birth and only 0.6% and 0.5% respectively were aware about MTCT through breastfeeding. In 1996, Uganda started HIV vaccine trials and also participated in the research that aimed at prevention of HIV transmission from mother-to-child using anti-retroviral drugs.

2001-2006: In 2001, 89.1% of women and 88.8% of men were aware of MTCT at birth and 46.3% of women and 43.3% of men were aware of MTCT through breastfeeding. Despite increased need for PMTCT services, according to WHO, by 2001 only 41,000 clients received services. PMTCT services experienced challenges such as inadequate infrastructure at antenatal clinics, low involvement of male partners among others. To address the above challenges, the capacity for national coordination was strengthened through establishment of PMTCT National Coordination Center and PMTCT stakeholders group.

By 2003, 32% of HIV/AIDS pregnant mothers opted for formula feeding to prevent MTCT. Although this was low, it was an improvement given that previously, HIV positive mothers chose to breastfeed their babies due to stigma and discrimination. After a randomized (SIMBA) study in Uganda and Rwanda, HIV positive mothers were urged to breastfeed exclusively for three to six months after birth and thereafter adopt formula feeding as a strategy of PMTCT. This was favorable because it averted the prying eyes of family members and reduced instances of stigma and discrimination (Garbus and Marseille, 2003).

2007-2011: MTCT in the latest phase of this study accounted for about 20 percent of new infections: listing it among the leading avenues for HIV/AIDS transmission after heterosexual relations. Prevention of Mother-to-child transmission (PMTCT) of HIV was therefore scaled up to prevent such prohibitive measure of HIV transmission to children. By 2011, an estimated 86% of HIV positive mothers received ART treatment. PMTCT has been placed high on the Uganda's political, social agenda (Avert, 2015) and media agenda thus its relevance to this research.

Figure 2. 2 Number of PMTCT Sites by Level, 2009

Level of facility	Total number	Coverage by June 2007	Coverage by June 2008	Coverage by June 2009
Hospitals	113	98	102	98
Health Centre IV	161	151	159	150
Health Centre III	955	258	385	699
Health Centre II	1887	61	86	234
Total up to HC III	1229	507 (41.3%)	646 (52.6%)	947 (77%)

Source: PMTCT Annual Report, MoH; Uganda Country Report, 2010

2.2.11 Summary of the response to HIV/AIDS in Uganda

In summary, Uganda adopted a comprehensive and multisectoral approach to HIV/AIDS prevention ranging from issues of poverty to poor education and empowerment of women and youths. Other, more specific strategies such as HCT, PMTCT, condom use, abstinence and faithfulness to one's sexual partner(s) have all worked together to tackle the issue of HIV/AIDS prevention and whether the difference in levels of implementation between the four periods affected the trend of HIV/AIDS and its coverage by the press remains to be determined in the later chapters of this thesis.

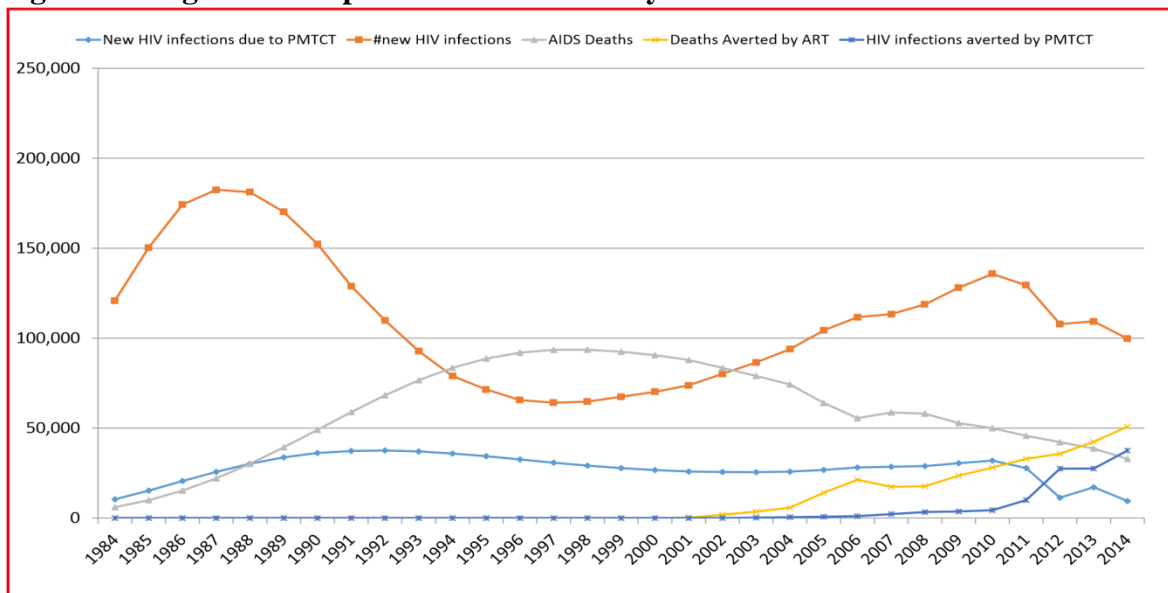
In view of the foregoing, it is imperative to be cognizant of the fact that the media anchored the above strategies and campaigns. Government continues to rely heavily on the media for dissemination of Information, Education and Communication (IEC) and behavioural change message propagation. Since 1986, Uganda has undergone fundamental political and social changes that include measurable political pluralism and media liberalization (Chibita and Kibombo, 2013; Tabaire, 2007). This opened the door to the development of different broadcasting stations (radio stations such as *Capital FM* and television stations such as *Wavamuna Broadcasting Service*) and publications (such as *New Vision*, *The Monitor*, *The Observer*, *The East African*, and *The Crusader*, etc.).

These developments meant that the government had many communication channels for HIV/AIDS campaigns. Indeed, it has been generally established that radio is the most popular medium of communication. However, because of the dearth of literature and the suitability of the medium to content analysis, this study focuses on newspaper coverage. Moreover, as more people became educated and engaged in formal employment, newspapers became a major source of information

especially among urban dwellers thus making the study of newspaper coverage of HIV/AIDS more imperative. HIV/AIDS is still a social and economic threat to Uganda, where increase in HIV/AIDS infection rates was noted in 2005 (Kiweewa, 2008) through 2013.

This study is based on the proposition that the manner in which newspapers cover HIV/AIDS and the prominence they give to specific HIV/AIDS issues is a determinant of how the public will respond, given the influential nature of newspaper messages. A call to go beyond behaviour change and information dissemination should be considered as the media can play a crucial role as a change agent to translate acquired information into practice. Using newspapers to study coverage of HIV/AIDS works as a significant measure of how critical the subject is on both policy and social agendas of Uganda.

Figure 1. 3:Uganda HIV prevalence trends early 1980s to 2014



Source: The 2014 Uganda HIV and AIDS Country Progress Report

2.3 Ugandan Print Media: Historical and Current Perspectives

The first media conduits in Uganda were predominantly missionary-based monthly newsletters. These included English *Mengo Notes*, first printed by the Church Missionary Society (CMS) in 1900 as a newsletter and later retitled *Uganda Notes* in 1902. In 1907, the CMS started publication of *Ebiffa mu Buganda*, a Luganda monthly publication. The paper was renamed *Ebiffa mu Uganda* in 1943 so as to cater to the general population and in 1956 redesigned into a bi-monthly journal. It was later renamed *New Day*, an English language paper (Uganda Media Freedom 2007:9,10;

Isoba John, 1980). At the same time *Munno*, a Roman Catholic newsletter started in 1911. Though set out as a religious paper, it later took interest in political issues which led to it being banned 1976 by Amin government in 1976 (Uganda Media Freedom 2007:9). Other papers published during the colonial period included *Agaffa e Mengo*, *Matalisi*, *The Ugandan Herald* and so forth (Isoba, 1980).

Although the newspapers flourished, they were restricted. The colonial government enforced various restrictions such as the Newspapers Surety Ordinance No.9 of 1915 and the Press Censorship Ordinance No.4 of 1915 that chastened any put out material concerning British Military Activity (Barya, et. al., 2004). In 1930s, additional local language newspapers started publication. However, during the second world war, non-government publications that were reluctant to circulate the official line were expunged and consequently, in 1949, the Press and Censorship Publications Act was approved leading to a ban of more prominent private newspapers thus reducing the number of publications (Gariyo, 1992).

In 1950s newsprints, such as *Uganda Eyogera*, *Ndimugezi* and *Uganda Post* and many others began publication. However, the colonial government exercised constricted regulation of the newspaper industry which led to a short lifespan of the majority of private papers (Gariyo, 1992; Isoba, 1980:227-231). For example, the “*Uganda Post*, *Uganda Eyogera*, and *Uganda Express* newspapers were briefly suspended in 1955” and barred from publishing (Nelson, 1986:29). Newspapers were also confronted with varied challenges such as trouble acquiring trained staff plus insufficient advertising revenue. This led many to close as was the case of *Uganda Mail*, *Uganda Times* and *Uganda Express* (Kirumira and Ajwang, 2007).

The media were also prone to treason and defamation stipulations of the Penal Code of 1950. Journalists who were suspected of violating the provisions as a result of

“printing, publishing, importing, selling, or disseminating treasonable information were subjected to a maximum penalty of five years in prison or a fine not more than fifty thousand Ugandan shillings, while on a following conviction, if convicted, a journalist was subject up to seven years of imprisonment” (Matovu, 1990: 347-350).

During the post-independence era, print media continued to grow especially in 1960s, though many publications lasted a few years (Isoba, 1980: 227-31). In addition, post-colonial governments only brooked self-governing publications which circumvented coverage and avoided condemnation of

government activities, while publications that condemned government undertakings, were proscribed (Uganda Media Development Foundation, 2006).

In 1972 for example, Idi Amin issued the Newspaper and Publication (Amendment) Decree which stipulated that “the Minister may, if he is satisfied that it is in the ‘public interest’ to do so by statutory order, prohibit the publication of any newspaper for a specified or indefinite period” (Barya et al, 2004:3), a provision under which he barred publication by handpicked independent newsprints and also expelled foreign publications saying they were owned by “confusing agents”, that is, individuals or companies that disagreed with him (Isoba, 1980; Matovu, 1990). During this time, though a small number of independent newspapers succeeded in publication, persecution notwithstanding, the public relied primarily on airwaves as a channel of mass communication which in turn affected the progress print media reached during the 1950s and 1960s (Isoba, 1980: 225, 233). In sum, during the initial twenty-five years of Uganda’s independence, the mass media generally reverberated government concerns and could not afford the comprehensive gamut of information required to engender public discussion and embolden state accountability (Uganda Media Development Foundation, 2006).

1992-1994: Liberalization of the media sector slowly started in 1990s, with various radio and televisions stations as well as newspapers starting operation in various parts of the country. Laws were passed to enable the process of liberalization. These included the Communication Commission Act, the Press and Journalist Act among other (Human Rights Network for Journalist, 2012). Foundation for Human Rights Initiative (2007) contrasts the period before and the period after independence where the National Resistance Movement (NRM) government under President Yoweri Museveni oversaw the demise of government control of the media. The new government also augmented liberalization of the media which led to an increase in television channels, radio stations and newspaper publications. However, due to multiple media reforms the current government has registered the highest number of media regulatory structures which it argues, are meant to manage the liberalised media industry (Uganda Media Development Foundation, 2006; FHRI, 2007).

2.3.1 Print media and the movement era

1992-1994: Print media, after its agony and deterioration in the preceding regimes gained momentum and started to burgeon under favourable liberal media policies. Though print media

has not proliferated as much as the radio sector, and various papers such as *Weekly Topic*, *Munansi*, *Star* and *Citizen* having stopped publication, the new registered newspapers and magazines published reached seventy by the end of 1990s (Kajoba, 1998: 138). In the late 1980s and early 1990s however, *New Vision*, a government owned newspaper was most dominant. According to FHRI, (2007) the establishment of *Daily Monitor* in 1992: a private daily publication signalled the founding of a crucial counterweight to the state owned *New Vision*. Together, the two publications epitomised the two greatest and predominantly read newspapers in Uganda. The *New Vision* became a corporation: The *New Vision* Printing Corporation and started publication of four vernacular language newspapers; *Bukedde*, a daily publication and three weeklies; *Etop*, *Orumuri* and *Rupiny* (The *New Vision* Report, 2013).

1995-2000: Other newspapers that publish and circulate within the country include *The East African*, a regional weekly published by the Nation Media Group which distributes widely to Uganda's elite crowds. At the extreme edge of the continuum is *The Red Pepper*, a tabloid that started as a weekly but later became a daily. *Red Paper* centers on scandalous and salacious stories, causing it to be widely criticized. The paper has been charged a number of times for printing and circulating indecent images and stories but it's editors argued that the paper plays its watchdog role. That the newspaper publishes true accounts which are intended to awaken society. All newsprint publications in Uganda are published in Kampala and thereafter distributed countrywide with copies of the *New Vision* and *The Monitor* reaching both Kenya and Tanzania (FHRI, 2007; Uganda Media Development Foundation, 2006).

2.3.2 Press-state relations

2001-2006 and 2007-2011: The relationship between the government and media in the country, though generally good, fluctuates. Critics argue that perhaps progress is a reaction to the repulsive environment in which the media functioned throughout President Idi Amin's leadership instead of a reflection of the existing apparent liberal practice and press freedom (FHRI, 2007). Amin's leadership saw journalist lose their lives and critics argue that just because journalists no longer lose their lives and the state no longer conducts arbitrary censorship and intimidation that is not to qualify as good press-state relations (FHRI, 2007). All in all, a liberalised environment allows easy access to licenses to operate, less censorship and relative freedom of the press. Since 1986, the government has approved significant media transformations (FHRI, 2007). In fact, media have

been allies with government in the campaign against poverty, exposing corruption and especially, in the campaign against HIV/AIDS.

However, tensions still exist. The regime has condemned the media for focusing on sensationalist reports. Sometimes the president has been frustrated especially by the media's instinctive propensity to pay attention to challenges and adversities within the country, ignoring the positive aspects. Museveni has on occasion asserted that such reporting pushes away global financiers and refers to it as "enemy action"(FHRI, 2007). Journalists as well criticise the government and its armed officials, especially the police for excessive use of force and torture. Nonetheless, Museveni's leadership maintains an open door policy to the media industry thus inspiring a degree of openness and easy access (FHRI, 2007).

2.3.3 Role of the media in HIV/AIDS prevention

James Lull (2000:10) noted that,

“communication is the social nexus where interpersonal relations and technological innovation, political, economic incentives, and social-cultural ambition, light entertainment and serious information, local environment and global influences, form and content, substance and style all intersect, interact, and influence each other”.

Applying this to the use of media in HIV/AIDS prevention implies that when purposefully employed, media can be instrumental in HIV/AIDS prevention efforts. The media can play different roles in the cause of HIV/AIDS. For instance, talking about HIV/AIDS especially on elevated platforms as the media opens channels of communication and in the process fosters discussion of HIV/AIDS in interpersonal relationships thus breaking the barriers to individual behaviour change. The media can also challenge stigma and discrimination of PLWHA by bringing to the fore their issues, promote HIV/AIDS services, education, make known necessary policy changes and mainstream HIV/AIDS issues into the wider public agenda.

Behaviour experts argued that education is the vaccine against HIV/AIDS. Such education however, needs to reach a wider audience for it to be effective. The media have the power to reach a wide audience in a short period of time and therefore, their role in HIV/AIDS education and awareness becomes invaluable. According to UNAIDS (2004), media establishments have taken up the challenge and are working with various organisations to promote awareness of HIV/AIDS and educate readers about the causes of, and prevention of HIV/AIDS (UNAIDS, 2004). The

media have over the years been involved in different activities to stem the tide of HIV/AIDS infections and have played important roles in HIV/AIDS prevention worldwide by creating awareness and sensitizing people.

Exposure to behavioral change communication messages through different media “is the most effective way to change knowledge, attitudes, and behavior. Use of mass media is expected to reach a larger audience and help reinforce messages” (Bessinger, Katende and Gupta, 2004:308; Piotrow et. al., 1997). The mass media are in an influential place to not merely portray dominant viewpoints, but to also affect and be their front-runner. Therefore, by communicating current events, the media can develop and disseminate public opinion (Wang et. al., 2009). Currently, a large part of Ugandan public gains understanding about issues regarding HIV/AIDS from the media (Chapman and Lupton, 2004) making media a probable influential change agent. When systematically responsive, the media are able to afford valuable information to public health officials or still nudge indisposed leaders to make decisions of national significance (Wang et. al., 2009).

In Uganda, the government has actively engaged the media in HIV/AIDS prevention and awareness efforts with the president openly encouraging candid media coverage of the disease so as to create awareness and disseminate information. For example, in a bid to promote condom use to prevent STIs and HIV/AIDS, Ministry of Health developed the Delivery of Improved Health Services (DISH) project aided by the United States Agency for International Development. To be effective, the Ministry developed and various mass media campaigns which were circulated via radio, television, and print media (Garbus and Marseille, 2003).

Newspapers such as *New Vision* and *The Monitor* have had different sections dedicated to HIV/AIDS education over the years where people would send different questions regarding HIV/AIDS and an expert in the field would provide answers. Also, HIV/AIDS stories were incorporated in different parts and pullouts in the paper so as to get attention of a wide spectrum of readers (Nassanga, 2000). Alex Coutinho, a former director of Uganda’s AIDS Support Organization noted that publications such as *Straight Talk* by *New Vision* newspaper covered topics that were otherwise considered taboo. *Straight Talk* is a health pull out aimed at youths in both primary and secondary schools that has until now enabled young people to access educational information about Sexually Transmitted Diseases (STDs), human sexuality, HIV/AIDS

transmission, prevention and care. The pullout has over the years become a platform where young people explore delicate and intimate issues.

HIV/AIDS prevention authorities say that in Uganda, the simple act of talking about HIV/AIDS made a remarkable difference in the course of the country's epidemic. Free discussion of HIV/AIDS was allowed in the media and thus considered one of the key factors that caused reversal of the country's epidemic. Free discussion was promoted in communities as well as in the media through news reports. Allan Bell and Peter Garret (1998) noted that media reports are fundamental to human kind and take a basic share of our social identity. Journalists therefore write stories with structure, order, viewpoint and values pertinent to particular societies.

This chapter has reviewed the background of HIV/AIDS in Uganda. HIV/AIDS response strategies by both government and non-government organisations have also been discussed taking note of key themes and topics, risk groups, policies, and enabling factors. The enabling factors discussed include HIV/AIDS policies, media history and their role in HIV/AIDS prevention, plus the social, economic, and political situation. It is considered that any improvement or change in factors above had effect not only on the course of HIV/AIDS in Uganda but on media coverage as well as its effect. All the above sections were discussed following the four phases set up for this study, that is: 1992-1994, 1995-2000, 2001-2006, and 2007-2011. The next chapter discusses the theoretical framework. Agenda setting and framing theories are elaborated concentrating on key issues such as media salience, orientation, relevance and formation of opinions and attitudes, episodic and thematic frames including individual and collective responsibility and how ownership of news organisations affects news framing. It is also where the gap that the current study sets to fill is elaborated.

CHAPTER THREE

THEORITICAL FRAMEWORK

3.0 Introduction

The previous chapter discussed the background of HIV/AIDS in Uganda, causes, and major ways of transmission, enabling factors; including social, economic and political, HIV/AIDS policies: both local and international, and the role of Ugandan media in HIV/AIDS prevention. All the above were discussed following the four phases identified in the twenty-year period that this study investigated. The present chapter discusses the theoretical framework on which this research is founded. Agenda setting and framing are explicated, showing their development, current state, criticism and prospects.

This thesis is rooted in agenda setting and framing theories. The two theories illustrate the ability of the media to select and influence the importance of a public issue (Patterson, 1980). In this case, agenda setting and framing can be used to place an issue such as HIV/AIDS high on public agenda and also influence audience attitudes and actions. Agenda setting theory is based on the assumption that the measure of prominence accorded issues in the news affects the precedence accorded such issues by the public, while framing theory assumes that restrained modifications in description of a situation affects how members of the audience interpret the situation (Weaver, 2007). The two theories stem from media effects research which originates from the functionalistic paradigm in communication research.

Maxwell McCombs (2014:11) noted that agenda setting role of the mass media, though popular in political communication and the western world should not be limited to these. He considered the study in political communication as only the beginning and noted that agenda setting is a continuous and uncontrolled by-product of the communication process which can be found in all forms of settings i.e. national, local, diverse geographical regions and extensive range of issue agendas. First level agenda setting is utilized in the study and HIV/AIDS as a single is be examined.

3.1 Agenda Setting Theory

Agenda setting suggests that there is a solid association between the importance that the mass media provide particular subjects, based on comparative amount of coverage, plus the significance

ascribed to the issues by the mass audiences (McCombs and Shaw, 1972; McCombs, 2014). The theory presumes to give another elucidation of how social change happens in contemporary society. According to Rogers and Dearing (1993:69) “agenda setting in its broadest construct can be called the agenda setting process. The agenda setting process has three main subareas i.e. media agenda setting, policy agenda setting and public agenda setting”. Studies of these three subareas are mutually discussed as agenda setting process owing to shared theoretical interrelationships.

Public agenda setting for example is indigenous to mass communication and was inaugurated with McCombs and Shaw’s (1972) study. It theorises that significance of issues to public audiences should be the central dependent variable of study. *Public agenda setting* handles connection amongst issues as depicted in mass media coverage and significant issues of the public. Gerald Kosicki (1993:101) noted that though this work is indigenous to communication and journalism scholars, “it has a long history of involvement by scholars from sociology”. *Policy agenda setting*, according to Rogers and Dearing (1998), grew from institutional analysis perspectives in political science, from such scholarships that theorised the issue of government bodies, politicians or those concentrating on matters on the legislative field including their relationships to media content or procedures as the main dependent variable of the study. *Media agenda setting* comprises of works that theorise the mass media news agenda as the key dependent variable. Information connected to media agenda scrutinizes the background of media content in connection to issue delineation, assemblage, and prominence. This has its roots in sociology, political science and mass communication.

What is of note is that the three subareas show that each part of agenda setting process is incomplete on its own and a combination of all three subareas makes for a solid media influence theory (McCombs, 1992; 1981; McCombs and Gilbert 1986; Protess and McCombs 1991). According to McLeod, Kosicki and Pan (1991) and McLeod, Kosicki and Rucinski (1988), bearing in mind the background of media content could potentially lend perspicacity, extending the scholarship of media effects.

Agenda-setting research has a twofold nucleus on media content and audience perception. It is among the small number of media effects theories to overtly recommend a precise method of handling media content. The theory posits that the amount of space or time given to specific subjects ought to be computed, that such computation must connect to the amount of attention the

public gives to subjects or to public's opinions of the subjects' significance. This link is a critical influence that has protracted agenda-setting for close to four decades now. Frequently, in media effects practice, content is inadequately conceptualised, justified and often evaluated casually. It is crucial to note that agenda setting is propositioned as an "effect of specific media content or trends in that content, not a general effect of watching television or reading newspapers or newsmagazines" (Kosicki, 1993:104-105).

3.1.2 Framework of agenda setting studies/Theory development

Prior to Maxwell McCombs and Donald Shaw's 1972 study, research related to agenda setting had been done although not developed into theory. Researcher Walter Lippmann's (1922:1, 2) study was a key basis for current agenda setting research. In the beginning chapter of *Public Opinion* titled "The world outside and pictures in our heads" Lippmann debated that the mass media are the "standard link between events in the world and the images of these events in our minds". Although Lippmann may not have used the expression *agenda setting*, he wrote about what is now called agenda setting theory. Several studies were conducted after his for instance Paul Lazarsfeld, Bernard Berelson, and Hazel Gaudet's (1948) study about "mobilizing effects" of media, Berelson, Lazarsfeld, and William McPhee's (1954) study which investigated exposure to media and knowledge and Seymour Lipset, Lazarsfeld, Allen H. Barton, and Juan Linz's (1954) study which determined that the ultimate direct effect of political propaganda was on voters' feelings of salience of issues.

Forty years after Lipmann's ground breaking study the visualization and theorisation of agenda setting was furthered by Bernard Cohen (1963:13) who saw that the press "may not be successful much in telling people what to think, but it is stunningly successful in telling its readers what to think about". That the world will "look different to different people depending on the map that is drawn for them by writers, editors and publishers of the paper they read". Rogers and Dearing (1993) noted that Cohen, in his work, articulated the concept that triggered agenda setting research and the emphasis on mass media. Although many studies were conducted in the area of media effects after Lippmann's study, and despite their contribution to the field, research on media effects was at the verge of returning to limited media effects until the 1972 study by McCombs and Shaw who, fifty years later, explicated Lippmann's idea in the Chapel Hill study, giving birth to Agenda Setting theory.

The two researchers investigated the agenda setting capacity of the mass media in the 1968 United States presidential elections by attempting to “match what the voters said were key issues of the campaign with the actual content of the mass media used by them during the campaign. One hundred respondents were interviewed and the mass media serving the voters were analysed. The mass media studied included print and broadcast such as *New York Times*, *Durham Sun*, and *Observers*, *Raleigh Times*, *Durham Morning Herald*, *Newsweek*, *Raleigh News* and *CBS and NBC* evening news broadcasts. The news and editorial comments reported from September 12th and October 6th in the selected news broadcasts, magazines and newspapers were coded into fifteen categories representative of important issues at the time. McCombs and Shaw’s study showed a relationship between the importance of issues in the mass media’s portrayal of the world and the issues as perceived by the public. In essence, the central theoretical assumption of agenda setting theory is that issues significant in the media picture ultimately become significant in the picture of the public. Thus suggesting that media set the public agenda by not necessarily telling people what to think, but tell them what to think about. The promising results of such a radical study elicited substantial interest from scholars who had been exasperated by the minimal-effects standpoint shared during that period.

While the Chapel Hill study was considered successful, it provided only a fragment of proof of “causality between the media agenda and the public agenda”. Therefore, more research was conducted for the next two consecutive U.S. presidential campaigns (McCombs, 2007:2). The first of these took place in Charlotte, North Carolina (Shaw & McCombs, 1977). Researchers sought to replicate the original results of the Chapel Hill study on the basic agenda setting hypothesis and to explore the dependent circumstances that augment or hold back media agenda setting, particularly accentuating the need for orientation construct for the reason that it affords a psychological justification for agenda setting. This study considered both the agenda of the candidate and the candidate’s agendas of attributes. The research considered that the media describe an agenda of attributes for every contestant while they cover the campaign events from various sources including colleagues, family and friends and from these portrayals, an image of the contestant is created among the public, hence agenda of attributes.

The second study was carried out in 1976 study (Weaver, 1981) in three different settings i.e. Lebanon, New Hampshire, “a town in a state where the first presidential primary to select the

Democrat and Republican candidate for president is held each election year”; Indianapolis, Indiana, “a typical mid-sized U.S city; and Evanston, Illinois, a largely upscale suburb of Chicago” (McCombs, 2007: 2). The study found that frequency of exposure to a given media message had great impact on heavy media users and such impact was also cumulative. In other words, effect of a particular message was affected by the message which the viewer had been previously exposed to, thus the agenda setting role of the media. The agenda setting role of the media has been extensively corroborated by various scholars leading to over 400 publications, with such studies encompassing a wide assortment of study topics and in different geographical areas such as Asia, Latin America, Europe, and Africa ever since the early election investigations (McCombs, 2007; 1993).

In 1975, David Weaver, McCombs and Charles Spellman studied voter response to Watergate and found that,

“for persons with a high need for orientation about politics, mass communication does more than simply accentuate established beliefs. In fact, the media may show these members of the audience the issue and topics to use in assessing individual candidates and parties, not just during political campaigns, but also in the longer epochs between campaigns” (1975:471).

The individual need for orientation concept was studied further by Weaver (1977). Weaver’s Research found that individual need for orientation varies and that moderate need for orientation had strong effect on agenda setting effects.

In what Shaw and McCombs call the third phase of agenda setting research, Weaver, Doris Graber, McCombs and Chaim Eyal (1981:11) broadened the concept of agendas to include “two new domains: the agenda of candidate characteristics reported by the media and learned voters and the larger agenda of personal concerns”. The nine wave longitudinal panel study of the 1976 election campaign was carried out with the intention to find out how electorates were informed about issues, the effect of content of information communicated. The results substantiated preceding research. It found that voters need for orientation was crucial. It also showed that agenda setting effects were greatest early in the campaign but their influence waned in the long run. The study also indicated that voters with higher education, better jobs, more political knowledge and interest in the campaign were least likely to be influenced by the media.

In another study, Shaw and McCombs (1992) expanded the theory of agenda setting to involve the interface of the mass media agenda and the public agenda. This study was closely followed by McCombs & Shaw (1993:60) in which was noted that though the

“opening phases of agenda setting research concentrated on the question ‘who sets the public agenda’ and under which conditions, research during the fourth phase concentrated on the question ‘who sets the media agenda’”.

This question connected agenda setting to investigations in the numerous journalism, communication and social science subfields and wide variety of viewpoints influencing the day-to-day construction of the news agenda for example media routines and organizational sociology, ideology, and individual differences among journalists (Shoemaker and Reese, 1991).

Agenda setting theory has continued to evolve and McCombs has been key to its development and expansion. In a study of regional municipal elections in Spain for example, McCombs et. al., (1997) carried out a study to test the expanded theory of agenda-setting which now included the study of attributes or what is now referred to as second level agenda setting or attribute agenda setting. The study was carried out in Navarra in the northern province of Spain during the 1995 regional and municipal elections. The study focused on the relationship between the images of the candidates as presented in the mass media and images of the candidates among voters. In terms of second level agenda-setting, the researchers hypothesized that,

“The agenda of substantive attributes of candidates (e.g. descriptions of their personalities, their views on issues etc.) presented in the media influences the agenda of substantive attributes defining the images of the candidates among voter.

The agendas of affective attributes of (e.g. positive, negative, or neutral descriptions) presented in the mass media influences the agendas of affective attributes defining the images of the candidates among voters” (McCombs, 1997:706).

To test the hypotheses, images of the candidates for mayor of Pamplona and the leader of parliament for Navarra were examined. A survey of voters was done as well as a content analysis of both print and broadcast media. The data from the survey and content analysis were categorized fitting into two dimensions: first, a “substantive dimension defined by three categories i.e. the candidate’s ideology and position on public issues, their qualification and experience, and their personal characteristics and personality and second, an affective dimension where the candidates were described in positive, negative or neutral terms” (McCombs, 1997:707).

The results of the study showed a correspondence amongst several news and political advertising agendas and picture of the parliamentary and mayoral candidates in voters' minds. Evidence was obtained for "second level agenda setting effects on both the substantive and affective dimensions of voters' candidate descriptions". The strongest effects were on the affective dimensions. Second level agenda setting is closely related to framing theory, and the authors suggested merging the two theories; integrating framing into agenda setting theory. The suggestion was contested by various scholars including Scheufele (2011, 2000); Scheufele and Tversky (2007) and Nelson, Clawson and Oxley (1997) who believed that the two theories, although related, stem from different backgrounds, have different assumptions and must therefore remain independent from one another.

McCombs continued to develop both first and second level agenda setting and in his 2003 article, emphasised the power of the mass media in setting the public agenda by focusing attention on key public issues. McCombs explicated the idea of media effects and noted that what we know about the world is largely based on what the media decide to tell us, that the priorities of the media influence the priorities of the public. According to McCombs and Shaw (1993), employing the theory of agenda setting to discourse the prolific diversity of attribute agendas may perhaps influence the integration of communication research.

3.1.3 Media salience and agenda setting

From its inception with McCombs and Shaw, agenda setting theory has included the criterion that the extent to which an individual's agenda is set by the media depends upon the extent to which media content are salient to that person. Spiro Kiouisis (2004) extended the theory of agenda setting by expounding and developing a conceptual model of media salience in a factor analysis of media coverage of eight major political issues in the course of the 2000 United States presidential campaigns. He argued that as a "key independent variable in agenda setting research, media salience has been treated as a singular construct" yet in actuality, the construct is multidimensional. Becker (1982: 533) noted that salience is extremely complicated and challenging concept to define than what was initially assumed. He warned researchers to "be suspicious of the simple explanation

of social phenomenon, no matter how promising it sounds, things are probably always more complex than they seem on first notice”.

Media salience draws from different specialties including communication, political science and psychology. The phrase has also been applied interchangeably with constructs like awareness, attention, concern, popularity, relevance, importance, interest and conspicuousness. According to Kiousis (2004), scholars have been challenged with a perilous barrier while sorting through the concept's numerous theoretical explanations since they look fragmented and challenging to distinguish or categorize. Several researchers have managed to differentiate the descriptions by extricating an element along which virtually all elements differ that is: whether salience is external (Augoustinos and Walker, 1995; Sullins, 1989) or internal (Carter, 1965; Edelstein, 1993; Weaver, 1982).

The concept of media salience therefore rotates around its internal and external properties. The external property or quality characteristically portends that objects are gauged based on their relationship to other objects and vice versa for internal media salience. Kiousis (2004) noted three dimensions of media salience that appear across agenda setting literature: attention, prominence and valence. Attention and prominence are regarded as external dimensions whereas valence is deemed an internal dimension. *Attention* is the main frequently investigated dimension of media salience and is analogous to media awareness of an object and is often measured by total amount or volume of stories or space allocated to subjects in newspapers or television news. *Prominence* refers to the placement of a story within a media text to show its importance that is, its size, pictures, page placement, or simply the presence of a story in a prominent or widely esteemed news media. These two dimensions i.e. attention and prominence, have also regularly been collapsed into the category of visibility (Manheim, 1986) and are key areas of investigation in this research.

According to Kiousis (2004), *valence* involves affective elements of news thus relating this particular dimension to second level agenda setting. For it intimates that the media affects salience of object attributes, that is, characteristics and attributes that define the specific objects. This essentially comprises of affective attributes, which help to transmit hints that outline general affective salience of issues, subjects or topics. Valence for example, can be verified by coding the number of stories in news media that have a negative or positive tone towards the object of the

story and the higher the number the higher the valence (e.g. McCombs et.al., 1997). The 1997 McCombs et. al., study asserted that media salience was a dimensional construct and to ascertain its utility, content analysis on news coverage of eight key political issues during the 2000 United States presidential election was conducted so as to generate indices to measure media salience. Content was collected from the *New York Times* over the entire election year and monthly tallies were kept from January to December. The unit of analysis was the number of stories per month. The results of the study showed that the recommended three-dimensional concept was promising although it was necessary to carry out additional research to ascertain its real potential. The researchers emphasised two dimensions: visibility (attention and prominence) which was dominant with 53% and valence with 28%. The results of the study confirmed that earlier research that used indicators of visibility allowed rather decent estimations of media content.

In his 2006 article, McCombs noted that “agenda setting enquiry has developed way past its earliest focus: the transfer of salience from the media agenda to the public agenda, and now encompasses five distinct stages of agenda setting theory” (2006:544), thus emphasising current and prospective research questions. McCombs pointed out that it was important to note that “these are not stages in the historical sense that the opening of a new stage marks the closing of an earlier one, rather, all five stages remain active areas for research” (McCombs, 2006:544). The five stages include;

“The first stage is the traditional agenda setting, arising from the Chapel Hill study that compared the focus of attention by the news media on key public issues with emphasis on transfer of salience from the news media to the public as a key step in the formation of public opinion; second level or attribute agenda setting, which deals with agenda of attributes that influences our understanding of the object. This stage is often likened or considered one and same with framing theory; the need for orientation stage which relates to the psychology of agenda setting effects, the idea that individuals have an innate curiosity about the world around them; intermedia agenda setting; and finally agenda setting effects. It includes the transmission of object and attribute salience from the press to the public about issues, political figures and other topics thus having significant consequences for peoples’ attitudes and opinions” (McCombs, 2006:544, 546, 547, 549).

3.1.4 The concept of orientation and agenda setting theory

In addition to salience, agenda setting in an individual’s life has also been explained by the concept of orientation. The concept of orientation was first explained by Weaver in the 1972 Charlotte study of agenda setting in an attempt to explain the psychological process of transfer of salience from the media agenda to the public agenda. McCombs (2014:63) described it as akin to psychologist Edward Tolman’s theory of cognitive mapping and closely linked to Lippmann’s

concept of the pseudo environment that is, “not the world as it is but the picture of the world that is in our minds”. McCombs (2014:63) noted that “innate within each us is the need to understand our surrounding environment. That whenever we find ourselves in the new environment there is an uncomfortable psychological feeling until we explore that setting”. In such situations people habitually turn to news media for orientation, to acquire information about the situation from news coverage. However, people need orientation in varying degrees. Some people require significant background information while others need no more than simple orienting cues depending on their level of uncertainty and relevance of the information.

3.1.5 Orientation, relevance and uncertainty

An individual’s need for orientation is defined in terms of relevance and uncertainty. Each can be viewed as either high or low in a certain person (McCombs (2014). Individuals who find a topic relevant have need for orientation, and those individuals who have high uncertainty about a topic will also have increased need for orientation. McCombs noted that usually, individuals with adequate knowledge about a topic, with low degree of uncertainty, or where both relevance and uncertainty are moderate, may not necessarily disregard news reports, they observe them so as to pick up any noteworthy variations in the existing circumstances.

According to McCombs (2014), the higher an individual’s need for orientation in the sphere of public affairs for example, the more likely that individual is to be mindful of the agenda of the mass media. Relevance of a topic to an individual involves various dimensions such as social relevance, personal relevance and emotional relevance. Every individual tends to categorize matters or topics of importance based on these. Also, personal experience affects our need for orientation in public affairs. These experiences can stem from conversations with friends, family, or co-workers and each individual or situation, the dominant source of influence varies (Weaver, 1977;1972). For example, for a health issue such as HIV/AIDS personal experience is dominant. The direct effect of the disease on the body, medical expenses and other directly related issues will reveal their presence and impacts: the media need not alert us. In contrast, “for economic issues such as the national trade deficits, the news media are likely to be our sole source of information” (McCombs, 2014:63).

3.1.6 Orientation, individual differences, media use and agenda setting

One's need for orientation is also dependent on individual differences that shape one's experiences and media use. The idea of individual differences is knotted to the concept of obtrusive and unobtrusive issues. A study was undertaken among American voters to ascertain how the effect of the level of obtrusive or unobtrusive issues influenced respondents' public agenda. Among individuals for whom the issues were obtrusive results supported the theoretical assumption that need for orientation is gratified mainly by way of personal experiences with the issues showing that the news media may not be vital sources of influence. However, among people with whom issues were unobtrusive, the proof, as gained from the study supported the theoretical assumption that

“need for orientation is largely satisfied through use of the mass media and that the degree of media influence increases with media exposure and that the role of the mass media vis –a-vis personal experience on regard to the salience of public issues is not always so distinct” (McCombs, 2014:75 - 76).

For a few people however, individual encounter with the issue other than filling the need for orientation might prompt a rummage through the news media to find more information so as to validate the problem's social significance (Noelle-Nuemann, 1984).

According to McCombs (2014:77) the “need for orientation is the cognitive version of the scientific principle of ‘nature abhors a vacuum’”. Meaning that in the field of civic matters, the more a person's “need for orientation, the more likely that person is to attend to the agenda of the news media with their wealth of information on politics” and governance (McCombs and Weaver, 1985; Blumler, 1979). The concept also distinguishes issues that have the potential to transfer from media agenda to the public agenda, especially those issues that are imperative and unobtrusive. Therefore, need for orientation offers a comprehensive psychological justification as to reason why agenda setting effects happen making it one of the greatest significant of the contingent situations for agenda setting effects.

3.1.7 How agenda setting works and timeframe for effects

Overtime the importance of specific issues rises and drops as the coverage by communication media and the attention to the issue by the public changes. The public simply does not have adequate resources in terms of time and psychological capacity to pay attention to everything all the time. Similarly, newspapers do not have unlimited column inches and broadcast news has

limited amount of time on air. In the agenda setting process, these constraints on the agendas of public issues within society are known as a zero-sum game: the rise of one issue on the agenda is largely at the expense of another issue (McCombs, 2014:82). As a result of limited agenda capacity and intense competition among issues for media time and space, a few perennial concerns then hold centre stage in public opinion thus affecting audience perceptions. The effect is what is commonly known as media effects. Several arguments have been fronted regarding media effects. For decades, scholars have disagreed about the strength of media effects on audience members. Some argue that media effects are minimal. Others claim that media effects are immediate, obvious and large. Many argue for midrange effects, situating themselves in between two extremes.

Historically, the dated hypodermic theory assumed that media effects are immediate, that media messages are injected into the audience just like medical injections are administered to patients, and expected to realize instant effects. This perspective fell out of favour in the 1940s and 1950s, thus losing backing. In response to the hypodermic needle theory, researchers like Wilbur Schramm alleged that the substantial “effects of mass communication were likely to be very long term just like awesome formations of stalactites and stalagmites in caves are created drop by drop over eons of time” (McCombs, 2014:89). McCombs, however, disagreed with Schramm and asserted that although agenda setting effects are far from instantaneous, they are nevertheless comparatively short-term. He cautioned that effects can vary from issue to issue (McCombs, 2014: 89). Indeed, longitudinal analysis by Harold Zucker (1978) of public opinion trends for pollution, drug abuse and energy, three major issues in the 1960s and 1970s, found “a median correlation of +0.66 between the public agenda and national news agenda of the preceding month”. This supported McCombs’ argument that public agenda naturally mirrors the media agenda for the last one to two months.

To that effect, while the average time for agenda setting effects to occur is one to two months, there are differences across many issues and between publics. Under circumstances of high individual participation, for example, the timeframe for measurable effects may be short. Personal variations in response to agenda setting are rooted in the psychological need for orientation, the notion that we, as people, are curious about the world around us (Weaver et al., 1981). Agenda setting effects that are frequently the outcome of individuals’ continuous learning process about public affairs are formed to a large extent by characteristics of the message, and by small extent

characteristics of the recipients of the particular messages. A series of highly redundant messages are widely disseminated by the media, therefore various characteristics of these many messages influence how many persons pay attention and apprehend at least some portion of their content.

3.1.8 Forming of opinions, attitudes and behaviours

There is an elemental bond between the salience of objects in the news and development of opinions by the audience. For example, through rising salience of public figures in the media, more people develop an opinion about these persons. In a study across six United States presidential elections between 1984 and 2004 intended to explore the effect of media salience on perceived salience on public attitude strength of United States of America presidential candidates, Kiouisis found that high salience for a candidate in the news was concomitant with a high number of people having and stating an opinion about them and that low media coverage of the candidate was linked to a larger number of people with no opinion about them.

There is another link between agenda setting effects and risk avoidance behaviour. The media agenda does significantly more than influence the pictures in our heads, it extends to influence our attitudes and opinions and even behaviour. In her study, Graber (2002:20) found entertainment television programmes had been successful in the spread of the idea of ‘designated driver’, that is “that member of the group who abstains from drinking in order to drive his/her friends’ home safely afterwards”. This was another piece of evidence presented for media influence on the behaviour of young adults (McCombs, 2014; Graber, 2002). Beyond affecting the salience of issues on the public agenda, the media’s agenda can on occasion advantage a particular social issue for instance because of organizational policies, the perception of the public that one social issue is more significant than other issues (McCombs, 2014). In relation to issues such as HIV/AIDS, its extensive coverage, both in terms of volume of articles and their size could lead to increased awareness about it and behavioral change to avoid getting infected with the HIV virus. In first level agenda setting which argues for example, that salience of public issues, there is substantial proof that variation in salience of public issues is often a basis for public opinion about prominence of such issues.

In his opinion article of (2003), McCombs discussed the effects and influence of agenda-setting. He laid emphasis on Walter Lippmann’s idea about the pictures in our heads that what we know about the world largely depends on what the media decide to tell us. Though a news organization

may not necessarily have ‘an agenda’ since the usage of the word agenda is merely descriptive, its pattern of coverage on issues overtime reveals its agenda, thus affecting public agenda. He also noted that agenda setting effects are not only limited to national issues but extend to both local and international issues, contrasting what Leonard Tipton, Roger Haney and John Basehart (1975) discovered, that agenda setting was less likely to occur in local than in national campaigns.

3.1.10 Implications of Agenda Setting for journalists and editors

A pivotal responsibility of news media is to afford substantial agenda setting. Michael Gurevitch and Jay Blumler (1990) suggested that media have a huge part to play. That media should not merely pay attention to public actions and offer a run up of the social, political and environmental state of affairs but to effort attention on expedient agenda, steering the public to both political, social and economic development thus making it important to investigate the procedure of news construction because it has influence on the agenda being analysed (Kosicki, 1993:110). A fundamental premise of agenda setting theory is that the media agenda affects public agenda and vice versa. The agenda setting role of the mass media links journalism and its norm of storytelling to the field of public opinion, a communion with substantial aftereffects for society (McCombs 2014: xiv). McCombs asserted that agenda setting is not a reappearance of bullet theory or hypodermic needle theory nor are the audience/ public considered as robotics waiting to be programmed by the news media. But agenda setting does allot a significant role to the news media in inaugurating items for the public agenda. In other words, the information presented by the news media performs a vital role in construction of our pictures of reality. Journalists, as a result of their

day by day selection and presentation of the news direct our attention and affect our perceptions of what are the most important issues of the day (McCombs, 2014:5).

3.1.12 Third Level Agenda Setting: Network Agenda Setting

In 2014, McCombs added what he referred to as third level agenda setting. He explained that theoretically, first and third level agenda setting handle objects and their attributes as unconnected and dissimilar disaggregated components and that both objects and attributes are rank ordered. According to McCombs, at first level, rank orders of objects are compared, and at second level, rank orders of attributes are compared. He used the concept of compelling argument to reason this view point noting that the concept presumes that news media can package an object with an attribute and cause them to be salient in the audience' mind at the same time (McCombs, 2014:55). Third level agenda setting profoundly asks one question; to what extent are the media able to transfer the salience of an integrated picture? Thus the argument that third level agenda setting suggests integrating traditional measures and object and attribute salience with journalistic elements, such as sources or style of writing that typify news stories (McCombs, 2014).

McCombs held that

“audiences can map out objects and attributes as system-like pictures according to the interrelationships among these elements. From this viewpoint, the news media transfer the salience of relationships between a set of elements to the public. These sets could be the objects on the media or public agendas, or a combination of objects and attributes, in other words, a fully integrated set of objects and attributes. These sets of interrelations among elements of the media and public agendas are the third level of agenda setting” (2014:56).

He added that in this recent perspective of bundling of agenda elements the focus is on the transfer of salience of entire networks of objects and/or attributes, not just the salience of the separate elements investigated at the first and second levels of agenda setting.

It must be noted that agenda setting is a single pintsize portion of a bigger system of appreciating incredibly intricate interrelationships amongst media organisations, public opinion, and public policy making. The theory gives consideration to a choice of comparatively rigid issues while stipulating a particular means within which media effects should be noticed by scholars. The particular issues are normally examined as large, content-free topic areas (Kosicki, 1993:119). Agenda setting theory is unusually malleable, having expanded admirably ahead of its original margins of coupling collective media agendas with collective public opinion information. It has

gone off to influence analysis in fields relating to news work, media content, as well as public policy.

Though agenda setting theory has been used largely in the study of political issues (McCombs et. al., 2000; McCombs et. al., 1997; Iyengar, 1991, McCombs and Shaw, 1972), research has shown a positive significant relationship between media coverage of HIV/AIDS and the importance of the topic to its audience (Rogers et. al., 1991). This study therefore becomes important in Uganda's HIV/AIDS discourse since HIV/AIDS is still among the major epidemics facing the country. Studying how the disease has been covered over time will illuminate its importance on both the public and media agendas. Such importance can impact media advocacy efforts and also lead to enhanced knowledge and behavior change. Also, McCombs (2007) and Weaver (2007) recommend studying agenda setting theory (both first and second level agenda setting) in different arenas, contexts, and cultures, such as Africa. The study also explores single issue research of a persistent epidemic such as HIV/AIDS, an area that has not been researched in Uganda and aims at expanding the theory into different arenas and generate additional scholarship about the function of news media in society.

In sum, there are two dimensions of agenda setting, and since 2014, three levels: first level agenda setting, second level and third level agenda setting. First level agenda setting deals with salience and prominence of issues while second level agenda setting deals with attributes such as traits and characteristics (personality, ideology), or tone in which issues are described. The third level deals with both salience and prominence of issues and attributes of such issues. This research will be guided by first level agenda setting, specifically dealing with salience and prominence of the issue of HIV/AIDS during the period under study.

3.1.11 Criticism of agenda setting theory

Gerald M. Kosicki (1993:100) argued that although agenda setting research has grown and its heuristic value “is undeniable, heuristic value is not the only touchstone by which the undertakings of scientists are evaluated”. although this is a remark from a dated study before many subsequent developments in the theory, the discrepancies pointed out by Kosicki are still existent. Even back in the early 1990s, he noted that although certain academics have made a bit of developments and occasionally unsettled the common scientific method, what comes after is an endeavor to illustrate in general statements the situation of research in this area, to describe fundamental difficulties, and

to recommend an assortment of replacement perspectives that could augment the scholarship of this subject area (Kosicki, 1993:100).

Comprehending completely what has been penned about agenda setting is an extraordinarily convoluted undertaking. Research pertinent to the theory is scattered not only in various journals inside the area of study, but also throughout publications in numerous contiguous scholarly areas like public policy, political science, social psychology, sociology and psychology. Whereas this tends to indicate the interdisciplinary characteristic of mass communication, it is particularly true of agenda setting because its subject matter traverses the borderlines of different academic arenas. Characteristically, literature finding its route into this theory exploits the well-known mantra ‘agenda setting’ in some manner and quotes a barrage of collected works ensuing from McCombs and Shaw’s (1972) study while books and monographs are even difficult to locate specially since pertinent scholarship might never refer to other agenda setting work thus ignoring the other significant work that constructs part of the recognized canon of agenda setting (Kosicki 1993: 102). It should be noted that though dated, this critique is still valid many year, numerous books and monographs have been written about agenda setting (For example McCombs, 2004; 2011; 2014) in an attempt to gather all scholarly material together for simpler access by scholars.

Another criticism is that the efforts at expanding the fundamental agenda setting hypothesis obscures the obvious dominant course of agenda setting. As Lee Becker (1991) cited in Kosicki (1993: 102) noted, “it is possible to extend agenda setting to such an extent that the essential meaning is lost and only confusion remains”. This is depicted in McCombs extension of agenda setting to third level in 2014 which appears to be a summary of the first two levels and needs clear hypothesis.

An additional conceivable limitation of agenda setting is that subjects are nearly unanimously formulated by the scholar and never by the publics, it is thus not unanticipated then that agenda setting has adhered to the scholarly bequest of public opinion surveying. Unique to McCombs and Shaw’s achievements of 1972 was to legitimize and propagate the concept of the public issue as relatively expansive and abstract without the polemic of competing influences. “Issue topics such as economy, trust in government, and environment are typical in agenda setting...undeniably this perception...of public issues is one of the signatures of agenda setting theory” and regrettably, one of its basic weaknesses (Kosicki 1993:102). Swanson (1988) and Weiss (1992) argued that content

free disposition of the issues making up the agenda is extremely sterile to permit for systematic inquest into the make-up and development of contentious issues as handled by mass media.

There has been contention about the effects of media, an area in which agenda setting is situated. According to Annie Lang (2013), as a discipline, communication made little to no progress in explaining how media effects occur. She also contended that the dominant paradigm had failed to capture the dynamic, changing nature of the social environment. Specifically, Lang (2013:15) bemoaned that agenda setting research tradition's sententious reliance on not telling people what to think but what to think about signified the foundation of paradigmatic crisis in the study of communication. She claimed that perchance "we gave away the most important effect that the media could possibly have". She also argued that agenda setting has remained the same since Cohen's 1963 aphorism and the 1972 study by McCombs and Shaw. That despite development of methodology, the field remains with the "same correlation between weight of media coverage and topics that people find interesting but with no knowledge about how that happens" (Lang, 2013:15).

Also, the concept of timeframe and agenda setting effects has been largely ignored in agenda setting research. Assessment of guides of two all-inclusive and commonly utilized texts on communication theory exposes the inadequate consideration by researchers to the issue of timeframes in terms of how long a public issue can be covered in the media, and how long effects media coverage of an issue manifest (Salwen and Stacks, 1994). McCombs (2014) recognised the lack of studies on timeframes and length of attention paid to single issues and argued that such lapse is all together a theoretical discrepancy and a possible opening for advancement of agenda setting theory.

Proponents of the theory responded to critics. Richard Perloff (2013:321) in reaction to Lang pointed out that other moderating factors such as need for orientation, issue obtrusiveness, issue attention cycle, agenda building and different agenda levels have all been advanced. He responded to Lang's claim that we do not have any more understanding of agenda setting effects by asserting that "we now have an expanded understanding about how the process works on the macro and micro levels." He cited Iyengar (1990) who he said availed the accessibility bias justification for agenda setting effects.

Despite the criticism, agenda setting has continued to grow and expand into new arenas. Philosopher James Conant in (1951:58) said that “the hallmark of a successful theory is its fruitfulness in continually generating new questions and identifying new avenues of scholarly inquiry.” According to McCombs and Shaw (1993:59), “the fruitfulness of agenda setting theory is elaborated by three features: 1) the steady historical growth of its literature, 2) its ability to generate a number of communication research subfields under a single theoretical umbrella and 3) a continuing ability to generate new research problems across a variety of communication settings”.

It must be noted that agenda setting is a single pintsize portion of a bigger system of appreciating incredibly intricate interrelationships amongst media organisations, public opinion and public policy making. The theory gives consideration to a choice of comparatively rigid issues while stipulating a particular means within which media effects should be noticed by scholars. The particular issues are normally examined as large, content-free topic areas (Kosicki, 1993:119). Agenda setting theory is unusually malleable, having expanded admirably ahead of its original margins of coupling collective media agendas with collective public opinion information. It has gone off to influence analysis in fields relating to news work, media content, as well as public policy.

The current study addresses some of the concerns about agenda setting by investigating a single issue such as of HIV/AIDS over a twenty-year period and its persistent appearance on mass media in Uganda. Rogers, Dearing and Chang (1991) were the first to study agenda setting in light of a single issue as HIV/AIDS in a longitudinal method. The researchers were concerned that scholars, critics, and observers portrayed the mass media as an institution with a short attention span, reporting an issue in an ephemeral burst of attention but little sustained coverage of important public issues. Rogers, Dearing, and Chang’s study demonstrated that each public issue is unique and that with a surge of new information, new scientific discoveries, and policies about the issue, a single public issue has potential to stay long and be relevant on both media and public agendas. The current study gets its footing from Rogers, Dearing and Chang’s 1991 research but expands enabling factors of influence beyond new information (scientific discoveries about HIV/AIDS for example, news perceptions of the disease by people, new trends etc.) to include changes in social, political, and economic factors of specific places (in this case Uganda). Also, since Rogers,

Dearing and Chang's study was carried out in United States: a developed country, it is important to make a comparison at least where the two studies are similar and thus contribute to agenda setting theory.

3.2 Framing Theory

Framing theory generally supposes that the knowledge people have about issues, their behavior and action is informed by their context (Bryant and Miron, 2004). Specifically, the theory premises that “how an issue is portrayed in news reports can have an effect on how it is appreciated by audiences” (Bryant and Miron, 2004:692). That is, framing tells us in what way to think about an issue. According to Jennings Bryant and Dorina Miron, (2004) and Van Gorp Baldwin, (2007) framing theory took over from agenda setting and priming theories to become a popular applied research course within communication science. The theory stems from the disciplines of cognitive psychology (Bartlett, 1932) and anthropology (Bateson, 1972). It was thereafter embraced by different subject areas such as sociology (Goffman, 1974), communication science (Tuchman, 1978; Entman, (1991), psychology (Kahneman and Tversky, 1979; 1984), policy research (Schon and Rein, 1994), political communication (Gitlin, 1980; Iyengar, 1991) and many others.

Framing is indebted to the work of Erving Goffman (1974:20) who defined “frames as devices that enable individuals to locate, perceive, identify and label occurrences or information”. He described frames as explanations of a circumstance that comprise organization and subjective components. In other words, frames are cognitive constitutions that control both the opinion and description of reality (Bryant and Miron, 2004:693). Goffman (1974:21) wrote that frames shape the way the public categorize and illuminate events. He noted that,

“some frames are neatly presentable as a system of entities, postulates, rules; others- indeed, most others-appear to have no apparent articulated shape, providing only a lore of understanding, an approach, a perspective. Whatever the degree of organization, however, each primary framework allows its user to locate, perceive, identify, and label a seemingly infinite number of concrete occurrences defined in its limits”.

Gitlin (1980:7- 6) associated frames with principles of selection and presentation. He described them as,

“persistent patterns of cognition, interpretation, and presentation, of selection, emphasis, and exclusion, by which symbol handlers routinely organise discourse, whether verbal or visual. Frames enable journalists to process large amounts of information quickly and routinely; to recognize it as information, to assign it to cognitive categories, and to package it for efficient relay to their audiences...”.

William Gamson and Andre Modigliani (1987:143) related frames with how issues appear and modify themselves ultimately is a matter of considerable significance and currently there exists a

disjointed description of the procedure. They stated that frames are “a central organising idea or storyline that provides meaning to an unfolding strip of events.” However, journalists do not simply reflect reality but somewhat, during the course of “their work habits, norms, and rules of thumb, they powerfully create news out of the accessible raw materials”. Such dynamic creation of here and now might only be inescapable at particular moments of an issue compared to others. Stephen Reese (2001:13) argued that framing continuously suggests a vigorous procedure and advises that researchers “should ask how much ‘framing’ is going on”. As an investigative approach, frame analysis studies the collection of particular features of an issue, images, stereotypes, messengers, metaphors and others, utilized to prompt precise reactions (Bryant and Miron, 2004: 693).

Robert Entman (1991:13), in his study noted that frames occur at two levels. His purpose in this study was to examine different news frames used by key United States media channels in reporting the two catastrophic misuses of military force. The two levels are, “firstly, mentally stored principles for information processing and secondly, as characteristics of news texts.” He further noted that “frames also describe attributes of the news itself”. Frames are inherent within the exclusive characteristics of the news account that urge those experiencing the events to form particular opinions about them. News frames are fashioned from, then exemplified in the keywords, metaphors, concepts, symbols, and visual images accentuated in the media reports. Frames can be identified by searching for certain words and visual images that appear over and over again in a news stories and contain thematically consonant meanings throughout different media and time. He additionally explained that by presenting, restating and in so doing underlining words and visual images which allude to some topics while ignoring the rest, frames operate in a way that makes some ideas more salient in the story by way of “repetition, placement, and strengthening relationships with each other the words and images that consist of the frame cause one basic interpretation more readily discernible, understandable, and outstanding than others”. In 1993 however, Entman, (1993:52) afforded the most acknowledged, contentious and provocative definition of framing as, “to frame is to select some aspects of perceived reality and make them more salient in communicating context, in such a way as to promote a particular problem definition, casual interpretation, moral evaluation, and/or treatment of recommendation”.

According to Dietram Scheufele (2000) and Scheufele and David Tewksbury (2007), framing is a macro level as well as a micro level construct. As a macro level construct, framing concerns means of presentations that journalists utilize to describe messages in a manner that reiterates prevailing fundamental schemas amongst their audience. This implies that framing for journalists is an essential instrument used to ease the sophistication of a topic, as a result of the limitations due to particular media related news holes and airtime deficiencies. Frames therefore, grow into instrumental means for efficiently portraying somewhat composite issues in a manner that causes them to be comprehensible to ordinary people since they appeal to prevalent cognitive schemas (Scheufele and Tewksbury, 2007:12; Reese, 1996). As a micro construct, framing demonstrates the way people use information and presentation characteristics concerning issues as they construct opinions.

Van Gorp's (2007:62) essay, whose purpose was to describe the features of frames in context of production and the interpretation of news in order to provide framing theory an added representative meaning, described framing as "the characteristic means in which, on one hand, journalists construct news content within a common frame of reference according to an underlying structure of meaning and on the other hand, means in which the public who embrace these frames perceive the world in a same way as the journalist". Media producers utilize a collection of insistent frames, which as a result conceivably regulate the aggregate possibilities that are accessible to the publics as they fashion their social reality (McCullagh, 2002; McQuail, 2005; Tuchman, 1978). Framing therefore allows media personalities and the public an understanding that similar happenings can have dissimilar meanings contingent on the type of frame employed. In other words, the mainstay of framing is found within social interaction (Van Gorp, 2007; Snow and Benford, 1988). Van Gorp noted that media creators associate with their "sources and other players in the public arena while the receivers relate with media content and with one another". Meaning therefore that framing encompasses a relationship which follows between the textual level (frames applied in the media), the cognitive level (Schemata among the audience and media makers), the extra medial level (the discourse of frame sponsors), and the collection of frames existing in a particular tradition" (2007:62). Although Entman's description is most common, all the definitions cited have similarities and contribute to the understanding of frames and framing as a whole and that understanding therefore, guides this study.

Several components represent a frame and each frame a writer employs in a story can be characterized as a frame package. A frame package is a “cluster of logical organised devices that operate as an identity kit for a package” (Van Gorp, 2007:64). According to Van Gorp (2007:65), a frame establishes itself in media content by way of different means “such as word choice, metaphors, exemplars, descriptions, arguments and visual images”. In this way, all plausible framing tools that lead to the similar fundamental idea comprise the apparent share of a frame package, the actual frame that affords a frame package with a logical composition. At the center of the framing process is the idea that at a cognitive level, framing tools that are integrated into the media stories actuate a schema which theoretically matches the chosen frame by media personalities. Framing methods can also be accorded a conspicuous standing inside the universal make-up of a media article for instance within the title or overview of the story. It should be noted that a frame is not intricately connected with one individual issue: a frame ought to be able to describe a similar circumstance in a dissimilar manner. Consequently, an issue could be framed in numerous manners and a frame could be used in numerous subjects (Van Gorp, 2007).

3.2.1 Media salience and framing

The concept of salience involves the process of selection. In an ideal world, there would not be need for selection however, even where journalists are individual eyewitnesses to an incident, they can merely observe a portion of the everyday. Failure to observe unbiased reality together with a messy torrent of fragmented perceptions in their totality explicates why choice and prioritisation by mass media becomes inescapable. The crucial element is salience, which can be understood as a method of underlining particular messages and making them especially noteworthy to enable the public to readily distinguish them. Nevertheless, it is imperative to reminisce that the framing process is interactive, susceptible and throughout its stages disposed to contradictory frames since the public dynamically construe news messages and a public member can easily assume a bargained perception (Van Gorp, 2007; Hall, 1980).

On the same note, Entman (1991:8) said that media organisations frame news reports in a way that prompts auspicious responses from the audience, and the expected responses of the audience also influence the rhetoric and conducts of political leaders who he claims are the major patrons of news frames. It should be noted that the essential prerequisite for media effect on policy or politics

is not that everybody construes a report in the same way: it appears essential simply that substantial majorities are believed to do so.

3.2.2 Episodic and thematic frames

The current research emphasizes episodic and thematic frames. As the public's 'mind's eye', news media efficiently set issue agenda. The themes and subjects that are reiterated in the media turn out to be significant to news media audiences and testament demonstrates a relationship between what's covered in the media and public opinions. The episodic frame emphasizes precise occurrences or cases while the thematic frame positions issues or events within a particular context (Iyengar, 1991).

Iyengar (1991) postulated that the episodic news frames take the form of a case study or focused account that portrays public issues in relation to tangible occurrences (for example, the predicament of HIV/AIDS stigma or teenage pregnancy). In comparison, the thematic frame situates public issues in somewhat broad or abstract frameworks that assumes the form of background reports focused on broad after-effects and circumstances. Examples of thematic coverage comprise accounts on stigma of people living with HIV/AIDS, reckless government spending, and or rampant teenage pregnancies etc. Episodic and thematic frames are primarily dissimilar in way that episodic framing portrays particular occurrences that present different issues while thematic framing appends the above with background contextual information leading to such occurrences. Visually, episodic reports create good pictures while thematic frames contain talking heads (Iyengar, 1987:10).

In practice however, hardly any news reports are entirely episodic or thematic: even the most thorough, exhaustive examination of a specific poor person for example, always comprises lead in comments by the writer on the extent of poverty countrywide. Nonetheless, for many news stories, a particular frame or the other obviously dominates. Thematic frames, though preferable in the coverage of public topics such as HIV/AIDS for their broad outlook on issues and social attribution of responsibility as an after effect is tedious. Coverage of interconnected background information would necessitate comprehensive, interpretive analysis which would be time-consuming to put together and would be predisposed to criticism of journalistic bias (Iyengar, 1987).

3.2.2.1 *Attribution of responsibility and framing Effects*

By presenting news in either episodic or thematic manner, print news media affects “attribution of responsibility equally for the creation of problems or situations (causal responsibility) and for the resolution of these problems or situations (treatment responsibility)” (Iyengar 1991:3). Shanto Iyengar noted that attribution of responsibility is a significant component of all social knowledge. While recognizing that responsibility might be dispensed according to different standards, psychological inquiry has centered on causality and treatment as predominantly powerful definitions. Causal responsibility pays attention to who or what has the authority to assuage or anticipate the assuagement of the problem (Iyengar, 1991:8). Consequently, if the problem of HIV/AIDS is evaluated in designates of causal responsibility, the appropriate questions relate to the procedures by which people living with HIV/AIDS are treated in society or if they can access or afford medical care.

Treatment responsibility in contrast, seeks to ascertain who has the authority and importance to, for instance, assuage or maintain unemployment. For example, the belief that HIV/AIDS exists because people are reckless in behaviour and that proper behaviour is the best way to avoid getting infected with HIV/AIDS makes it apparent that people living with HIV/AIDS are responsible for their own plight. Attributions of responsibility without warning can mightily affect self-images, evaluations of other people, and emotional arousal. Attribution of responsibility likewise exerts an influential control on behaviour, so much so that ‘misattribution’ skills have demonstrated success in alleviating behavioural ailments, in prompting positive social behaviour, and even in lengthening longevity and reinforcing over-all psychological wellbeing (Iyengar, 1991:9).

Iyengar, (1991:15-16) indicated that the usage of either episodic or thematic framing influences the way in which persons apportion responsibility for different subjects especially because “episodic framing tends to cause individualistic rather than societal attributions of responsibility while thematic has the opposite effect”. In a study to determine effects of framing on attributions of responsibility for poverty, unemployment and racial inequality, Iyengar (1991) proposed that individual responsibility included topics of personality insufficiencies such as laziness, inadequate skills, and social responsibility to be topics of economic conditions like cost of living, technological progress, institutional barriers, and inadequate government effort. The study found

that episodic framing of poverty augmented individualistic responsibility while thematic framing augmented attributions of societal responsibility.

Attributions of responsibility strongly influence beliefs, attitudes and even behaviours in a wide range of areas. The ability of news frames to change attributions shows that attributions can be understood as short-lived elements that co-exist in people's cognizance with many of other essential psychological cues, a number of which have been ruminated over the course of time (Iyengar, 1991:83). Attribution of responsibility can only affect over-all attitudes to the degree that people broaden their thinking about the causes and treatments of individual issues past instantaneous significant material of these issues (Iyengar, 1991:103). The ability of television news frames to affect attribution of responsibility for national issues also has significant policy inferences. For instance, to the extent that the public do not hold society responsible for social or political issues, they are less ready to approve government initiatives to attend to such issues. For example, when public hold society responsible for poverty, they tend to approve government attempts to support the poor (Iyengar, 1991:139).

3.2.3 Framing and the psychology of media effects

The news media accomplish substantially beyond influencing the agenda and characteristics of issues in our day-to-day realities. By giving more coverage to some subjects yet discounting the rest, prominent mass media influence principles used to weigh policies and government offices (Iyengar and Kinder, 1991). Framing influences happen inside a psychological environment. Cultural norms, personality traits, party affiliation, and other established dispositional effects also have an impact on attributions of responsibility. Broadly, the bigger the inconsistency between the attributions proposed by episodic or thematic framing and the viewer's predisposition, the more fragile the effect of the news and vice versa. Attribution of responsibility likewise hinge on the predominant upsurge of news coverage (Iyengar, 1991:130).

3.2.4 Ownership of news organizations and framing

Ownership and the commercial motivation of news organisations form possible conflicts of interest that might affect particular editorial processes. It is commonly reasoned that powers outside news organisations relatively affect the level of journalistic independence and journalists' interpretations in consequence influencing public perceptions (Van Gorp, 2007:68). Media attention is subsequently a significant characteristic of the information "system because it indicates

the urgencies of policy and lawmakers to people in the audience, and the urgencies of the audience to lawmakers”. Since it forms both elite and public behaviour, media attention is a variable of importance in numerous investigations in politics and mass communication (Atkinson, Lovett and Baumgartner, 2014: 356).

Framing therefore demonstrates that meticulous attention to the particular content of media topics affords exhaustive comprehension of “the pictures in our heads” and the opinions ingrained in the specific pictures. Once the agendas of the mass media and the public contain thematic or episodic frames, the created pictures in the news can cause powerful emotions, feelings, or change in opinions.

3.2.4 Criticism of framing

Framing is a broad theory and has been conceptualized in numerous ways in the study of media contents. When first introducing framing theory, as an approach, Irving Goffman (1974:10) described “frames as ‘slices’ of ‘cut’ from a stream of ongoing activity”. Despite attempts by various scholars (Gittlin, 1980; Gamson and Modigliani, 1987; Entman, 1993; Scheufele, 2000) to redefine, expand, narrow or clarify the theory, it still remains broad, leaving it to different interpretation and research outcomes. In fact, Van Gorp (2007) noted that in contemporary research, interest has moved to precise issue frames which are merely relevant to specific subjects and generally distinct generic frames that appear universal.

Entman (1993) referred to framing as a scattered theory in terms of conceptualization. He argued that many framing studies lack distinctive theoretical descriptions, in addition to depending on “context specific instead of generally applicable operationalisations.” He recommended a development of standard definition which possibly could facilitate the establishment of framing as a formidable research approach (Entman, 1993:56). In an attempt to elucidate the difference between agenda setting and framing, Scheufele (2000) developed a framing typology. In 2011, Scheufele and Iyengar studied the state of framing research and noted that existing research on framing had neglected the use of a more scrupulous and focused description of frames from psychology in preference to a liberal description from sociology which they argue fogs the difference between

“frames and other informational or persuasive features of a message. The upshot is a state of conceptual confusion whereby any attribute of information is treated as a

frame and any response from the audience is deemed a framing effect” (Scheufele and Iyengar, 2011:2).

In their 2016 article, Michael Caciatore, Scheufele and Shanto Iyengar lamented about the fact that most studies, even after continuous discussions, still apply generic frames, filled with lapses. They claimed that

“ambiguities surrounding how we conceptualise and therefore operationalize framing have begun to overlap with other media effects models to a point that is dysfunctional...ambiguity around framing begins with lack of consistency around how the concept is defined or how these definitions connect with explanatory models underlying the theory” (Cacciatore, Scheufele and Iyengar, 2016:8).

The authors continued to assert that communication has formed a comprehension of framing that intersects with different theoretical models and

“this conceptual overlap has left scholars with an incomplete understanding of the framing concept both in terms of its theoretical boundaries, and again, method of operationalization. The result has been movement away from a rigid conceptualisation of framing toward one that captures a wide range of media effects, which has little to no actual explanatory power and which provides little understanding of the mechanisms that distinguish it from other media effects concept” (Cacciatore, Scheufele, and Iyengar, 2016:8-9).

However, ambiguities in the definition of frames have existed since Entman (1993) or even before. What should have been done by now is definition of standard frames as suggested by Entman (1993) but each scholar only finds it stylish to critique the ambiguity of framing. The most effective way to make a footing in the right direction is to define and operationalize generally applicable frames as suggested by Entman (1993) instead of abandoning the original meaning in preference of visual framing as suggested by Caciatore, Scheufele and Iyengar (2016). Scheufele and Iyengar are some of the fore runners of framing theory but their two latest articles written in 2011 and 2016 which suggested the desertion of the original concept of framing because it relates to agenda setting are absurd. The need is to make the theory better, then extend it not abandon a large part of it in preference of a new direction. Even with the ambiguities and definitional problems in the original concept of framing, the theory still attracted many scholars, especially in the last ten years. The argument that scholars who have used framing theory do not truly understand the theory does not necessarily hold. What attracts such scholars to the theory and the different challenges they face need to be investigated further so as to make the theory better. Issues of framing theory resemble

a case of a wound left to fester on a leg. It could leave a colossal scar if properly treated and heals or could cause amputation if not treated. Caaiatore, Schuefele and Iyengar (2016) seem to prefer amputation.

Other than Iyengar (1991) who extensively studied thematic, episodic and mixed frames in television newscasts, most studies rely on precise generic issue frames. As noted in the literature review, such generic frames leave interpretations to various researchers and different research outcomes. This study intends to examine the study of thematic, episodic and mixed frames, following Iyengar's definition and usage, in long standing social issues such as HIV/AIDS taking note of how such frames are affected by other factors such as social, economic, political and new information (in relation to HIV/AIDS for example). Episodic, thematic and mixed frames draw light on issues of responsibility in society and knowing what affects them in coverage of public issues can be a huge step in discovering how to address social or public issues.

3.3 Agenda-setting versus framing: Explicating differences

Framing and agenda setting in their identifiable capacity contribute to our knowledge of mass media and mass media effects. However, one of the greatest proponents of agenda setting theory, McCombs (2014; 2011; 2007; 2003; 1997; 1993) extended agenda setting theory to include framing. He considers framing as second level agenda setting or attribute agenda setting and has called for a merger between the two theories despite protests from different scholars such as Scheufele (2011, 2000) and Sheufele and Tversky (2007).

McCombs (2006:546) argued that individually, traditional agenda setting and attribute agenda-setting both involve transfer of salience. He emphasised that the primary assumption of the two phases, at times known as the first and second level agenda-setting, states "that elements significant on the media agenda become significant over time on the public agenda. The mass media can not only be effective in telling us what to think about, but similarly can be effective in telling us in what way to think about it". A selection of studies has concentrated on "a single attribute of an object as convincing reason for the salience" of that specific object. According to McCombs (2006:546) the broader question therefore becomes, in what circumstances

"does the salience of the broad selection of attribute on the media agenda affect the manner in which the people ruminate and discuss about these objects? In what circumstances do specific attributes or specific means of framing an object dominate the way in which the people reason and discuss about these objects?"

This is the point at which attribute agenda setting and framing intersect. Furthermore, McCombs notes that even if there are different definitions of framing, Robert Entman's commonly quoted definition has language that matches with agenda setting theory in its usage of the word salient. Entman's (1991:52) definition states that,

“to frame is to select some aspects of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation”.

To McCombs, this implies that framing and attribute agenda setting equally place emphasis on standpoints of journalists plus media publics: looking at how they visualize news media reports, especially the unique position that some attributes or frames show in the subject matter of particular communication. When a frame is labeled as a predominant viewpoint on the object, a general explanation and portrayal of the object, then a frame is conveniently demarcated to be a precisely distinctive case attribute, that is, attributes describing a dominant theme are frames.

Scheufele and Tewksbury (2007) contested the argument above, saying that though the concept of second level agenda setting upgrades the original agenda setting supposition which was disapproved for a long time for being simpleminded in its emphasis on broad issues and unnecessary approximating rank-order coefficients (Funkhouser, 1973a, 1973b), agenda setting and framing originate from different theoretical principles (Scheufele, 2000). Price and Tewksbury (1997:184) also argued that agenda setting

“depends on story selection as a determining factor of public understanding of issue importance, while framing does not center on which topics to be selected but on precise processes through which those topics are presented by the media.”

According to Scheufele and Tewksbury (2007:15), such theoretical dissimilarities are summarised in a difference between accessibility and applicability effects.

Agenda setting is classified under ‘accessibility effect models’ that is, memory based model of information processing. The accessibility models presume that media has capacity to cause particular issues or aspects of issues to be more accessible for people and in so doing affect the principles they utilize when developing attitudes about issues. Framing on the other hand, the authors contend, falls under ‘applicability effects models’. This suggests that messages that intimate a relationship between two concepts engender considerable consequences such that

following contact with the message, audiences acknowledge that they connected (Price and Tewksbury, 1997; Scheufele and Tewksbury, 2007:15).

The accessibility model leans more towards the amount and recency of media issues that individuals have been exposed to. It assumes that people tend to rely on information that is easily accessible from memory in form of opinions or judgments (Kim et.al., 2002). This means that after people receive information from the media, they construct memory based traces that can later be relied on in case of decision making (Tversky and Kahneman, 1974). Contrastingly, applicability model under which framing falls, relies on applicability of individual's pre-existing cognitive schema (Kim et. al., 2002). In this model, it is assumed that each individual has a personal understanding of issues, issues' salience notwithstanding, unlike the accessibility model, where it is assumed that only salient issues in the mass media are accessible in the time for decision making (Shuefele, 2000).

Nonetheless, Scheufele and Tewksbury (2007:15) contended that accessibility and applicability cannot be absolutely separated from one another, saying that an application hypothesis is probably more likely to be "activated when it is accessible and equally, an inapplicable hypothesis is greatly improbable to be used in a specified situation immaterial of how accessible it is" showing that differences still exist between the two theories. They claim that the point at issue is whether the discipline benefits from conserving the dissimilarity. They emphasised that if correctness is the objective, it is prudent to preserve it, given that the difference between accessibility and applicability might have repercussions on the way the two effects are studied and comprehended and consequently, how we understand and study framing and agenda setting theories.

Kosicki (1993:118) argued that agenda setting is only one type of theory for studying media effects on public opinion in the context of public issues. Agenda setting scholars have a tendency of being hegemonic when using agenda setting in domains that are way detached from its initial meaning. Framing could be perceived by a few as an annex to agenda setting, but the theory originates from precise cognitive perspectives and move in novel routes unimagined by the earliest agenda setting premise. He reasoned that if the early segment of mass communication enquiry related to mass media and public matters predominantly surveyed issues that appeared on public agenda, the subsequent segment should be expected to study in what way such matters are framed or discoursed, including the outcomes to framing adding that "it is one thing to study journalists,

news work, media and media organisations, it is quite another to study the development of agendas in this framework”.

According to Scheufele and Tewksbury (2007), with respect to news processing, the question is whether news audiences experience agenda setting and framing identically. The two researchers suppose that a framing effect transpires once publics give considerable consideration to media information. This implies that the substance plus inferences of issue frames should be most noticeable to that member of the public who gives consideration to a media report. The two noted that an equivalent reasoning might be employed in the agenda setting process. Information processing theories presuppose that readers taking note of information about a report as well as participating in degree of interpretation of the information is more probably expected to recall records of it afterwards (Eveland, 2004). In other words, “the accessibility of an issue and so its position on the issue agenda might be greater when people focus to messages about it”. Consequently, although agenda setting and framing seem as though they function in parallel exceptional mannerisms, there exists a level of unique imperative peculiarity: attention to message might be essential to enable occurrence of framing effect than it is for agenda setting effect yet more coverage might be essential to enable agenda setting effect and not as much for framing (Scheufele and Tewksbury, 2007:14). This assumption was supported by Denis Chong and James Druckman’s 2007 study. The study established that reappearance of frames would have a lot of influence on less informed publics who similarly are more attentive to marginal cues, while more informed publics are expected to participate in “logical information processing by comparing the proportional strength of substitute frames in competitive circumstances” (Scheufele and Tewksbury, 2007:14).

Scheufele and Tewksbury (2007) also noted that another fundamental question when discussing agenda setting and framing is “the locus of cognitive effects”. The authors maintain that in both theories, the publics process the message afforded in the media then amass it in memory. As discussed earlier, they argued that

“agenda setting effects presume that the locus effect rests with the increased accessibility an issue acquires from its handling in the mass media. In principle, it is not news about the issue that has the effect; it is the point that the issue has obtained a particular amount of processing time and attention that conveys the effect” (Scheufele and Tewksbury, 2007:14).

In comparison, they say framing theory supposes that the locus of effect rests inside what is portrayed of an issue and the categorization employed while reporting about the issue. In essence, “the underlying interpretive schemas are rendered relevant to the issue that are the central effect of a frame”. The basic psychological dissimilarity between the two theories arises as a result of the distinction between whether we think about an issue and how we think about an issue (Scheufele and Tewksbury, 2007:14).

Van Gorp (2007) also argued that agenda setting concerns issues, “with the shell of the topic” yet conceptualisation of framing on the other hand makes a precise difference between issues and frames. The framing process likewise puts into consideration the part played by varied degrees of the “journalistic production process and of interpreting audience.” Issues can be reported in various sides, different angles or frames moreover, a similar frame is capable of being employed to report diverse matters. Also, Van Gorp noted that second level agenda setting continues to be narrow when likened to framing. For example, he disagreed with the idea that attributes to politicians are considered frames and contrasted with the attributes the voters regard as significant (See McCombs, Lopez-Escobar, and Llamas, 2000; Ghanem, 1997; Willnat, 1997).

Recently, after expanding agenda setting theory to third level, McCombs (2014:58) insisted that agenda setting theory has continued to develop and as a consequence has assimilated or combined with numerous other communication concepts and theories such as status conferral, stereotyping, image building and gatekeeping and framing theory. He reasoned that connections between agenda setting and various other communication concepts or theories are comparable to the One World and Star Alliance links in aviation, an incorporation of sovereign airlines to attain completeness. He further asserted that this kind of growing integration characterizes development in the area of mass communication. McCombs maintained that attribute agenda setting and framing center on how the objects of interest in messages, issues, political figures or other topics are portrayed. That they both investigate the degree to which accentuating of certain features and particulars of these objects affect our opinions and judgments about them.

He also labored to trash the argument to distinguish framing from agenda setting based on the rhetorical point of view that emphasise the segment of Robert Entman’s definition that says that

“to frame is to select some aspects of perceived reality and make them more salient in a communication context, in such a way as to promote a particular problem

definition, casual interpretation, moral evaluation/or treatment recommendation for the item described”.

He reasoned that a characteristic example of how two unusual ways to describe an issue lead to massively dissimilar feedbacks is Daniel Kahneman and Amos Tversky’s experiment in which different messages were shaped in terms of saving life as opposed to causing death. He also used the colloquial example of “the glass is half full” versus “the glass is half empty” saying that in terms of an attribute, the two exemplars are comparable demonstrations of what is in the glass (McCombs, 2014:61).

McCombs also disagreed with the argument to differentiate framing from agenda setting based on theoretical grounds saying that they have inconsequential experiential proof. He appeared to respond to Sheufele and Tversky, (2007 and Schuefele (2000) who noted that framing was grounded in applicability while agenda setting was grounded in accessibility effect models. McCombs argued that sequences of experiments were conducted and none established corroboration that accessibility was a constituent of agenda setting. He said that a field enquiry of an urban development issue employing traditional agenda setting construct of content analysis and surveys decided on accessibility of six attributes. The outcomes revealed that while the “accessibility of issue attributes improved with more exposure to the newspaper, the subsequent attribute agendas amongst the public showed no similarity to the attribute agenda represented in the news coverage” (McCombs 2014).

McComb’s argument however, did not include the debate about the theoretical pedigrees of both theories, which are clearly distinct. Also, McCombs relied solely on attributes which he equates to frames but details in a message may not necessarily mean framing. The attribute descriptions apply aptly to political issues but framing, even with its conceptual challenges lends a different angle to the study of media effects. At the end of the day, the debate about merging the two theories require a critical look at the writer’s intent and the requirements of the research, knowledge of the literature to be able to determine which side of it one wants to belong.

In conclusion, agenda setting and framing do have similarities especially because both theories are concerned about how issues and objects are represented and people’s ways of thinking about such issues. However, there are also differences between the two. Framing for example comprises of a

range of cognitive processes, moral evaluations, and appeals to principle, enabling its utilization in various issue topics yet second level agenda setting is limited to issue or object attributes.

CHAPTER FOUR

LITERATURE REVIEW: MEDIA COVERAGE OF THE ISSUE OF HIV/AIDS

4.0 Introduction

The previous chapter discussed the theoretical framework. This chapter reviews literature about HIV/AIDS coverage, concentrating on key regions such as United States, Europe and Asia with specific bias to Africa and especially Uganda. Attention is paid to specific issues such as prevalence and containment of HIV/AIDS, attribution of blame, risk groups, sources of HIV/AIDS information, and complacency and how such issues have changed over time in different countries, regions or on the international scale.

4.1 International Coverage of HIV/AIDS

While the major thematic patterns of HIV/AIDS reporting appear to be common to the news media worldwide, there have been major differences in the manner in which the press from different countries have reported about HIV/AIDS. These differences in reporting parallel differences in policy orientation. The discussion herein draws from different studies about HIV/AIDS conducted at international level and the different thematic patterns are highlighted.

Many researchers have emphasized how the media have unsuccessfully covered and/or addressed either the social or scientific aspects of HIV/AIDS. They claim that “the scientific aspects of HIV/AIDS are often simplified by the media thus failing to provide either adequate social perspective or sufficient analysis and context to scientific evidence” (Stein, 2001:2). Universally, the majority of scholars have been critical of media coverage of HIV/AIDS pandemic.

Among these scholars is James Cohen (1994:32) who emphasised the simplistic manner in which the issue of HIV/AIDS is reported in the media, saying that,

“mishandling of HIV/AIDS results from the tendency to simplify the mechanics and dynamics of HIV/AIDS yet the disease is one of the most complex scientific challenge in human history”.

The media have also been criticized for highlighting the medical model over public health model. Perhaps the complex nature of HIV/AIDS is what has led the media, according to its critics, to accentuate the ‘medical model’ rather than the ‘public health model’ about HIV/AIDS prevention and care. Researchers argue that other than relying on the simple mechanics of the disease,

journalists could take advantage of its extraordinary and problematic nature. Indeed, Michelle Galloway (2001) and Jo Stein, (2001:2) agreed that HIV/AIDS has great “journalistic potential because it encompasses all the elements of a great story. HIV/AIDS brings together a potent mix of sex and death, science and politics, and deep-rooted divisions and inequalities between north and south, rich and poor, and men and women.”

Moreover, some researchers identified media prejudice against some groups in society. For example, Valerie Sacks (1997:9) argued that media representation of women reproduces normative sexuality. Sacks iterated that other than prostitutes who are portrayed as vectors of the HIV/AIDS, the female folk depiction as “HIV positive mothers or pregnant women who are of concern only insofar as they may infect their babies” is unchanging. In this regard, media failed to mount productive unconventional social portrayal of sexuality and gender. Also, research has shown the disquieting point to which voices PLWH have been marginalized by mainstream media. PLWH are virtually always represented as patients in need of care and compassion (Treurnicht, 2000) and in most cases not consulted in media discourses. Given that this from the international realm, it is important to find out how the different groups, in relation to HIV/AIDS are presented in Ugandan media.

Another study carried out at the international level was by Nilanjana Bardhan in 2001. The study was of a macro nature that included five transnational wire services. The intention was to analyse HIV/AIDS coverage in the 1990s. The transnational wire services studied were; the *Associated Press*, *Agence France-Presse*, *Reuters*, *Telegrafnoye Agenstvo Sovetskovo Soyuz* and *Inter Press Service*. The content was analysed for prominent themes, news makers, representations of different world regions, notions of framing and characteristics of HIV/AIDS news discourse. The study found that over the period under review, there was only a marginal change from the biomedical dialogue made prominent in HIV/AIDS coverage in 1980s, and that coverage assumed mostly a western cultural perspective. This assertion by Bardhan is carried by many scholars who have studied the issue of the media and HIV/AIDS. That there was/is a tendency by journalists to reproduce information reported in the western press without giving regard to different contexts.

In addition to overall decline in volume of HIV/AIDS related stories, Bardhan also noted a level of blame attribution during this period. Instead of blaming the risk groups or moral derogation however, different regions blamed each other for the origin of HIV. The ‘West’ blamed the African

continent, while Africa blamed the foreigners from the ‘West’. Attribution of blame, whether regional or to different groups in HIV/AIDS discourse is a crucial area that requires not only to be examined, but also to be addressed given its portentous repercussions to HIV/AIDS prevention efforts.

4.2 Reporting of HIV/AIDS in the United States

Most biomedical research about HIV/AIDS has been done in the western world, led mainly, by the United States. The coverage of the issue of AIDS by western media was/is paramount to our understanding of the disease in general. This section looks at different research on HIV/AIDS coverage in the west, starting with American coverage. Different studies on HIV/AIDS are examined in depth, drawing comparisons from their conclusions and analysis.

In the United States, the early phases of HIV/AIDS coverage were characterised by denial, confusion, and uncertainty about how to handle the issue of HIV/AIDS, a strange disease that people knew almost nothing about. HIV/AIDS was framed in terms of familiar boundary between those who were considered healthy and those who were diseased or considered at risk (Rogers, Dearing, and Chang, 1991; Gilman, 1988). As a result, coverage of HIV/AIDS was scarce and media agenda setters like the *New York Times* gave diminutive coverage to the “new virus” that was mainly infecting the gay community. In fact, when it was finally covered, Edward Albert (1986:135) noted that the public was carefully distanced from the “deviant and diseased” while emphasis was placed on the wayward nature of those affected instead of the difficult nature of the disease. Demeaning tags such as “the Four-H disease” were prominent. The Four-H referred to the four factors that were considered to fuel the spread of HIV/AIDS that is; the Homosexuals, Haitians, Heroin drug addicts, and Hemophiliacs, and these were regarded as risk groups. In fact, the *New York Times* editor at the time refused to use the word gay in his paper for fear of being associated with gays (Grmek, 1990). Much as Bardhan (2001) identified regional blame (Africa vs. the West) for the spread of HIV/AIDS, inside the United States, the gays, Haitians and drug addicts, who were associated with immoral behaviour were blamed for the spread of HIV/AIDS. And because HIV/AIDS was identified with deviant groups, public discussion of the disease, even at government level, was minimal at best.

In fact, Dennis Altman (1989) criticised the conservative regimes of Reagan and Bush administrations that were influenced by the American majority’s aversion to public discussion of

homosexuality and in the process led to a general neglect of issues related to HIV/AIDS. According to Barry Adam (1989:11), American government policy on HIV/AIDS ranged from non-existent to punitive. President Ronald Reagan's only public address on the issue in 1987, for example, called for mandatory routine testing for HIV/AIDS for specific groups such as immigrants and prisoners. This perhaps contributes to the reason behind American news media's conservative moralistic coverage, especially on issues such as homosexual practices while privileging the sexual abstinence that characterized early HIV/AIDS coverage (Nelkin, 1991). Due to such early moralistic and judgmental coverage, ACT UP, a civil society organization that worked to impact lives of people living with HIV/AIDS in order to affect legislation, medical research, and treatment was forced to generate attention to the issues of HIV/AIDS in the late 1980s by staging protests and media stunts so as to attract news coverage and in so doing affect HIV/AIDS policy (Lupton, 1994; Colby and Cook, 1991).

In the early periods of HIV/AIDS spate in America, Randy Shilts (1987:2) argued that publics perished for the reason that the media "did not like to cover stories about homosexuals". According to Shilts, mass media failed to fulfill its educative and public awareness function and people were condemned to cope with HIV/AIDS without guidance. Shilts was a gay journalist living in San Francisco who began reporting on the issue of HIV/AIDS in 1983, at the time when the disease was killing his friends and acquaintances. In his book, *"And the band played on"*, Shilts noted a pervasive homophobia that limited full government response to the crisis. He noted that as HIV/AIDS killed thousands in the United States and beyond, emphasis was put on four risk groups that researchers and scientists had associated with the transmission of HIV/AIDS. He said that such episodic coverage despite evidence that HIV/AIDS infected heterosexuals as well led to stigma and discrimination of people who belonged to such groups. It must be remembered that since the initial outbreak of HIV/AIDS in the United States, the government (or in this case the president) did not make a public address about the issue until 1987, six years after HIV was discovered in the United States (Rogers, Dearing, and Chang, 1991). Shilts' purpose was therefore, to arouse discussion and interest in the issue of HIV/AIDS, humanise those who were found HIV positive, and cause a positive change in media coverage of the issue, perhaps from episodic type of news and information framing to more thematic kind of framing so as to present a full picture of HIV/AIDS epidemic. Shilts was concerned about comprehensive reporting of the issue of HIV/AIDS so as to portray a picture of the disease that would aid society as a whole to cope and

prevent it. The sort of reporting advocated by Shlits relates to thematic versus episodic framing: two concepts under study in this thesis. Their accentuation here therefore works as foundation for analysis for the current study.

Shilts effort started to yield results and as research proved that HIV/AIDS infected homosexuals as well as heterosexuals, the debate shifted from majorly blame attribution to

“public discourse and news narratives into the frames of normalization and medicalization. The HIV/AIDS rhetoric took on urgent scientific overtones infused with the need to find a biomedical cure”

and a more informative and sensitised coverage by the news media. In fact, after this period, biomedical research and quest for HIV/AIDS cure (McAllister, 1992) became major frames in news coverage. HIV/AIDS news also started to be ordered around different events and prominent persons.

In 1991, Rogers, Dearing and Chang found that although amount of coverage of the topic of HIV/AIDS still fluctuated during the time under investigation, coverage was largely event driven. ‘Events’ in this instance included musician Rock Hudson’s illness and death in 1985, recommendation by federal official in 1987 for mandatory HIV/AIDS testing especially for couples intending to get married, people who were hospitalized, or those who were treated for sexually transmitted diseases and the infection of Ryan White. Rogers et al., (1991) carried out a 91 months’ study of United States coverage of HIV/AIDS from 1981 through 1988. The study was carried out across six media, three newspapers and three television networks and the

Other than the event driven nature of coverage, the research also identified four eras of HIV/AIDS coverage in the United States; the initial era, characterised by denial, confusion and uncertainty about how to handle the unknown, blame and identification of risk groups, moral panic and relatively high coverage of the new disease; the ‘science era’, during which coverage depended heavily on scientific sources for news stories; the ‘human era’ that was characterized by personalizing of HIV/AIDS and events such as the Rock Hudson and Ryan White cases giving a human face to the issue of HIV/AIDS; and the ‘political era’, that was characterized by public controversies about HIV/AIDS, especially mandatory testing for HIV/AIDS and individual privacy. Such eras that characterised coverage had similar attributes found in different countries. This period in HIV/AIDS coverage shows that confusion and uncertainty about how to cover the

epidemic was experienced in many parts of the world. Such knowledge however, is absent in the Ugandan context thus the need for this study.

Although there was evidence of event driven coverage, David Colby and Timothy Cook (1991) showed that event driven news gradually moved from 'saturation' to 'routine', maintaining the biomedical frame of coverage. For these two researchers therefore, coverage of HIV/AIDS, fluctuated, not only in number but also in terms of themes and frames. That an improvement in coverage during one era, did not mean permanence. A trajectory of coverage, noting the changes overtime in terms frames and different themes is part of the interest of this study therefore this discovery sets the stage for interpretation and analysis of this thesis. Colby and Cook (1991) created a list of problems deemed worthy of attention and resolution by the public and policy makers. They distinguished event- driven media coverage, news organisations, routine coverage of HIV/AIDS that relied largely on authoritative, medical, scientific, or political official sources to identify what is newsworthy from topic driven saturation coverage in which reporters actively seek stories, showing initiative and covering fresh angles of the epidemic. The researchers concluded that once established as newsworthy, HIV/AIDS made available story lines for multiple journalists across multiple beats such as medical, science, political, law, foreign, regional or domestic. And yet, despite all these developments, amount of HIV/AIDS coverage decreased.

As the HIV/AIDS pandemic persisted and its cure became elusive, HIV/AIDS coverage reduced and only resurfaced in case of an event, especially if there was a new discovery in the biomedical field regarding either a new strand of HIV or progress on the attempt to find the cure. The reporters had to work hard when selling an HIV/AIDS story to their editors, for most editors said HIV/AIDS had been around for long (Bardhan, 2001; Bardhan, 1998). The decline in coverage by the media gave a false impression that the disease was plummeting, giving rise to complacency. Despite the ever-increasing records of infection internationally, complacency and the misleading communication that the spread of HIV/AIDS was diminishing worsened the already waning HIV/AIDS coverage in United States (Ng, 2000). He pointed to an article in 1996 that appeared in the *New York Times* titled "*The end of AIDS: The Twilight of an epidemic*" which, according to Ng, conveyed confidence in new drugs expected to cure HIV/AIDS. He emphasized that mass media in the United States prematurely declared an end of the HIV/AIDS pandemic yet there was steady increase in infections and evident failure of the HIV/AIDS drugs. Ng (2000) also noticed

that while there was HIV/AIDS increase in other communities in the United States, such as black communities, the media, if at all covered the issue of HIV/AIDS still focused on gay communities.

Mollyann Brodie et. al., (2004) studied HIV/AIDS coverage in the United States over a 22-year period, from 1981 when the first news of HIV/AIDS was reported, through to 2002. The study reported fluctuating coverage of HIV/AIDS during the period under study with high coverage noted at the beginning of the epidemic, peaking in 1987, then a constant decline since that date despite a sighted increase in HIV/AIDS infection in the country. Topics and themes such as taboo, religion, health stories, sexuality, culture, celebrity and politics both on the local and global scale were noted, and these tended to vary over-time. Worthy of note is that the researchers confirmed the existence of ‘compassion fatigue’ evidenced by a constant decrease in coverage of the epidemic. Stories solely devoted to HIV/AIDS declined in number and length and became more event dependent, reliant on celebrities and press conferences to break through the compassion fatigue that characterized the response of many people now to the issue of HIV/AIDS. Journalists had a more difficult time convincing their editors that a story about HIV/AIDS was newsworthy. Such sense of complacency, the researchers argued, led to the misleading belief that HIV/AIDS is waning. The study also showed that though there was advancement in prevention and HIV/AIDS treatment, the disease assumed new faces in America and had moved to new populations such as the Latinos and African Americans. Such revelation is paramount to this research. In Uganda, there has been discussion about the new faces assumed by HIV/AIDS, and level of complacency which has been blamed for the increase in HIV/AIDS prevalence from as low as 4.5% to 7.3 in by 2011.

Although complacency to HIV/AIDS could be due to multiple causes, the persistent nature of the disease greatly contributes. Kristen Swain (2005) suggested that journalists should view and therefore frame HIV/AIDS as a lasting health concern rather than an emergency. Swain (2005) reinforced Brodie et. al., (2004) and Rogers et. al.,’s (1991) findings and said that the 1980s, witnessed a great deal of coverage fueled by different events including fears about the ‘gay plague’, casual transmission of HIV, immigration policy concerns, debate on the San Francisco bathhouses, the advent of AZT and Rock Hudson’s illness and death due to HIV/AIDS. She said that Journalists during this period framed HIV/AIDS as “an emergency rather than a lasting health concern and voice was given to activists who created a sense of urgency” (Swain, 2005:259). Swain noted that coverage was motivated by attention seizing occurrences and thus ended up hopping from one

crisis point to the next depending on the presence or absence of a breaking news story. She implied that coverage lacked depth, background information or even assessments on progress of particular issues. Such episodic framing, she said, endorsed the belief that people who lived with HIV/AIDS were accountable for their own infection. That the media failed to underline broader social causes that could have led to inefficient HIV/AIDS policies. Finally, Swain (2005) noticed that in the late 1990s and early 2000s, the press in United States began to pay attention to the worldwide epidemic, focusing on international conferences, the debate over prescription drugs and Africa.

Robin C. Stevens and Shawnika J. Hull, (2013:10) concurred with Swain (2005; 1997) that HIV/AIDS especially in the United States was looked at as a global problem, especially as an African problem, and its coverage contended with other “issues for a place in a shrinking news hole in the elite press”. Such coverage, they argued, created a wrong impress that HIV/AIDS was alleviated within the United States and had become an ‘African problem’ thus creating a sense of complacency, a very dangerous trend in HIV/AIDS prevention. Stevens and Shawnika studied 53,934 HIV/AIDS stories generated from a fifteen-year content analysis study of twenty-four daily US newspapers and one wire service. The researchers showed that though the HIV/AIDS rates had declined over the last two decades, there was an increase in infection rates among African Americans, thus emphasising the complex nature of HIV/AIDS.

The review of HIV/AIDS related research in United States lends weight to the fact that there is no mastery in the coverage of the issue of HIV/AIDS. That coverage and themes overall, change as circumstances, events or journalists’ knowledge about the disease also changes. That as HIV/AIDS ages, journalists have to be aware, not only of its complex and ever changing nature, but also of the fact that they must invent different ways to effectively report the disease. Although not all studies on HIV/AIDS coverage in United States were reviewed, those discussed go as far back as 1980s and as recent as 2013, hence giving a representative overview and important lessons for this thesis that seeks to study coverage of HIV/AIDS in Uganda from 1992. Other than Unites States, Europe was also leading in HIV/AIDS research and media coverage as a result. Most of Asia on the other hand, maintained a peculiar silence on the issue until pressure from international organisations forced political leaders to address a problem that affected an increasing number of people. The response and media coverage by the two regions therefore, have interpretive benefits for the current study as the following discussion demonstrates.

4.3 HIV/AIDS coverage in Asia and Europe

In Australia, much as coverage of HIV/AIDS initially emphasised risk groups as vectors of the disease, there was change in late 1980s. Much earlier than the United States. Deborah Lupton (1992), who studied coverage of HIV/AIDS in the Australian press from 1986-1988, discovered that the attention of famous media reports on AIDS changed from presenting “AIDS as risk to only homosexuals and intravenous drug users, to generating panic-stricken material suggesting that everyone was at risk” (Lupton, 1992:7). Coverage was granted to any main public health campaign intended to caution heterosexuals on the danger of contracting HIV/AIDS. Lupton noted that a number of news reports overstated the risk and distributed confounding information about the disease. That coverage was characterised by episodic framing, risk and threat, deviant sexual behaviour, panic, blame, risk groups such as homosexuals and fluctuating coverage in terms of quantity.

In another study in 1993, Lupton et. al., studied a seven-month period of Australian metropolitan press from March to September 1990. The results showed that there was a decrease in the amount of news reports when contrasted to previous years. This research emphasized that ever since HIV/AIDS became a long time issue instead of an emergency, coverage steadily diminished. During this study period, issues that previously obtained mammoth media coverage like the ‘HIV/AIDS as a gay plague’ were not considered particularly newsworthy: rather, attention focused on people living with HIV/AIDS, especially children, referring to them as ‘innocent victims’. Other issues included HIV/AIDS policies and politics, the general spread of HIV/AIDS, AIDS education campaigns, drug and medical treatment.

Having written extensively about HIV/AIDS in the Australian press, Lupton published a book in 1994 called “*Moral Threats and Dangerous Desires*”. In this book, she said that in Australian coverage of HIV/AIDS, the metaphors such as ‘medicine as war against disease’, ‘HIV/AIDS is an enemy’, ‘HIV/AIDS as a hidden danger’, as well as the binary oppositions centering on deviance versus normality, all functioned as persuasive rhetorical devices by which medical science was positioned as the best means of coming to the aid of the body when it had failed to protect itself. She noted that the twin ideologies of medicine as saviour and individual responsibility took center stage. Therefore, the people who succumbed to the HIV virus were failures on two fronts: by allowing the invasion of HIV in the first place through deviant routes of

unnatural sexual activity or injecting drug use: and by experiencing the failure of their immune system to respond to the subsequent invasions of opportunistic infections, thus requiring further invasion by aggressive biomedical intervention. She also claimed that HIV/AIDS represented both individual risk, from which people were expected to protect themselves by adopting safer sexual practices: and the societal risk, caused by those already infected to others. In the case of HIV/AIDS, 'sins' and 'taboos' were synonyms for risk. For example, casual sexual activity was/is considered reprehensible, deliberately bringing risk upon oneself for sexual pleasure which is not socially condoned (Lupton, 1994).

By 1990 the image of HIV/AIDS as an emergency and instant killer disease that dominated the 1980s had faded and was replaced by the idea of HIV/AIDS as a manageable disease. This gave rise to complacency and routinisation, together with the notion that HIV/AIDS was someone else's problem. Although more press attention was given to people living with HIV/AIDS, and their stories were personalized, most of the individuals concerned were not portrayed in a way that would encourage general audiences to identify with them (Lupton, 1994: 108, 116). HIV/AIDS had once again become the disease of 'the other' and more often than not, the Australian population was informed, through comparison of infection rates in other countries especially in East Asia and Sub-Saharan Africa that the threat of exponential spread of HIV/AIDS in Australia was unlikely. The press portrayed that HIV/AIDS was far greater in developing countries. This was not helped by the fact that global estimates indicated that Oceania was the least affected region in the world, underscoring the fact that compared to sub-Saharan Africa, HIV/AIDS epidemic in Australia was of little magnitude, both in terms of numbers and per capita (Lupton, 1994; Chin, 1990). This same attitude was identified in the United States press coverage, which in 1990s, also started to focus on African as the epicenter of HIV/AIDS.

Brown Julianne, Simon Chapman and Lupton (1996) once again brought to the fore the issue of morality and gender. Brown et. al., (1996) who studied medical stories in 1994 as they appeared in the Australian press about an HIV-positive hospital obstetrician, and the attempt by the New South Wales Health Department to find and test all 149 women on whom the doctor had operated, showed that though experts indicated that women were at miniscule danger of contracting HIV, news reports indicated that media framing of risk leaned towards its "reproduction of moral outrage components than towards scientific notions of calculable risk". The outrage was more

about the possibilities of the unborn babies contracting HIV than the women carrying these unborn children. Brown et al.,’s disappointment however was that the media ignored the calculable risk against the women tested, looking at them as vessels carrying life but who were not warranted safety.

With regard to prevention, despite the admonitions of safer sex education, the association of HIV/AIDS with condoms for example, led to contradictory discourses in Australia (Lupton, 1994; Gamson, 1990). Lupton emphasised that condoms during the age of HIV/AIDS connoted both positive and negative association. In the print media, reporting about condoms was delicate. For some, condoms signified reduction of sensuous pleasure, while for moralists, condoms signified recklessness. Although both significations were negative, the two meanings are idiosyncratically different. On one hand, the condom user could be considered sensible, modern and healthy, but on the other also considered immoral, risible and promiscuous. Most of the moralists traditionally found their expression in religious laws, which dictate how sexuality should be expressed hence the quasi-religious tones of newspaper reports discussing the dangers posed by HIV/AIDS and the subsequent need to go back to old values (Lupton, 1994:132, 133). This delicate, moralistic-sensible association can also be seen in the Ugandan contexts. Being largely traditional and religious community, condom use has been condemned as promoting immorality. On many occasions, elders, religious leaders and the president have cautioned the population on the use of condoms and encouraged those who are not married to instead stay abstinent until marriage. This review therefore, lays ground for current thesis which intends to examine how condom use was covered by the two newspapers and what changes, if any, given the changing nature of the population and their culture overtime.

In mid 1990s, just like in United States, debates around HIV/AIDS issues in Australia started to assume medico-scientific research and treatment frames. According to Lupton (1998) who analysed HIV/AIDS related reports in Australian press from 1994 to 1996, found that reports focused on two dominant topical themes. She noted firstly, that HIV/AIDS news accounts turned into more of a biomedical than a public health problem, and as a syndrome predominantly affecting gay men rather than the general population, with much less sense of urgency compared to that of late 1980s. Secondly, the disease was increasingly portrayed as ‘just another sexually transmitted disease’. During this time, Lupton’s 1998 research noted a lower degree of interest by the press in

HIV/AIDS issues especially in terms of volume. This, unfortunately seemed to be the same trend in many countries as confirmed by different researchers (Stevens and Shawnika, 2013; Swain, 2005; 2007; Brodie et al., 2004).

In other regions such as Asia however, coverage of the issue of HIV/AIDS started much later and often characterised by continuous episodic framing, themes of denial, blame attribution, and authorisation. Coverage of the issue of HIV/AIDS has been low because of high government control in many press systems. For example, a study of Malay-and-English language papers in Malaysia by Lim Khor (1995) between 1991 and 1992, established that coverage of HIV/AIDS was low, discriminatory in nature, labeled people living with HIV/AIDS as abnormal, and blamed the homosexuals, intravenous drug users and sex workers for the spread of the disease. Noteworthy as well was the fact that most of the sources used in the stories were from government, thus emphasising state control of information regarding HIV/AIDS. The current thesis examines the difference between the government owned and the privately owned newspapers in Uganda. Although the government of Uganda encouraged media coverage of the issue of HIV/AIDS so as to create awareness within the population, it is still true to assume that government control of specific HIV/AIDS media agenda.

In China, the situation was slightly different from Malaysia. Tong JingJing (2006) carried out a comparative study of HIV/AIDS news reportage in newspapers in United States (*The New York Times* newspaper) and China (*China Daily* newspaper) between 2001 and 2004 with the aim of finding out how popular news media in both countries frame AIDS in the 21st century. Five hundred and twenty-three (523) articles were analysed in both *The New York Times* and *China Daily* newspapers and the results indicated a difference in coverage of HIV/AIDS by the two newspapers. *The New York Times* was dominated by disaster themes and medical-scientific issues, while in the *China Daily* the public health frame was dominant. Also, there was significant increase in volume of HIV/AIDS reports in *China Daily* but great decline in *The New York Times* during the period under study. The study revealed that *The New York Times* dedicated most coverage to depict the spread and prevalence of HIV/AIDS in Africa: depicting Africa as a continent where infection meant virtual certainty of death, and the epidemic was associated with words such as plague, fear, despair, and dissolution. The human interest frame as associated with shame and denial. Though not dominant, the human interest frame was also common in *China Daily*, reporting

that HIV/AIDS was a silent plague in China, with the disease spreading rapidly marking the country for a possible catastrophe. The study also showed apprehension about inadequate treatment, uncertainty about how to deal with the disease and HIV/AIDS prevalence. However, Nan Yu (2006) who studied AIDS coverage in China in terms of agenda-setting and framing slightly disagreed with JingJing (2006). She examined the coverage of HIV/AIDS news in one of China's biggest national newspaper, *People's Daily*, from 2000 to 2004. Yu agreed that coverage of HIV/AIDS slightly increased, with more coverage on World AIDS Day thus greatly affecting media agenda but argued that coverage of the disease was predominantly low with almost no conversation around it unless when in reference to it as an African epidemic. That coverage of the issue of HIV/AIDS mildly increased due to increase in infection rates and the pressure from United Nations.

Yu's work also tackled agenda setting and framing: two theories guiding this study. She found that coverage of HIV/AIDS increased during World AIDS Day thus greatly affecting media agenda. The results of the study also found that the agenda of HIV/AIDS was set by government, politicians, foreign and domestic experts, international organisations and conferences. Yu argued for instance, that HIV/AIDS related news did not matter until Chinese politicians, leaders in government and international organisations started to talk about the disease in an attempt to combat its spread. These results from Yu's study guided the current thesis given that one of the interests of this study was to examine several sources of HIV/AIDS information to find out who sets the HIV/AIDS agenda in Uganda. Results from such an inquiry, other than expanding the theory of agenda setting, would also help inform and shape policies related to HIV/AIDS prevention and treatment.

In a bid to examine how social reality of HIV/AIDS was constructed in Chinese press, Min Wu (2006) engaged two news organisations. Wu compared news coverage of HIV/AIDS in China by the *Xinhua News Agency* of China and the *Associated Press* (AP) of the United States. The results showed that the anti-government frame was evident in AP's report, characterised by dishonesty/oppression frame, human rights abuser frame, and incompetence frame. *Xinhua News Agency* was dominated by the pro-government frame characterised by the defense, ambiguity, and progress frames. The study also discovered that in general, multiple realities about the social phenomenon of HIV/AIDS in China were constructed by the news media, lending support to the

argument that news is a socially constructed product and not necessarily an objective mirror of social reality.

In relation Wu's conclusions, Niranjan Karnik (2001) examined how social reality about an issue can be borrowed or transferred. Karnik studied the dynamics of transnational signification but precisely engaged literature on the proliferation of knowledge about high risk groups instead of other social aspects about HIV/AIDS covered in India. He analysed the intersection of the global disease categories and used the *AIDSLINE* database in India to identify papers for study between the years 1983 to 1988. The study concluded that despite the fact that India had very few or nonexistent cases of homosexual partnerships, Haitians, intravenous drug users and hemophiliacs for instance, these groups were included in the vulnerable groups, together with prostitutes that the India Task force was to keep tabs on. Karnik intoned that such categories of risk groups were borrowed from international media, especially the United States, without considering the local context. Not much attention is paid to the fact that many of the categories being transferred have little validity in the recipient context and hardly any social recognition. The results of Karnik's study reiterate the agenda setting nature of western press, pointing to the fact that albeit with minimal variations, the narrative carried by many media across the globe resemble the same HIV/AIDS narrative carried by western print media, especially the United States' press.

In fact, further analysis of Karnik's results shows that just as in the United States, where HIV/AIDS was considered a disease for the lower class, so was the case in India. HIV/AIDS was often associated with truck drivers and prostitutes. He said that prostitutes were referred to as a pull of infected women. In general, HIV/AIDS was a disease for the dirty and morally deviant noting that the reporting of risk groups was predominantly episodic due to the focus given these risk groups while completely ignoring other factors that fueled HIV/AIDS spread such as poverty and gender inequality.

Even in Portugal, Nelson Traquina (1996) showed that the HIV/AIDS narrative went through similar phases as those witnessed in the United States mainstream media and in many other countries. Traquina carried out a comprehensive study about HIV/AIDS coverage by a leading Portuguese daily, *Diario de Noticias*, between 1981 and 1991. Traquina's study showed that focus was placed on morally deviant groups and behaviour. According to Traquina (1996), coverage was characterised by denial, homophobic fear appeals, gradual normalization, politicization, and

finally routine coverage. He also noticed that the severity of infection did not necessarily influence coverage of the disease. This was the case in many countries, where the extent of infection did not affect the volume of coverage. For example, Anette Grube and Karin Boehme-Deurr (1989) carried out a study of HIV/AIDS coverage in Germany, England, United States, and France for the year 1986 and discovered that countries with the highest HIV/AIDS cases did not necessarily cover the issue of HIV/AIDS more than lower-incident countries, including those in Africa.

4.4 HIV/AIDS Coverage in Africa

African media were not any different from western and Asian media in the way they handled the issue of HIV/AIDS. According to Malcolm Gibson (1994), both private and government owned media across the continent only acknowledged the epidemic after their governments reacted. In the early years of HIV/AIDS, many African governments avoided reference to HIV/AIDS all together and attributed HIV/AIDS victim's deaths to anything but AIDS. Just as in other countries around the world, African governments hid the facts about HIV/AIDS for fear of blame and loss of revenue, especially from tourism. Even in Uganda, a country that has been commended for providing early and strenuous HIV/AIDS prevention campaign, coverage of HIV/AIDS became decisive only after Museveni had assumed presidency in the late 1980s. The president had witnessed the devastating effects of HIV/AIDS to his soldiers during the 'bush war' and therefore made it a personal mission to create awareness and educate the public about the disease. HIV/AIDS coverage therefore had political backing. In some African countries however, the HIV/AIDS narrative was politically constructed to support specific programmes. According to Lester Elli (1992) who carried out a study of Euro-African Press (*The New African Magazine*) from 1985 to 1990 when African governments finally reacted to the issue of HIV/AIDS, there was a political agenda, part of which was to explore theories of origin, especially in response to the West, after the continent was blamed for the origin of HIV/AIDS and in the process, many neglected coverage of pertinent HIV/AIDS information.

Paul D'Angelo et. al., (2013) studied HIV/AIDS coverage in what they considered contained democratic and repressive autocratic systems. A comparative study of HIV/AIDS coverage was done in four sub-Saharan countries that is; Zimbabwe, South Africa, Nigeria, and Kenya from 2002 to 2007. Leading Anglophone newspapers were examined in each country. The study found that prevention campaigns were framed more progressively than infection decline in all

newspapers, yet as more efficacious in contained democratic systems than repressive autocratic systems. That across all coverage, the topic of social costs was framed more for the responsibility borne by nongovernmental agents than government agents taking responsibility for addressing social costs. Meaning that for many African countries, the political narrative adopted, which was intended to safeguard the ‘health integrity’ of their nations, grossly undermined pertinent HIV/AIDS related issues that affected their populace. The researchers concluded that news agenda in contained democratic media systems can facilitate stronger positive societal-level responses than the news agenda in repressive autocratic media systems.

In South Africa, like in many countries, coverage often included identification of high risk groups as unclean and unhygienic prostitutes, truck drivers, low-class people, moral and human rights interests (Kiwunuka-Tondo et. al., 2003). Coverage also characterized by a sting of suspicion especially from black South Africans, some of who thought HIV/AIDS was a figment of the white man’s warped imagination (Gibson, 1994). In South Africa, HIV/AIDS was often presented as relevant only to people on the margins of society: mainly black people and those considered to be sexually deviant. Early coverage of HIV/AIDS in South Africa was affected by predominantly white controlled media, especially prior to 1994. The media therefore followed the apartheid government lead that had explicit disregard for both gay people and black lives that were being ravished by the disease (Stein, 2001). No wonder, post-apartheid discussions about HIV/AIDS were marred with suspicion and contentious debates between activists and scientific communities on one hand, and government on the other hand.

The debate opened by former president Thabo Mbeki when he took over office in 1999 regarding whether HIV causes AIDS is an example. According to Hellen Schneider (2001), the debate reflected a level of mistrust but most importantly, substantial lack of awareness about the disease not only by the president, but also by the majority of the population. She argued that such lack of awareness was created by years of former white governments’ silence on the issue. Although the debate was unique to South Africa, it is significant in that it points a broader conflict about the origin and cause of HIV/AIDS. It points to the reasons why majority of governments in Africa, and world over neglected to acknowledge HIV/AIDS in their communities: the fear of blame. Yet fear of blame, whether at international, community or group level is known to disturb the fight against HIV/AIDS. This thesis explores the concept of blame attribution from 1992 to 2011. The

assumption is that as people became more aware about HIV/AIDS and how it spread, blame was laid less on specific groups and HIV/AIDS was viewed as a community rather than an individual responsibility.

In 2000, Arnold Shepperson reviewed 13 national and regional publications in South Africa and their coverage of HIV/AIDS and found that there was progress in coverage. However, the researcher noted two key concerns. First, he noted that although volume of coverage of articles related to HIV/AIDS had increased, the quality of information reported needed to improve. He also emphasised that how HIV/AIDS is reported is as important as whether it is reported at all. The second concern that Shepperson noted was that most reporting in South African press was derived from single sources. He argued that the media agenda about HIV/AIDS was not set by media formations themselves, but by the agendas of those with press liaison machinery, especially government. For example, 30% of articles studied by Shepperson were derived from government press releases, press conferences, events, or statements by government officials. The current study takes interest in who sets the HIV/AIDS media agenda in Uganda. Given that Ugandan government has been instrumental in the drive to prevent HIV/AIDS and even encouraged coverage by different media houses, private or government owned, it is prudent to understand whether set the agenda or if there are other key players involved.

Other than the usual stages of denial, scapegoating, blame, and minimal acceptance with themes such as disaster, damage and destruction, South African HIV/AIDS media coverage of the disease, when it finally took off, also contained the element of drama (Stein, 2001). According to Stein (2001), the element of drama was/is characterized by spread of sensationalist reporting in the form of flashy headlines, images of emaciated people often referred to as sufferers dying of AIDS. In mid 1990s for example, Mark Gevisser (1995) noted that newspapers had photos of people living with HIV/AIDS in passive, submissive positions, reclining or lying on a hospital bed. Gevisser (1995) who reviewed a decade of clippings on HIV/AIDS in South Africa before 1995, found descriptions of gay plagues and black deaths, innocent victims, guilty sinners, and malicious infectors. Such coverage is related to the narrative of blame attribution, identification of risk

groups and profiling of the innocent, such as children and the guilty or careless, such as sex workers and their clients, aspects which this thesis examines.

Despite various challenges, there have been recent efforts in South Africa to foster improved reporting of the issue of HIV/AIDS by the press. For example, workshops and programmes have been organised under the media workers project to improve reporting on the work of community-based and non-government organisations. Also, Health-e news agency started by the Kaiser Family Foundation in 1999 has helped augment reporting and introduced specialized articles in the media. Ugandan print media often had specific articles related to HIV/AIDS, some sections of newspapers and pullouts such as straight talk were dedicated to health education and many tackled issues to with HIV/AIDS. Journalists over the years have been trained on matters of health and HIV/AIDS therefore, this thesis intends to find out if such improvements overtime, had any effect on coverage in terms of volume and quality-depending on the different themes, groups and frames of coverage used in the four identified periods of study.

Nicky Rehbock in his 2009 article argued that surveys had shown that South Africa's print media was moving away from sensationalist reporting on HIV/AIDS and adopted a more human rights oriented approach. Though the article noted that more can be done to improve reportage of HIV/AIDS such strengthening the voice of women living with HIV/AIDS and fight against stigma and discrimination, on the whole, coverage had moved from conflict ridden type that was during President Thabo Mbeki's regime that sparked huge controversy when the president flouted Scientific opinion and argued that HIV did not cause AIDS. That antiretroviral therapy drugs were toxic to patients. Rehbock claimed that since the replacement of Mbeki, the government stance on HIV/AIDS had changed. HIV/AIDS was given prominence. A new strategic plan, which was meant to drive multi-sectoral response to HIV/AIDS was enacted. As a result, HIV/AIDS became prominent in the media, not as a point of conflict, but was decisively mainstreamed and prioritized. Also, HIV/AIDS reportage moved from being portrayed as relevant to specific people in society or framed differently from other everyday events and issues covered in the press.

In many countries, although HIV/AIDS coverage has improved both in quantity of articles and content covered, researchers argue that coverage still fluctuates. In Kenya, Odhiambo (2000), carried out a content analysis of HIV/AIDS coverage by three Kenyan daily newspapers and their Sunday magazines from 1997 to 1998. He noted inconsistent coverage during the time of study

with a peak in the month of December or late November in preparation for World AIDS Day. In China, Yu (2006) and Wu (2006) also argued coverage of HIV/AIDS was generally low throughout the year and only increased in December, especially on World AIDS Day. Another study in Kenya, a content analysis of *Daily Nation* conducted by Hezron Mogambi, et. al., (2013) confirmed Odhiambo's (2000) findings that coverage was inconsistent. That there was lack of a clear editorial policy on coverage of HIV/AIDS that could provide guidance on sustained and effective coverage and instead, Mogambi et al., emphasised, events such as World AIDS Day celebrations spurred coverage. Other than quantity of coverage, this study explores the consistency of coverage in Uganda, within the four phases and what that consistency means to the general discourse of HIV/AIDS in Uganda. When coverage of any issue by the media is not consistent and sustained long enough, it fails to create the necessary impact in terms of awareness or change in behaviour.

Kingo Mchombu (2000), who studied three Namibian newspapers and the *Namibian Broadcasting Corporation* over a period of 18 months, from January 1997 to June 1998 concurred with previous researchers that coverage of HIV/AIDS was varied and low compared to the severity of the issue to Namibian society, a society that has had one of the highest prevalence rates in Africa. McChombu was concerned that reportage of the issue of AIDS was mainly superficial and lacked depth. He noted relative lack of articles on transmission and risk, counseling and care, copying or prevention strategies. On the contrary, Francis Kasoma (2000), found that HIV/AIDS related articles in Zambian press mostly reported the themes of prevention, copying strategies and prevention of HIV/AIDS. Kasoma (2000) studied how HIV/AIDS was reported in Zambia by three national newspapers for the year 1997 and the first six months of 1998. Kasoma (2000) was however, despondent the lack of follow up of stories and the tendency by journalists to rely mostly on foreign sources.

4.4.1 HIV/AIDS coverage in Uganda

Although media have played a definite role in Uganda's HIV/AIDS prevention, studies conducted in the area show that coverage had characteristics similar to other those in other countries. Coverage was most affected in the early years, as the country was undergoing civil and guerrilla wars and less attention was paid to the issue. It was only when president Museveni assumed office

in 1986 that the issue of HIV/AIDS was decidedly acknowledged as a problem by government and later by the media.

Gorreti Nassanga (2000) studied HIV/AIDS coverage by Ugandan broadcast (*Radio Uganda*) and print (*The New Vision* and *The Monitor*) media for a period of eighteen months, from January 1997 to June 1998. The research had several exposes including the fact that coverage was low and only increased in days leading to World AIDS Day and few the articles that resulted from reporters' initiative, which left the mandate to non-government organisations, ministry of health and foreign news. Nassanga's study also revealed a high level of blame attribution and identification of risk groups such as foreigners, truck drivers, prostitutes, gays and lesbians and husbands. Reckless lifestyle was among the main themes identified as fanning the spread of HIV/AIDS.

Nassanga's study was followed by James Kiwanuka-Tondo et. al., (2012) who studied HIV/AIDS coverage over a period of five years from 2000 to 2004. He compared *The Monitor* and *New Vision* newspapers and found a difference in story type between the private owned newspaper and government owned newspaper (*The Monitor* and *New Vision* respectively). *The Monitor* covered HIV/AIDS related stories in more detail than did the *New Vision* according to the researchers. However, *The New Vision* was found to have more coverage of HIV/AIDS stories. High coverage by *New Vision* was attributed to the four-page monthly pull outs called *straight talk* and *young-talk*, that contained inserts about sex education materials including information on HIV/AIDS.

In 2011 Angella Napakol et al., (2013) carried out a study of newspaper coverage of HIV/AIDS in Uganda over a four-year period. The examined themes, preventatives and correctives, and frames of coverage and found that the nature of Uganda's HIV/AIDS coverage was consistent with how other countries covered HIV/AIDS. Coverage was mainly event driven and fluctuated in volume with *New Vision* registering higher volume of coverage and many of its frames were thematic or mixed. The study also showed that the Ugandan media relied more on traditional HIV/AIDS prevention strategies which involved promotion of risk avoidance and reduction: strategies which assumed that everyone had the power of choice (Westerhaus, et. al., 2007).

Although informative, the studies on HIV/AIDS coverage are all recent. The one that was done relatively early on, studies a period of only eighteen months between 1997 to 1998 while the subsequent two studied five and four years each. Although number of years studied does not necessarily mean quality of research findings, there is need for a comprehensive study, covering

the foundational years of HIV/AIDS coverage in Uganda. This thesis therefore, went go back in years and conducted a longitudinal study, examined the nature of coverage and took note of changes if any, discussed in light of existing social, political or economic situations within each phase as qualified in the study.

4.5 Sources and HIV/AIDS News Coverage

A source can be a person, document, record or publication containing, involved or affected by an issue. Oftentimes, sources provide information that aid a journalist to report or explain an issue to his/her audience. The question about who writes newspaper articles and in particular, health articles, could influence the sources of information in the article. However, news gathering by journalists has for long been criticized for being unbalanced; involving a battle to control information flow (Davis, 2004:24). Individuals involved might resort to intimidation, implication or even official negotiation (Manning, 2001). Journalists occasionally witness news which consequently exposes them to sources' dependence. Research has shown however, that dependence on sources tends to be prejudiced in favor of official news sources such as high level politicians, government officials, scientific research and publications or medical experts because such sources are readily available and credible. Different studies have documented reliance on official sources (see Shehata, 2007; 2010; Schlesinger and Tumbler 1994; Hall et. al., 1978; Sigal 1973).

Surveys have also shown immense support for claims that official actors exert significant influence over how issues are framed in the news media. Different scholars (Bennet, 2007; Shehata, 2007; Campbell 2004; Bennet 1990; Bennet and Livingstone, 2003a; Hallin, 1986; Hall et. al., 1978) have shown a symbiotic relationship between journalists and official sources where official sources offer information needed by journalists while journalists afford a vital platform for such sources who intend to influence a mass audience (Shehata, 2007).

Sheheta (2010; 2007) emphasizes the official dominance model that has prevailed mainly in the field of political communication and rarely in health communication. The model concerns official actors and sources within established institutions in society who hold a level of leverage with reference to defining societal problems and subsequently influencing the stipulations of policy debates (Shehata, 2010). The model basically propositions that news coverage of issues concentrates on undertakings in government or reputable political institutions. For example, Bennet (2007) and

Shehata (2010) argued that news coverage of politics is typically goaded by reporter's assessment of authority ranks in government. In other words, news reporters' attention on official sources goes beyond an issue of dependence to include consequence of general journalistic tendency to follow and report on actions of those in powerful positions (Shehata 2010:125). This study investigates among other things, the sources used by *New Vision* and *The Monitor* in HIV/AIDS articles during the time under study. The expectation is that various actors or sources are engaged in sourcing of information, including the less dominant such as PLWHAS. Alongside the issue of official dominance, the sources under study are also categorized into local and international. The aim is to understand how international coverage affects coverage of HIV/AIDS by the two newspapers. International sources such as *Reuters*, *Press Association*, *United Press International*, and international organisations such as World Health Organisation, UNAIDS or HIV/AIDS experts occupy powerful positions at the top of the global news order. The international news agencies especially, are "leaders and power wielders in terms of magnitude of operations, reach, historically endorsed credibility, financial stability and communication structures" (Bardhan, 2001:293) and therefore can determine what is considered news worthy on the global scale on a day-to-day basis. The amount of coverage of coverage these news outlets devote on a particular issue can heighten or lessen the importance of that issue at "subsequent gatekeeping levels of local appropriation" (Bardhan, 2001:293; Bardhan, 1998). This study examined how often the two newspapers in Uganda sourced articles from international news and HIV/AIDS actors.

Across the literature examined above, in studies carried out across different countries, the results have similar conclusions of fluctuations in coverage, event driven coverage, complacency and lack of interest in the issue of HIV/AIDS unless there was new information or a new angle of coverage. Important to note also are the changes in frames and themes of HIV/AIDS that show that as people understood more the issue of HIV/AIDS, their perceptions changed (as reflected in the media). For example, in the literature review, it is noted that HIV/AIDS was given less coverage at the beginning in almost all countries studied especially when it was thought to be a disease that infected gay people and low class, dirty prostitutes and truck drivers. However, as medical science advanced and realization was that HIV/AIDS affected heterosexuals as much as it affected homosexuals, the attitude and coverage of the disease changed dramatically. Themes and issues of coverage common to all studies included but not limited to moral judgment, medical science, sources of information for HIV/AIDS stories, risk groups, stigma and discrimination,

transmission/cause, awareness information, prevalence and prevention and so forth. The literature also shows that coverage at times was episodic, especially in the early stages of the epidemic, characterized by blame attribution but later, as knowledge about HIV/AIDS advanced, there were traces of thematic coverage, or mixed frame coverage.

However, there are few studies on coverage of HIV/AIDS in Africa, especially in Uganda, and those available tend to cover short periods of time, which in turn inhibit a comprehensive picture of HIV/AIDS coverage from early stages of HIV/AIDS reportage. For example, Nassanga (2000) studied HIV/AIDS coverage for a period of eighteen months in Ugandan media from January 1997 to June 1998. Though informative, the period studied was too short for a comprehensive analysis. Kiwanuka-Tondo et. al., (2012) studied a period of five years from 2000 to 2004 and noticed a fluctuating trend in reportage and though it used framing theory, it emphasized broad issue frames that tend to conceal nuances in coverage well. Napakol et al., (2013) studied four-year coverage of HIV/AIDS from 2001 to 2004 and similar patterns as fluctuation in coverage and change in themes were noticed though the study was guided by only framing theory thus making it different from the current study. The review of the literature above revealed the opportunities and weaknesses about media coverage of HIV/AIDS. The role of the media has been highlighted, coverage of various themes, news sources and different frames, but also the low, and fluctuating characteristics of coverage have been shown. The observations from the literature therefore inspired the research questions for the current studies.

4.6 Research Questions

Although research questions were provided in the introductory chapter, this section presents these questions with detailed background information and assumptions.

The current study employs both agenda setting and framing theories and place the HIV/AIDS in the context of four phases of national response and prevention strategies to enable an in-depth discussion and comprehensive comparison between the four phases of study. The intention is to trace new information regarding HIV/AIDS and change in other enabling factors such as social, economic, and political during the four periods and assess the impact such changes had on HIV/AIDS coverage. Rogers, Dearing, and Chang (1991) noted that in a single public issue as

persistent as HIV/AIDS, coverage of it by the media depends on either new information, different angles from which the journalist writes, and in this study other surrounding enabling factors.

Knowing how the media influences public knowledge, opinion, behavioral response and attitudes, and policy, this research heeds that call and intends to carry out a comprehensive examination of HIV/AIDS coverage in Uganda from 1991 to 2011, cognisant of changes in quantity of HIV/AIDS stories, the main themes of discussion, the risk groups discussed, the preventatives and correctives, sources of information acknowledged in news stories, and the different frames. Also, longitudinal studies about this topic are known however, there is need to study these topics different settings. Silvio Waisbond and Claudia Mellado (2014:365), in their bid to de-westernise communication studies asserted that there is need to “de-westernise cases so as to produce more complex and stronger conclusions, studies done in one setting cannot be generalized to all” as has been the case with HIV/AIDS coverage. This thesis however, stresses inclusion of more perceptions other than drawing boundaries between North and South.

Brodie et. al., (2004) noted that though a cause-effect relationship between public opinion and media coverage is difficult to measure, the old adage that the media does not tell the public what to think but does tell them what to think about suggests that declining coverage of HIV/AIDS in the news might have a relationship to the public’s declining perception of the urgency of the problem. The current study seeks to build on existing research and is of a longitudinal nature and intends to examine how HIV/AIDS has been covered in Uganda’s newspapers from 1992 to 2011. The following are the assumptions and research questions:

Research Question: What was the nature of HIV/AIDS coverage during the 20 years under study and how did it change overtime during the period under study?

The nature of HIV/AIDS coverage is expected to be low and varied during the period under study; variances are also expected during the four phases under study affected by the different social, political, and economic factors affecting the country.

Sub Research questions include;

1. What was the amount of HIV/AIDS coverage and how did it change during the period under study?

2. What was the nature of page placement of articles and what were the changes throughout the period under study?

Amount of coverage and where articles are placed in newspapers in agenda setting theory is allied to the importance of the issue under discussion. These first two questions therefore, directly relate to agenda setting theory.

3. What were the major themes, risk groups, preventatives/correctives (condom, HIV/AIDS testing and counseling), and sources discussed and how did these change overtime?

The study of sources in HIV/AIDS coverage is paramount because as actors, they compete in “framing contests as sponsors of certain frames and depending on their power, they are able to influence news frames” (Bruggemann, 2014).

4. To what extent were episodic, thematic, and mixed frames dominant in news stories in the *New Vision* and *The Monitor*?

According to Iyengar (1991), thematic and episodic frames can affect the way in which people assign responsibility for various issues, with episodic frames tending to cause individualistic responsibility and solutions while thematic frames tend to societal attribution of responsibility and thus societal or structural solutions to challenges. For example, thematic frames could show a wider social concern and indicate social challenges to HIV/AIDS while episodic frames could show the individual; the victim as responsible for the plight they face and therefore take responsibility over their health. Episodic framing often assumes a level of self-efficacy.

Also, the assumption was that thematic frames would be dominant in the government owned newspaper and episodic frames will be dominant in private owned newspaper. Framing theory assumes that ownership and external sources of news organizations affect the degree of journalistic autonomy and interpretation (Van Gorp, 2007), therefore, a difference in frame usage is expected between the government and private owned newspapers. Also, according to Michael Bruggemann (2014: 69) “framing is highly path dependent”. Coverage and frames therein may differ depending on different cultures and ways of coverage.

5. How does government or private ownership of newspaper organisations affect HIV/AIDS coverage in Uganda?

The research assumes that the amount of coverage will be greater in the government owned newspaper than in the private owned newspaper. It is important to note that this study is restricted to the simple difference between the newspapers and does not discuss in-depth, the institutional analyses often associated with media ownership studies.

This chapter has reviewed literature about HIV/AIDS coverage. Research from various parts of the world, such as Asia, United States, Europe, Africa and finally Uganda has been discoursed. The purpose of such a review was to illuminate what has already been studied and form a logical map of which areas the current study needed to focus on. The chapter also, in detail, discussed the research questions guiding this study. The next chapter introduces the methodological framework guiding the study.

CHAPTER FIVE

METHODOLOGY

5.1 Introduction

The previous chapter reviewed the literature on HIV/AIDS coverage. From the review of both the literature and theoretical framework, research questions that guide this thesis were derived. The current chapter describes the methodology followed. Quantitative analysis was the method of inquiry used to answer these questions, although qualitative analysis was used during the preliminary study to establish categories for the coding scheme. Quantitative analysis is appropriate for the current study because it is a proven indispensable technique used by social scientists to make sense of historical information in form of documents, official publications or newspapers (Weber, 1990).

5.2 Quantitative Content Analysis

According to (Krippendorff, 2004:xvii), content analysis is defined as “analysis of the latent and manifest content of a body of communicated material through classification, tabulation and evaluation of its key symbols and themes in order to ascertain its meaning and probable effect” (Krippendorff, 2004:xvii). In addition, Fred, N. Kerlinger, (2000) described content analysis as a manner of studying and examining communication in a systematic, objective, and quantitative way so as to measure variables. This description contains three concepts that necessitate expansion i.e. systematic, objective, and quantitative. Systematic means that content of objects under study (in this case the newspaper articles that form the sample of the study) is carefully chosen according to explicit and consistently practical guidelines. Sample selection for example must adhere to appropriate procedures and each category must have an equal chance of being included in the analysis (Wimmer and Dominick, 2011:156). Objectivity implies that the researcher’s individual peculiarities and biases should not interfere with the findings. To meet the requirement of objectivity, there must be a distinct set of clear established criteria and procedures that explain the sampling and categorisation techniques. This permits the analysis to produce the same results in case another research replicates the study. As for the research being quantitative, Roger Wimmer and Joseph Dominick explained this by noting that the objective of content analysis is a precise depiction of a body of messages. Quantification is consequently of significance because it assists researchers in the pursuit of precision. It also permits researchers to encapsulate findings and report

them concisely. If, for example, measurements are made over intervals of time, comparisons of the numerical data from one-time period to another can assist in simplifying and regulating the evaluation procedure (Wimmer and Dominick, 2011:157). However, the two authors cautioned that quantification should not prevent researchers from employing other methods of evaluating the possible impact or effects of the content.

A systematic research process can have multiple results, one of which is that it permits the researcher to define behaviour, determine bases of behaviour, envisage behaviour, or explain it. Describing behaviour for example necessitates describing outcomes, processes, or ways in which variables are related to one another (Keyton, 2006:5). The content analyst “views data as representations, not of physical events but of texts, images, and expressions that are created to be seen, read, interpreted, and acted on for their meanings” (Krippendorff, 2004:xiii) thus such purposes should be considered during investigations. Undoubtedly, content analysis is not the only research process that takes meaning seriously but it is a method that is equally powerful and unobtrusive. It helps make sense of what is mediated between people that is, textual matter, symbols, messages, information, mass media content, and technology supported communications without disturbing those who deal with that textual matter (Krippendorff, 2013).

Determining the cause or causes of behaviour is of interest to communication scholars because getting to know the cause of a behaviour permits scholars to plan future interventions and or improve training so as to increase effectiveness of communication (Keyton, 2006). If scholars can define communication occurrences and recognize their causes, then they in turn can envisage behaviour. This helps to anticipate what can happen in the future and in turn, such information can help us make better decisions. Explaining behaviour implies being appreciative of why behaviour occurs. For example, if scholars were capable of determining why and how health campaigns work, more effective campaigns would eventually result, leading to healthier societies. Nonetheless discovering such an explanation is a challenge and necessitates a number of sophisticated research ventures. Also, basing research on well-developed and corroborated theoretical foundation is an alternative means to improve explanations for communication behaviour (Keyton, 2006:6).

The intellectual roots of content analysis can be traced as far back in human history to the beginning of the cognizant usage of symbols and voice, especially writing. This mindful use, which supplanted the magical use of language, has been formed by olden disciplines of philosophy,

rhetoric, and cryptography (Krippendorf, 2004: xiii). Content analysis has been used widely (Van Gorp, 2005; Baxter and Babbie, 2004; Gandy, 2001; Hertog and McLeod, 2001; Scheufele, 1999; Miller, 1997; Gamson, 1989).

One of the advantages of content analysis, which this study is contingent on, is its potential to recognize developments over a long period of time. For example, a longitudinal content analysis study can be used to study changing public opinion on a number of contentious issues. For instance, Greenburg and Warrel (2007) investigated changes in the demographic make-up of characters in the broadcast networks' programs that were show cased from 1993 to 2004. Content analysis is also used in the studies of agenda setting. An analysis of relevant media content is necessary to determine the importance of news topics. Subsequent audience research looks at the correspondence between the media's agenda and the audience agenda (Wimmer and Dominick, 2011:159).

Content analysis gives researchers the opportunity to analyse the content of message or what participants actually say during interaction. What differentiates content analysis from other quantitative research designs such as experimental or descriptive research techniques is that the latter's designs rely on participants' perceptions of their interaction while content analysis examines the content of message (Keyton, 2006:233). Content analysis incorporates both data collection method and analytical technique as a research design to measure the appearance of some recognizable element in a complete set of messages (Keyton, 2006:233). Kimberly Neuedorf (2002:10) said that content analysis is the quantitative analysis of messages that depend on the types of variables that could be measured or the context in which the messages are generated or portrayed. Therefore, as a technique, content analysis assists researchers to make inferences by recognizing explicit characteristics of messages. Bernard Berelson (1952) and Ole Holsti (1969) agreed that content analysis should be objective and systematic and meet the requirements of generality. Content analysis is also an incidental way to make inferences about people (Berger, 1998). However, Arthur Berger added, for such conclusions to be of any significance, also emphasised that content analysis must be objective. That each step must be carried out according to specified rules and procedures thus differentiating it from literally criticism or rhetorical criticism. Joan Keyton (2006:234) noted in addition that having objective codes and procedures for coding put in place before the coding is conducted helps to decrease would be subjective

analysis by coders or the researcher. If coding is objective, then another coder should be able to use the same procedures with the same data and reach similar conclusions.

Also, content analysis must be systematic in both identifying content and interpreting it (Kaid and Wadsworth, 1989). That is, what is to be included or excluded for coding should be decided methodically, making it difficult for researchers to include in the codebook only those elements that support the research question or hypothesis, a fact considered in the current research.

One of the requirements of content analysis study is that it must meet the issue of generalisability. According to Keyton (2006:234) in content analysis, generalisability means that research findings must have theoretical relevance. In other words, coding text for its content is of little value unless the results of the coding are connected to other features of the text or characteristics of the senders or receivers of the message. In essence, content analysis is used because the results it produces can answer a sufficiently interesting research question or hypothesis.

Both Kluas Krippendorff (2013) and Keyton (2010; 2006) noted that despite common use of frequency counts for analysis of each coded element, limiting content analysis to a simple analysis of frequencies, which is a common mistake in such studies, would make bland some would be interesting findings and possibly place unnecessary importance on frequency of occurrence, a major limitation to content analysis research. Keyton (2010; 2006) advised that just because a category or an element in the category appears many times does not necessarily mean that it has higher value than an indispensable element that appeared merely once. Therefore, in addition to using frequency counts generated by the coded content, a researcher should also discuss the significance of the frequencies to the theoretical propositions supporting the study.

5.2.1 Coding reliability

There are several reliability issues with respect to content analysis. In content analysis, reliability is identified as inter-coder or inter-rater reliability and it must be calculated based on different coding decisions. Most importantly, inter-coder reliability is established for coders' ability to identify and agree upon the unit of coding (Keyton, 2006:239). This is known as unitising reliability. After the elements to be coded have been selected, each coder decides independently into which category the element should be located. The more frequently coders place the same

element in a particular category, the higher the degree of coding or category reliability (Keyton, 2006:239).

In the current study, inter-coder reliability test was undertaken to achieve a sense of agreement. Fourteen percent (14%) of the sample was randomly selected for the calculation of inter-coder reliability test. Krippendorff (2013) recommended coding between 10 to 15 percent of the sample for inter-coder reliability. Wimmer and Dominick (2011; 2006) also recommended coding at least 10 to 25 percent of the sample to test for inter-coder reliability. A total of 200 articles out of 1510 were coded for inter-coder reliability test thus meeting the above recommendations. Both publication house and page placement had kappa = 1.00, length had kappa = .9347, genre had kappa = .8859, purpose of the story had kappa = .8247, gender focus had kappa = .9122, risk groups had kappa = .8902, themes had kappa = .9048, preventative and correctives had kappa = .9082, sources had kappa = .8165, illustration had kappa = .8793, and finally direction of the story had kappa = .9398. All the reliability coefficients met the recommendation (above .80) set by Krippendorff (2004). The reliability test results for all categories were Kappa=.9085 with a 95% confidence interval (.9085, .9515). After inter-coder reliability, any other disagreements were addressed before actual coding started and any other questions that arose during coding were addressed in the process given the presence of the principle researcher.

5.2.2 Validity

In content analysis, validity refers to the appropriateness and the adequacy of the coding scheme for text or messages being coded (Keyton, 2006:239). Researchers increase the validity of their coding schemes by examining previous research on similar issues and by basing their coding schemes on theory (Potter and Levine-Donnerstein, 1999). Researchers using content analysis generate the most valid research findings after coding schemes are questioned for construct validity by comparing the findings of coding carried out by the researcher with a different external measure (Weber, 1990). Another consideration recommended in content analysis is semantic validity (Krippendorff, 2004). Krippendorff noted that content analysis should be concerned about semantic validity or the degree to which analytical categories of the content coded have meaning for individuals in a particular context. That content coding of messages and symbols depends upon both denotative and connotative meaning. Considering semantic validity prompts researchers to

code content and interpret those findings within the context from which the texts were selected (Keyton, 2006:239; Krippendorf, 2004).

Though a preliminary study was done prior to developing a codebook or category scheme, previous research and consequently coding schemes; both international (Global Media Project/ ORBICOM, 2014) and Ugandan (Napakol, et al., 2013; Nantulya, 2007; Nassanga, 2000), were reviewed and compared to make sure that the category scheme or codebook and categories thereof would be based within context. Semantic validity was also ensured since the HIV/AIDS context in Uganda in particular was taken into account and both the research assistants and principle researcher are also Ugandan. Also, the category scheme was tested by two independent coders. These were separate from the research team and were contracted specifically to test the coding scheme for precision and thoroughness. Feedback from independent coders was discussed by the research team and the coding scheme was adjusted accordingly. Thereafter, the scheme was once again tested by the study coders before coding for inter-coder reliability test. Testing the coding scheme helped to check for appropriateness, thoroughness, and adequacy thus ensuring validity as recommended by Keyton (2006).

5.3 Data collection: Sample Selection and Procedure

In cases where far too much data exists to practically code each message or piece of data: a situation that is common to content analysis, the texts or messages must be narrowed to a reasonable and practical sample. Collecting the data for categories or elements of interest does this. The researcher can use different sampling methods depending on the question that she/he seeks to answer. Nonetheless, content analysis presents some distinct considerations with respect to sampling (Keyton 2006:236 and Riffe, Lacy and Fico, 1998). In the current research, data generated of HIV/AIDS over a twenty-year period in Uganda's print media and different content categories developed to aid in the coding process. Content categories are the useful distinctions a researcher makes and are often based on previously reported research or preliminary study. On the other hand, content categories can also develop from the data in a method referred to as a grounded theory technique of constant comparison (Straus and Corbin, 1998; Glaser and Straus 1967). In

this technique, the relevant categories are developed straight from the data, with recurrent reading of text; investigators can categorise and consequently generate themes, issues, and patterns.

At the same time the categories must characterize the phenomenon the research question or hypothesis demands to be examined (Kaid and Wadsworth, 1989). Content categories, as with responses to questions in survey research must be exhaustive, equivalent, and mutually exclusive. A category system is considered to be mutually exclusive if an element in the category is being placed in only one category (Wimmer and Dominick, 2011). Therefore, categories must cover all possible occurrences and be of the same type (Keyton, 2010). Also to note is that an element cannot be coded into multiple categories. Researchers are also encouraged to avoid usage of the category ‘other’ since according to Krippendorff (2013) and Keyton, (2010); it may reflect a failure of the classification scheme. Using ‘other’ category too often typically connotes that the category system is not as developed or exhaustive as it should be. The two researchers assert that as a general rule, if more than 5% of the coded elements fall into the “other” category, the category system needs to be revised, or coding procedures must be reexamined. Wimmer and Dominick (2011) however had a slightly different take on the use of “other” as a category. They noted that if a few unusual instances are detected, then they can be placed under the “other” category, emphasising however, that if more than 10% of the content in study falls under the “other” category, the category system must be revised since it might be overlooking some relevant category characteristics. A few cases in the present study had the “other” category. However, there was hardly any content falling under these categories.

In this study, categories were generated by a qualitative analysis of a few news texts gathered during the preliminary study and then coded as all-inclusive variables in manual content analysis (Simon and Xenos, 2005; Segvic, 2005; Akhavan-Majid and Ramaprasad, 1998; Meyer, 1995). In the preliminary step, an in-depth analysis was carried out so as to produce possible operational categories. The resultant categories were thereafter defined in the codebook and coded in subsequent quantitative content analysis. The reliability and validity of this method potentially depend on the transparency during extraction of categories. The greatest criticism of this method is that in some studies, researchers are imprecise when describing how they established the categories (Wimmer and Dominick, 2011), an issue that this study has adequately addressed in the

next section. By explicitly describing the criteria for identification of categories the researcher addressed some of the pertinent validity and reliability issues.

With regards to frames as categories, content analysis has been criticized as being overwhelmed with methodological concerns particularly about reliability and validity (James Tankard, 2001; Miller, 1997). This is especially because a frame is quite an abstract variable that is difficult to identify and measure/code in content analysis studies thus their identification is considered to continuously plunge into a methodological black box. Critics claim that it is so often imprecise which elements will be present in an article or text to indicate the presence of a frame. This therefore makes it quite difficult to get acceptable reliability given such a genotypic category as a frame (Van Corp, 2007; Tankard, 2001; Gamson, 1989). However, this study examines three precise types of frames i.e. episodic, thematic, and mixed frames. These frames are standard and well defined thus eliminating the concerns above.

Wimmer and Dominick (2011) advised that to achieve high levels of reliability during a research study, defining category boundaries with maximum detail, conducting a pilot study, and training coders are crucial steps.

5.3.1 Training coders

Content coding must be systematic and objective. Therefore, all coders including researchers who develop the coding system must be trained. Research has demonstrated that training increases agreement among coders. However, to increase agreement among coders, training must be more than a simple discussion of the coding categories (Keyton 2006:238; Kaid and Wadsorth, 1998). Coding system must be committed to paper so that all coders are trained from the same category scheme and so that they can return to it any time. A codebook is prepared to identify coding content, coding units, and rules for coding. Part of the training requires that coders practice on text or messages similar to those that must be coded and once a sufficient degree of reliability is established among coders, coders then start work by themselves.

A total of three research assistants were hired for article identification. All three were male University graduates two of who had been involved in other research projects previously and all had knowledge of computer applications particularly Microsoft excel. The principal researcher

was also actively involved in the research process and identification of articles. The total therefore was three research assistants and the principle researcher.

For the preliminary study (issues for the preliminary study were purposefully picked to consider the study period), all phases under study were considered. Issues/articles were chosen from each phase i.e. five articles from each phase, resulting in a total of twenty (20) articles. It should be mentioned nonetheless that though the themes or topics were not entirely new to the researcher given her background and revision done in the area, it was necessary to carry out the preliminary study so as to come up with authentic and content-specific categories before the codebook or category system was developed. It was also suitable to carry out a preliminary study because despite research being done in this area in Uganda, no study has gone this far back in years thus a possibility of categories that had not been studied before. This had to be tested for thoroughness. therefore, a couple of independent researchers were asked to code the 20 articles each as a way of checking for any inconsistencies, errors, or repetition of categories. The independent coders were asked to note down anything they saw as needing revision, repeated categories or anything with double meaning. After recommendations from the two independent researchers were considered, a final codebook was developed.

This codebook was used to train the coders. Training, testing the codebook by coders and their understanding of all categories and coding for inter-coder reliability lasted a period of five days. The first day was for training and testing whether the research assistants understood what was expected of them. It also involved testing research assistants' understanding of the codebook and resolving any issues or questions thereof. Day two involved adjusting the codebook and working on the recommendations or concerns of the research team. It also entailed showing the research assistants how to search for the articles. Afterwards, coding for inter-coder reliability started and continued through the remaining two days. A total of 200 articles were coded for inter-coder reliability test.

5.3.2 Study period

The study period considered years from 1992 to 2011. Although HIV/AIDS coverage in Uganda started in mid 1980s, especially 1986 after the National Resistance Movement assumed power, it was not until 1992 that a private daily newspaper, *The Monitor*, started its operation in the country. Since a comparison about how ownership of the newspapers influences content is part of the

objectives of the study, it's only proper that this period is considered. In addition, the year 1992 marked the beginning of many structural, social, and economic policy reforms related to HIV/AIDS thus its significance.

Articles were drawn from January 1992 to December 31, 2011 from two national daily newspapers: the government owned *New Vision* and privately owned *Monitor*. Print media was examined because of the complex and ambiguous nature of issue under study which would make it difficult to access its content from other media such as radio. Dorothy Nelkin (1991) noted that print media provide in-depth information for such issues.

The twenty-year time period was chosen for several reasons. First, only three studies of print media coverage in Uganda had previously been conducted, all of which were limited to a period of not more than five years. This study, therefore, investigated a longer period of time to provide a more comprehensive picture of how HIV/AIDS has been portrayed in Uganda. In particular, it addressed changes had happened in coverage overtime given the ever-changing political, economic, social, and HIV/AIDS environments.

5.3.3 The *New Vision*

The *New Vision* was established in 1986. It has grown into a multimedia business focusing on newspapers, magazines, television, Internet publishing, and radio broadcasting (*The New Vision* Annual report, 2013). The paper has a daily circulation of over 38,000 copies countrywide. Although the government owns it, the paper is enjoined by the act of parliament to remain editorially independent. As such, *The New Vision* claims that it runs balanced information and reports all facts while leaving the opinion of the matter to the readers (Khamalwa, 2006).

5.3.4 The *Monitor*

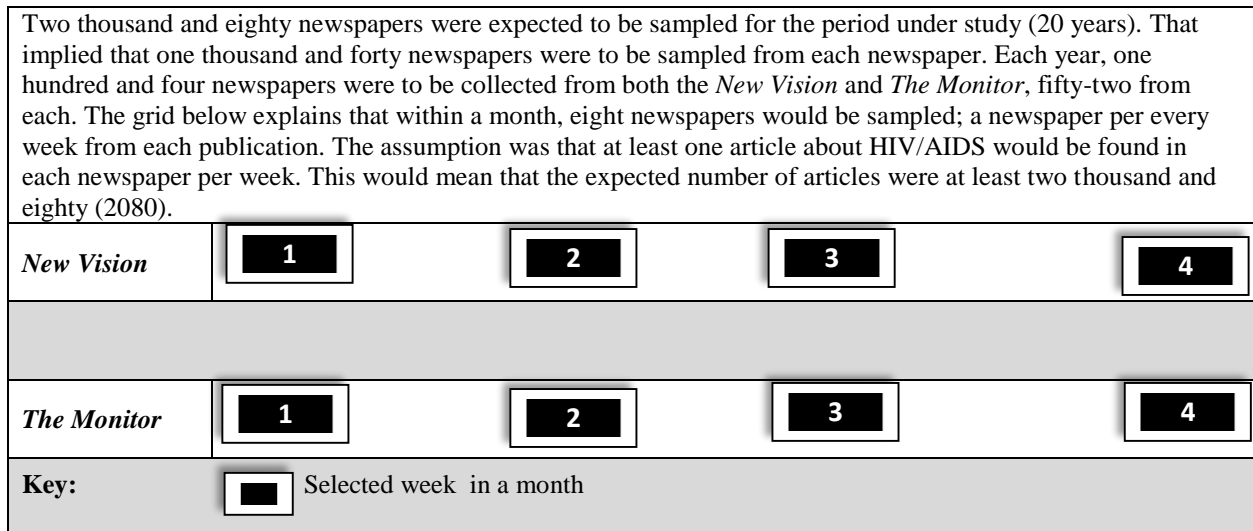
The Monitor was established in 1992 as a politically independent daily newspaper but was renamed in June 2005 as *The Daily Monitor*. To its readership however, the paper is fondly referred to as the '*The Monitor*' and this name is used in most of its publications. In this study, the name *The Monitor* will be used to refer to *The Daily Monitor*. It has a daily nationwide circulation of over 32, 000 copies (*The Monitor* Annual report, 2013). *The Monitor* refers to itself as "Uganda's favourite and only independent paper" (Vergaelen, 2001). It is highly critical of government and the president resulting into being labelled an enemy of the state (Khamalwa, 2006). The two

newspapers have been chosen for the study because they are the main, daily print media in the country and command the largest readership.

5.3.5 Article selection and data collection

The figure below shows the initial newspaper selection plan per month and subsequently the number of newspapers that were expected in the entire period under study.

Figure 5.1 The initial data collection plan



Although the research followed the directions in figure 5:1 above, there were some challenges, especially with *The Monitor* newspaper. *New Vision* and *The Monitor* archives were searched for newspapers that were published between January 1992 and December 2011. One day, Monday, was to be chosen for both newspapers. However, during the training and a scan through articles before coding, it was discovered that one day a week would not provide a representative sample. It was also discovered that each newspaper had a different day in a week that reported health related issues, including HIV/AIDS. By 1992, the *New Vision* had already started daily publication so two days per week were selected: Monday and Friday. The researchers searched the whole issue for an HIV/AIDS news articles. For *The Monitor*, available issues started from July 1992. A search in other archives such as Makerere University and Uganda Management Institute libraries was done to find issues between January and June 1992 but in vain. For *The Monitor* therefore, coding started in July 1992 while *New Vision* started in January. Also, *The Monitor* started with a weekly issue before proceeding to publishing twice a week up to late 1993. So for all the time *The Monitor* published weekly or twice a week all issues were checked for articles. After which, starting 1994,

The Monitor started to publish daily and two issues were considered per week, just like its counterpart: *The New Vision*. Monday and Thursday or Friday were selected (see details in the next paragraph). If a particular day was missing, the next available day was selected. For example, if a Monday issue was missing, a Tuesday issue was selected for inclusion. However, such instances were uncommon. Moreover, only articles that were more than 200 words long were included for coding.

As already noted, two days were selected for both newspapers. Monday was sampled in both newspapers, but the second day was different. This was because the researcher realised that contrary to what was expected, not every issue had an HIV/AIDS story thus dispelling the projection of a total of eight articles per month from both newspapers. Due to this, the researcher also realised that one day/issue per week per newspaper as submitted in the thesis proposal would not have represented a clear picture of HIV/AIDS coverage in Uganda and thus decided to include a second day. The second day was also purposely selected following the days each newspaper had a health page or section for the assumption was that on such days, there was a likelihood that an HIV/AIDS story would be covered. For *New Vision*, this was fairly easy since they had different days a week that HIV/AIDS stories were covered. The researcher, after the pilot study was done, decided on Friday. For *Monitor*, articles published on Saturday and later Thursday were included. A total of 1510 articles were drawn from the entire period of study for both newspapers.

4.3.6 Unit of analysis

The unit of analysis is the discrete thing that is coded and counted. It is an observable and measurable unit that provides a standard way of dissecting the text into elements to be analysed (Keyton, 2006:236). Without a standard or uniform unit of analysis in most cases the analysis will be flawed because comparisons will be either impossible or meaningless (Berger, 1998). For example, Watkins Allen and Rachel Caillouet (1994) in their study of impression management strategies used in spoken and written corporate discourse; a statement was used as a unit of analysis. Other examples of units of analysis include television programmes, films, or scenes, communication acts, behaviours, or process, or simply words or phrases. In written content, the unit of analysis might be a single word or symbol, a theme, or an entire article or story (Wimmer and Dominick, 2011:164). In this study, the unit of analysis was an article. This was because a

story is a more readily distinguishable unit of analysis. However, the operational definitions of units of analysis should be clear-cut and thorough and the criteria for inclusion should be apparent and easily observed (Wimmer and Dominick, 2011).

4.3.7 Coding scheme

For an article to be included in the study, its content had to be at least 50 percent about HIV/AIDS. Only hard news and editorial comments showing the position of the two newspapers were considered. Articles included for analysis were either in the news, features, science/health features, editorials, opinion, commentary, or in the regular column. Articles such as letters to the editor, photo features, cartoons, or news analysis were not included in the research. The entire story was read to determine the presence of the different categories. The different categories included:

Genres. These were analysed as: 1. news (this is when an article appeared in hard news, either national, regional, or international news); 2. editorial (any article that is written by the paper staff or editor of a particular section or pull out); 3. features (any article about HIV/AIDS that is a feature); 4. columns/opinions/commentary (Any article that was under these categories); and 5. other (The category other was created to deal with articles whose content did not fit into all other categories).

The next category was **purpose**. Purpose of the article was coded thus: 1. awareness/education (this when the article was intended to sensitise or educate the public); 2. persuade (This when an article generally had a positive influence); 3. sensationalism (This when an article was intended to produce a startling or thrilling expression or to excite or generate curiosity for example, a story illustrated with a picture of a girl who died due to gang rape); 4. propaganda (This is when an article entailed a negative influence); 5. castigate (When the intention of the article was to criticise the actions of others or to reprimand others); 6. entertainment/humour (This is when the article was intended to amuse and delight to arouse emotions and sympathies to appeal to fantasy and imagination); 7. cannot tell (When the article could not fit or if the coder could not figure out what the purpose of the article was in light of the above categories).

Gender focus was the other category and was coded as: 1. male (When the focus of the article was on men); 2. female (When the article focused on female/women); 3. neutral (An article was coded as neutral when it had no mention of either male or female-when it had no gender consideration); 4. both equally (This is when an article and an equal consideration for both men and women); 5.

an article was coded as “other” if it did not fall under any of the first four gender considerations for example gays, transgender, or transvestites) The last categorisation would have been problematic if the content under the “other” section was more than 5 percent but there was less than 5 percent making it negligible.

Next were the **dominant frames**. These were coded thus: 1. thematic frames (This is when an article synthesized events into an overriding issue and provided background knowledge surrounding the issue); 2. episodic frames (Articles were coded as episodic when single, specific cases or sporadic cases related to the issue were presented); 3. mixed frames (When the article included both aspects of episodic and thematic frames equally).

Risk group categories were analysed as follows: 1. married couples (Married heterosexual couples including legally married or cohabiting couples in long-term monogamous relationships); 2. sex workers (This is when article was about people-both men and women- who have sex for material gains particularly money); 3. clients of sex workers (These are both men and women who pay for sex services); 4. truck drivers (This group was described to mean people, especially men who drive long distance trucks); 5. women (This is when an article discussed women in relation to HIV/AIDS. It included both married and unmarried women); 6. children/Youths (This group included young people who are approximately not more than 20 years old, including HIV/AIDS orphans. Where age is not mentioned, the use of words such as youths, children, school children- especially those in secondary school and below were considered indicators to this sub-category); 7. care-givers (Care-givers included family members, and or health practitioners who take care of and treat people living with HIV/AIDS); 8. Men who have sex with men (This when an article had mention or reference to homosexual men); 9. blood donors/donees (The sub-category included people who either donated blood or received donated blood); 10. N/A (An article was coded as N/A when it did not have any of the risk groups above or when groups mentioned were inapplicable). The first four risk groups identified in the article were coded.

As a category, **news themes** were coded thus: 1. disaster (When an article had a description of the damage caused by HIV/AIDS); 2. moral issue (This is when an article addressed issues of morality in relation to the spread/cause of HIV/AIDS; the fact that the spread of HIV/AIDS is due to moral degeneration); 3. prevalence (This is when article mentioned rates of HIV/AIDS infection either in the general population or a specific group of people); 4. family disruption (when an article

talked about separation of couples due to HIV/AIDS, child headed families after death of parents due to HIV/AIDS, or husbands abandoning their homes due to HIV/AIDS issue); 5. treatment (This is when an article focused on care and treatment of people living with HIV/AIDS); 6. discordance (This theme was coded thus when an article had mention or discussion of issues of discordance married couples/couples in long-term relationships); 7. denial and Evasiveness (This is when an article discussed issues of denial of an HIV/AIDS infected person by a spouse, family, community, failure to acknowledge that one or one's loved ones are infected with HIV/AIDS, or in case of government, reluctance to acknowledge the severity of HIV/AIDS infection or in general, indirectness about issues related to HIV/AIDS); 8. attribution of blame (This is when an article discussed the extent to which the spread of HIV/AIDS is blamed on somebody, a group of people, institution, or behaviour); 9. disclosure (When an article talked about people i.e. married, those in long-term relationships, youths, and or children who told or feared to revealed to their partners or parents their HIV/AIDS status if they were HIV+); 10. demographic/Economic costs (This is when the article showed the effect of HIV/AIDS on the population and the economic development of either a particular group of people or the country as a whole); 11. stigma and discrimination (Stigma and discrimination were coded when the article addressed issues of discrimination due to HIV/AIDS); 12. causes (This is when the article discussed the cause of HIV infection, cause of AIDS, or how someone got infected with the HIV/AIDS); 13. N/A (When an article had discussion of any of the themes above). The first five news themes identified in the article were coded.

The other category is the **preventatives and correctives**. Its sub-categories were coded as follows: 1. diagnosis (This is when article discussed issues that involved HIV/AIDS testing and counseling); 2. male condom use (This is when an article discussed the issue of male condom use. However, being popular in Uganda, most articles rarely specified when talking about the male condom therefore, if an article discussed condom use without specificity-that article was coded under this sub-category); 3. female condom use (This is when an article specifically discussed female condom use-if "female condom or female condom use" was not specified then an article was not coded under this sub-category); 4. prevention of mother to child transmission (This was coded if the article discussed issues to do with PMTCT either at birth or though breast feeding); 5. abstinence (When the article talked about unmarried men and women disengagement in sexual acts); 6. antiretroviral Therapy (An article was coded so when it discussed drugs that suppress the

development of AIDS in an HIV+ person); 7. fidelity (When the article talked about faithfulness to one's sexual partner); 8. medical Male circumcision (This is when an article included issues of HIV/AIDS prevention through safe male circumcision); 9. prevention of cross generation sex (An article was coded thus if it discussed sexual relations between older men/women with young women/men who are approximately 10 years apart and the relation of the behavior to HIV/AIDS transmission or prevention); 10. safety of blood transfusion/ prevention of drug abuse through injections (This includes mention of blood transfusion in safe medical sites or by injecting drug users); 11. N/A (The article was coded as N/A if there was no mention of any of the above preventatives). The first five preventatives identified were coded.

The next category is **local sources** and the sub-categories were coded as follows: 1. HIV/AIDS experts (These included for example, medical experts, NGO workers specializing in HIV/AIDS issues etc. within the country); 2. government (These included anyone that was part of government e.g. politicians, government/ministry spoke's persons etc.); 3. people living with HIV/AIDS (When article indicated its source as an HIV+ person); 4.women (When a woman infected or affected by HIV/AIDS was cited as the source of information); 5. children (This group included youths, both infected, and or affected by HIV/AIDS); 6. people with disability (This when an article sought or considered views of persons with disability); 7. scientific research (An article was coded thus if the information therein was sourced from a scientific study within the bounds of the country); 8. married people (This also included people in long-term relationships/cohabiting couples); 9. N/A (An article was coded so if it had not mention of any of the above sources). Only the first four local sources identified were coded.

International sources as a category was coded thus: 1. International organisations (examples of these included WHO, UNICEF, UNAIDS, or HIV/AIDS experts); 2. scientific research (This considered any research study conducted outside of Uganda); 3. *Associated Press (AP)*; 4. *United Press International (UPI)*; 5. *Reuters*; 6. *Press Association (PA)*; 7. *Agence France-Presse (AFP)*; 8. *African News Agencies*; 9. N/A (An article was coded as N/A if it had none of the international news sources above).The first four international sources identified in the article are coded.

5.4 Data Analysis and Interpretation of Results

Keyton (2014; 2006) noted that researchers use measurement and observation to characterise communication occurrences as numbers or frequencies and once occurrences are computed;

researchers evaluate or compare them by use of descriptive or inferential statistics. By employing established quantitative techniques and statistical procedures, researchers produce greater precision and as a result, a few would reason, superior objectivity to the study of communication phenomena. As in all other research methods, content analysis must connect to the primary research question or hypothesis and the results must be interpreted in relation to the context from which the data was collected. There are numerous means by which researchers can analyse content coded data. The most common, which was also used in the current study, being to simply look for frequency of appearance of elements or categories. The assumption being that frequency can be interpreted as a measure of importance or value (Keyton, 2006:240). Another, somewhat convoluted interpretive method, is to watch for differences in the application of categories. Different categories were differentiated using this type of analysis and most of note is the differences in coverage between the four phases identified in the current study. Typically, this involves the employment of chi-squares to find out whether there are significant differences in the frequencies of the categories (Keyton, 2006).

In the current study, patterns and trends of HIV/AIDS coverage were part of what was set out to be determined over the 20-year period. According to Krippendorff (2013), trends, patterns, and structures of communication phenomena can also be revealed through content analysis by looking to find out which elements precede or succeed other elements. When researchers look for trends, they review how data transform over a period of time, or they seek to find out the way in which data, categories, elements are succeeded (Keyton, 2006).

This chapter has discoursed the methodological framework guiding this thesis. In particular, the research approach guiding the study was presented. The methodology, the sample and sampling process, inter-coder reliability, criteria of inclusion and exclusion of articles and categories contained in the coding scheme were described. The next chapter discusses results generated from data analysis.

CHAPTER SIX

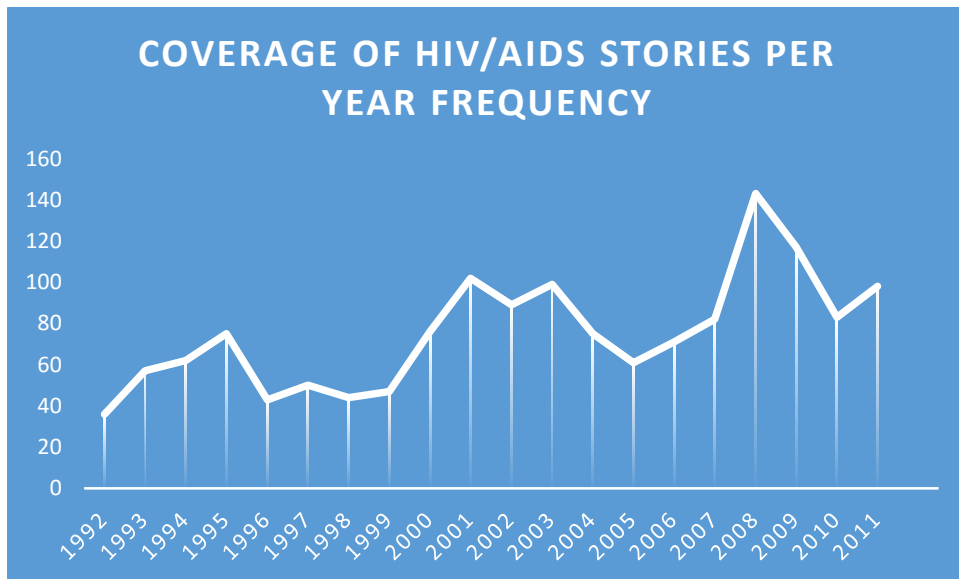
RESULTS

The previous chapter discussed the research methodology adopted in the study. This chapter discusses results learned from analysis of the data collected in relation to the research questions described at the end of chapter four.

6.0 Amount of Coverage from 1992 to 2011

In total, there were 1510 HIV/AIDS stories coded for analysis. The incidence of news stories varied over the 20-year period of coverage as illustrated in figure 6.1 below. In 1992, coverage of HIV/AIDS in Ugandan print news media was very low, at n=36 (2.4%) stories for the entire year. However, there was a continuous increase after 1992 albeit slow. In 1993 for example, there were n=57 (3.8%), and n=62 (4.1%) in 1994. 1995 started the second phase with high coverage of n=75 (5%) but was followed with a sharp decline to n=43 (2.8%) stories in 1996, n=50 (3.3%) in 1997, n=44 (2.9%) in 1998, n=47 (3.1%) in 1999, and concluded the second phase with an increase in 2000 to n=76 (5%) stories as shown in Figures 6.1 and 6.2.

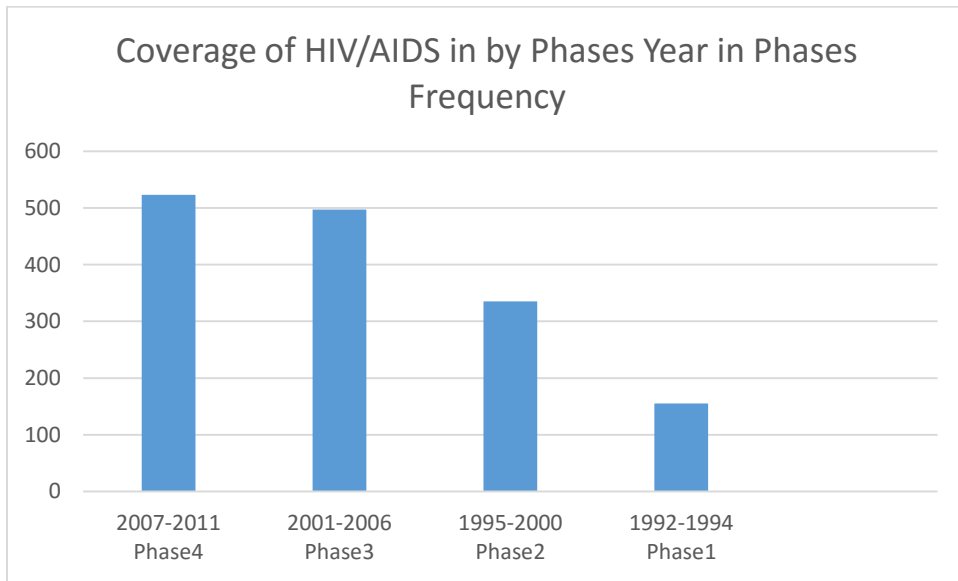
Figure 6. 1: Coverage of HIV/AIDS stories per year



As illustrated in figure 6.1 above, phase three started with relatively increased coverage compared to the first two phases. For instance, 2001 had n=102 (6.8%) stories, 2002 had n=89 (5.9%), 2003 had n=99 (6.6%), 2004 (7.5%), 2005 had n=61 (4.0%), 2006 (4.7%), and n=82 (5.4%) stories in

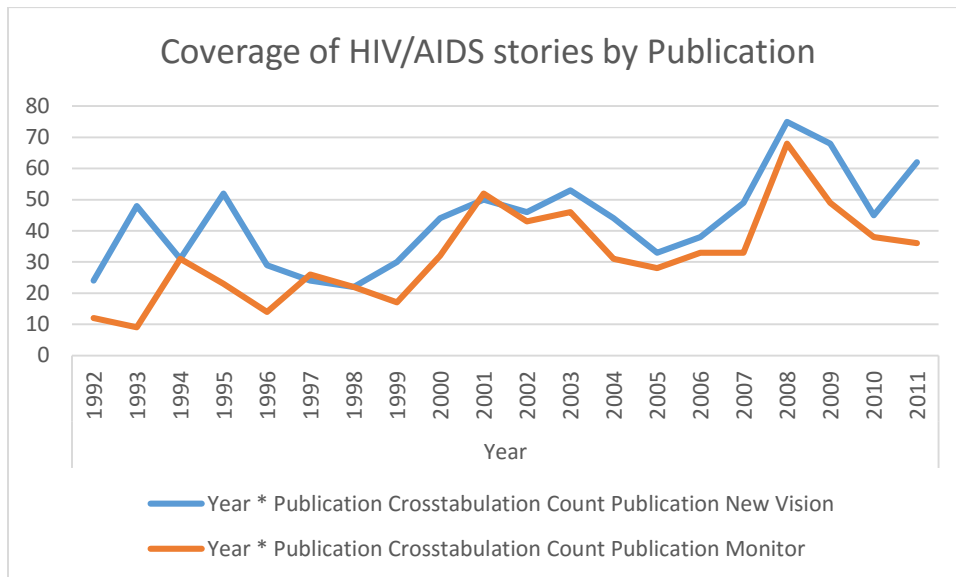
2007. Phase four had more increased coverage compared to the other three phases. The phase also had the year with highest HIV/AIDS stories throughout the 20-year period. 2008 had the highest number of coverage in the 20 years under study with n=143 (9.5%) stories followed by 2009 with n=117 (7.7%), 2010 had n=83 (5.5%), while 2011 had a total of n=98 (6.5%) stories. In Sum, phase 1 had the least coverage (155, 10.3%) and phase 4 had the most coverage (523, 34.6%) of HIV/AIDS stories. Figure 6.2 shows coverage of HIV/AIDS in phases over a 20-year period.

Figure 6. 2: Coverage of HIV/AIDS in phases



In general, *New Vision* had the highest number of coverage throughout the 20 years under study, with n=867 (57.4%) while *The Monitor* covered a total of n=642 (42.6%). A mean of 1.43 showed that *New Vision* indeed had the most coverage. Fluctuation in coverage was common to both newspapers. Figure 6.3 below illustrates the difference in and fluctuation of coverage by the two newspapers.

Figure 6. 3: Coverage of HIV/AIDS stories by publication



There were very few stories covered on the front page of both *New Vision* and *The Monitor* over the 20 years of study. In total, there were n=55 (3.6%) stories covered on the front page, n=861 (57%) appeared on page 2 to the midsection while n=594 (39%) appeared on midsection to the end of the paper. *New Vision* had a total of n=32 and *The Monitor* had a total of n=23 stories on the front page. Majority of HIV/AIDS stories appeared on page 2 to the midsection as shown on figure 6.4. A 2x3 Chi-square test showed a significant difference in page placement of $\chi^2(2) = 34.1, p \leq .001$ by the two newspapers.

Figure 6. 4: Publication * Page placement

		Page placement			Total	
		Front Page	Page 2 to midsection	Midsection to end		
Publication	<i>New Vision</i>	Count	32 _{a, b}	440 _b	395 _a	867
		Expected Count	31.6	494.4	341.1	867.0
	<i>Monitor</i>	Count	23 _{a, b}	421 _b	199 _a	643
		Expected Count	23.4	366.6	252.9	643.0
Total		Count	55	861	594	1510
		Expected Count	55.0	861.0	594.0	1510.0

Each subscript letter denotes a subset of Page placement categories whose column proportions do not differ significantly from each other at the .05 level.

Phase 1 had the most appearances on the front page (n=9), followed by phase 2 (n=18), followed by phase 3 (n=16), and lastly phase 4 with (n=12) stories on the front page while the year 1992 had most percentage of stories on the front page (n=5). Figure 6.5 shows distribution of page placement according to phases.

Figure 6. 5: Year in Phases * Page placement

Year in Phases	Page placement			Total
	Front Page	Page2to midsection	Midsecti on to end	
1992-1994 Phase1	9 5.8%	62 40.0%	84 54.2%	155 100.0%
1995-2000 Phase2	18 5.4%	157 46.9%	160 47.8%	335 100.0%
2001-2006 Phase3	16 3.2%	316 63.6%	165 33.2%	497 100.0%
2007-2011 Phase4	12 2.3%	326 62.3%	185 35.4%	523 100.0%
Total	55 3.6%	861 57.0%	594 39.3%	1510 100.0%

6.1 HIV/AIDS Coverage by Issues

6.1.1 Coverage of risk groups

The second question investigated the major risk groups, themes, preventatives/correctives, and sources discussed and how these changed overtime, between phases. Among the risk groups, sex workers appeared most (n=268) times, n=193, 23.3% for *New Vision* and n=75, 11.7% for *The Monitor*. This was followed by women (n=184) n=115, 13.3% for *New Vision* and n=69, 10.7% for *The Monitor*, children (n=173) n=90, 10.4% for *New Vision* and n=83,12.9% for *The Monitor*,

meaning that children as risk groups were covered more in *The Monitor* compared to the *New Vision*, this was also the case with married/couples in long-term relationships (n=167) n=85, 9.8% for *New Vision* and n=82, 12.8% for *The Monitor*, care givers (n=102) n=68,7.8% for *New Vision* and 34, 5.3% for *The Monitor*, truck drivers (n=88) n=59, 6.8% for *New Vision* and n=29, 4.5% for *The Monitor*, clients of sex workers (n=81) n=59, 6.8% for *New Vision* and n=22, 3.4% for *The Monitor*, men who have sex with men (n=30) n=16, 1.8% for *New Vision* and n=14, 2.2% for *The Monitor*, and finally blood donors (n=11) n=9 and n=2 for *New Vision* and *The Monitor* respectively, as shown on figure 6.6. Chi square tests however revealed that difference in coverage of most risk groups by the two newspapers was not significant other than for sex workers which was $\chi^2(1) = 30.38, p \leq 0.001$ and clients of sex workers which significant at $\chi^2(1) = 7.85, p \leq 0.020$.

Figure 6. 6: Risk Groups*Publication

Risk Groups	Publication		Total
	<i>New Vision</i>	<i>The Monitor</i>	
Married /Couples in long-term relationships	85 9.8%	82 12.8%	167
Sex workers	193 22.3%	75 11.7%	268
Clients of sex workers	59 6.8%	22 3.4%	81
Truck drivers	59 6.8%	29 4.5%	88
Women	115 13.3%	69 10.7%	184
Children	90 10.4%	83 12.9%	173
Care givers	68 7.8%	34 5.3%	102
Men who have Sex with men	16 1.8%	14 2.2%	30
Blood donors	9 1.0%	2 0.3%	11

Percentages and totals are based on respondents.

During phase 1, sex workers were referred to most (n=39), while women and children tied at n=21. Truck drivers appeared fourth (n=12), clients of sex workers (n=7), married couples/couples in long-term relationships (n=6), and lastly blood donors (n=2).

Figure 6. 7: Risk Group*Years in Phases

Risk Groups	Years in Phases			
	1992-1994 Phase1	1995-2000 Phase2	2001-2006 Phase3	2007-2011 Phase4
Married Couples	6	22	63	76
Sex workers	39	82	84	63
Clients of sex workers	7	21	18	35
Truck drivers	12	25	19	32
Women	21	62	50	51
Children	21	46	48	58
Care givers	1	34	39	28
Men who have Sex with men	6	5	5	14
Blood donors	2	3	4	2

Sex workers were again the most referred to risk group in phase 2 (n=82) followed by women (n=62), children (n=46), care givers (n=34), truck drivers (n=25) while the least referred to risk groups in phase 2 include blood donors (n=3) and men who have sex with men (n=5). In phase 3 the five most referred to risk groups were Sex workers (n=84), married/couples in long-term relationships (n=63), women (n=50), children (n=48), and caregivers (n=39). The least mentioned risk groups in phase 3 include blood donors (n=4), men who have sex with men (n=5), Clients of sex workers (n=18), and truck drivers (n=19). In phase 4, married couples were mentioned most (n=76), and then sex workers (n=63), children (n=58), and women (n=51). The least referred to risk groups include blood donors (n=2), men who have sex with men (n=14), care givers (n=28), truck drivers (n=32), and clients of sex workers (n=35).

Figure 6. 8: News Themes*Publication

News Themes	Publication		Total
	<i>New Vision</i>	<i>The Monitor</i>	
Disaster	224 25.8%	218 33.9%	442
Moral issue	94 10.8%	55 8.6%	149
Prevalence	446 51.4%	310 48.2%	756
Family disruption	29 3.3%	32 5.0%	61
Treatment	366 42.2%	256 39.8%	622
Discordance	11 1.3%	7 1.1%	18
Denial and evasiveness	16 1.8%	10 1.6%	26
Attribution of blame	109 12.6%	63 9.8%	172
Disclosure	45 5.2%	34 5.3%	79
Stigma and discrimination	61 7.0%	62 9.6%	123
Causes	269 31.0%	159 24.7%	428

Percentages and totals are based on respondents.

6.1.2 Coverage of themes

During the 20 years of coverage, the prevalence theme appeared the most (n=756) n=446, 51.4% for *New Vision* and n=310, 48% for *The Monitor*, followed by treatment (n=622) n=366, 42.2% for *New Vision* and n= 256, 39.8% for *The Monitor*, Disaster (n=442) n=224, 25.8% for *New Vision* and n=218, 33.9% for *The Monitor*, causes (n=428) n=269, 31% for *New Vision* and n=159, 24.7% for *The Monitor*, attribution of blame (n=172) n=109, 12.6% for *New Vision* and 63, 9.8%, for *The Monitor*, moral issue (n=149) n=94, 10.8% for *New Vision* and 55, 8.6%, for *The Monitor*, and stigma and discrimination (n=123) n=61, 7% for *New Vision* and *The Monitor* n=62, 9.6%. The least mentioned themes include discordance (n=18) n=11 for *New Vision* and n=7 for *The Monitor*,

denial and evasiveness (n=26) n=16 for *New Vision* and n=10 for *The Monitor*, Family disruption (n=61), 29, for *New Vision* and n=32, for *The Monitor*, and disclosure (n=79) n=45 for *New Vision* and n=34 for *The Monitor* shown in figure 6.8 above. Despite slight differences in number of appearance, chi square tests showed significant differences in coverage by the two newspapers for only disaster ($\chi^2(1) = 12.24, p \leq 0.002$) and for causes ($\chi^2(1) = 9.28, p \leq 0.002$).

Figure 6. 9:News Themes*Years in Phases

News Themes	Years in Phases								Total
	1992-1994 Phase1		1995-2000 Phase2		2001-2006 Phase3		2007-2011 Phase4		
Disaster	50	20.2%	102	15.8%	145	14.8%	145	14%	442
Moral issue	30	12.1%	51	7.9%	26	2.6%	42	4.8%	149
Prevalence	52	20.9%	167	25.9%	280	28.6%	257	25.6%	756
Family disruption	13	5.2%	18,	2.8%	13	1.3%	17	1.7%	61
Treatment	30	12.09%	120	18.6%	218	22.3%	254	25.3%	622
Discordance	0	0%	4	0.6%	6	0.6%	8	0.8%	18
Denial and evasiveness	3	1.2%	7	1%	10	1%	6	0.6%	26
Attribution of blame	26	10.5%	42	6.5%	44	4.5%	60	5.9%	172
Disclosure	5	2%	14	2.2%	28	2.8%	32	3.2%	79
Stigma and discrimination	10	4%	12	1.8%	59	6%	42	4.2%	123
Causes	29	11.7%	108	16.7%	149	15%	142	14%	428

Percentages and totals are based on respondents.

In phase 1 the most mentioned news themes include prevalence (n=52), disaster (n=50), treatment and moral issue (n=30), causes (n=29), and attribution of blame (n=26). The least mentioned themes include discordance (n=0), denial and evasiveness (n=3), disclosure (n=5), stigma and discrimination (n=10), and family disruption (n=13). Prevalence (n=167), Treatment (n=120), Causes (n=108), and disaster (n=104) were the most prominent themes covered in phase 2 while discordance (n=4), denial and evasiveness (n=7), stigma and discrimination (n=12), and disclosure

(n=14) were the least appearing themes in phase 2. Phase 3 and 4 had similar pattern of appearance of news themes apart from the moral issue themes that appeared much less in phase 3 (n=21) compared to (n=51) in phase 2. It then increased to phase (n=42) in phase 4. Also stigma and discrimination was covered more in phase 3 (n=59) compared to (n=10) in phase 1, (n=12) in phase 2, and (n=42) in phase 4. Themes as covered in phases are displayed on figure 5.9 above.

Figure 6. 10: Preventative Correctives*Publication

Preventatives/Correctives	Publication		Total
	<i>New Vision</i>	<i>The Monitor</i>	
Diagnosis	258 29.8%	144 22.4%	402
Male condom use	113 13.0%	102 15.9%	215
Female condom use	10 1.2%	8 1.2%	18
Prevention of mother to child transmission	69 8.0%	48 7.5%	117
Abstinence	77 8.9%	51 7.9%	128
Antiretroviral therapy	303 34.9%	214 33.3%	517
Fidelity	69 8.0%	45 7.0%	114
Male circumcision	24 2.8%	15 2.3%	39
Safety of blood transmission	4 0.5%	3 0.5%	7

Percentages and totals are based on respondents.

6.1.3 Coverage of preventatives and correctives to HIV/AIDS

Among preventatives and correctives, antiretroviral therapy emerged as the most referred to (n=517) n=303, 34.9% for *New Vision* and n=214, 33.3% for *The Monitor* followed by diagnosis (n=402) n=258, 29.8% in *New Vision* and n=144, 22.4% for *The Monitor*, male condom use (n=215) n=113, 13% for *New Vision* and n=102, 15.9% for *The Monitor*, abstinence (n=128) n=77, 8.9% for *New Vision* and n=51, 7.9% for *The Monitor*, prevention of mother to child transmission (n=117) n=69, 8% for *New Vision* and n=48, 7.5% for *The Monitor*, fidelity (n=114) n=69, 8%

while the least referred to preventatives include; male circumcision (n=39) n=24, 2.8% for *New Vision* and n=15, 2.3% for *The Monitor*, female condom use (n=18) n=10, 1.2% and 8, 1.2% for *New Vision* and *The Monitor* respectively, and safety of blood of blood transmission (n=7) n=4 for *New Vision* and n=3 for *The Monitor*. Although there were simple differences in counts of the different themes in the two *The Monitor* and *New Vision*, chi square tests did not show any significant differences in coverage of news themes by both newspapers.

Figure 6. 11: Preventatives/Correctives *Years in Phases.

Preventatives/Correctives		Year in Phases							
		1992-1994 Phase1		1995-2000 Phase2		2001-2006 Phase3		2007-2011 Phase4	
Diagnosis		28	24.3%	55	20.8%	144	26%	175	27.7%
Male condom use		27	23.5%	54	20.4%	63	11.6%	71	11%
Female condom use		2	1.7%	3	1.1%	7	1.3%	6	0.9%
Prevention of mother to child transmission		3	2.6%	16	6%	38	6.9%	60	9.5%
Abstinence		21	18.3%	15	5.7%	43	7.9%	49	7.5%
Antiretroviral therapy		15	13%	97	36.7%	199	36%	206	32.6%
Fidelity		13	11.3%	15	5.7%	42	7.7%	44	6.9%
Male circumcision		4	3.5%	6	2.3%	9	1.6%	20	3.2%
Safety of blood transmission		2	1.7%	3	1.1%	1	0.1%	1	0.18%

6.1.4 Coverage of sources

Over the twenty year period among top local sources, HIV/AIDS experts were most referred to (n=868) n=509, 58.7% for *New Vision* and n=359, 55.8% for *The Monitor*, followed by government (n=566) n=348, 40.1% for *New Vision* and n=218, 33.9% for *The Monitor*, scientific research (n=195) n=118, 13.6% for *New Vision* and n=77 for *The Monitor*, people living with HIV/AIDS (n=171) n=98, 11.3% for *New Vision* and n=73, 11.4% for *The Monitor* while among the least were women (n=58) n=18, 2.1% for *New Vision* and *The Monitor* n=40, 6.2% for *The Monitor*, children (n=19) n=4 for the *New Vision* and n=15 for *The Monitor*, people with disability (n=8) n=4, 0.5% for *New Vision* and n=4, 0.6% for *The Monitor* and married/ couples in long-term

relationships (n=4) with n=1 for *New Vision* and n=3 for *The Monitor*. Coverage of local sources by both newspapers was statistically different with $\chi^2(7) = 27.52, p \leq 0.000$.

Figure 6. 12: Local Source*Publication

Local Sources	Publication		Total
	<i>New Vision</i>	<i>The Monitor</i>	
HIV/AIDS experts	509 58.7%	359 55.8%	868
Government	348 40.1%	218 33.9%	566
People living with HIV/AIDS	98 11.3%	73 11.4%	171
Women	18 2.1%	40 6.2%	58
Children	4 0.5%	15 2.3%	19
People with disability	4 0.5%	4 0.6%	8
Scientific research	118 13.6%	77 12.0%	195
Married people/long-term R/S	1 0.1%	3 0.5%	4

All through the four phases, the pattern of local source usage was almost similar to the twenty-year period with similarity in key sources as displayed on figure 6.13. For example, in phase 1 the leading local sources included; HIV/AIDS experts (n=84, 54.2%), government (n=46, 29.7%), scientific research (n=21, 13.5%) and the least referred to local sources included people living with HIV/AIDS (15, n=9.7%), women (n=5.2%), children (n=7, 4.5%), people with disability (n=3, 1.9%), and finally married/ people in long-term relationships (n=1, 0.6%). In phase 2, HIV/AIDS experts (n=172, 51.3%), government (n=113, 33.7%), and scientific research (n=42, 12.5%) were the most referred to sources while people living with HIV/AIDS (n=24, 7.2%), women (n=14, 4.2%), children (n=2, 0.6%) were the least referred to sources. People with disabilities and married/people in long-term relationships were not referred to at all as sources during this phase. In phase 3, HIV/AIDS experts (n=301, 60.6%) and government (n=232, 46.7%) were still the leading cited sources followed by scientific research (68, 13.7%), people living with HIV/AIDS

(55, 11.1%), and women (n=20, 4%) while the least referred to sources included people with disability (n=3, 0.6%), children (n=2, 0.4%), and married/ people in long-term relationships (n=1, 0.2%).

Figure 6. 13: Local Source*Year Phases

Local Sources	Year in Phases				Total
	1992-1994 Phase1	1995-2000 Phase2	2001- 2006 Phase3	2007- 2011 Phase4	
HIV/AIDS experts	84 54.2%	172 51.3%	301 60.6%	311 59.5%	868
Government	46 29.7%	113 33.7%	232 46.7%	175 33.5%	566
People living with HIV/AIDS	15 9.7%	24 7.2%	55 11.1%	77 14.7%	171
Women	8 5.2%	14 4.2%	20 4.0%	16 3.1%	58
Children	7 4.5%	2 0.6%	2 0.4%	8 1.5%	19
People with disability	3 1.9%	0 0.0%	3 0.6%	2 0.4%	8
Scientific research	21 13.5%	42 12.5%	68 13.7%	64 12.2%	195
Married people/long-term R/S	1 0.6%	0 0.0%	1 0.2%	2 0.4%	4
Total	155	335	497	523	1510

Percentages and totals are based on respondents.

And finally, in phase 4, HIV/AIDS experts and government still emerged as the most referred to sources albeit with a slight decrease in both (n=311, 59.5% and n=232, 46.7% respectively). These were followed by people living with HIV/AIDS (n=77, 14.7%), overtaking scientific research (n=64, 12.2%). The very least sources included women (n=16, 3.1%), children (n=8, 1.5%), and people with disability and married/people in long-term relationships, both with (n=2, 0.4%).

Figure 6. 14: International Source*Year Phases

International Sources	Year in Phases				Total
	1992-1994 Phase1	1995-2000 Phase2	2001-2006 Phase3	2007-2011 Phase4	
International organisations	52 33.5%	93 27.8%	133 26.8%	82 15.7%	360
Scientific research	39 25.2%	68 20.3%	68 13.7%	52 9.9%	227
Associated Press	1 0.6%	10 3.0%	15 3.0%	12 2.3%	38
United Press International	0 0.0%	2 0.6%	3 0.6%	3 0.6%	8
Reuters	24 15.5%	43 12.8%	13 2.6%	8 1.5%	88
Press Association	0 0.0%	1 0.3%	0 0.0%	3 0.6%	4
Agence France-Press	3 1.9%	18 5.4%	18 3.6%	16 3.1%	55
African News Agencies	0 0.0%	1 0.3%	3 0.6%	10 1.9%	14
Total	155	335	497	523	1510

Percentages and totals are based on respondents.

In general, there were fewer articles that considered international sources compared to local sources. Throughout the twenty years of coverage, international sources emerged as the most referred to sources (n=360) n=213, 24.6% for *New Vision* and n=147, 22.9% for *The Monitor*, followed by scientific research (n=227) with n=138, 15.9% for *New Vision* and n=89, 13.8% for *The Monitor*, *Reuters* (n=88) n=76, 8.8% for *New Vision* and n=12, 1.9% for *The Monitor*, and *Agence France-Press* (n=55), n=32, 3.7% *New Vision* and n=23, 3.6% for *The Monitor*, The least referred to sources over the twenty years of study included *Associated Press* (n=38), n=30, 3.5% *New Vision* and n=8, 1.2% for *The Monitor*, *African News Agencies* (n=14) n=5 for *New Vision* and n=9 for *The Monitor*, *United Press International* (n=8) n=8 for *New Vision* and nothing for *The Monitor*, and *Press Association* (n=4) n=3 for *New Vision* and n=1 for *The Monitor*. Chi square tests indicated a significant difference of $\chi^2(7) = 43.32, p \leq 0.000$.

The prominent international sources in phase 1 included international organisations (n=52,33.5%), scientific research (n=39, 25.2%), and Reuters (n=24, 15.5%) while the least prominent include; Agence France-Presse (n=3, 1.9%), and Associated Press (n=1, 0.6%). Press Association and African News Agencies did not appear in the first phase of coverage. Phase 2 had similar pattern to phase 1 but with a slight increase in coverage. International organisations and scientific research were still the leading sources (n=93, 27.8% and n=68, 20.3%) respectively. Followed by Reuters (43, 12.8). the least referred to international sources include; Agence France-Presse (n=18, 5.4%), Associated Press (n=10, 3%), United Press International (n=2, 0.6%), while Press Association and African News Agencies each were referred to (n=1,0.3%). In phase 3, the top two international sources include International organisations (n=133, 26.8) and Scientific Research (n=68, 13.7%). Agence France-Presse replaced Reuters at number three (n=18, 5.4%), followed by Associated Press (n=15, 3.0%) and Reuters (n=13, 2.6%). African News Agencies and United Press International each were used (n=3,0.6%) while Press Association was not referred to at all. Although there were a few fluctuations, the pattern of reference to international sources remained virtually the unchanged. International organisations were the leading sources (n=82, 15.7%) followed by scientific research (n=52, 9.9%). The least referred to sources include Agence France-Presse (n=16, 3.1%), Associated Press (n=12, 2.3%), African News Agencies (n=10, 1.9%), Reuters (n=8, 1.5%), United Press International and Press Association both (n=3,0.6%).

6.2 Dominant Frames, 1992-2011

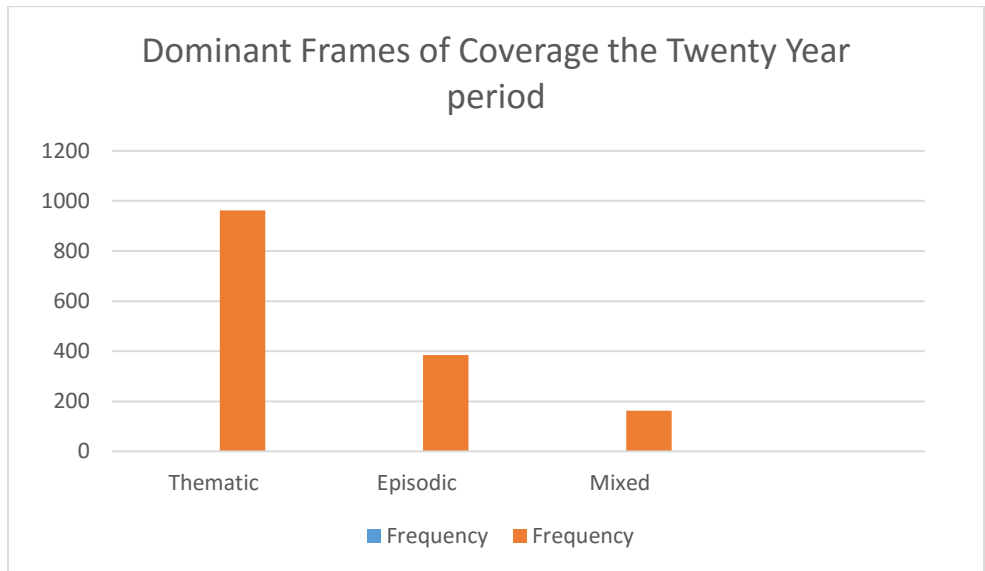
The third question examined to what extent the episodic, thematic, and mixed frames dominant in news stories were used in HIV/AIDS news stories and question four examined if difference in ownership of publication influenced news frames as used in HIV/AIDS stories. Overall, the thematic frame was used more frequently n=962 (63.7%) in the twenty years of coverage under study in both *New Vision* and *The Monitor* (n=529, 60% and 433, 67.3%) respectively. The episodic frame followed with (n=385, 25.5%), and mixed frame was the least used, appearing (n=163, 10.8%) times. A 2x3 Chi-square teste indicated a significant difference in the way the two papers framed issues, $\chi^2(2) = 9.59, p \leq .008$ (see figure 6.15).

Figure 6. 15: Dominant Frames by Newspaper

Newspaper		Dominant Frames			Total	
		Thematic	Episodic	Mixed		
Publication	<i>New Vision</i>	Count	529 _a	228 _{a, b}	110 _b	867
		Expected	552.4	221.1	93.6	867.0
	<i>Monitor</i>	Count	433 _a	157 _{a, b}	53 _b	643
		Expected	409.6	163.9	69.4	643.0
Total	Count	962	385	163	1510	
	Expected	962.0	385.0	163.0	1510.0	
	Count					

Each subscript letter denotes a subset of Dominant Frames categories whose column proportions do not differ significantly from each other at the .05 level.

Figure 6. 16: Dominant Frames of Coverage



In phase 1, the thematic frame was used frame with (n=73,), n=46, 68.9% for *New Vision* and n=42, 68.9% for *The Monitor*, episodic frame was used (n=61, 39.4%), n= 42, 40.8% for *New Vision* and n=19, 36.5% for *The New Vision*.

The mixed frame was used (n=21, 13.5%) n=15, 14.6% for *New Vision* and n=6, 11.5% for *The Monitor*. During phase 2, the dominant frame was still thematic (n=187, 55.8%), n=104, 51.7% for *New Vision* and n=83, 61.9% for *The Monitor* while the episodic frame was (n=100, 29.9%), n=63, 31.3% for *New Vision* and n=37, 27.6% for *The Monitor*. The mixed frame was the least used with (n=48, 14.3%), n=34, 16.9% for *New Vision* and n=14, 10.4%. In phase 3, the dominant frame was thematic (n=343, 69%), n=194, 73.5% for *New Vision* and n=149, 63.9% for *The Monitor*. The mixed frame was used more than the episodic frame in the *New Vision*, in phase 3 (n=47, 17.8%) for the mixed frame and (n=23, 8.7%) for the episodic frame. The trend was however the same for the monitor that maintained (n=63, 27%) for episodic frame and (n=21, 9%) for the mixed frame.

Figure 6. 17: Dominant Frames * Publication * Year in Phases

Year in Phases			Publication		Total
			<i>New Vision</i>	<i>The Monitor</i>	
Phase1 1992-1994	Dominant Frames		46	27	73
	Thematic		44.7%	51.9%	47.1%
	Episodic		40.8%	36.5%	39.4%
	Mixed		14.6%	11.5%	13.5%
Phase2 1995-2000	Dominant Frames		104	83	187
	Thematic		51.7%	61.9%	55.8%
	Episodic		31.3%	27.6%	29.9%
	Mixed		16.9%	10.4%	14.3%
Phase3 2001-2006	Dominant Frames		194	149	343
	Thematic		73.5%	63.9%	69.0%
	Episodic		8.7%	27.0%	17.3%
	Mixed		17.8%	9.0%	13.7%
Phase4 2007-2011	Dominant Frames		185	174	359
	Thematic		61.9%	77.7%	68.6%
	Episodic		33.4%	17.0%	26.4%
	Mixed		4.7%	5.4%	5.0%

During phase 4, the thematic frame was still the most dominant (n=359, 68.6%), with *New Vision* n=187, 61.9%, and 174, 77.7% *The Monitor*. The episodic frame came in second (n=138, 26.4%), n=100, 33.4% for the *New Vision* and n=38, 17% for *The Monitor*. Lastly, the mixed frame (n=26, 5%), n=14, 4.7% for the *New Vision* and n=12, 5.4% for *The Monitor*. In the end however, significance difference in usage of frames between *New Vision* and *The Monitor* was only shown in phases three and four, $\chi^2(2) = 32.64, p \leq .001$ and $\chi^2(2) = 17.96, p \leq .001$ respectively.

Chapter six has presented the results of the study. The next Chapter addresses the discussion of results. Although research questions are followed, results are presented thematically, highlighting the most critical findings. A comparison among phases is also done.

CHAPTER SEVEN

INTERPRETATION AND DISCUSSION OF RESULTS

7.0 Introduction

The previous chapter detailed statistical results obtained from simple inferential statistics using SPSS. This chapter interprets those results drawing insight from reviewed literature and theoretical framework discoursed earlier in this text. The discussion follows research questions although critical findings under each are presented thematically, following patterns from data.

7.1.0 Low but increased newspaper coverage over the years

The first question sought to explore the amount of coverage over the period of study and how that coverage changed over time. These results collaborate findings from other studies on HIV/AIDS coverage world over (see D'Angelo et. al., 2013; Steven and Shawnika, 2013; Min, 2006; Brodie, et. al., 2004; Swain, 2003 etc.) that concluded that coverage of HIV/AIDS is generally low. Overall, HIV/AIDS coverage was less than what was expected. The total number of stories analysed for this thesis was 1510 stories. Initially, the plan was to analyse at least 2080 articles, 1040 from each, approximately 4 articles per month per newspaper (see figure 5:1). One day was to be considered in a week for each newspaper. However, as explained in the methodology chapter, two days a week were later decided on for each newspaper and even with this, the study could not meet its target of 4 stories for each month from both newspapers. The reason to include a second day was because a scan through the newspapers during the preliminary study indicated that one day alone might not have been representative of HIV/AIDS coverage by the two newspapers. It was also discovered that the two newspapers each had different days a week when they reported extensively on health issues including HIV/AIDS.

Several reasons could explain the low coverage observed in this study. During data collection, many articles were eliminated because they did not meet the inclusion and exclusion criteria for this study. There were many articles with less than 200-word limit, while many mentioned the word HIV/AIDS in the heading or first paragraph yet the entire article concerned a different issue. The criteria included articles whose content was at least 50% about HIV/AIDS, not advertisements and whose word count was 200 words or more. As expected, there were many stories talking about HIV/AIDS but only a few met the criteria of inclusion. This experience led to the question about the type or content in many published HIV/AIDS related stories. Are the published articles

equipped with necessary, educative information for the reader or mainly advertisements and short stories that give the illusion that we know about HIV/AIDS (because there seem to be a great deal of reportage about it). Overtime, Ugandans have been exposed to enormous content about HIV/AIDS through the media thus creating a *savoir-faire* of sorts within the population. However, Zajonic (2001) argued although continuous exposure to something creates a sense of knowledge and familiarity, it does not account for substance. He called this a mere exposure effect: a psychological phenomenon where people tend to develop preference for things merely because they are familiar with them (Zajonic, 2001). Therefore, mentioning the word HIV/AIDS in the first two paragraphs of a story creates a mental familiarity in the mind of the reader but it does not necessarily mean that the reader has been given sufficient knowledge about the disease. In other words, a reader, because of exposure to bits of information and words ‘HIV or AIDS’ develops a confidence in his ‘knowledge’ about HIV/AIDS and yet in reality he/she has less than sufficient knowledge about the epidemic. This assertion is supported by the 2011 National AIDS Indicator survey that exposed inadequate knowledge about cause of HIV/AIDS and how the disease is transmitted. The survey showed that 64% of women and 57% of men had inadequate knowledge about HIV/AIDS, including the belief that people who looked healthy could not possibly be infected with HIV/AIDS.

Another example regards treatment and positive living. The two have been massively promoted that many people declaim the phrase positive living and antiretroviral therapy yet are oblivious to the challenges there are in positive living. To them, positive living has become so stylistic to mention because it is promoted by HIV/AIDS prevention strategists and the media on all fronts with a few pieces troubling to give the background and to detail the challenges entailed in such a life: often, one finds out about the challenges after contracting HIV/AIDS. Amara et. al., (2016) confirmed this in her study. As mentioned earlier, Amara et al studied quality of life of PLWHAs on HAART and the results of the study brought to light the depressive and apprehensive behaviours among people living with HIV/AIDS, a topic that is a rare discussion both in the press and in general HIV/AIDS prevention discourse.

A voluble question however is what amount of coverage equals adequate coverage. After examining most literature on the subject, there is no specific amount but expectations, expectations that for example in this thesis, at least on any chosen day of the week, one article about HIV/AIDS

must appear. The measurement that led to the conclusion of low coverage therefore, was minimal, at least four articles a month with only one day selected in a week. To drive this point home, this study changed to two days instead of the one that was originally proposed, meaning that at least 4000 articles would have been collected but instead a mere 1510 articles met the inclusion and exclusion criteria. As argued before, because of the inclusion and exclusion criteria, many articles were omitted, but the aim was to gather articles that had substantive, educative information about HIV/AIDS instead of only referring to the disease or having words such HIV/AIDS in the title and first paragraph of a story. The challenge therefore, that although coverage of the disease might be high, content carried might not be comprehensive and effective.

In relation to agenda setting theory, McCombs (2014) asserted that agenda setting effects that are frequently the outcome of individuals' continuous learning process about public affairs are formed to a large extent by characteristic of the message and by small extent characteristics of the recipients of the particular messages. A series of highly redundant messages are widely disseminated by the media, therefore various characteristics of these many messages influence how many persons pay attention and retain a portion of media content. In the same light, attitudes and behaviour often are "controlled by cognitions: by what a person knows, thinks and believes" (Fiske and Taylor, 2013:14). Such a combination of cognitive and affective elements in agenda setting connects to communication effects on attitudes and opinions. As discussed earlier, communication effects can occasionally be an utter consequence of volume or amount of coverage. Extensive coverage results in salience of the problem. In this case however, both salience and the quality of such salience are in question. Whether people have helpful information about an issue is as important as rating it among important issues.

McCombs certain of the effects of agenda setting so much so that he suggested in his recent book (McCombs 2014: 102) that Cohen's timeless synopsis must be revised "to state that the media not only tell us what to think about, they also tell us how to think about it and sometimes what to think about it". He continued that though a news organization may not necessarily have an agenda' since the usage of the word agenda is merely descriptive, its pattern of coverage on issues overtime reveals its agenda, thus affecting public agenda. In the case of HIV/AIDS coverage however, redundant information could cause unwanted effects such as complacency.

Despite the low coverage, amount of reportage on the issue increased with each phase in both newspapers albeit with fluctuations. The results contrast those from other scholars around the world such as United States, Australia and others which showed decreased amount of coverage after HIV/AIDS ceased to be an ‘emergency’ and became a long time issue (Stevens and Shawnika, 2013; Brodie et al., 2004; Swain, 2005; Lupton 1993). Also, more stories were covered in the recent two phases compared to the earlier two phases (see figure 6:2, in previous chapter). This implies that Ugandan media, in comparison other media continued to give emphasis to the issue of HIV/AIDS even when it ceased to be an emergency. Some would argue that increase in coverage could have been due to several factors such as increase in circulation. However, the differences in coverage for all phases are indicative of the decisive nature that the two publications handled the issue of HIV/AIDS. Also, the conclusions from the background to this study and reviewed literature show the level of seriousness and resolute accorded the issue of HIV/AIDS by government, nongovernment and international organisations. Everyone has been involved in the cause and both communities and media have been encouraged to openly discuss issues to do with the disease hence a likely impact on amount of coverage.

More stories being covered in the latter phases compared to the first two phases also arguments the importance of orientation, relevance and new information and shows how these concepts can stay a social issue on media agenda for a very prolonged length of time. While trying to negotiate an agreeable timeframe for issues in the media between the hypodermic needle theory: which argued that issues in the media gained instant results and thereafter disappeared from the media and Wiber Schram who argued that issues take a very long time on the media agenda, McCombs (2014) decided that although issues did not come and disappear instantly, they have a limited timeline in the press, ranging from a few weeks to a number of years, after which coverage diminishes or disappears. The case of HIV/AIDS Uganda is unique however, not only because of the complicated nature of the disease, but also because of the relevance of its social and economic effects to its people. In the mid-1980s, Uganda bore part of the largest burden of HIV/AIDS. There were many deaths, with parents living behind orphans, child headed families, financial and social burdens to extended family members and government at large. Such effects, even when prevalence of the disease has considerably reduced from a national average of over 16 percent in the late 1980s to 7.2 percent in 2016, are still felt to this day and any new information, any variation or just

information regarding awareness is still relevant to the majority of Uganda's population hence maintaining a place on the country's media agenda.

Despite increase in coverage from 1992 to 2011, there were fluctuations in coverage across and within phases as illustrated by figure 6:1. For instance, the first phase started low with only 36 (2.4%) stories in 1992 followed by a trifling increase by the end of the phase. Phase two started with increased coverage, n=75 (5%) in 1995 followed by a decline to n=43 (2.8%) then a slight increase to n=50 (3.3%), a decrease in 1998, slight increase in 1999 and finally ended the phase with n=76 (5%) in 2000. Phase three and four are no different. For example, the lowest coverage in phase was 82 (5.4) articles which nearly doubled in 2008 143 (9.5): the highest in the entire phase. Such erratic fluctuations are characteristic of HIV/AIDS coverage worldwide and have been an issue raised in almost all studies on HIV/AIDS and media reportage (see Stevens and Shawnika, 2013; Swain, 2005; Muchombu, 2000; Dearing et. al., 1991).

This thesis supposed that such fluctuations could have been affected by different factors. Chapter two of this work detailed the different social, economic and political factors, including policies and prevention strategies that could have affected coverage of the issue of HIV/AIDS. The ensuing discussion therefore addresses fluctuation within or across phases in relation to the different factors. For instance, during phase one, 1992 to 1994, although not tremendous, coverage had a steady increase. During, and in years leading to this phase, there were various activities related to HIV/AIDS that could have sparked continuous interest in the issue by the media. For example, government under the leadership of Museveni recognized the severity of HIV/AIDS and encouraged discussion of the issue, especially by the media so as to cause awareness. Different laws, policies, educational and awareness campaigns were also inaugurated and implemented in the late 1980s through early 1990s hence causing media coverage. Many of the agencies that were to manage the issue the issue of HIV/AIDS such as the AID Information center, and Uganda AIDS Commission were created around this time. It is therefore plausible to say that other than the high prevalence rates of the disease, the different activities taking place affected its coverage by the media. In addition, such attention to HIV/AIDS issues in the press could have also been due to deliberate government involvement of the media in HIV/AIDS prevention. The Ugandan government enlisted the help of radio, print and television to spread information about HIV/AIDS.

These activities therefore, could be the explanation for the increase noticed from 1992 to 1994. What is worthy of note here however, is the fact that during this time HIV/AIDS prevalence was on the very high yet as evidence has shown, coverage was low. It must be remembered that circulation for both newspapers during this phase was low, especially for *The Monitor* and other media such as radio, word of mouth and television were used more than print media (Nassainga, 2000) hence a likely explanation for the low number of HIV/AIDS reports in both newspapers. However, limitations to the word of mouth approach are documented and also, during phase one Uganda had only one radio and television implying that information regarding HIV/AIDS only reached a limited population. In all, the results confirm Kasoma's study in (2000) that indicated that in Zambia, the amount of coverage did not necessarily correlate with the severity of the disease.

In phase two, coverage started high with n=75 (5%) stories in 1995 but a sharp drop was noticed with clear fluctuation during the period and finally concluding the phase with noticeable increase n=76 (5%) in 2000 from n=47 (3.1%) the previous year. This phase witnessed commitment from both government, non-government organisations and the media to prevention of HIV/AIDS. The many HIV/AIDS prevention campaigns popularised before and during this time started to pay off and HIV/AIDS prevalence started to fall, ending the phase in 2000 with a national average of 5 percent (UCSF, 2009) thus causing excitement and hope: and a likely surge in coverage. Also, HIV/AIDS treatment became available and effort to make ARVs accessible to lay persons was increased. For example, the ARV Drug Access Initiative was created to advocate for reduced prices and establish infrastructure for administering drugs.

As previously acknowledged, coverage in phase four had the most HIV/AIDS reports with a year that recorded the highest number of stories, n=143 (9.5%). Different reasons could explain such increased coverage for example, during this phase, government renewed its commitment to the issue of HIV/AIDS in Uganda. After the decline in prevalence rates that was noted in early 2000s, Uganda started to witness increase in HIV/AIDS incidence after 2005 and in 2009 for instance, new cases of HIV/AIDS surpassed registered number of deaths due to HIV/AIDS by 120,000 (UCSF, 2009) and increase in prevalence had been noted ever since, with the second wave of the epidemic reaching 170,000 new infections in 2011 (Nantulya, 2014). This caused an outcry from HIV/AIDS prevention strategists and activists who called on government, which was considered

lax with the issue at the time to renew its interest in the prevention of the epidemic. It is also a time when prevention efforts had to deal with more than just HIV/AIDS disease and the simplistic mention of behavior change and tackle the issue of complacency within the population. As earlier mentioned, complacency is a distress to HIV/AIDS prevention efforts. It encourages a casual approach to HIV/AIDS prevention especially the practice of safe sex. The task of the media and prevention strategists therefore is to penetrate through the thicket that is complacency to achieve the goal of an AIDS free generation.

7.1.1 Decreased prominence despite increased coverage

To further tackle the issue of prominence of stories, this thesis examined the length and number of stories appearing on the front page for both newspapers. Very few stories about HIV/AIDS appeared on the front page, n=55 (3.7%) of both newspapers. The *New Vision* had n=32 (3.7%) while *The Monitor* had n=23 (3.6%). Although it had fewer stories, phase one, i.e. 1992 to 1994, had the most stories on the front page, n=9 (5.8%) compared to 5.4%, 3.2% and 2.3% in phases two, three and four respectfully. The results therefore show that although there were a few stories about HIV/AIDS in phases one and two, they were given more prominence in terms of placement compared to the latter phases. Of course, an in-depth analysis of placement and prominence would have required more rigour and considered other factors that contribute to story prominence but the choice of front page in this study was intended to holdup the quantity of coverage. Besides, front page is considered a lead determinant of story prominence (McCombs, 2014; Cohen, 1963; Lippmann, 1922). Front page is where news readers expect to find significant news stories of the day. Often, articles at the front page are those with high values of news factors. They are ranked according to significance and since significance is an imprecise model for front page news, popularity is used to quantify and measure it. If news stories on the front page therefore are selected basing on importance of the topic, demand and priority accorded to the particular topics, the results of this study could conclude that the importance attached to the issue of HIV/AIDS is rather basic.

In this study, there are few front page stories about HIV/AIDS and a low, but relatively reasonable number of articles that appeared during the time under study. This could mean, a) that in general, low importance is attached to HIV/AIDS issues in the media than we assume and b) and this relates to agenda setting theory that assumes that front page and number of coverage can intersect to cause effect about the importance of an issue. For example, if appearance on front news is low, but the

number of articles that appear about a particular issue surpass the expectation, then one would assume that the issue has still been given weight. However, if both front page news coverage and number of articles expected is low, as in this case, then the assumption is that the issue is given deficient import. Such an outcome can indulge the sentiment that the issue of HIV/AIDS was given more significance in late 1980s and early 1990s than the recent years. Yet again, this brings to the fore what makes issues more prominent, front page coverage, or the quantity of articles.

7.1.3 More coverage done in *New Vision* compared to *The Monitor*

In general, *New Vision* had more coverage than the *Monitor*. *New Vision* is the government owned newspaper while *The Monitor* is privately owned. The expectation at the beginning of this thesis was that *New Vision* would have more coverage being that it would have been used by government to promote its HIV/AIDS agenda. Though government mobilized all media outlets, both government and privately owned to come together in the fight against HIV/AIDS, government owned media was expected to run government activities. The *New Vision* did what Uganda television (currently *Uganda Broadcasting Service*) and radio Uganda did; disseminate government communication on HIV/AIDS. In addition, the *New Vision* had different educative pullouts such as *Straight Talk* dedicated to informing the young about HIV/AIDS causes, transmission, awareness and prevention, publications that were lacking in *The Monitor*. It should also be mentioned that though *The Monitor* started operations in 1992, it started almost mid-year with weekly publications. This explain could explain the extremely low coverage by newspaper in phase one. Other than confirming previous studies, the results also showed that media ownership does affect media agenda. Although government encouraged coverage of HIV/AIDS by all media, it is right to assume that most government communication about the issue was carried by *New Vision*. And judging from the key sources used for information on the issue, this could not be far from the truth.

At the beginning of this thesis, the general assumption was that coverage of HIV/AIDS by print media in Uganda was high and that Ugandans were more knowledgeable about HIV/AIDS due to all the educative pullouts and assumed high volume of coverage. The study has shown that this is a presumption that needs to be checked. As mentioned before, it appears that most of what is covered in the area of HIV/AIDS, did not qualify to be included in this study. For instance, advertisements, short stories and letters to the editor. The implication of these results is that the

more people are exposed to stories about HIV/AIDS, even when such stories are less informative, the more they think they are informed, and yet they could in actuality know very little about the disease.

7.2 Major Themes, Risk Groups, Preventatives and Sources that Characterised Coverage

The second question explored the major themes, risk group, preventatives/correctives and sources discussed in various HIV/AIDS reports and how these changed overtime. The discussion will follow themes, risk groups, preventatives and sources that have appeared most and those that appeared list over the twenty years of coverage and also in phases.

7.2.1 Sex workers as vectors of HIV virus

Taking into account all the risk groups in this coding schedule, the twenty years of coverage, sex workers appeared most followed by women. Among the risk groups discussed, sex workers appeared most in all the phases (n=268) except phase four where married/cohabiting couples appeared the most with n=76 compared to sex workers with n=63. The results confirm various studies (see Lupton 1994; Nelkin, 1991; Mirko, 1990; Albert, 1986) that showed sex workers as a top risk group. Sex workers in Uganda are synonymous with the HIV/AIDS epidemic so their appearance across most of its lifespan in Uganda should be obvious. The origin of HIV/AIDS transmission in the country is directly related to sex workers. As earlier pointed out in the background, HIV/AIDS was first identified among sex workers and long distance truck drivers along the Masaka-Kampala-Tanzania highway in Rakai district especially, and from here the disease spread rapidly to the rest of the country (Kahunen, 2010). Prevention efforts therefore often paid particular attention to sex workers who have been known worldwide as vectors of HIV virus (see Bardhan, 2001). Although the face of HIV/AIDS often changes, sex workers are still the most prominent group. This could mean that pragmatic prevention programmes have to be developed for this group of people and their clients. Research into their daily lives and activities needs to take keen interests and measures that will actually produce results. True, awareness and knowledge, plus provision of condoms are helpful but are proving to be ineffective. A study among risk groups in Uganda in 2012 by the Uganda Medical Research Council revealed that sex workers are high on the chart.

Examination of studies such as one conducted by the Uganda Medical Research Council in April 2008 to May 2009 that showed high prevalence (37%) among female sex workers indicate that the

critical state of this group cannot be negated. What is important however is to give as much significance to groups that directly interact with sex workers especially their clients. Such clients include the fathers, husbands, boyfriends, politicians, students and long-distance truck drivers. Since its discovery, HIV/AIDS in Uganda and in other parts of the world has been associated with morality. The incessant spread of the disease has been placed on immoral acts by identified risky groups such as sex workers. However, the blame conveniently ignores actions of the seemingly moral people, who actually solicit illicit sexual relations. Many of societies have failed to realise the fact that a number of people do fall short of set moral standards, falling prey to dangerous desires, as Lupton (1994) describes social intersect between morality, sexuality and HIV/AIDS.

These groups that interact with sex workers and cause an intersection with the general public should be accorded the same importance in the media. Their role in HIV/AIDS transmission and prevention thereof should be emphasised in coverage just as much as that of sex workers. Previous research has cited negation of these groups although the oversight has persisted. In the end, what such prejudiced media coverage communicates to the public is that sex workers are vectors of the HIV/AIDS virus and should be avoided: which is less likely judging by the recent increase of the vice. According to Nantulya (2014) sex work in Uganda has not diminished, if anything, the vice has assumed modern arrangement. Nantulya noted that young ladies now operate in their homes or offices and have made illicit sex as easy as just a call away. Increase in the practice, or its intransience in Ugandan community suggests that there are clients, although they are given less coverage. In this study for instance, clients of sex workers and long distance truck drivers were the least discussed among risk groups. Out of nine risk groups identified, clients of sex workers appeared third from the bottom while truck drivers appeared fourth from the bottom, mentioned 81 and 88 times respectively. It is important to accentuate the role that these groups play in HIV/AIDS transmission by paying them as much attention as their counterparts as we gear towards an AIDS free generation by 2020.

In most parts of Africa, most sex workers are female. Female sexual autonomy is quite secondary in many African societies. It is not uncommon to find a man with three wives and a few mistresses, being acclaimed as powerful or at best ignored but an unmarried woman in a relationship regarded as a disgrace. It therefore comes naturally to Ugandan society and to some media persons to discuss sex workers as the primary vectors of HIV/AIDS but ignore polygamous men with several

mistresses. Although a few campaigns such as ‘zero grazing’ and ‘get off the sexual network’ that aimed at both men and women were popularized in the early 1990s and early 2000s respectively, coverage still remained lopsided. The ‘zero grazing’ campaign was championed by president Museveni in late 1980s and early 1990s to encourage faithfulness in sexual relationships, both monogamous and polygamous. “Get off the sexual network!” on the other hand was released in 2010 by Uganda Health Management Group (UHMG). The campaign targeted especially the educated, urban, married and cohabiting adult men and women between the age of 20 and 39 and encouraged monogamous unions by urging people to get off the sexual networks. The problem is that much as the practice of having multiple sex partners by both genders is recognized, most prevention campaigns are lopsided. With a dearth of such information, the abundant information on sex worker as vectors of HIV skews understanding and ultimately people’s actions.

When discussed in phases, there was an up and down movement of coverage. A slight difference was noticed in phase four where married or co-habiting couples were covered $n=76$ times compared to the $n=63$ times for sex workers. The difference was not significant. Again, clients of sex workers and truck drivers appeared among the least covered with $n=7$ and $n=12$ respectively in phase one and $n=35$ and $n=32$ in phase four respectively. At no point did the coverage of clients of sex workers or truck drivers come to the fore or even close to coverage accorded sex workers. For readers, the interpretation could therefore mean, as Bardhan 2001 noted, that sex workers are the vectors of HIV/AIDS and must be circumvented.

The three groups need to be discussed synonymously if consequential impact is to be made since together, they are a conduit of HIV/AIDS epidemic. A more educated, aware and economically improved society could make better choices than in 1992 and 1994 as early HIV/AIDS reports and preventionists supposed. However, even though low among the educated, HIV/AIDS is more prevalent among the wealthy than the poor (Uganda Progress Report, 2010). During the early phase for instance, Uganda’s literacy rate was approximately 61% but this has grown over time to approximately 74% (National Bureau of Statistics, 2011). Back then, the spread of HIV/AIDS was blamed not only on ignorance about the disease and on deficient education that limited adequate understanding of health issues and HIV/AIDS in particular, but also on poverty. Despite increase in wealth and literacy rate, the country continues to witness almost the same patterns of infection especially in the latter two phases, with a noted increase in prevalence, after a brief sigh of relief

in late 1990s and early 2000s that saw the prevalence rates significantly reduce. The other problem blamed in the spread of HIV/AIDS was poverty. Looking back to phase one, poverty in Uganda in early 1990s was more than 56% of the population was below the set World Bank poverty line. By 2014, only 19.7% percentage of Ugandans were below the poverty line (UNDP, 2014). In other words, in each phase, Uganda continued to be both literally and economically better, yet notions, practices and stereo types that were once reserved for the ‘uneducated’ and ‘poor’ and believed to fuel the spread of HIV/AIDS such as having casual sex and multiple sex partners still persist and are a reasonable presumption to the recent increase in HIV/AIDS rates in the country.

7.2.2 A shift towards the married

Another risk group that is quite peculiar and relates to the last discussion is the married people or people in long-term relationships. Though appearance over twenty years was not as high as sex workers, its steady progress over the phases warrants a discussion. In phase one, this group was only covered n=6 times; n=6 times in three years. Meaning that on average, the group appeared twice a year. However, in phase two, coverage was 3.7 times of phase one, 10.5 times in phase three and 12.7 times in phase four. The coverage of this category as a risk group grew exponentially especially in phase three and four. This is most likely due to the increase of new infections in this group during phase three and four. Uganda MDG Report (2010), which gathered data from various studies indicated that 43% of new infections happened among the married and cohabiting people.

7.2.3 Are there men who have sex with men in Uganda?

The least discussed risk groups were blood donors and men who have sex with men. Men who have sex with men appeared only n=30 times throughout the period of study after blood donors who appeared n=11 times. The issue of safe blood however was effectively handled in early 1990s hence the absence of blood donors as a risk group. For the men who have sex with men however, one wonders if this group exists in Uganda at all looking at this coverage. Men who have sex with men group was covered more in phases one and four than it was in phases two and three. This is curious but not surprising. In Uganda, homosexuality is considered taboo, not only in the constitution but also, and most especially within society. This therefore leaves the media with limited choices of covering the issue of homosexuality only when they must. A likely explanation for more coverage in phase one is that it coincides with the early phase of HIV/AIDS during which homosexuality was directly related to transmission of HIV virus. World over, men who have sex

with men have been among the high risk populations and in the United States for example, they were among the specific risk groups identified as the Four Hs that is; homosexuals, Haitians, heroin drug addicts and hemophiliacs. Homosexuality was therefore at the center of the HIV/AIDS discourse (Altman, 1986). In Uganda, the mention of homosexuality, especially in the early phase of this study, could be related to what Karnick (2001) referred to as transnational significance. Karnick (2001) studied intersection of global disease categories, using India as a case study and concluded that other countries tend to borrow information from others, including prominent risk groups in HIV/AIDS discourse without necessarily considering their own context. Therefore, because homosexuality, and its relation to transmission of HIV/AIDS was covered by western news outlets, other countries, to appear current and relevant included this group in their coverage of HIV/AIDS regardless of context. The slight increase in coverage in phase coincided with tabling of the anti-homosexuality bill in parliament in 2009. The tabling of the bill and its eventual signing by the president caused a frenzy from the international community and led to a lot of contention between government and the people of Uganda on one hand and the international organisations on the other. Such activities doubtless affected coverage of the issue by the two newspapers.

As anticipated, the newspapers sample for this study reported on risk groups differently. *The Monitor* covered married couples or people in long-term relationships, children, and men who have sex with men more than the *New Vision*. The difference in coverage in all the three risk groups however, was not significant. Whether this had something to do with ownership is yet to be determined but for men who have sex with men, the *New Vision* seemed to have adopted a silent policy even when HIV/AIDS prevalence among MSM in Uganda is estimated at 13.2 percent, almost double the National estimate (Avert, 2015). Many Ugandans still grapple with the idea of homosexuality and thus do not acknowledge men who have sex with men. Indeed, people's attitudes were shown in 2009, 2010 and later 2013 when the homosexuality bill was tabled before parliament and passed, with overwhelming support from the public. Such events could explain the silence on the issue since the news organisations would not want to be associated, or perceived to promote a practice that the society they serve is against. This was perhaps much more likely for the *New Vision* which is a semi public entity, obliged to carry the government agenda. On the other hand, the *New Vision* covered more the sex workers, and truck drivers: groups that for long have been associated with the spread of HIV/AIDS.

7.2.4 Prevalence and treatment given prominence

During the years under study, the most prominent themes of discussion were prevalence, at n=756, treatment at n=622, disaster at n=442 and causes of HIV/AIDS at n=428. Other than in phase one where moral issue appeared more than causes, the recurrent prominent themes were prevalence, treatment, disaster and causes. Themes such as prevalence and causes came as no surprise because throughout the span of HIV/AIDS in Uganda, response strategies have hinged on education, awareness and prevention. Educating people about the causes, the amount prevalence and ways of HIV/AIDS prevention was the mainstay of government response because majority of Ugandans were ignorant about the causes, spread and transmission of HIV/AIDS. These strategies have been maintained and widely communicated and thus a likely explanation for high coverage. Treatment of PLWHA was also one of the MDGs (target 6b), which aimed to achieve universal access to HIV/AIDS treatment by all people in need of it by 2010 (Uganda MDG report, 2010), and because of that it was incorporated into the Uganda National Strategic Plan. In fact, treatment was one of the four thematic areas mapped out in the 2011/12 National Strategic Plan thus a likely explanation for increased and consistent coverage. It must be noted however, that prevention was not indicated as a theme in this study because the research gyrates around prevention, for it is regarded as an overarching theme.

As a way to achieve the goal of access to treatment, government of Uganda together with UNAIDS, in addition to the already comprehensive HIV/AIDS response started the Drug Access Initiative (DAI) to increase access to ART in 1998, resulting into a reduction of costs and increase of clients to approximately 1000 by 2000 and about 10,000 by 2003 (Uganda MDG report, 2010). Due to improved health structures, there was expansion of ARV/ART access to private facilities such as specialised clinics and pharmacies that provided ART services to those who needed them. ART became one of the main HIV/AIDS prevention measures and was widely publicized hence a prospective justification for increased coverage.

Themes such as discordance, denial and evasiveness, family disruption and disclosure were covered less throughout the period under study, appearing n=18, n=26, n=61 and n=79 respectively. Discordance first appeared as a theme in phase two but was most covered in phase three and four (n=6 and n=8 respectively). As evidenced from earlier literature, discordance became much more prominent in phase three and four and thus a reflection in coverage. Denial

and evasiveness though noticed was still negligible throughout the years under study. Denial and evasiveness in this study was understood as either reluctance by government to acknowledge the severity of HIV/AIDS in its population or caginess and or refusal by family members or community of people living with HIV/AIDS. The government of Uganda acknowledged the prevalence and severity of HIV/AIDS in the late 1980s, at a time when most countries were in denial (Nassanga, 2000). However, whether people's actions and thought towards HIV/AIDS was in line with their government act of acknowledging HIV/AIDS, even after massive education, is still imprecise. It is not uncommon to find stories of abandonment by family or community or blame of a relative's death of witchcraft for example other than the HIV/AIDS that the deceased suffered from. This was mostly common in early years of HIV/AIDS but there is no evidence to suggest that such actions ceased. As a matter of fact, various studies have found that there still exists cases of stigma and discrimination, a theme related to denial and evasiveness (Uganda Country Progress Report, 2010). Much as many Ugandans became more educated and aware about HIV/AIDS over the years, studies, including the AIDS Indicator Survey in 2010 reported cases of discrimination and stigma of PLWHA. Cases of self-stigmatization by PLWHA were also common. So despite the fact that coverage of stigma and discrimination and issues related to it such as denial and evasiveness was found to be low, stigma and discrimination due to HIV/AIDS still exists and has been found to impede HIV/AIDS prevention in many ways.

In general, the two newspapers seemed to cover similarly the prevalence of HIV/AIDS, treatment, the issue of discordance, denial and evasiveness, and disclosure given that their coverage was not significantly different. There were a few differences in some themes though. For example, *The Monitor* covered HIV/AIDS more as a disaster and also underscored its family disruptive nature while *New Vision* emphasised the moral aspect and causes or ways through which HIV/AIDS transmitted. In fact, *New Vision's* coverage of causes of HIV/AIDS was found to be significantly different than *The Monitor* ($\chi^2(1) = 9.28, p \leq 0.002$). Similarly, the issue of stigma was slightly different in both newspapers, 7% for *New Vision* and 9.6% for *The Monitor* though not significantly different.

The discussion above shows that both *New Vision* and *The Monitor* a similar HIV/AIDS narrative, albeit with slight differences. An examination of Uganda's HIV/AIDS prevention history established that the government encouraged media discussion of the issue and also worked hand

in hand with the media to deliver information to the populace; as a consequence, it is possible that the media could have almost a similar narrative about HIV/AIDS; one bent on educating people about HIV/AIDS, updating them about new developments, and new facets of the disease and of treatment and prevention measures. The difference in ownership therefore did not seem to have significant impact on the coverage of risk groups by both newspapers.

7.2.5 The adoption of diagnosis and Antiretroviral Therapy

The second question as well intended to investigate the coverage of preventative or corrective measures undertaken to prevent transmission of HIV/AIDS over the years under study and the variance in coverage between the phases if any. Antiretroviral therapy was the most prominent HIV/AIDS corrective measure covered by both *New Vision* and *The Monitor* with n=517. Antiretroviral therapy had the most coverage despite the fact that antiretroviral treatment for long had been a reserve for those who could afford and only became available to the population not more than twenty years back. As can be confirmed from the results, phase one and phase two had the least coverage of the issue (n=15 and n=97 respectively) then in phase three and four, i.e. early 2000s to 2011, antiretroviral therapy discussion spurted, amassing a total of n=199 and n=206 (78.3%) articles respectively.

The results clearly depict what has been the trajectory of ARV discourse in Uganda as earlier discussed. For instance, in early 1990s, during the first phase, ARV drugs were especially exclusive; a reverie for the well-to-do. Even though the Joint Clinical Research Center was set up in 1990 to purchase and supply ARV drugs, the drugs were too expensive for the majority of people infected by the disease. Nevertheless, there was augmented effort by both the government of Uganda and international organizations such WHO to increase access to ART. Examples of such effort included importation of low cost generic drugs by JCRC, the creation of the national committee on access to ARV Therapy in 1996 and National Drug Initiative in 1998, which activities led to a reduction in cost of ARVs from \$12, 000 to approximately \$7,200 in 1999.

The corrective gained more popularity in latter phases especially after it was included as one of the Millennium Development Goals in 2000 by United Nations. This was further advanced by the establishment of the ART drug factory in Luzira, in Mukono district in 2007, the first of its kind in Africa. As a consequence, a lot more people, low income earners included had access to ARV drugs. It is also important to mention that the number of income earners during phase three and

four of this study had also steadily increased making access to ART an issue of discussion. For example, in 1990s, the literacy level in Uganda was barely 61% of the entire population while poverty levels were approximately 50% of the entire population. However, at the turn of the century, literacy rate had increased to 69.5 and to over 78% of the entire population by 2007 (UNESCO, 2010). The poverty level had also dropped to less than 24% of the entire population (World Bank, 2011). The economic and social upgrade in livelihood of the population therefore, also motivated supply of and access to ART. Therefore, as the drugs became cheaper and more accessible to the population, the more discussion there was around it and hence more coverage in the press. However, coverage of anti-retroviral therapy and encouraging PLWHA to start ART should never be looked at in isolation. Challenges faced by PLHWA and especially those enrolled in ART such as affordability, access and adherence to treatment should be publicized just as much as improvement in the quality of life and countenance of PLWHA. A common supposition among the populace is that HIV/AIDS is no longer a killer disease. Such knowledge and attitude is good in the fight against HIV/AIDS and thanks to the prevention strategists and educators, nonetheless, such knowledge should go hand in hand with the challenges that people on ART face. Comprehensive knowledge might help mitigate the ever increasing issue of complacency.

The second most discussed preventative by the two newspapers was diagnosis. Diagnosis in this study referred to HIV/AIDS testing and pre and posttest counselling. Both newspapers considerably covered the preventative and although the *New Vision* had higher coverage in terms of frequency than *The Monitor*; 29.8% and 22.4% respectively the difference was not statistically different. From phase one to phase four, a steady increase in coverage is apparent. This reflects efforts towards improvement of, and access to voluntary HIV testing and counseling. Diagnosis, from the onset, was rolled out, not only by the government of Uganda but by World Health Organisation and other international organisations as a pillar to HIV/AIDS prevention. In Uganda, several initiatives were rolled out to show people that the earlier one knew about one's HIV status, the easier it was to treat and monitor the progress of the disease. Diagnosis was part of the initial multi-sectoral approaches to HIV prevention. During phase one for example, free voluntary HIV/AIDS counseling and testing started through the AIDS Information Center as well as delivery of same day results. Awareness and support for behavioural change initiatives were also started during this period, most of them withstanding to third and fourth phases. By phase four, routine counselling and testing had started in all medical facilities and a vigorous media campaign that

encouraged married people and people in long term relationships to test for HIV/AIDS was rolled out. Recall in the discussion about risk groups, this category became a major risk group in phase four of this study. It is therefore possible that such connectedness of HIV/AIDS issues spurred discussions and their coverage by the media. This also validates one of the intentions of this study, which was to discuss and compare the results of coverage against the events that occurred during a particular phase and if such events had any effect on coverage of the issue.

There was a great difference in coverage between the first two leading preventatives and the ones that followed. Antiretroviral therapy and diagnosis appeared 59%, leaving the remaining 7 preventatives with only 41%: an average of 5.8% each for all the four phases. Diagnosis, as earlier mentioned, was part of the initial and continued multisectoral approach to HIV/AIDS thus its coverage might have been a reflection of its popularity that was in a bid to increase awareness and encourage Ugandans to find out their HIV status. ART on the other hand was aggressively promoted in phases three and four which is reflected in the results. The aggressive promotion of ARVs was so apparent that on more than one occasion, critics argued that it was the leading cause of complacency, arguing that the government and prevention experts abandoned the original, comprehensive and 'more successful' HIV/AIDS awareness prevention strategies and adopted strategies that were considered much more expensive and unrealistic. The question to ponder however is whether the prevention strategies that were effective in early 1990s or before could have been effective in by the year 2000 and beyond. People were more educated, a lot more intricate, had access to various sources of information that strategies to prevention had to be as refined yet effective.

The frustration of prevention experts and government can clearly be seen here. While people were more educated by 2000s, and expected to understand better the causes and transmission of HIV/AIDS and increased costs of living with HIV/AIDS, a national AIDS indicator study in 2011 showed that many Ugandans were ignorant about pertinent issues concerning the cause and spread of HIV/AIDS. Also, complacency, as mentioned before, was on the high during the last two phases (The National AIDS Indicator Survey, 2011). Due to the fact that HIV/AIDS is directly related to human sexuality and central to human behaviour, it becomes more complicated to deal with. The current research suggests that HIV prevention experts and behavioral change scientist need to stretch beyond the box.

7.2.6 Male condom covered more than the female condom

Condom use was also among the preventatives included for study. Given the structure of this discussion, female and male condom usage would have been discussed separately but instead the two will be deliberated synonymously because of the intricate relationship that they share. Results of this study show that male condom use was the third most covered preventative (n=215) while the female condom was the second least covered preventative (=18) by both *New Vision* and *The Monitor* for the 20 years under study. As matter of fact, coverage of the female condom was almost nonexistent throughout the years studied. A total of n=18 times of coverage means that in some years, nothing at all was mentioned concerning female condom use. It is not strange that these results were obtained because even during the literature review process and introduction of different prevention strategies, most literature focused on male condom use.

Therefore, while there was noticeable increase in the acceptance and usage of the male condom over the years as evidenced in prior literature and a slight increase in coverage by the two newspapers, the discussion and coverage of the female condom was disregarded. This is probably because the usage of the female condom in the country is not as popular. For example, while only n=27 articles discussed male condom use in phase one, the number doubled in phase two to n=54 followed by an increase to n=63 in phase three and finally n=71 in phase four. It is important to recall that in phase one, the literature reviewed indicated that HIV/AIDS awareness and prevention campaigns, and government in particular did not starkly promote condom use but rather subtly encouraged its usage and distribution. The preferred message and prevention strategy at the time was abstinence and faithfulness to one's sexual partner(s). In mid 1990s however, increase in male condom use was noticed after the Demographic Health Surveys (1995 and 2000) revealed that increase in male condom usage was up to 40% in 2000 while the female condom use increased to 16% in 2000. In this study, male condom use appeared n=54 by 2000 while female condom discussion only appeared n=3 times. Although it was difficult to get a percent increase in usage in phase 3, the literature reviewed showed that there was general acceptance of male condom use compared to female condom use. During phase four, James Ntozi et. al., (2003) observed that the most common behavioural change related to HIV/AIDS prevention adopted by young adults was the use of condoms and indeed, even its discussion was higher. However, as earlier stated, female condom use was almost nonexistent and a decrease in number of appearance from phase three to four was registered, albeit negligible. Ntozi and colleagues (2003) decried that despite attempts at

training women, including female sex workers, a high risk group on the usage and advantages of the female condom, its uptake was still low.

7.2.6.1 Culture, gender, condom use and HIV/AIDS

The issue of condom use: male or female, for women in Africa is complicated. The issue of power, authority, and subordination often gets in the way of even the accepted male condom. For women, constraints to condom use go beyond cost, discomfort, difficulty to use or loss of sensitivity during sexual relations as often cited, to include wider social and cultural limitations. For example, most women possess little to no negotiating power in sexual relations in Uganda and as such cannot initiate or negotiate use of condoms with their sexual partners. Various women report abuse by spouses, while some are accused by partners of infidelity if they suggest to use condoms during sexual relations (Pettifor et. al., 2005). In most relationships, it is the responsibility of male partners to initiate condom use. These notions are embedded in issues of power and authority, which often privilege the male. Therefore, insistence on condom use by a female partner could be considered insubordination or challenge of authority.

A study in South Africa by Phiwe Nota (2014) that sought an explanation to low and inconsistent use of microbicides (the alternative female HIV/AIDS prevention measure promoted especially in South Africa) among university students, even after sensitization revealed that female students thought it would be insubordinate of them to use microbicides without the acknowledgment of their partners. The students argued that their culture demands that they respect and be submissive to their partners and so making such suggestions during sexual relations showed signs of insubordination. The issue of microbicides is no different from condom use. Undoubtedly, condom use, whether the male or female version is knotted around intricate cultural, social and generally accepted expectations of women. The low uptake of female condom use could have resulted in its low coverage.

7.2.7 Abstinence and faithfulness maintain position

The next preventative that appeared most was abstinence with a total of n=128, a percentage of 8.2 of all preventatives covered from 1992 to 2011. Abstinence has been a favourite of HIV/AIDS prevention strategies in Uganda and has been preferred by some groups over condom use. Abstinence was one of the two pillars of the ABC prevention strategy that has been promoted since the initial HIV/AIDS multisectoral prevention programme. The young and unmarried were

encouraged to abstain, while the married were encouraged to be faithful to sexual partners and, as the last resort, people who could not abstain were encouraged to use condoms. To reminisce, initially, promotion of condom use was subtle and considered for those who did not have options, especially sex workers but with time, as established earlier, condom use was generally accepted by the population. However, at the onset of PEPFAR funds in early 2000s, abstinence was chosen as a primary prevention strategy, disregarding condom use. This came about after PEPFAR gave strict guidelines on how the funds were to be spent. In their stipulations, funds were to cater to activities that encouraged abstinence or faithfulness in monogamous relationships and anything outside that, especially use of condoms was not considered. Abstinence only programmes were therefore popularised in Uganda with the president at one time verbalizing that he was never in support of condom use, saying that condoms were a reserve of at risk populations such as sex workers. Such happenings led to wide criticism especially from HIV/AIDS activists.

All through the phases in this study, abstinence was covered less than condom use, even in phase one where condom use was supposed to be subtle. For example, in phase one, abstinence was appeared n=21 times while condom use (male and female) appeared n=29, n=15 and n=57 in phase two respectively, n=43 and n=70 while in phase four, n=49 and n=77 respectively. Also, while condom use steadily increased in appearance, abstinence had a decrease in phase two and then a modest rise in phase three i.e. 2001 upwards. What is to be noted here is the argument by many HIV/AIDS prevention experts that the government of Uganda was not against condom use (Musinguzi, 2014), arguing that the initial subtle encouragement of condom promotion was due to the country's religious sophistication and therefore to be circumspect, government did not out rightly push for condom use but it was not to say that it was not marketed as a strategy of HIV/AIDS prevention. Prevention experts knew the disproportionate relationship between religious nature or religious values and the number of Ugandans who indulged in multiple or premarital sexual relations therefore, to encourage abstinence only programmes would mean to cut HIV/AIDS prevention efforts in the foot. Issues of infidelity therefore, highly intersect with abstinence and condom use.

In this study, fidelity (faithfulness to one's sexual partner) appeared n=144 times, a fair allocation in the mediocre status. As indicated above, issues of abstinence, condom use and fidelity are very closely linked and yet there is a tendency by denialists to want to discuss them separately. In fact,

this was the stance taken by the PEPFAR fund condition. Let me explain. In Uganda, those in favour of abstinence and faithfulness to one's sexual partner(s) assume that to be the practice. It is true that many youths and single young adults abstain from sexual relations and that there are many married people who are faithful to their partners but it would be dreadful to ignore a sizeable number of those who engage in extramarital or premarital sexual relations. The Democratic Health Survey (2006/7) indicated increase from 17% in 2000/1 to 27% in 2006/7 of men with multiple sex partners. It would thus be myopic to design national HIV/AIDS prevention strategies that ignore such groups. The imbalance of scale between the religious image and issues of sexual relations will always bring the issues of abstinence, condom use, and fidelity to the fore, the extent to which prevention experts, the government of Uganda and other stakeholders will go in terms of conciliation will depend on the more cogent party, hopefully strategies drawn continue to be all inclusive. It goes without saying therefore that controversies surrounding issues of fidelity, condom use and abstinence could have led to increase in their coverage as increase in appearance is noticed for each, albeit low for others.

7.2.8 PMTCT gains coverage in phases three and four

Prevention of mother to child transmission of HIV/AIDS (PMTCT), is one of the strategies developed in a bid to have an AIDS free generation by 2020. Results indicated that PMTCT gained mediocre coverage as well, after male condom use. It had a total of n=177 from both *New Vision* and *The Monitor*. In terms of phases, phase one covered PMTCT only n=3 times, an average of once a year. However, it had a steady, albeit low increase over the phases getting to fourth most covered preventative in phase three and four with n=38 and n=60 respectively. Low coverage during phase one could be due to the fact that even though a number of people were aware of mother to child transmission (MTCT) of HIV, there was no official prevention strategy and so it was barely discussed. After various trials in mid-1990s, different strategies were rolled out, including awareness campaigns and prenatal care etc. and by 1995, the Uganda National Demographic Survey (1995/6; 2000/1) showed that 85.8% women and 84.4% men were aware of mother to child transmission of HIV/AIDS at birth but unfortunately, very few, 0.6% women and 0.5% men were aware of mother to child transmission of HIV through breastfeeding. In a bid to curb the vice and ensure HIV free babies at birth and during feeding, different prevention strategies including exclusive breastfeeding for three months followed by formula, antenatal visits and vaccine trials using ART were released. Such sundry activities could have sparked coverage

related to PMTCT could therefore have sparked coverage, which increased from n=3 in phase one to n=16 in phase two.

Phase three and four witnessed more work towards ending mother to child transmission of HIV. Despite more people becoming knowledgeable about mother to child transmission of HIV, i.e. 89.1% women and 88.8% men were aware of mother to child transmission at birth while 46.3% and 43.3% of women and men respectively were aware of mother to child transmission through breastfeeding by 2003, mother to child transmission of HIV was among the leading avenues through which HIV transmission occurred; accounting for 20% of new infections by 2007. As earlier discussed, during the 2011 National HIV/AIDS prevention strategy, PMTCT was elevated on the country's political and health agenda in a bid to have zero babies born with HIV by year 2020. Consequently, these activities and many more could explain increase in coverage in each successful the phase.

Among the least covered preventative strategies was medical male circumcision that came as third from the bottom, topping only the female condom (that has already been discussed) and safe blood transfusion. It must be observed that safe blood transfusion was the least covered, n=7 for all the years under study and by both newspapers. The results confirm what was established in the review of literature that although issues of transmission of HIV/AIDS through contaminated blood were apparent in mid 1980s, the challenge was effectively contained by making sure all blood units were screened and those found to have HIV virus were to be excluded, thus the low, and almost no coverage in some phases.

Medical Male Circumcision (MMC) on the other hand, was unknown to HIV/AIDS prevention in the initial years and this could explain its low coverage, n=4 in phase one and n=6 in phase two, and n=9 in phase three by both *New Vision* and *The Monitor*. In the latter years of phase four however, a study by WHO and UNAIDS conducted in Kenya, Rwanda and Uganda revealed that medical male circumcision reduced chances of contracting HIV by 60%. WHO therefore recommended adoption of medical male circumcision as a prevention strategy for HIV/AIDS and as a consequence, government of Uganda rolled out MMC as an HIV preventive measure in 2011 with the aim to cover 70% of the target population by 2015 (Ministry of Health, 2012). This could afford an explanation to its slight increase in appearance to n=20 in phase four.

The coverage of preventatives and correctives by both *New Vision* and *The Monitor* was no different from other issues. There was no significant difference for many of the preventatives. Those that gained significant difference included diagnosis, which was higher in the *New Vision* than *The Monitor*, abstinence, 8.9% and 7.9% for *New Vision* and *The Monitor* respectively, and fidelity with 8% and 7% for *New Vision* and *The Monitor* respectively.

7.2.9 Who sets the HIV/AIDS media agenda? Key sources for HIV/AIDS information

Setting the media agenda deals with a variety of perspectives influencing the daily construction of news, including sources. The dominant sources for information about an issue tend to have a major impact on the media agenda. Question two of this study also intended to investigate the type of sources that informed the HIV/AIDS discourse in the two publications: which ones were dominant, and also note the change if any, during the phases under study. A scan through figure 5:12 in the previous chapter makes obvious which sources are considered more significant in the HIV/AIDS discourse by both newspapers.

7.2.9.1 Official sources were more dominant than non-official sources

Official sources appeared more than other sources. The range between the official sources and the non-official sources was approximately 75%. In this study, official sources were identified as HIV/AIDS experts, government officials or politicians, international organisations and scientific research. HIV/AIDS experts appeared (n=868), government contacts (n=566) while scientific sources were a contacted (n=195) times. All three totaled 1629 appearances compared to 260 by all other sources: approximately 86% of the entire coverage on sources.

PLWHA followed scientific research with n=171 while women, children, people with disabilities or married couples were barely contacted as sources of HIV/AIDS information deliberated in the two newspapers studied. Even for international sources, international organisations such as WHO, UNICEF, UNAIDS and others and scientific research were contacted more, with a total of n=360 and n=227 respectively. The results show that official sources therefore set the HIV/AIDS media agenda. These results also confirm previous studies (see Swain 2005; Brodie et al, 2004; Colby and Cook, 1991) that indicated that writers in most cases contacted authority figures and scientific research while neglecting other would be informative sources. As a matter of fact, Bardhan in 2001 found that biomedical sources, researchers and policy makers dominated as key sources of information and was concerned with the balance of such information.

Many studies (see Lacy et. al., 2013; Shehata 2010; 2007; Schlesinger and Hall et. al., 1978; Tumbler 1994; Sigal 1973) indicated that often times, media coverage relies on official sources because such sources are considered to be credible and are readily available. Other reasons for preference of official sources according to Shehata (2007) are the journalistic norms and values that prioritise objectivity. He also cites practical constraints surrounding journalistic daily work that have made reporters to become exceptionally dependent on official sources for collection and validation of information. As expressed earlier, official/authority sources in this paper include government officials, scientists and experts, research publications, and international organizations. In fact, the percentage gap between the official sources (the first three sources i.e. HIV/AIDS experts, government and scientific research) and the unofficial sources (i.e. people living with HIV/AIDS, women, people with disabilities and children) is a shocking 72%.

Such a difference is worrying especially at a time when complacency to HIV/AIDS is at its highest. For health news, particularly HIV/AIDS, such reliance on official news sources should be exercised with caution. The disquiet is the representation of content and whether such content, obtained mainly from authority figures affects policy in a way that causes actual positive impact on those that need services. People need to understand the intricacies and difficulties of living with HIV/AIDS. That despite advancement in medication and assurance of a prolonged life, there are economic and social complications that can only be illuminated by people living with or those directly affected by the disease and thus the importance of their voices in news reports. Often, high government control for instance, tends to promote government agenda, in this case, government of Uganda's HIV/AIDS prevention agenda over other perspectives that could have offered atypical insight to make such agendas more effective.

Also, since journalists often consider a target audience for their news reports, they risk a top-down approach which has been found wanting by recent research in health and or development communication. The findings also imply that results not only in the inadvertence of stories that might have significance to people living with and those affected by HIV/AIDS but omission of different voices could affect policy on prevention and/ treatment of the HIV epidemic. Despite the fact that lay people, infected or affected by HIV/AIDS, might not be conversant with different HIV/AIDS policies or prevention strategies, they can give firsthand accounts of living with and effects of HIV/AIDS. Their experiences could be important learning points for others.

7.2.10 *New Vision* uses government sources more than *The Monitor*

Much as both publications overwhelmingly used authority sources in HIV/AIDS related articles over the years, *New Vision* sourced information from government (n=348, 40.1%) more than *The Monitor* (n=218, 33.9). Several factors could influence the current results including the fact that *New Vision* paper is government owned while *The Monitor* is privately owned. Given the history of HIV/AIDS in Uganda and the role the government played in pushing the HIV/AIDS agenda, it is possible that *New Vision* became a preset recipient of government agenda regarding HIV/AIDS. Also, even if coverage was encouraged by all media, private or government owned, the fact that *The Monitor* assumed the role of government critic could have meant that government officials naturally relied on *New Vision* to publish pertinent information.

The Monitor on the other hand, accessed more women sources, albeit on low scale, compared to the *New Vision*, n=40, 6.2% and n=18, 2.1% respectively. *The Monitor* also referred to children for information more than the *New Vision* (n=15, 2.3% and n=4,0.5%). Sources such as people with disabilities and married people, were barely sought for HIV/AIDS information during the period under study. As indicated in the previous paragraphs, these fall under the unofficial sources of information and therefore can only be sought in case of extra ordinary circumstances or event that cannot be ignored. However, much as it is important to get accurate and credible information from official sources such as governments or experts, the voice of the voiceless needs a mouth piece that can usher the rest of the population, including HIV/AIDS prevention experts and policy makers into their daily challenges and ultimately effectively affect policies that concern them.

The discussion above has revolved around various issues about HIV/AIDS such as themes, risk groups, preventive measures and sources as covered by *New Vision* and *The Monitor* newspapers. The discussion was cognizant of amount of coverage and the change noticed over time across the 20 years under study and also within the four phases considered. There were notable differences in coverage of some issues in some phases as compared to others, with most differences affected by events that were ongoing in particular phases as has been discussed. The discussion also revealed that difference in ownership did not significantly affect coverage for most issues and only a few aspects of some issues registered significant differences in coverage for the newspapers (for example government as source of HIV/AIDS information was significantly higher for *New Vision* than *The Monitor*).

7.3 Issue Coverage and for Agenda Setting Theory

Certainly, a lifelong issue such as HIV/AIDS has assorted lessons for agenda setting scholars. Each of the categories discussed above confirm the agenda setting assumption that issues only last for a while on the media unless there is an event, new information or controversy about an issue that bounces the issue back to media attention or instead help spur more coverage in the next phase. This relates to concepts of orientation, relevance and uncertainty in agenda setting theory. For example, McCombs (2014:63) noted that orientation “described as the individual difference in the desire for orienting cues and background information”, which concept also involves relevance and uncertainty determines consumption of news. That the level of relevance and uncertainty affect one’s uptake of news especially because such levels affect individual need to understand our environment. It must be noted that many of these issues, including PMTCT, ART, condom use, risk groups such as sex workers or married couples, discordance, prevalence, abstinence and fidelity have overtime presented different challenges, different facets and new twists to HIV/AIDS that render the need for updated information invaluable.

The results also bring to the fore socially constructed nature of news. The number of appearance of most issues increased in appearance in both newspapers after the issue had become socially prevalent either at policy level or through government programmes or prevention experts who try to educate or sensitise the public. One of the goals of this study was to interpret the results in connection to different activities about the various issues studied and determine whether changes in amount of work or activity around a particular issue, during a specific phase for example, had an effect on the amount of coverage. Coverage of almost all issues studied ebbed and fell depending on what was happening at a particular phase. For example, after the United Nations Millennium Declaration in 2000, activity around HIV/AIDS treatment and access to ARVs increased. The government of Uganda together with various development partners made an effort to make MDG 6b achievable by 2015. Organisations such as the WHO, UAC and Uganda HIV/AIDS drug access initiative all worked hand in hand to ensure that people who needed ARVs could access them. Figures 6:9 and 6:11 show that from 2000 onwards, when activity around ARVs increased, so did the coverage.

McCombs in 2014 said that teams of opinions every so often evolve in public arenas and that with time, the status of particular issues surges and drops as coverage by the media and attention to such

issues by the public fluctuates. He also cited limitations in the diversity of public agenda, both in number of issues with significant constituency and the relative size of such constituencies. However, this study concentrated on one issue and could not delve into the size of constituencies of other issues or even that of HIV/AIDS in relation to other issues. What is true is that fluctuation in coverage throughout the twenty years studied was noticeable but most important to note was that there was general increase in number of coverage for most issues identified and articles analysed also increased in each phase. Such increase is especially peculiar because no issues last that long, moreover with increase in the media appearance. In fact, studies on HIV/AIDS coverage (Stevens and Shawnika, 2013; Brodie et. al., 2004) noted a decline in coverage of HIV/AIDS itself in the United States and Lupton (1994) noted a decline in Australian press. McCombs (2014:82) asserted that due to partial agenda capacity and tremendous competition amongst issues in the media, a few perennial issues tend to hold center stage. Even then, twenty years of increase in coverage was not anticipated given that many studies in other countries all indicated decrease in coverage of HIV/AIDS in the media. The results of this study therefore indicate that, some issues could take longer in the press depending on their urgency to the media and the public and also depending on ideas of orientation, individual differences of issues or relevance as explicated by McCombs (2014). Context must also be considered here. As seen before, most studies on coverage of HIV/AIDS, especially longitudinal studies have taken place in the west. McCombs (2014) encouraged the application of agenda setting theory in different contexts so as to stretch its applicability and thus conclusions. Clearly, this research has proven the appeal to be a vital one. Context, and the level of meaning and impact of different issues, or: to use agenda setting concepts, relevance and orientation affect how long the issue stays on both the media and public agenda.

The next question sought to understand the extent to which episodic, thematic and mixed frames were dominant in HIV/AIDS news stories in both the *New Vision* and *The Monitor*. The aim was to understand how the two newspapers framed the issue of HIV/AIDS i.e. either causal or treatment responsibility. Figure 6:15 and 6:16 help illustrate those results.

7.2.4 The dominance of the thematic frame and the implication to stigma

The results of this study show that coverage of the issue of HIV/AIDS by the two newspapers has largely been thematic followed by episodic coverage. The results showed that the thematic frame was used 63.7% during the entire period of study for both newspapers. This outcome confirms the

2011 study by Napakol et al., that showed that HIV/AIDS stories reported by *New Vision* and *The Monitor* were largely thematic then episodic. The observation was that although reporters sometimes have an equal mixture of thematic and episodic frames (the mixed frame), it was noticeable in many articles which the dominant frame was following the descriptions and guidelines provided in the codebook. All through the phases, the thematic frame was more dominant gaining a total of 47.1% in phase 1, 55.8% in phase 2, 69% in phase 3 and 68.6% in phase 4. The mixed frame was barely used throughout the years under study. These results clearly indicate that writers from both newspapers largely viewed HIV/AIDS as societal problem rather than individual and therefore held the community, government, or those in positions of power accountable for provision of services such as delivery and access to medical care, prevention and awareness. When health issues are discussed as social rather than individual problems, solutions are easily arrived at. For example, despite all its challenges, the government of Uganda, under Ministry of Health have often prioritized the issue of HIV/AIDS, developing and revising the National HIV/AIDS Strategic plans every two to five years to incorporate changes in society and new HIV/AIDS impediments.

However, despite the dominance of the thematic frame, there is a contradiction with stigma. Given the description of the both the thematic and episodic frames, the episodic frames are generally linked to stigma and discrimination because of their tendency to be singularly focused, without giving background information of the issue under discussion. For example, if the article was discussing the issue of MTCT, a writer would indicate that MTCT was preventable and mothers should therefore endeavour to prevent their children from acquiring HIV/AIDS after birth because it is completely possible. This lays all the burden and blame on mothers who should know better than infect their newborns with HIV/AIDS virus. The thematic frame on the other hand, goes deeper and recognises social and may be cultural or economic challenges that could get in the way of mothers preventing HIV/AIDS infection of their newborns. Issues such as privation or fear of criticism from extended family members especially in case on nondisclosure are common reasons for continued breastfeeding by mothers despite knowledge of risks of such actions to their children.

According to these results, one would assume that the issue of stigma and discrimination due to HIV/AIDS is nonexistent in Uganda. And yet despite the severity of the disease being acknowledged promptly by the then new government, Uganda had, and still grapples with issues

of stigma. The reason for this was discussed extensively in chapter 2 of this thesis. The low coverage could have been due to massive HIV/AIDS education and awareness campaigns both by government and non-government organisations such as TASO and THETA that informed the masses about the causes, transmission and prevention of HIV/AIDS and also helped to look after people living with HIV/AIDS who had been abandoned by family members. The years and type of media selected for this study therefore may not register many cases related to stigma and discrimination because coverage concentrated on education, awareness and prevention strategies.

In conclusion, this chapter has discussed the research findings, in connection to the reviewed literature. The amount of coverage, over the twenty years studied, themes, risk groups, preventative and corrective measures to halt the spread of HIV/AIDS, sources of HIV/AIDS information, both local and international and frames used by the two newspapers studied have all been explicated following the four phases set at the beginning of the study. The next chapter concludes this thesis. A broader interpretation of results, with greater implications for theory and the discourse of HIV/AIDS prevention in Ugandan press are expounded. Also, limitations of the study and areas for further research are deliberated.

CHAPTER EIGHT

CONCLUSION

8.0 Implications to Agenda Setting the Framing Theories

The of the span of time an issue stays on media agenda, in agenda setting theory has revolved around issue cycle and timeframe. Different scholars such as Wilber Schram suggested different and longer time periods for issues on the media and for effects to occur. While McCombs (2014) suggested that lengths and effects of an issue can last between one to two months depending on the type of issue discussed, noting that perennial issues tend to last longer, and their effects lasting for about six months. The results of this study show that certain issues, such as HIV/AIDS can stay longer on both public and media agendas. Other than constantly appearing in the news coverage in the both newspapers, the end of each phase registered increase in amount of coverage by both *New Vision* and *The Monitor* albeit with fluctuation for both newspapers.

Such coverage of the issue of HIV/AIDS and increase thereof highlights the concept of orientation in agenda setting theory. Separated by more than 40 years, Weaver (1972) and McCombs (2014) are in essential agreement as they explained orientation to involve the need for orienting cues and contextual information about an issue: the desire to understand one's surrounding or in this case the issue of HIV/AIDS. McCombs (2014) further related the concept of orientation to the scientific concept of "nature abhors vacuum", meaning that individuals often have a need to understand the environment that surrounds them or in this case the social issues that affect them such as HIV/AIDS and thus many will look for various sources of information including the media. HIV/AIDS has presented difficult ordeals and ever changing new challenges for the Ugandan populations who understandably turn to the media to fill the vacuum or need for information.

To further discuss the issue of orientation, media and HIV/AIDS, the sub concepts of relevance and uncertainty are helpful. The two concepts are what make up orientation. Relevance and uncertainty about an issue can either be high or low and thus affect one's access to the media for information accordingly. For instance, people who consider an issue relevant and people with high uncertainty about an issue have need for orientation thus have a desire to seek information about it. The issue of HIV/AIDS therefore, with its high burden (both emotional and financial) on most people of Uganda, ever changing dynamics, new biomedical and scientific discoveries, reinvents itself and becomes relevant to affected individuals who in turn seek various sources of information

including the media. It is important to recall that the government in Uganda partnered with the media to deliver HIV/AIDS information to the public thus putting the media in a unique position, where both government and public relied on its services, thus explaining the increase in coverage of the issue by both *New Vision* and *The Monitor*.

Also, as mentioned before, the interdependence of both public and media agenda are clearly seen at play in this study. Despite the fact that the research did not ask the population about the most important issues they faced as it is commonly done in the study of agenda setting theory to determine the public agenda, the reviewed literature about what was going on in the world of HIV/AIDS during each phase can enable this particular discussion. The study results showed that the more there was activity about HIV/AIDS in a given phase, the more there was coverage about it by the newspapers studied. For example, medical male circumcision was barely covered in phase one to phase three. After a study by World Health Organisation (2011) however, that proved the relevance of medical male circumcision to HIV/AIDS prevention and recommendation for its adoption as an HIV/AIDS prevention strategy, more coverage of MMC was noticed in both *New Vision* and *The Monitor* newspapers.

The research also showed the intricate relationship between media effects, attitude and behaviour change, social norms and fears or biases held about certain issues. To underline this relationship, episodic and thematic framing concepts under the theory of framing were discussed. The concepts were discussed in connection with issues of individual and social responsibility (cause and treatment responsibility) as extrapolated by Iyengar (1991). As described in the theoretical framework, episodic and thematic frames append to the assertion that frames help to categorise, illuminate and influence public opinion. Iyengar (1991) said that thematic frames position public issues in somewhat broad frameworks, setting them within context and providing background information while episodic frames portray issues in a focused manner, in relation to tangible occurrences. Research indicates that by presenting news in either episodic or thematic, media affect attribution of either treatment or causal responsibility. The thematic frame tends to affect attribution of responsibility to society as a whole while the episodic frame attributes responsibility to individuals. Reliance on episodic frames for instance, in the case of HIV/AIDS might stimulate stigma and discrimination towards people living with HIV/AIDS.

On top of using mainly the thematic frame, results also show low focus on stigma and discrimination in the two newspapers. This impresses therefore that the Ugandan community to a very large extent is accepting of PLWHAS and that stigma and discrimination of PLWHAS is also low. The disconnect however, is that reviewed literature speaks to the opposite. Despite coverage being predominantly thematic by both newspapers, attribution of responsibility within the society seems to tend to a level of treatment responsibility, with various cases of stigma and discrimination noted. Despite education and awareness about HIV/AIDS for instance, and a seeming enlightenment of the issue of HIV/AIDS by most Ugandans, stigma and discrimination has been recorded since HIV/AIDS was first identified in the country. Uganda Health Surveys (11; 10; 2004/5) and Uganda Country Progress Report (2011 and 2010) showed a high level of stigma and discrimination due to HIV/AIDS. In fact, there are several strategies devised by HIV/AIDS prevention experts to overturn the issue of stigma and discrimination due to HIV/AIDS because of its effects on the overall HIV/AIDS prevention efforts. Such disconnect between how the media frames the issue and how the public views the issue is an interesting variation to effects of framing. The results evidence and emphasise that other factors other than how the issue is portrayed by the press could inform and shape public attitudes and behaviours given specific issues.

These results present a thought-provoking development in area of thematic, episodic and mixed frames. The fact that coverage by the media is more thematic, rallying the entire society and government as responsible for the issues of HIV/AIDS yet at the same time, studies show presence and increase in stigma and discrimination of PLWHAS, a vice associated more with episodic reporting of news could mean two things. The first being that there is a disconnect between how the two newspapers frame the issue of HIV/AIDS and how the people respond. Implying that the media might not have that much effect on people's behaviour as assumed in media effects research. The limitation to this assumption obviously being that perceptions of print media audience are not representative of perceptions by Ugandans in general. The other interpretation could be that despite knowledge tendencies towards stigma and discrimination by the population, the two newspapers upheld their role of reporting favourably, to show society that HIV/AIDS was a social problem instead of an individual responsibility. At the beginning of this thesis, it was noted that the government of Uganda engaged all media houses in HIV/AIDS awareness and prevention and so the two newspapers could have maintained a type of framing

that would rally society as a whole towards HIV/AIDS prevention since frames could assist to categorise, illuminate and influence public opinion about issues.

Though the findings in this study do not contradict Iyengar's (1991) study which elucidated thematic, episodic and mixed frame in relation to poverty, unemployment and racial inequality, they lend a different understanding to stigma and blame attribution. That although Iyengar found thematic frames destigmatising, the results from this study demonstrate that the relationship between thematic and episodic frames, blame attribution and stigma is disrupted and complicated by a particular issue at hand, like infectious diseases such as HIV/AIDS. The disruption could be due to the complicated and multifaceted nature of issues and their context and background which could affect the way they are framed in the media. Awareness of such factors subsequently prevents simplistic conclusions.

8.1 Implication to HIV/AIDS Discourse and Prevention

Several studies about HIV/AIDS coverage by the media in different countries (Stevens and Shawnika, 2013; Swain 2005; Brodie et. al., 2004; Lupton, 1994 etc.) indicate fluctuating, low and decrease in coverage of HIV/AIDS compared to the early days of the epidemic i.e. 1980s and early 1990s. The discussion has revolved around the fact that as HIV/AIDS aged: as people and the media discovered that the disease was of a long lasting nature, a state of compassion fatigue and complacency took over. In some countries with low infection rates such as United States of America and Australia, HIV/AIDS was considered to affect poor people, especially in the impoverished countries of Africa. In other words, HIV/AIDS was an African problem. For Uganda however, despite fluctuating coverage during the phases and considerably lower coverage than expected, each phase presented increase in the number of appearances of HIV/AIDS stories. For the two decades examined, overall increase in coverage was realised. This could be to several reasons but the most plausible is the relevance (to borrow from agenda setting theory) of the issue of HIV/AIDS to the population of Uganda and the unique understanding between the media and government about their role in HIV/AIDS prevention in the country. The president, Museveni was on more than one occasion heard encouraging dialogue about HIV/AIDS issues and encouraging the media, both government and non-government to engage in the fight against HIV/AIDS. From deliberation therefore, it seems apparent that the relevance and burden of an issue to society affects coverage though an argument of that nature misaligns with the current developments in the United

States where there is increase in HIV/AIDS infection in some populations (Stevens and Shawnika, 2013) yet coverage is still inconsequential.

In the end, it is true that previous studies about HIV/AIDS coverage in Uganda (Napakol, 2011; Kiwanuka-Tondo, 2010; Nassanga, 2001) showed low and fluctuating coverage which are common conclusions to this study as well. However, the advantage this research has is the length of study period that has been able to reveal that inspite of fluctuations and lower coverage than expected, there was increase in coverage in each phase which is a positive development. Some will argue that increase might be due to other factors other than wide coverage of the issue at hand but its constant increase per phase shows that coverage of HIV/AIDS is purposefully done to accommodate expansion in reach of the newspapers.

8.1.1 Poverty, literacy and HIV/AIDS

Some of the enabling factors to HIV/AIDS prevention examined were level of literacy and poverty level within the Ugandan population. In the early years of HIV/AIDS infection, majority (approximately 56%) were living under absolute poverty and approximately 61% were literate (Development Initiative Poverty Report, 2012). High level of illiteracy and poverty were considered as factors that accelerated the spread of HIV/AIDS. As the literature reveals, the government of Uganda adopted different strategies to address poverty and illiteracy, not only for the general wellbeing of its population but to also address the issue of HIV/AIDS with hope that the more educated and economically empowered the population would become, the easier it would be for them to make better choices. Each phase indeed shows improvement in both education and poverty levels and apart from phase one and two where decline was noted, phase three and four show increase in infection rates, increase in multiple sex partners, reinvention of sex trade and condom use (Musunguzi et. al., 2014). At the same time, the later phases also show more interest in treatment and antiretroviral therapy. These developments demonstrate that people are aware and more knowledgeable but also underline the issue of complacency which has expended HIV/AIDS prevention efforts.

Complacent behaviour in HIV/AIDS prevention makes an already complex disease ruinous. Prevention efforts therefore have to cut through the thicket created by people's complacent attitude and behaviours. Some of the ways to accomplish include the involvement of PLWHAS. The 2016 International AIDS Association carried different discussions about the need to involve PLWHAS

in developing HIV/AIDS prevention strategies: that though government actors and scientists or prevention experts have valuable information, it can ably be supplemented by lived experiences of PLWHAS since their experiences and new perspectives could be more relatable to the population. The newspapers also ought to include this category of people in news reportage especially as sources of information of information for HIV/AIDS articles for the reasons described above. The results of this research indicate that the views of PLWHAS as sources were less enquired of compared to official sources but given the media is considered one of HIV/AIDS prevention partners, and the fact that it reaches a wider audience, it is imperative that the media gets echoes more the voice and perspectives of PLWHAS so as to harness any plusses that may be.

8.2 The Impact of Newspaper Ownership

Overall, coverage by the two newspapers, one owned by government and the other by a private entity did not differ much on most issues studied. The few areas of difference were the amount of coverage for instance, where *New Vision* had more coverage compared to *The Monitor*. Also, in the area of frames of coverage, although the overarching frame adopted in both newspapers was the thematic frame, *The Monitor* had more of its articles covering the issue of HIV/AIDS in a thematic manner compared to *New Vision* in all phases except in phase three. Themes of coverage were also covered in a similar manner by both newspapers other than the themes of disaster and stigma and discrimination that *The Monitor* covered more than *New Vision*. *The Monitor* seemed to signal to the destructive nature of HIV/AIDS as a way of creating awareness while *New Vision* was more cautionary, educating people more on the causes of HIV/AIDS and its prevention thereof. The paper also concentrated more on issues of morality and treatment.

As discussed earlier, the moralistic stand adopted by *New Vision* is also seen through the risk groups emphasised which appeared more in the *New Vision* compared to *The Monitor*. Risk groups such as sex workers, clients of sex workers and truck drivers appeared more in *New Vision* than *The Monitor*. For long, media have attributed the spread of HIV/AIDS to these groups of people who have been seen to indulge in immoral or illegal sex encounters thus spreading HIV/AIDS to the rest of the ‘moral’ population. In fact, the history of HIV/AIDS and its route to Uganda is traced to sex work and long distance truck drivers from and to the Tanzanian boarder therefore, discussion about prevention or spread of HIV/AIDS in Uganda often tends to take a moralistic course, especially from government actors.

8.3 Limitations and Areas for Further Research

Typical agenda setting studies involve content analysis of data and survey responses of a given population for study of their opinion. This study however, given its longitudinal nature could not collect opinions of the concerned populations throughout the phases. The absence of such data limited certain conclusions especially those affecting agenda setting theory. Nonetheless, all was not lost. The review of literature and the entire discussion of this thesis was based on four phases. The reviewed literature concerned happenings or activities about HIV/AIDS during each phase thus providing a backdrop to the discussion and conclusions drawn. In other words, coverage of HIV/AIDS or particular category studied was weighed against activities about HIV/AIDS or category of HIV/AIDS in a specific phase thus enabling formidable discussion and comparison of coverage between phases.

Coverage of the issue of HIV/AIDS by *The Monitor* newspaper in this study was affected by the fact that at the beginning of its publication in 1992, the paper was a weekly instead of daily publication. This affected comparison of coverage especially in first two years of the study. After 1991 and 1992 however, selection of days of study was harmonized for both newspapers thus deciphering a would be challenge. In relation to the above, feasibility interfered with the desire to study all days of week per publication since such a study could have given a true representation of coverage than just selection of a few days. Nonetheless, the meticulous steps undertaken in selection of both days and articles helped to present a practical picture of coverage that enabled substantial assessment and examination.

This study has only studied two newspapers in Uganda, that is; *The Monitor* and *New Vision*. Although the two newspaper lead the pack in terms of reach and authority, their partial selection limits the discussion of results and ultimately, result generalisation. Future research into this area should consider other relatively influential newspapers or print media. Also, broadcast media and its coverage or portrayal of HIV/AIDS need to be researched. This study accessed only one study that included the analysis of broadcast media' coverage of HIV/AIDS by Nassanga (2000) and even then, the research period was relatively short, studying months which included several media. In Uganda, broadcast media, especially radio, has a wider reach compared to print media and has for long been used as a transmitter of HIV/AIDS information. Studying HIV/AIDS content and

how it is portrayed by these platforms could have profound implications for HIV/AIDS prevention efforts.

Internet, new media and social media content and HIV/AIDS prevention are other key areas that have received singular scholarly interest in Uganda. It is important to note that similar to other parts of the world, many youths and young adults in Uganda use different new media platforms as sources of health information including HIV/AIDS information yet the legitimacy and accuracy of such information may be in question due to different actors or creators of information. Such intricacies and possible effects of online health content make it imperative to study not only the content but also how such content is consumed so as to design effective HIV/AIDS prevention strategies.

In conclusion, this thesis has explored the coverage of HIV/AIDS in Uganda over a period of twenty years guided by both agenda setting and framing theories. The aim was to examine the significance allotted the issue of HIV/AIDS in Uganda's principal print papers and to study how HIV/AIDS in general was covered in terms of amount of coverage of the issue of HIV/AIDS in general and of various themes, preventatives and correctives, risk groups, sources and frames. To enable illustrative discussion and comparison of results to events happening about HIV/AIDS and also comparison between phases the thesis was based on four phases segmented in the study. The research also intended to establish whether state or private ownership of newspapers had any impact on the type or amount of coverage during the period under study.

The results of the study and conclusions thereof concurred with various studies in the field. For example, the fact that HIV/AIDS coverage was low and tended to fluctuate back and forth during the time of study confirmed different scholarly conclusions (see Stevens and Shawnika, 2013; Napakol, 2013; Swain, 2005; Brodie et al., 2004). However, there were differences. The current research ascertained that despite low and fluctuating coverage, there was marked increase in coverage at the end of every phase contrary to other research studies that showed a decrease in coverage in other countries including the United States, Australia etc. The current study intended to examine the coverage of the issue of HIV/AIDS over a long period of time given a lack of such studies which rendered dependence of our analysis and conclusions on studies carried out in other countries, especially those in the west. The results have indicated that despite similarities, there are also profound differences in coverage that should not be overlooked.

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APPENDICES

Appendix 1: Codebook

Coverage of HIV/AIDS in Ugandan newspapers

Inclusion and exclusion guidelines

Content must be at least 50 percent about HIV/AIDS. Articles to be included for analysis will either be in news, features, science/health features, editorials, or appearing in the regular column. Articles such as letters to the editor, photo features, cartoons, or news analysis will not be included in the research. Only hard news and editorial comments showing the position of the two newspapers will be considered. The entire story will be read to determine the presence of different categories.

The article should therefore be discarded if:

HIV/AIDS is not the focus of article.

The word HIV/AIDS is mentioned at the beginning, but the rest of the article is talking about something else.

A letter to the editor, cartoon, photo feature, or news analysis.

0. Story ID

1. Date: Indicate the date of publication of the newspaper

Year

Month

2. Publication: Indicate the newspaper in which the article was found by using the following code

1=*The New Vision*

2=*The Monitor*

3. Page placement (Page where the story appeared)

1= Front page

2= Page 2 to midsection

3= Midsection to end

4. Story length (Number of lines in an average line multiplied by number of lines)

5. Genres (Indicate the type of story)

1= News

2= Editorial

3= Features

4= Columns/Opinions/Commentary

5= Other

6. Purpose of the story (Global Media Project/ ORBICOM, 2014) (Code the main purpose of the story)

1= Awareness/education (Article is intended to educate or sensitise the public)

2= Persuade (positive influence)

3= Sensationalism (intended to produce a startling or thrilling expression or to excite or generate curiosity for example, a story illustrated with a picture of a girl who died due to gang rape.).

4= Propaganda (negative Influence)

5= Castigate (criticize the actions of others; to reprimand)

6= Entertainment/humor (amuse and delight to arouse emotions and sympathies to appeal to fantasy and imagination).

7= Cannot tell.

7. Gender Focus (Does the story focus on male, female, neutral, both or other)

1= Male

2= Female

3= Neutral

4= Both equally

5= Other

8. Dominant Frames (Matthes, 2008; Lene, 2011).

1=Thematic: Thematic news frames synthesize events into an overriding issue and provide background knowledge surrounding the issue.

2=Episodic: Episodic news frames present single, specific cases related to the issue.

3=Mixed: (If the article refers to specific cases but has included some background information= each frame is relatively equally presented)

9. Risk groups (Nantulaya, 2007; Sun, et. al., 2007). Indicate the first five risk groups mentioned in the article.

1=Married couples /People in long-term relationships

2=Sex workers (People who have sex for material gains, especially money).

- 3=Clients of sex workers (All men and women who pay for sex services).
- 4=Truck drivers (These are especially men who drive long distance trucks)
- 5=Women (Both married and unmarried women).
- 6=Children/Youths (These include young people who are approximately not more than 20 years old, including AIDS orphans)
- 7=Care givers (Care givers include family members and or health practitioners who take care of and treat HIV/AIDS clients).
- 8=Men who have sex with men (MSM)
- 9=Blood donors/donees (People who either donate or receive donated blood).
- 10=N/A (When an article does not list any risk group above)

10. News themes (Swain 1997, 2003; Odhiambo, 2000). Indicate First four themes mentioned.

- 1=Disaster (When article has a description of the damage caused by HIV/AIDS)
- 2=Moral Issue (This is when article addresses issues of morality and HIV/AIDS spread; the fact that the spread of HIV/AIDS is due to moral degeneration)
- 3=Prevalence (When news story has mention of rates of HIV/AIDS prevalence either in the general population or a specific group of people).
- 4=Family disruption (Separation of couples due to HIV/AIDS, child headed families as a result of death caused by HIV/AIDS, or abandonment of homes especially by husband who are still considered as bread winners in most families)
- 5=Treatment (When an article focuses on HIV/AIDS treatment and care of HIV/AIDS infected persons)
- 6= Discordance (When the article discusses issues to deal with HIV/AIDS discordance among couples in long-term relationships or among married couples)
- 7=Denial and evasiveness (This when an article introduces denial of someone, family, community, failure to acknowledge that they are/loved ones are infected with HIV/AIDS, or in case of government, reluctance to acknowledge the severity of HIV/AIDS infection. Also involves indirectness about HIV/AIDS related issues)
- 8=Attribution of blame (The extent to which the spread of HIV/AIDS is blamed on somebody, a group of people, institution, or behavior)

9=Disclosure (When the article talks about people i.e. married couples, people in long term relationships, youths, and or children who may tell or fear to tell their partners or parents about their HIV/AIDS status if they are HIV+)

10=Demographic/Economic costs (This is when the article shows the effect of HIV/AIDS on the population and the economic development of either a particular group of people or the country as a whole)

11=Stigma and discrimination (When the article addresses issues of discrimination due to HIV/AIDS)

12=Causes (When the article discusses the cause of HIV/AIDS and/or cause of infection, how someone got infected with HIV/AIDS)

13=N/A (This is when an article does not have any of the themes above)

11. HIV/AIDS preventatives/correctives (Rimal, et. al., 2009; Forsyth & Carey, 1998). The article introduces the knowledge of how to diagnose or prevent HIV/AIDS.

1=Diagnosis (HIV/AIDS testing and Counseling)

2=Male condom use

3=Female condom use

4=Prevention of mother to child transmission

5=Abstinence (This is when unmarried men and women abstain from sexual relations).

6=Antiretroviral Therapy (Drugs that suppress the development of AIDS in an HIV+ person)

7=Fidelity (Being faithful to one's sexual partner)

8=Male Circumcision

9=Prevention of cross generation sex (Refers to prevention of sex between men/women with young women/men who are approximately 10 years younger).

10=Safety of blood transfusion /prevention of drug abuse through injections

11=N/A (The article will be coded N/A if there is no mention of any of the above interventions)

12. Local sources of information for the story (Indicate first four sources)

1=HIV/AIDS experts (Doctors, NGO workers)

2=Government (Politicians, Gov't spoke's person)

3=People living with HIV/AIDS

4=Women

5=Children (Youths)

6=People with disability

7= Scientific Research

8= Married/People in long-term relationships

9=N/A (Indicate N/A when the article has no mention of the above sources)

13. International sources of information for the story (Indicate first five sources)

1= International Organisations (WHO, UNICEF, UNAIDS or HIV/AIDS Experts)

2=Scientific Research (Any research conducted outside Uganda)

3= Associated Press (AP)

4= United Press International (UPI)

5= Reuters

6= Press Association (PA)

7= Agence France-Presse (AFP)

8= African News Agencies

9= N/A (If the article does not mention any of the sources above)

14. Illustration (Indicate whether the article is illustrated or not and how)

1= Colored photo

2= Black and White

3= Graphics (Graphs, Charts, or other non-photographs used to tell the story)

4= No illustration/photo

5= Other

15. Direction of the story

1= Positive

2= Negative

3= Neutral

4= Cannot tell

Appendix 2: Clearance from *New Vision*

May 30, 2014

Ms Angella Napakol
Centre for Communication, Media, and Society
School of Applied Human Science
University of KwaZulu Natal

Dear Ms. Napakol,

RE: PERMISSION TO ACCESS THE NEW VISION ARCHIVES

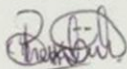
Your request to access the New Vision newspaper archives has been received.

This letter serves to grant you access to the archives for a period of six months. The permission is conditional to the Intellectual Property Policy of the company particularly on restrictions of reproduction only for academic and research purposes as well as the requirement of acknowledgment of the publisher and author at all times.

We will be expecting you and please bring this letter with you as proof of acceptance.

Let us know if you need anything else.

Sincerely,



Betty.N. Musoke

Manager Resource Centre

Appendix 3: Clearance from Monitor



Ms Angella Napakol

Centre for Communication, Media, and Society

School of Applied Human Science

University of KwaZulu Natal

Dear Ms. Namusoga,

RE: PERMISSION TO ACCESS THE DAILY MONITOR ARCHIVES

Your request to access the Daily Monitor newspaper archives has been received. This letter is to inform you that we will be glad to assist you in any way that we can. We will be expecting you and please bring this letter with you as proof of acceptance.

Let us know if you need anything else.

Sincerely,

A handwritten signature in black ink is written over a circular blue stamp. The stamp contains the text "MONITOR PUBLICATIONS LTD" at the top, "LIBRARY" at the bottom, and a date stamp "17 JUN 2019" in the center.

Nakuya Ida.

Librarian Monitor Publications Ltd.



Appendix 4: Coverage per Year

	Frequency	Percent
Valid 2008	143	9.5
2009	117	7.7
2001	102	6.8
2003	99	6.6
2011	98	6.5
2002	89	5.9
2010	83	5.5
2007	82	5.4
2000	76	5.0
1995	75	5.0
2004	75	5.0
2006	71	4.7
1994	62	4.1
2005	61	4.0
1993	57	3.8
1997	50	3.3
1999	47	3.1
1998	44	2.9
1996	43	2.8
1992	36	2.4
Total	1510	100.0

Appendix 5: Year * Publication Cross Tabulation*Monitor/New Vision*

		Publication		Total
		<i>New Vision</i>	<i>Monitor</i>	
Year	1992	24	12	36
	1993	48	9	57
	1994	31	31	62
	1995	52	23	75
	1996	29	13	42
	1997	24	26	50
	1998	22	22	44
	1999	30	17	47
	2000	44	32	76
	2001	50	52	102
	2002	46	43	89
	2003	53	46	99
	2004	44	31	75
	2005	33	28	61
	2006	38	33	71
	2007	49	33	82
	2008	75	68	143
	2009	68	49	117
	2010	45	38	83
	2011	62	36	98
Total		867	642	1509

Appendix 6: Coverage of HIV/AIDS by Year in Phase 1

Year/Phase 1	Frequency	Percent
Valid 1994	62	4.1
1993	57	3.8
1992	36	2.4
Total	155	10.3
Missing System	1355	89.7
Total	1510	100.0

Appendix 7: Coverage of HIV/AIDS by year in Phase 2

Year/Phase 2	Frequency	Percent
2000	76	5.0
1995	75	5.0
1997	50	3.3
1999	47	3.1
1998	44	2.9
1996	43	2.8
Total	335	22.2
Missing System	1175	77.8
Total	1510	100.0

Appendix 8: Coverage of HIV/AIDS by year in Phase 3

Year/Phase 3	Frequency	Percent
2001	102	6.8
2003	99	6.6
2002	89	5.9
2004	75	5.0
2006	71	4.7
2005	61	4.0
Total	497	32.9
Missing System	1013	67.1
Total	1510	100.0

APPENDIX 8 D: Coverage of HIV/AIDS by year in Phase 4

Year/Phase 4	Frequency	Percent
2008	143	9.5
2009	117	7.7
2011	98	6.5
2010	83	5.5
2007	82	5.4
Total	523	34.6
Missing System	987	65.4
Total	1510	100.0

Appendix 9: News Themes*YearPhases*Publication Crosstabulation

			Year in Phases				Total
			1992-1994 Phase1	1995-2000 Phase2	2001-2006 Phase3	2007-2011 Phase4	
Publication							
<i>New Vision</i>	News Themes	Disaster	20	41	69	94	224
		Moral issue	22	31	13	28	94
		Prevalence	33	97	170	146	446
		Family disruption	7	9	4	9	29
		Treatment	18	87	117	144	366
		Discordance	0	3	2	6	11
		Denial and evasiveness	3	5	3	5	16
		Attribution of blame	21	25	19	44	109
		Disclosure	3	6	16	20	45
		Stigma and discrimination	7	7	29	18	61
		Causes	18	54	94	103	269
<i>Monitor</i>	News Themes	Disaster	30	61	76	51	218
		Moral issue	8	20	13	14	55
		Prevalence	19	70	110	111	310
		Family disruption	6	9	9	8	32
		Treatment	12	33	101	110	256
		Discordance	0	1	4	2	7
		Denial and evasiveness	0	2	7	1	10
		Attribution of blame	5	17	25	16	63
		Disclosure	2	8	12	12	34
		Stigma and discrimination	3	5	30	24	62
		Causes	11	54	55	39	159

Percentages and totals are based on respondents.

Appendix 10: Local Sources*YearPhases*Publication Crosstabulation

Publication			Year in Phases				Total
			1992-1994 Phase1	1995-2000 Phase2	2001-2006 Phase3	2007-2011 Phase4	
<i>New Vision</i>	Local Sources	HIV/AIDS experts	49	106	171	183	509
		Government	31	70	138	109	348
		People living with HIV/AIDS	7	8	29	54	98
		Women	6	1	5	6	18
		Children	2	0	0	2	4
		People with disability	2	0	2	0	4
		Scientific research	8	25	39	46	118
		Married people/long-term R/S	1	0	0	0	1
<i>Monitor</i>	Local Sources	HIV/AIDS experts	35	66	130	128	359
		Government	15	43	94	66	218
		People living with HIV/AIDS	8	16	26	23	73
		Women	2	13	15	10	40
		Children	5	2	2	6	15
		People with disability	1	0	1	2	4
		Scientific research	13	17	29	18	77
		Married people/long-term R/S	0	0	1	2	3

Percentages and totals are based on respondents.

Appendix 11: \$InternationalSource*YearPhases*Publication Crosstabulation

Publication			Year in Phases				Total
			1992-1994 Phase1	1995-2000 Phase2	2001-2006 Phase3	2007-2011 Phase4	
<i>New Vision</i>	International Source	International organisations	36	64	65	48	213
		Scientific research	22	47	36	33	138
		Associated Press	1	8	11	10	30
		United Press International	0	2	3	3	8
		Reuters	24	35	10	7	76
		Press Association	0	1	0	2	3
		Agence France-Presse	3	7	9	13	32
		African News Agencies	0	0	0	5	5
<i>Monitor</i>	International Source	International organisations	16	29	68	34	147
		Scientific research	17	21	32	19	89
		Associated Press	0	2	4	2	8
		Reuters	0	8	3	1	12
		Press Association	0	0	0	1	1
		Agence France-Presse	0	11	9	3	23
		African News Agencies	0	1	3	5	9

Appendix 12: \$PreventativesCorrectives*YearPhases*Publication Crosstabulation

Publication			Year in Phases				Total
			1992-1994 Phase1	1995-2000 Phase2	2001-2006 Phase3	2007-2011 Phase4	
<i>New Vision</i>	Preventatives/ Correctives	Diagnosis	20	42	87	109	258
		Male condom use	21	21	29	42	113
		Female condom use	2	2	4	2	10
		Prevention of mother to child transmission	2	13	20	34	69
		Abstinence	18	9	21	29	77
		Antiretroviral therapy	6	67	108	122	303
		Fidelity	12	11	22	24	69
		Male circumcision	2	5	7	10	24
		Safety of blood transmission	1	3	0	0	4
<i>Monitor</i>	Preventatives/ Correctives	Diagnosis	8	13	57	66	144
		Male condom use	6	33	34	29	102
		Female condom use	0	1	3	4	8
		Prevention of mother to child transmission	1	3	18	26	48
		Abstinence	3	6	22	20	51
		Antiretroviral therapy	9	30	91	84	214
		Fidelity	1	4	20	20	45
		Male circumcision	2	1	2	10	15
		Safety of blood transmission	1	0	1	1	3

Percentages and totals are based on respondents.