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Enabling Journalists in India to Report Responsibly on HIV and Other Health and Social Issues - A WBI Project Case Study

This case study describes an innovative, successful media development pilot designed to improve socially responsible reporting, and use the power of the media to reduce stigma related to HIV. It complements long-standing World Bank support for India's HIV response, and in particular, for nurturing innovative efforts to reduce HIV-related stigma and discrimination. The information and project experience may be useful for others designing projects that work with the media.

Many public health initiatives include a communication component that uses the media to help inform and educate people about HIV or other topics. India's vibrant independent mass media reaches a huge audience, powerfully influencing public opinion. But coverage of social affairs is erratic and the quality is uneven.

Sensationalist or poorly informed reporting can reinforce stigma and discrimination often associated with AIDS. In looking for a sustainable and cost-effective way to improve the quality of media coverage on HIV, this World Bank Institute (WBI) pilot project tested an innovative approach. Partnering with the British Broadcasting Corporation World Service Trust and three highly reputable journalism schools in India, a pre-service course was developed for journalism students.

The new course was designed to cover a range of social and environmental affairs that affect public health. The schools were asked to focus on HIV/AIDS content in the skills development exercises. A broad course was thought more likely to appeal to students and faculty, and to have wider potential impact than a course specifically on HIV. The project had results on two levels – institutional and individual – enhancing schools' capacity and curriculum to deliver effective social affairs training, and students' understanding of socially responsible journalism.

Project results in brief: The project resulted in a new journalism course in socially responsible reporting at three top colleges, new knowledge and skills for the faculty involved in developing and teaching it, and for the 120 students who completed the course. An equally important outcome was the opportunity to learn from the project experience and assess whether the approach merits scaling up in India and beyond.

The project was financed through the Government of Japan's PHRD partnership with the World Bank.



AIDS in India and the Media

HIV spreads in an environment of ignorance and misinformation. Stigma and discrimination make it much harder to reach people at risk of HIV, which undermines effective prevention, treatment and care efforts. Mass media are an obvious channel for providing essential information about how HIV spreads, high-risk behaviors, HIV testing and treatment. In India, where the World Bank has long supported the national response to HIV, the media is diverse and dynamic, with an extensive reach. Many HIV programs and projects – including those financed by the World Bank -- have communication strategies and budgets for working with mass media.

HIV in India

An estimated 2.31 million people are living with HIV in India (2007 data).¹ The epidemic is strongly concentrated in high-risk populations; the widely varying HIV prevalence rates illustrate the differential levels of risk: 0.34% of the general

¹ Source for epidemiological data: NACO, *Annual Report 2008-2009*, Department of AIDS Control, Ministry of Health and Family Welfare, Government of India, New Delhi, 2009. http://nacoonline.org/upload/Publication/Annual_Report_NACO_2008-09.pdf.

population has HIV, 0.48% of women attending antenatal clinics, 3.6% of people attending sexually transmitted disease clinics, 5.1% of female sex workers, 7.4% of men who have sex with men, and 7.2% of intravenous drug users. In the southern states, HIV is spread mainly through contact with sex workers. In the north-east, infections are mainly found amongst injecting drug users and sex workers. The most affected groups are already socially and economically marginalized, so an important focus of World Bank support is reducing the stigma, discrimination and fear that feed on misinformation and poor understanding of risk and the ways that HIV is transmitted.

Although 84% of men and 61% of women have heard of HIV, there are gaps in knowledge about how to prevent HIV.² Men are about twice as likely to know about prevention strategies as women (condoms 70% vs. 36, abstinence 67% vs. 40, and fidelity 73% vs. 45). A significant percent of responses to questions on stigma in a 2005/06 survey indicated negative attitudes towards people living with AIDS: 40% would not buy vegetables from someone with AIDS, and 25% of women say they would not care for a family member with AIDS. Better information and knowledge create an environment that limits the harm caused by stigmatization of people living with HIV, and encourages behavior change to reduce high-risk behaviors.

When the World Bank Institute (WBI) received a grant for an innovative initiative to expand the capacity of the Indian AIDS program to provide correct HIV information to the broadest possible spectrum of the population, the opportunity was taken to enhance media capacity to report responsibly and constructively on AIDS.

Media Stories Highlighting HIV-Related Stigma and Discrimination

- Bhugaon school turns away two HIV students, says it has no seats (Indian Express, Mumbai)
- Couple faces boycott, affected by AIDS: Ostracized by society, including their own family, a couple affected by AIDS were beaten and thrown by villagers. (Deccan Chronicle, Chennai)
- School strikes off HIV+ student's name from rolls (Indian Express, New Delhi)
- Denied Treatment by hospitals, two HIV-positive patients die (Indian Express, Mumbai)
- Doc beaten up for admitting AIDS patient (Times of India, New Delhi)

Source: UNAIDS, *Media Analysis, New Delhi, July, 2007*

² Source for all data in this paragraph: International Institute for Population Studies and Macro International, *National Family Health Survey, 2005-06 – Key Findings*, Mumbai India.

Media coverage of HIV

Coverage of public health issues -- HIV in particular -- in the Indian media is limited and often inaccurate or misleading, poorly sourced, or lacks the research needed for this kind of journalism.³ Considerable effort has gone into sensitizing journalists on HIV, but many young reporters have had no training in covering scientific issues or HIV and other social subjects where stigma and discrimination are major parts of the story.

Scope for improving social affairs reporting

More broadly, there are recognized weaknesses in social affairs journalism. Most Indian journalism colleges recognize the need to modernize their curricula, to make them less theoretical, and more relevant to the current needs of the mass media. Historically, social affairs reporting has been outside the journalism-education mainstream. "Development journalism" is offered in some schools, but is generally seen as training for the "high minded" and those who want to work for NGOs, and often not held in high regard by journalism professors or media employers. Social affairs journalism tends to have low prestige among journalists themselves. This lack of respect for professionalism in media coverage of health, environment, poverty, and other social issues is changing. The dramatic expansion of the media, and the greater ability and desire to localize content, has increased the demand for high-quality social affairs journalism. Journalism schools are keen to have assistance in building their capacity to respond to this demand.

Huge media audiences

The disadvantages of mass media as a channel of communication for complex social issues are overwhelmed by its advantage - a huge audience. The size of media audiences in India is staggering. A national sample survey of 284,373 respondents (over the age of 12) found that about 25% of all Indians read daily newspapers, and readership for dailies and magazines totaled 222 million people, reading for an average of 39 minutes per day. About 207 million people (19%) watched television at least once a week; 27% of Indians listened to the radio at least once a week.⁴

Audiences in India are growing with improving literacy levels (now over 80%) and increasing purchasing power, reinforcing the role of the pluralistic independent press long considered a pillar of Indian democracy. There is increased demand for and production of media content, and broad

³ UNAIDS, *Media Analysis*, New Delhi, July, 2007 – Media tracking found that New Delhi had 636 articles on HIV during the tracking period. Mumbai had 157, and Chennai had 152, and coverage outside the three large urban centers was very limited.

⁴ National Readership Studies Council, *National Readership Study – 2006*, New Delhi, (reported in *The Hindu Newspaper*). (Latest national readership survey published).

use of all media channels – print, radio and television (broadcast, satellite, and cable), and internet. Traditional print media are using new formats and technology to reach new audiences, with locally relevant content. Local editions of Hindi newspapers are greatly expanding their reader numbers. The new “non-elite readership” and “village-level citizen journalists” are having a profound impact on politics, administration, and social activism.

Project Goals

These challenges and opportunities – media ability to reach new and traditionally less accessible audiences, greater need for journalists, scope for more socially responsible reporting on HIV and other public health and social issues, and increased demand for media content tailored to specific local audiences,⁵ and a desire to reach large numbers of journalists and have a long lasting and broad impact, helped define the project goal:

To contribute to improving media coverage of HIV and AIDS in India by building the capacity of three journalism schools to deliver more effective social affairs training⁶

Refining the Project Approach and Design

The project began with the fairly specific the aim of helping reduce stigma and discrimination related to HIV, and the broad idea of doing this by working with the entertainment industry or other mass media. Initially, the possibility of working with “Bollywood” was explored, and information was gathered on how other HIV projects and programs were engaging with the media. The project looked for a “niche” or gap in what was already being done, where the project could innovate. The approach was developed and refined in stages. With each step, the project design evolved and the interventions and results became more specific and focused. Partnerships were forged, and design decisions taken together, as project implementation got underway.

Step 1: Define the project concept and approach

The initial Project design guidelines were:

- An HIV intervention in India (purpose of the grant)
- An innovative intervention (WBI’s mandate)
- The innovations should have the potential for going to national scale and possible adaptation for use in other countries.

⁵ Ninan, Sevanti, *Headlines from the Heartland: Reinventing the Hindi Public Sphere*, Sage Publications, California, USA, May 2007.

⁶ BBC World Service Trust, *Updated Concept Note for World Bank Institute*, New Delhi, January 2008

- Because of limited grant funds, a pilot intervention would be used to test the new approaches and their potential for scaling up.
- A potential focus on addressing stigmatization and discrimination of people living with HIV, which strongly implied a public education intervention probably using mass media.

The second round of design decisions were to:

- Do a mass media intervention because of its reach and potential impact on attitudes and behaviors related to HIV. The mass media reaches all important language, ethnic, religious, political, and economic sub-populations, in addition to all geographic areas of India. It has also sparked discrimination and episodes of violence against people living with AIDS or members of occupational and social groups with high HIV prevalence.
- Partner with the BBC World Service Trust as the implementing agency. The BBC World Service Trust has an India office and staff, was already a major producer of socially responsible media content, with credibility and working relationships with many media and educational groups.

BBC World Service Trust and WBI - meshing missions and complementary resources

The BBC World Service Trust is committed to a sustained improvement in the quality of social affairs reporting in the Indian media. The Trust has a strong tradition of training journalists in India, and recently completed a major two-year project aimed at improving coverage of environmental issues in the Indian media. It has strong credibility and links and existing partnerships with all the leading journalism colleges in India. The Trust has experience in working on curriculum reform projects with a particular focus on bridging the education sector and professional media. The BBC World Service Trust’s long-running HIV and AIDS activities in India and elsewhere demonstrate commitment and experience in helping to deliver social change on a major public health issue. The BBC’s reputation, reach and reporter network in India provides access to media leaders, academics, politicians, and bureaucrats at the highest level.

The World Bank Institute (WBI) is one of the World Bank’s main instruments for developing individual, organizational, and institutional capacity through the exchange of knowledge among countries. WBI uses local partnerships to broaden the reach and deepen the impact of the World Bank’s development efforts. It focuses primarily on knowledge sharing and education. The World Bank has strong technical expertise including in HIV and AIDS, health, environmental issues, and poverty, as well as evaluation, in addition to its well-known financing role.

The third round of design decision-making focused on the specific interventions. The first question was where a small project could find an innovative niche in India's already active and well funded HIV program. The Government, foundations, and many donors were already investing in India's HIV response, and several were already involved in improving media content (content (e.g. Government of India, Kaiser Foundation, USAID, UNICEF, Gates Foundation, and BBC World Service Trust). A review found ongoing activities focused on the crisis and the immediate need for information and attitude change among journalists: working journalists were being trained, materials were being produced, and data bases had been created. No one was looking at longer-term needs for systemic changes in the media's management decision-making, business models and technical skills to help make professionalism and responsible reporting of social issues a norm for the media.

The second issue to come out of the design discussions was the realization that stigma and discrimination were best addressed by better information, combating misinformation, better understanding of the data, and ending the "tabloid" hyperbole. And since the media were an important channel for information, investments in more responsible journalism should ultimately address stigmatization. This dialog reinforced the need for a more responsible media, able and committed to inform and educate the public on HIV and any other health or social problem. This led to the decision to focus the project on pre-service journalist training.

Pre-service training of media professionals met many of WBI's goals for the project:

- The curriculum and implementation process could be tested in a few schools (three) within the budgeted funds.
- There is a huge potential for scaling up the curriculum to the other 117 schools of journalism in India.
- The broader health and social focus makes the curriculum and training more attractive, flexible, and sustainable for the schools.
- The broader focus also means that the skills and attitudes inculcated in the training will impact HIV policy, programs, and behaviors, and also other health and social issues.
- Working with schools of journalism took advantage of the BBC World Service Trust's established relationships and credibility, enabling faster and smoother implementation.
- The potentially large number of journalists exposed to the concepts and skills for socially responsible media will have sustainable long-term impacts on media as the graduates begin to work and then mature into more senior positions.

- Once the concepts and skills for socially responsible journalism are absorbed into the schools, there are no continuing costs or maintenance.
- The interventions can also have impact beyond the borders of India. The content and approach are transferable; the training is accessible to donors and country officials interested in replicating the project; and some of the schools involved draw students from the all over South Asia.

Step 2: Decide on the outcomes the project will try to achieve

Mindful of the small budget and short project time frame of just two years, six project outcome goals were defined:

- At three colleges, the curriculum is reviewed and modified to ensure high quality training in social affairs reporting.
- Appropriate resource material (such as videos, audio tapes, interactive online modules, worksheets and handbooks) are created, according to the needs of the institute, to support the revised curriculum.
- Key trainers at three selected partner institutes gain a demonstrable understanding of the key scientific and ethical issues and dilemmas in covering HIV and AIDS, and begin providing training for journalism students in HIV and AIDS-related issues effectively and with confidence.
- At least eight journalism trainers are exposed to modern, interactive ways of training journalists, and to the latest trends in international social affairs journalism.
- At least one hundred and fifty trainee journalists will, in each academic year, receive high quality training in social affairs reporting, with a particular emphasis on HIV and AIDS.
- Provide a forum, in the form of a high-profile event, to build an active dialogue on issues related to social affairs reporting among journalism schools, senior editors and working journalists, and among social policy makers and implementers, and NGOs.⁷

Step 3: Choose Journalism Colleges with which to Partner

Three journalism colleges were selected to implement a new course on technical skills for responsible reporting and knowledge of HIV, health and other social issues. They are among India's best, chosen with the idea that the most reputable colleges set standards and blaze trails that others follow. Each of the colleges had already demonstrated commitment to socially responsible reporting and good

⁷ BBC World Service Trust, Updated Concept Note for World Bank Institute, New Delhi, January 2008

coverage of social affairs, were enthusiastic about working with the BBC World Service Trust, and willing to partner in a project funded by the World Bank (the media

in India are often wary or critical of the Bank.) The Trust developed working agreements with each of the three colleges.

Three Colleges of Journalism were Project Partners

The **Asian College of Journalism (ACJ), in Chennai** was started in its present form in 2000 and is widely seen as a pioneer in journalism training in South Asia. Its stated educational goal is to produce skilled media professionals with the broad knowledge, integrity, and social commitment necessary to be outstanding journalists. More than a hundred trainee journalists pass through ACJ annually, completing a one-year post-graduate diploma in journalism, specializing in TV, radio, print or online journalism. ACJ has a long-standing relationship with the BBC World Service Trust. ACJ faculty members have taken part in a previous project aimed at improving the quality of training for working journalists. ACJ currently runs a compulsory course in "Covering Deprivation", and has plans to introduce an elective module in health journalism.

Anwar Jamal Kidwai Mass Communication Research Center (AJK), Jamia Millia Islamia University, Delhi. The AJK was set up in 1982 in collaboration with York University, Toronto (Canada) and the Canadian International Development Agency to "train people in media with a sense of social responsibility and expertise." It offers Ph. D. programs, two-year post graduate and one-year diploma courses in various disciplines of mass communication and journalism. AJK has received national and international recognition and a variety of awards, grants, and scholarships for Alumni.

AJK's faculty of 18 experienced professors/readers and lecturers offer courses on film and radio production, journalism, development communication, graphics and animation, photography, sound, and traditional media. The school's production capacity is state-of-the-art: it has analog and digital systems, three fully equipped TV studios, a wide range of cameras, accessories, production and editing equipment, and relevant software for print journalism, graphics and animation. All equipment is available for hands-on training and program production by students. Students run a community radio station for the experience and for outreach to the surrounding communities. AJK maintains a Media Library with a constantly updated collection of books, journals, films, and stock video, audio and photos. AJK is also an archive for research and theoretical studies with a special focus on documentary films and Asian cinema. Facilities for seminars, conferences, workshops, are available.

Amity School of Communication (ASCO), Amity University, Lucknow – ASCO was set up in 2005 to provide professional opportunities for students of northern and eastern states of India in the evolving field of media and communication. Admission to ASCO is merit-based. ASCO offers two-year programs for bachelors and masters degrees in journalism and mass communication, and one-year diploma courses in Hindi journalism, film production, and public relations/event management.

ASCO has a full-time faculty of 11, augmented by a visiting and guest faculty of media professionals. Courses include development journalism, development communication, documentary film production, radio program production, graphics and animation, and photography. Production facilities available to students include an advanced audio and video studio, non-linear editing systems, and sound facilities for recording and post-production processing. ASCO's library provides reference materials with a large number of books, journals, magazines and newspapers. The library also preserves insightful student projects and publications.



Anwar Jamal Kidwai Mass Communication Research Center, Jamia Millia Islamia University, Delhi (left), a class at Asian College of Journalism, Chennai (center), students at Amity School of Communication (right)

Completing the Project

Step 4: Prepare and Run the New Journalism Course

With the project design decided, working agreements with three schools, and an outline of the general curriculum (including worksheets, booklets, case-studies, videos, trainers' notes, interactive online modules), the BBC World Service Trust began working with the schools and faculty to prepare the course. Setting up the course involved three sets of activities.

1. Needs Analysis and Planning the Course

This set of activities was carried out at ACJ and MCRC towards the end of 2007, and at Amity in February 2008. The first step was a detailed Curriculum Needs Analysis to identify existing resources and strategies for sustainable integration of the course. The analysis was carried out by a curriculum specialist and an experienced journalist-trainer. The Needs Analysis set the basic parameters for appropriate course content and structure for each school. Decisions were made on:

- Whether content was to focus on health or health and other social issues
- Whether the course was elective or required
- Whether the course was to be offered at undergraduate or graduate level, or both
- Whether in-house or external staff would teach the course
- When the course could be placed in the schedule
- The nature and content of each school's plan for implementation
- How the course would fit into each school's existing course structure

This stage was also important for establishing the nature of the BBC World Service Trust collaboration, team building, and getting the colleges to take ownership of the course and social affairs reporting.

2. Curriculum Development and Capacity Building

A BBC trainer spent about a month at each school developing a model curriculum; preparing a detailed school-specific curriculum; identifying trainers; identifying materials, examples, and readings; writing up case-studies and topic modules; designing the objectives, content, exercises, and course work plan. The schools insisted that the curriculum be adapted for use by existing teaching staff, fit within the existing course structure, and deal with broader health and social issues to increase the demand for the course. Special emphasis was placed on topics identified in the Needs Assessment as weak or non-existent in the schools' current courses: HIV, use of official and non-official sources of information, responsible reporting of risk,

stigma and discrimination, ethics and confidentiality, understanding statistics, audience analysis, and investigative social reporting. The illustrative curriculum is outlined below. (See Appendix 1 for a more detailed course description.)

Illustrative Socially Responsible Journalism Curriculum

- HIV - International, national, and local theory and practice so students are exposed to the vocabulary, issues, data, interventions, and media issues like stigmatization, right to privacy, and misinformation.
- Other key health issues - Causes, symptoms, prevention, and treatment of other health problems that are critical to the wellbeing of the people of India, including: tuberculosis, malnutrition, measles, malaria, polio, diabetes, heart disease, cancer, mental illness, etc.
- The political and practical context of healthcare in India - linkages between health and the health-service delivery structure, including issues such as: access to services, accountability in public and private health care, public health-care policy, and reproductive rights.
- The role of "traditional" health in modern India – understanding the limits and benefits of Ayurvedic, Siddha and Unani systems.
- Health and Environment: The links between where we live and work and health, including sanitation, pollution, malnutrition, poverty, and occupational hazards.
- Audience: the journalist's obligations to the audience, including audience analysis skills.
- Health and science: The latest key scientific developments and their relation to health.
- Making health and social issues reporting interesting, accurate and educational.

(Please see the Appendix for more details)

3. Training of Trainers

With the course designed for each of the three schools, BBC World Service Trust held a trainers' workshop to: familiarize trainers not directly involved in the curriculum design; introduce some modern training methodologies; ensure the use of more interactive training styles; reinforce the objectives with the course leaders; and ensure a shared vision for the course. At this point the schools took over the introduction of the courses. The Trust continued to provide materials and technical support as needed.

Step 5: Initiate dialog with the Media on Socially Responsible Journalism

The design of the project included a “demand creation” component to compliment the educational “supply” activities. The intention was to open a dialog with media decision makers to promote employment of graduates and to foster commitment to more responsible coverage of HIV and other health issues. This activity could not be implemented fully in the short life of the pilot Project, but a start was made by holding a media dialog seminar as a learning tool for future activities. BBC World Service Trust and AJK, Jamia Millia Islamia University co-hosted a day-long seminar entitled "Does the Media Care? A Dialogue on the Coverage of Social Issues in the Indian Media" in August 2008.



Does the Media Care?" seminar, banner (left), part of the audience (center), panelists (below).



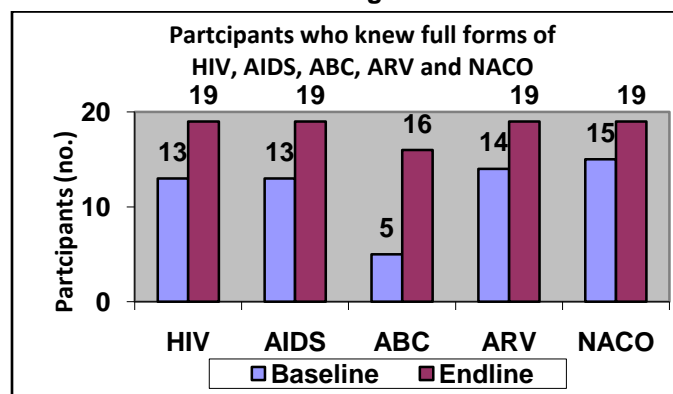
Around 120 participants including journalists, media professionals, NGO representatives, teachers and students participated. The discussions were driven by two panels featuring seven well known journalists and representatives from the social development sector. The main discussion centered around the media's focus on celebrity and crime at the expense of health, science and environmental reporting. The debate in the seminar mirrored world-wide debate on the educational role of media, viewership and advertising income, the role of NGOs and other interested groups in advocating to the media and providing content.

Project Results

1. **New curricula were developed.** In each of the three schools, the existing curriculum was reviewed and significantly modified along the lines of the model curriculum developed under the project. A strong, well developed course curriculum is the starting point for high quality training in social affairs reporting.
2. Appropriate **resource materials were created or provided** in a variety of formats, to support the revised curricula. The colleges needed mainly books, worksheets, videos, and podcasts.
3. The project provided very little **training in health and other social issues to trainers**, as the journalism schools selected trainers who already had an understanding of health and ethical issues. However, faculty members who taught the course are likely to have updated their knowledge while preparing to teach, and had the opportunity to learn from the outside technical experts who gave guest lectures as part of the course. Course materials were made available to all faculty members, and several said that HIV and other social issues were addressed in other courses.

The effectiveness of the course and lecturers in imparting knowledge on HIV and AIDS was partially evaluated through a pre- and post-assessment of a sample of 19 students at Jamia Millia University. There was a marked increase in the percentage who knew the meaning of the acronyms HIV, AIDS, ARV and NACO (from about 70% to 100%), and a dramatic increase for the acronym ABC from 25% to 85% (see figure).⁸

HIV Knowledge Indicators



⁸ Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS) Antiretroviral (ARV), National AIDS Control Organization (NACO), Abstain, Be faithful, use Condoms (ABC).

The trainees were asked about how HIV is transmitted and can be prevented. Before the course, some trainees thought that HIV could be spread through casual contact with an HIV positive person (i.e. sharing utensils, towels, bed sheets etc) and mosquito bites. In the post-test, most trainee journalists displayed accurate knowledge of how HIV is transmitted. Prior to training, many trainees were unaware that injection drug users can reduce the risk of HIV transmission by not sharing needles and syringes. Following the course, all the participants understood this. Knowledge levels around other issues including susceptibility to opportunistic infections among people living with HIV and the impact of anti-retroviral therapy also increased as a result of the training delivered.

In the pre-test, most of the trainees held the following misconceptions about other common diseases in India, but were able to answer correctly in the post-test:

- Tuberculosis is not a viral disease.
- Mosquitoes of all kinds can cause malaria.
- Chikengunya disease is not caused by mosquito bites.

Students gained a sense of their ability to educate as well as entertain and inform the public through mass media. They also learned technical skills and content that will help them write about health problems, other social issues like the environment, poverty, discrimination, gender, and corruption, and the human consequences of almost any social change (political, policy, economic, disasters, civil unrest, etc.).

4. Eight **journalism trainers were exposed to modern interactive training methods**, and to the latest trends in international social affairs journalism. This was done through the training-of-trainers course, as well as one-to-one training, and provision of technical support as needed.

5. In the first round of training, **120 students completed the course** on how to report on social and health issues (adding student numbers at the three schools). While less than the goal of at least 150 trainee journalists, all three schools intend to continue the course. In the words of the Head of Department at AJK, Prof Obaid Siddiqui: "I am quite satisfied with the results of the project. We have now introduced a full term compulsory paper on health, science and the environment in the final year and students have responded very well to it. The students are very happy because now they possess the skills they need to cover environmental, science and health issues during their professional endeavors."

In the Delhi and Lucknow colleges (AJK and ASCO), the course was required, while it was offered as an elective course at ACJ in Chennai, and attracted 11

students, twice the number required as a minimum, which, although it seems a small number, a faculty member at ACJ (who was not involved in the project) commented that:

"Getting 11 students to start with a new elective paper was impressive. Other teachers have informed me that their students had good things to say about the project and the course and that they are satisfied with the course and the students' performance".

Dr Jya Shreedharan, ACJ

6. The day-long forum on the Coverage of Social Issues in the Indian Media held at AJK was a small **start of a discussion** on issues related to social affairs reporting among 120 participants from journalism schools, media professionals, policy makers, and implementing NGOs. How to maintain this dialog is still to be determined.
7. The pilot project provides a "proof of concept" and **test of the innovative approach**. It gave an opportunity to assess whether the approach warrants scaling up in India, and replication in other countries, and an indication of the likely costs. The three colleges embraced the idea of training journalists in social issues. A well designed, documented and evaluated curriculum might provide a model for country programs or even individual schools to add socially responsible journalism to their curriculum. A review of the literature on mass media, health, and journalism training found few interventions at the pre-service training level. This suggests that lessons were learned and challenges identified that will need to be addressed if the intervention is scaled up or replicated.

Lessons Learned from the Pilot Experience

As in any project, implementation challenges and issues were encountered, efforts made to ameliorate them, and much was learned in the process. The main lessons learned can be summarized as follows:

Allow ample time for planning: the academic calendar is not open or flexible. Course offerings, teaching loads and resource allocation decisions typically are made well in advance of the academic year. Once colleges decide to add a new course, they need time to decide on participation, course placement, and resources to be used, and to include it in their plans. There are specific windows of opportunity for faculty to be away from their school to participate in training of trainers and curriculum adaptation work. There may be a long interval between the course being ready and the start of a new semester. The project implementation period needs to start well before the year in which the course is to be offered.

It is important to clarify expectations of participating colleges at the outset. Written Partnership Guidelines were critical in addressing obstacles encountered during implementation. Initially, the colleges expected that the BBC World Service Trust would do all the design and development work and hand over a completed course. This misapprehension was corrected. While it would have saved the college faculty a great deal of work, it would have had obvious drawbacks for ownership, buy-in and sustainability. There are at least two lessons to be drawn: (a) roles and responsibilities need to be discussed early, clearly agreed up-front, and well documented; and (b) building ownership and quality must be balanced with the amount of resources the school has to invest in a new course.

Each school needed individual attention during implementation. A “standard” implementation approach is only applicable to some extent. The expectation that all three schools would have a common set of problems turned out not to be the case. Problems differed at each school, and even common problems manifested differently. There were “crisis points” with each of the colleges, which when resolved, strengthened the relationship and the intervention. But it was important to have project staff able to devote the time, tact, diplomacy and determination needed to address issues when they arose.

Journalism schools have tight resource constraints and may need financial support to cover costs of developing a new course. Many of the implementation problems in the project related (directly or indirectly) to scarce resources – overloaded staff, staff turnover, and limited human and financial resources for innovation or updating. Journalism schools have a small teaching faculty. The loss of one staff member or the addition of one course impacts the entire school. The project provided technical support for the courses, and a small collection of reference books, but no financial support (although one school was able to get a subsidy to cover some instructor time). The schools made impressive active contributions to the development and implementation of the course, but senior college managers were unhappy about the effort and resources that it took to develop and implement the course. Additional financial and technical resources for the schools would have been useful, and might be necessary in order to be able to roll out the course to other colleges, that will not have the additional incentive and prestige of being invited to be one of the three leading schools to work with the BBC World Service Trust in the initial development of the course. Any financing offered to colleges should not create expectations for continued support that cannot be sustained, so might be better tied to adopting the course, rather than to continuing to offer it in future years. It might also be helpful to offer small incentives to increase

student interest in taking the course and to give it greater prestige, such as cash awards to the best student, and/or grants to enable publication of the best student work produced as part of the course requirements.

Active involvement of college faculty is vital for successfully taking on and teaching the new course, and there are several lessons relating to the participation of faculty.

- **Realistic expectations for faculty participation:** Key faculty members working on the project also had other work in addition to their contribution to the new course. This is not surprising, especially given that they were often the most senior, experienced faculty members. It does, however, highlight the need for solid agreements with the colleges, clear expectations about the amount of work involved, and buy-in from the college management.
- **Care is needed in selecting faculty participants:** Some inappropriately or unqualified staff were nominated to attend the training-of-trainers workshop and to teach the course. It would be very useful to review explicitly the necessary qualifications during early planning, to ensure that appropriate staff will be available, or, if not, to consider how to adapt the project design.
- **Turnover is an issue:** The biggest single problem for implementation was teachers dropping out for reasons unrelated to the project (another job, internal politics or conflict). The remedy was to train more than one teacher, but this was only partially successful since back-ups often had other commitments. Part of the problem is that salaries paid by journalism colleges are relatively low, mobility is high and the pool of talent is small. If the intervention were to be rolled out to more journalism schools, then more teachers could be trained teachers, and some might be able to “guest teach” all or part of the course at colleges other than their own, or professional journalists might be trained to teach part of the course.

Additional professional technical support in specific areas would have been an asset, specifically in training design, evaluation, health content, and in documenting aspects of the project.

There is usually scope to improve a new course. It is a good idea to carefully review a new course and see where improvements can be made, after the first experience of offering the course. It usually takes few offerings of a course before the syllabus and course materials are in really good shape and uniformly of high quality. It is also useful to decide whether learning goals have been met well, or whether aspects of the course could be strengthened. A specific example: it

might be useful for this course to include a discussion of “social thinking” and how stigma arises and is reinforced or counteracted.

One-off discussion events are much easier to arrange than ongoing dialogue. Drawing media professionals and others into a dialogue was intended to stimulate demand for socially responsible media content and journalists trained to provide it, to help create systemic change and longer-term impact. The media dialog seminar was the one intervention the schools felt they could easily implement. The seminar highlighted many challenges in trying to generate and sustain dialog among media leaders, academics and the social welfare sector. These include:

- Competition for access to the participants – many government and private/commercial organizations across all the social and economic sectors have a media strategy that involves advocacy and dialog with a limited number of media decision makers. Opportunities need to be found to raise the issues in existing fora, or in ways that do not make untenable demands on the scarce time of busy people.
- Language is not the only thing that differentiates the Hindi and English media in India. They have different strategies, business models, and audiences. Any follow-on project would need to address the Hindi and English media using different advocacy strategies.
- There are at least two layers of decision makers in most media organizations –day to day managers and corporate managers. Each has their own set of issues, concerns, and authorities. It would be useful to segment these decision makers and address the specific role of each in social affairs reporting.
- There are differences in exposure to HIV and other health issues among media managers, so the dialog should consider grouping media by background or familiarity with the issues.

There would be advantages and synergies to partnering with other agencies. Many donors working in India have some form of mass media strategy to support project agendas (the World Bank-financed third National AIDS Project, USAID, DFID, UNAIDS, UNICEF, etc.). Many work with media as part of a larger social change strategy (Kaiser Family Foundation, Thompson Foundation, Clinton Foundation, Gates Foundation). Although it can take considerable time and effort to sign formal partnership agreements between organizations, linking with these agencies and projects could offer opportunities to increase project impact and sustainability:

- Project visibility and credibility would be increased by broader involvement.

- There are a number of no-cost synergies with other donors (for example, by linking with Kaiser’s existing journalist awards program and fellowship program for advanced international training of journalists). Another idea would be to support internships in media organizations for the best journalist student/s in each course.
- Better linkages could provide access to jobs for new journalists with donors, NGOs, and the Government. All of these organizations provide content for the media and have public and media relations positions usually filled by people with a media background.
- Partner organizations with long term institutional commitment to India could maintain support to the schools after the WBI initiative is finished. Maintenance could include providing materials to keep courses up to date, facilitating sharing of expert resources, supporting communication between the schools, etc. Any of these activities would result in greater sustainability of the project.
- Partner organizations could provide expertise, case studies, field-work opportunities, and internships that would improve the applied skills of the students.

Scaling up potential

The BBC World Service Trust reported generally positive reactions to the courses from students and teachers. The experience of the pilot suggests that pre-service training of media professionals in socially responsible reporting fills a need and has demonstrated demand. It indicates the viability of institutionalizing the course in Indian graduate and undergraduate journalism programs. There are 117 other schools of journalism in India that could consider incorporating the course in their curriculum, and of course, many other countries that might adapt and adopt it as well.

Pre-service training in HIV, health, or socially responsible reporting is currently not standard in the undergraduate or graduate journalism curriculum. Some of the course content, issues and skills are addressed in an ad hoc fashion, but the attitudinal and broader technical issues are not part of the standard curriculum. Communication schools are not producing graduates with the skills and confidence to produce really good health content for the Indian media.

Rolling out the course to other colleges would quickly expose many more journalists to the concepts and skills involved in social affairs reporting. Particularly if, in parallel, dialogue among established journalists and other media professionals could help build a critical mass of people who believe that the media has singular responsibilities for informing and educating the public, bringing the values and content of the training into the

daily decision making of the media, then a long term and substantial impact could be achieved.

Is the approach cost effective?

The cost of designing and implementing the pilot project averaged less than \$850 per student for the 120 students who took the course in the three colleges.⁹

This unit cost would fall considerably if the project were to be scaled up. Presumably some of the 117 other journalism colleges in India will not be interested or will not have the technical resources to take on the course, but the positive experience in the pilot with the leading schools suggests there will be strong demand. The pace at which the course could be rolled out would depend on the availability of technical support (and of course, of funding for scaling up).

The curriculum and course materials require additional work, but a next phase would benefit from the pilot project investment in project design and development, and the preliminary work completed on the materials, curriculum, partnerships and implementation model. There would be new costs involved in training trainers and supporting and working with more colleges, but the investment would be small relative to many other development projects, and would continue to have an impact long after the project ends. The best faculty from the three schools in the first phase and local consultants could be used to train trainers and help with curriculum adaptation. (Common terms for this model are “centers of excellence” and “cascade training.”)

Once the curriculum is installed in colleges, trainers trained, and materials developed, evaluated and updated and provided to each school, there would be minimal recurring costs in subsequent years, and the course should continue to be taught for years after the project is finished.

The cost effectiveness of pre-service training compares well with in-service training. Pre-service training project costs need to cover the investment in developing the course and installing it in schools; the recurrent costs of pre-service training are borne by the school and students. By comparison, in-service training (workshops, seminars, etc.) have development costs and also usually have a cost-per-student that is typically borne by the funder. A pre-service program is likely to reach more beneficiaries – it could turn out as many as 2,000 graduates exposed to socially responsible journalism issues and techniques a year (100 schools x 20

⁹ This excludes additional indirect costs associated with World Bank operational expenses. The direct costs of the pilot were financed by a grant to the World Bank Institute, under the “Japan Policy and Human Resources Development” (PHRD) program, which is generously funded by the Government of Japan as a partnership with the World Bank.

students). It would take over 130 workshops of 15 professionals to achieve the same level of exposure. And the pre-service training continues to turn out students each year that the course is taught, at minimal additional cost. Both models have wastage – participants that do not use their training. Pre-service training probably has more, but its greater volume, broader focus, and long term impacts makes pre-service training the more cost-effective approach.

A next phase should include rigorous evaluation of the course at the pilot colleges, as well as at colleges where the course is newly installed. This would enable assessment of the support provided, and incremental upgrades in each phase, based on earlier experience.

Will better media reporting have an impact on HIV?

There is ample international empirical evidence that when the media address HIV or other health issues well, it does reach and educate the audience, and can affect behavior.^{10 11 12 13 14 15 16} Media coverage of HIV in India has been shown to improve knowledge. A longitudinal study of a BBC World Service Trust campaign on HIV found that people who were exposed to the campaign were four times more likely to be know about condoms than unexposed people. As exposure increased across

¹⁰ Boulay, M., Storey, D., & Sood, S. *Indirect Exposure to a Family Planning Mass Media Campaign in Nepal*. *Journal of Health Communication*, 7, 379-399, 2002.

¹¹ Figueroa, M., Bertrand, J., Kincaid, D.. *Evaluating the Impact of Communication Programs*. (Summary of an Expert Meeting). Baltimore, MD: Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs 2002.

¹² Mckee, N., Bertrand, J., & Becker-Benton, A. *Strategic Communication in the HIV Epidemic*, Sage Publications, California USA, 2004

¹³ Airhihenbuwa, C.O. & Obregon, R. *A Critical Assessment of Theories/Models Used in Health Communication for HIV*. *Journal of Health Communication*, 5, 5-15, 2000.

¹⁴ Melkote, S., Muppidi, S.R., & Goswami, D. *Social and economic factors in an integrated behavioral and societal approach to communications in HIV*, *Journal of Health Communication*, 5 17-27, 2000.

¹⁵ Singhal, A. & Rogers, E. (2003). *Combating AIDS - Communication Strategies in Action*. New Delhi, India: Sage Publications.

¹⁶ Sood, S. & Sengupta, M. (2004, May). *More is More! The Dose-Effect Relationship Between HIV-Related Mass Media Exposure and HIV Knowledge and Behavior Outcomes*. Paper presented at the Annual Conference of the International Communication Association, New Orleans.

the three waves of interviews in the campaign, the exposed were ten times more likely to be aware of modes of HIV transmission than the unexposed.¹⁷

The small pre- and post-course evaluation at one college showed significant improvement in trainee knowledge and attitudes on HIV. This makes them better able to cover HIV well and responsibly -- although it would be challenging to assess and demonstrate this, and even more difficult to demonstrate impact on stigma. The project has potential for short-term impact through improved media coverage of HIV and other social issues as soon as the newly-trained journalists start working, and potential long-term impact when hundreds of sensitized media professionals become decision makers and influence the definitions of quality and purpose of media content. But these systemic changes will be subtle and incremental, and very difficult to measure.

The attitudes that are essential to empathy are part of the socially responsible reporting training. The training teaches a set of technical skills for reporting on HIV, health and other social issues, but also inculcates attitudes that should improve the quality of reporting regardless of the medium or topic. Part of what the course teaches is how to present the “human face;” to report in a positive way on people living with HIV, offering insights into the risks and courage of those who publicly acknowledge their health status. It emphasizes journalists’ responsibility to avoid misinformation that can be damaging, and the risk of stigmatization and abuse of individuals, families and communities covered in stories.



A man with AIDS being cared for in a hospital in India

¹⁷ Sood, Suruchi., Shefner-Rogers, Corinne. and Sengupta, Manisha. *The Impact of a Mass Media Campaign on HIV Knowledge and Behavior Change in North India: Results From a Longitudinal Study*, Paper submitted to the Health Communication Division of the International Communication Association Conference, Dresden, Germany, June 2006,

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Isabel Rocha Pimenta
WBI – Project Task Team Leader

Photographs:

Page 1: Vincent Claeson

Page 5: Websites of the partner journalism colleges:
http://ajkmrc.org/about_jamia/about_jamia.asp
<http://www.asianmedia.org/programme/overview.asp>
<http://www.amity.edu/asco/>

Page 7: Jaishree Kohli, Gargi Nim and Monis Ahmed

Page 12: John Isaac/ World Bank

Appendix 1: Health Journalism Course (generic)

Theme of session	Rationale	Results anticipated
<p style="text-align: center;">UNIT 1 : HEALTH: HIV</p> <p>a) Theory & Practice: International, national, local. These sessions provide a global view of key players and how they approach the challenge of HIV. It summarizes their aims, arguments and dilemmas. It could analyze and compare the strategic strengths and weaknesses of UNAIDS, WHO, World Bank and the Global Fund. It could teach trainees how to apply the same scrutiny to India: NACA and NACO, lobby groups and grass roots NGOs. Topics would include health policy and practice, impact on citizens, journalistic approaches and global context. The sessions would provide a range of useful information and a practical, journalist's methodology for assessing it.</p> <p>Discussion subjects might include controversial issues like: <i>"The global HIV industry is too big and out of control. We created a monster with too many vested interests and reputations at stake."</i> (Dr. Roger England, in the British Medical Journal).</p> <p><i>"Although much has been learned about HIV in two decades, there are major obstacles to applying that knowledge systematically and effectively. This results in misallocated funds and little chance of impact. In one country, only 1% of program resources target the particular risk groups that cause 75% of new infections".</i> (World Bank, Global HIV Plan of Action, 2005).</p> <p>These sessions would require a trainer with a global perspective, but trainees could be asked to research and present the aims and strategies of various institutions, for review.</p> <p>b) Facts and figures: These sessions would teach young journalists the skills needed to report accurately and with confidence on the science of HIV: definitions, demographics, data, What is HIV? How it is transmitted? How does ART work? How close are we to a cure for AIDS? What are the current "urban myths" and how to debunk them.</p> <p><i>According to some experts, the first case of HIV was in 1959 in Africa, when the virus passed from a monkey to a man. According to others, AIDS is chemical warfare gone wrong.</i></p> <p>E.g.1 Approximately 47,000 people in India are on ART (Anti-retroviral Therapy). Some 5000 had become resistant to '1st line' drugs. What is NACO doing to improve these drugs?</p>	<p>a) Too many journalists lack a global perspective on current efforts to combat the spread and impact of HIV.</p> <p>b) Too many journalists lack appropriate scientific/ medical knowledge to increase public awareness of HIV and how it spreads, or of AIDS and how it can be treated. Even worse, many of their bosses are ignorant and out of touch:</p> <p><i>"But if I try the test vaccine against HIV, won't I get AIDS?"</i> (News Ed., Delhi, overheard.)</p>	<p>Trainees:</p> <ul style="list-style-type: none"> • Acquire a better working knowledge of how the 'big players' contribute to HIV prevention, AIDS treatment, counseling, social marketing, education, and welfare etc. • Learn how to support awareness of anti-HIV strategies, from a global, national and local perspective. • Are up-to-date on the policy basis for anti-HIV strategies. • Are well versed in lessons learned, in honest mistakes and best practice. • Know how to use the same approaches to look at other health and social policy issues. • Know how to convey information to a general and/or specific, so that it enters the public domain and supports public discourse. <p>Trainees:</p> <ul style="list-style-type: none"> • Acquire a basic scientific and medical understanding of HIV and key related issues. • feel more confident about how they approach and communicate these subjects. • Get a level of awareness to enhance their credibility among peers and superiors, and improves career prospects. • The vision, critical faculties and technical expertise acquired during training will remain with them throughout their careers, inspiring others by practical example.

How effective are '2nd line' treatments?

E.g.2 Pre-marital testing. How effective is it? Why are young married women among the most vulnerable to HIV infection, in India?

This session would require a trainer with solid experience of reporting on HIV, and preferably some scientific or medical expertise.

UNIT 2: HEALTH: HOW TO CURE IGNORANCE

A journalist's guide to other key diseases – causes, symptoms, prevention, cures.

These sessions would aim to give new journalists the knowledge to report accurately and confidently on TB, malnutrition, measles, malaria, polio, diabetes, heart disease, cancer, mental illness, etc.

Whenever possible, interconnections and comparisons with HIV are stressed (TB kills many of those whose immune destroyed by AIDS, whereas malaria may kill more people than AIDS).

These sessions require a trainer with solid experience in reporting disease and prevention.

Too many journalists lack appropriate levels of basic medical knowledge and journalistic skill to cover disease effectively.

"It's vital that we demystify diseases" – Sutopa Deb. Features Editor, New Delhi Television (NDTV).

The Lancet reported that in India, psychiatrists are the least preferred option for people seeking help for mental illness, due to fear of stigma (8.9.07). Several student suicides were recently reported in Delhi. Media coverage is often sensational and fails to include information needed for prevention: state/private care, NGO help-lines, and anti-stigma views, etc. Journalists have a role to play in educating the public and in promoting policy change.

Trainees:

- Acquire appropriate medical knowledge of India's key diseases and learn how to convey this effectively through media.
- Empower their audiences with regular, wide-ranging, accessible coverage of various disease and health care issues.

UNIT 3: HEALTH: WHAT STATE OUR STATE?

The political and practical context of healthcare in India.

This unit exposes new journalists to the basics of healthcare provision.

Tips on how journalists focus on large and complex health care issues, and how to call national to local level political leaders and policymakers to account.

It should build methodological skills so journalists can spot and connect big issues, and how those issues affect the lives of ordinary people. Focus might be on issues such as access, service, and accountability in public and private health services.

For example:

Not enough in-depth coverage of the inequalities of access and standards in India's health sector.

Eg1. *'The Union Budget for '08 allocated a 15% rise for India's health sector. Yet this is hardly 1% of GDP'* (Times of India, 6.03.08).

Not enough investigative reporting on the social consequences of corporatization / privatization of healthcare.

Eg2. *'India's private health business is booming,*

Trainees:

- Learn about the economic, social and political forces that underpin – or undermine –healthcare in India.
- Acquire a thorough grounding in how India's state health policy is budgeted and coordinated.
- Get case studies of often-controversial newly-privatized hospitals to help them learn to take a situation and turn it into an issue for public and policy dialog.
- Get theoretical and practical study assignments to provide knowledge of India's health sector – how it succeeds, and why it fails.

What are the implications of increasing corporatization/privatization of health care?
 How does our income impact our health?
 Who runs hospitals and how?
 Is it true India's District Mental Health Program has not been properly up-scaled since the late '90s, and what support services are available to mentally vulnerable people?
 Why does voluntary health insurance – even from the state – generally exclude all psychiatric and psychosomatic disorders?
 What are the roles of drug companies in health care?
 How does health care differ across states?
 Gender and Reproductive rights: HIV+ women, (or women with HIV+ partners) often lack access to basic rights. Some of these “victims” fight and improve their circumstances. How should a journalist respond and report on such ‘role models’?
 These sessions require a trainer with solid background in reporting on India's healthcare from a political perspective. (Someone with experience, contacts and considerable flair.)

importing flashy technology for a growing middle class and foreign 'medical tourists. But the public health system is skeletal: 60 doctors per 100,000 people and 40,000 'quack' doctors in Delhi alone, prescribing antibiotics. (The Economist, 21.02.08)

Infrequent coverage and superficial analysis of how gender underpins key areas of health, gender budgeting, etc.

- Learn why gender is relevant to health care issues and how to convey this to a general audience.
- Learn how use authority and compassion to put a human face on the personal struggles of women from different socio-economic and religious backgrounds, so that all audience members can relate and understand the personal and social issues.

UNIT 4: HEALTH: TRADITIONAL REMEDIES, MODERN RESOURCES.

Herbs, homeopathy & yoga. What is the role of 'traditional' health in modern India?

Most Indian herbal remedies are based on the Ayurvedic, Siddha and Unani systems: with some 80,000 treatments involving 3000 plants. Over 7000 firms make compounds for medicinal use. But are these all equally effective? Who monitors and regulates the industry?

E.g. Indian firms are seeking to make herbal medicine more scientific with large research and development budgets. Is there any progress? What methods are being used?

Related issues: If homeopathy is to survive, how do we protect valuable but vulnerable herbs, such as *Swertia chirayita*, in the Himalayas?

What are we to make of the global yoga boom? Is it because more people seek better health, or because India knows how to market traditions, or both? How does yoga work?

How should a journalist approach these sensitive - even controversial - cultural issues? These sessions requires a trainer with experience of reporting homeopathic medicine.

Although India's journalists devote considerable time and space to 'lifestyle' health (stress, diet and spas), they pay little attention to tend to India's vast body of traditional medical knowledge, where it originated, why it is still being developed and how it is applied

“Western education marginalized India's traditional methods of prevention and cure. We journalists must look again”

- Sutopa Deb , NDTV.

Trainees:

- Develop a greater appreciation for India's traditional health techniques, and the efforts underway to preserve and promote them.
- Are able to help educate the public and raise awareness of indigenous resources with more objective coverage of the benefits (and risks) of herbal medicine.
- Can help reduce dependence on “quack” doctors.

UNIT 5: HEALTH AND THE ENVIRONMENT

The links between where we live and how it affects our health: sanitation, pollution, malnutrition, poverty, occupational hazards, the 'toxicity principle/lethal dose 50'.

(Depending on desired focus, the environment sessions could be subdivided into the health risks posed by Water, Land and Air.

Illustrative issues:

- Plans for the Commonwealth Games suggest the Yamuna River will be fit for water sports, after a costly clean-up, by 2010. But according to a less optimistic source, the Central Pollution Control Board considers the river 'pretty much done for' and would pose a health risk to athletes. Who's right?
- Anti-pollution laws target trucks but not cars. Why? What's the result?
- What lessons can the 'developing' East learn from mistakes made in the 'developed' West? What western solutions can India adapt?
- What's an Environmental Impact Assessment? Why is it vital for seeking the approval or rejection of a development project. Who collates the Assessment and how? If locals disagree with the data on 'community impact', who listens? Is it true some communities are coerced – often violently – into endorsing a prickly EIA?

How should a reporter approach these key subjects? A primer for journalists on the links between our environment and our health, and how media might respond.

These sessions would require a trainer with solid experience of key aspects, in and out of the newsroom.

Inadequate media coverage of how environment affects health.

Not enough critical analysis on health, environment and related data.

Crucial and complex issues with far reaching implications require preparation and an unbiased point of view.

"Trainees ... must understand the link between poor sanitation and polio. Unless we eradicate former, we have no chance against latter. You can clean rivers, but without sanitation you won't stop polio." - Ajit Chak, Editor, Lucknow Talk

E.g. Air pollution: what it is and what methods are used to combat it

Few young journalists working on environmental issues have any real idea about: regulatory legislation, policy issues, cost issues for regulation, or who benefits from non-compliance.

"See this nice desk calendar, with its 'eco' theme? The white card has been bleached using chlorine, one of the worst polluters. It's carcinogenic, mutagenic. When it leaches into the riverbank outside the factory, it will give you a 2-headed frog. How many young journalists know that? How many care?" (Ajit Chak)

Trainees:

- are introduced to the principal threats - real and perceived – to India's environment; causes, effects, possible solutions, socio-political context.
- Gain insights into the links between environment and health
- Are exposed to examples of how media might cover environmental topics

UNIT 6: WHO IS MY AUDIENCE?

These sessions would focus in various ways on a journalist's obligations to the audience.

The emphasis should be on health, environment, social affairs, and notions of risk (both subjects and audience).

Sessions could be themed as follows:

Survey and analysis: For sharper skills and a broader vision, a journalist must know their audience. A short and simple questionnaire will often produce surprising results, if prepared, executed and analyzed correctly

Some journalists take their audience for granted. E.g. *'We know who they are, how they think, and what they want'*

A lack of understanding of the audience leads to standardized, formulaic reporting, simplistic analysis and patronizing 'advice'. At worst, it results in journalism that overlooks crucial needs

Trainees acquire a deeper understanding of who their 'audience' really is/not.

This will be achieved by the design and implementation of a short 'street' questionnaire, under the guidance of a trainer with experience of journalism, surveys, data collection and analysis.

By meeting a cross section of ordinary individuals and asking questions about appropriate issues – particularly on media coverage of health, environment and

. Trainees should design and implement a survey. It could cover public awareness of health issues, approval of government policies, perceptions of risk. Include an assessment of public attitudes to HIV and of how media influences these. If not, that survey could/should come in Unit 1 above (Health: HIV).

The Real India: field trip to a slum, with personal meetings and discussions with residents to find out: how they survive, the role of media in their lives, their main sources of news and information, attitudes on media coverage on health, environment and related social affairs, and to find out how the media shapes their ideas and behavior.

Socho, Samjho, Phir Bolo! (Be Careful What You Say) How to report responsibly and accurately for audiences of Hindi-language media. This session should include an overview of how health, risk and disease (notably HIV & AIDS) are reported in Hindi.

Monitoring Media: Content analysis. Quantitative and qualitative. How do India's media cover health, environment & science? Could we do better? How? What do they *not* cover, and why? What's the effect on their audience? How can we find out?

Ethics: how (not) to report health and related issues: A review of journalists' responsibilities to their audience, their sources and the 'truth', when covering health, environment and related issues.

- What questions does the public expect us to ask, on their behalf?
- What questions are justifiably taboo?
- Codes and case studies; embargoes; sensitivity; scapegoats; privacy; vested interests/conflict of interest; multiple sources; on/off record; official and non-official sources of information; plurality & right of reply; corrections; equity in access to info; alerts & follow-ups; best practice vs. lapses of judgment.
- How to spot spin, whether from a Ministry, an NGO or a corporation.
- How to deal with spin, diplomatically.
- How do I make and maintain official contacts, without compromising my ethics?
- When is reporting risk OK, and when is it sensationalism?
- How do we tell the difference?

(better information on AIDS), laudable aspirations (desire to raise healthy children, despite poverty), and/or regrettable prejudices (stigmatizing people with HIV)

Like many of us, few journalists know what it means to live in one of India's slums. Given their roles as providers of news and information, journalists should try to see life not just from the perspective of a Minister, expert or celebrity but also from the perspective of someone who lives in the poorest part of town, where sound-bites rarely mean change.

"Journalists need a better awareness of the real India, they should get out and about, see how poor people live" (Ramesh Menon)

Too much irresponsible, inaccurate reporting (often on health) in Hindi language media, whose audience is seen as too malleable, too susceptible to sensationalism, too trusting of media.

E.g. When it was discovered that 5000 schools in India were using a textbook that claimed '*Yoga cures HIV*', some Hindi-language media interviewed a celebrity yoga guru about these 'benefits'.

Serious health problems, such as meningitis, are often described in Hindi-language media as 'the curse of the 'river god', or local sages offering such theories are left unchallenged.

Too little in-depth coverage of social affairs; too many serious issues reduced to 'grabs & headlines'.

"How come the newspapers all talk about heart disease and diabetes, but not TB? Simple: their audience is affluent and not affected by TB." Saima Seed

science – trainees will gather a wealth of instructive answers.

Those answers should open their eyes and enhance their approach to reporting in future. The experience of approaching strangers 'on the street' will sharpen their social skills and boost personal confidence.

Trainees:

- understand and accept their ethical duty to minimize sensationalism.
- Sharpen their news values and editorial skills through indepth reviews of media output, guided by experts from India's top NGOs and newsrooms.
- Will acquire a deeper sense of how India's media fail their audiences on important social topics, why this is wrong, and what they can do about it.
- Will conversely learn from examples of 'best practice' in India's media.
- Will be more aware of the responsibilities and the standards of quality journalism.
- Will develop the moral confidence to support the standards and develop those standards in others.

- As good journalists, what do we tell the audience?
- Should reporters be allowed inside hospitals and clinics after natural disasters?

“Most media don’t cover measles properly. You have to go rural, where vaccinations are lacking. But for that you’ll need a network of cheap and reliable stringers. You need to plan.”
 Mohuya Chaudhuri Senior Editor, (NDTV)

“India’s young urban journalists don’t seem to realize that rural people are very poorly-educated. If someone comes to a farmer saying ‘Use this chemical and you’ll get higher crop yield’, most farmers will do it. Journalists should know how to intervene, how to explain the risks.” (Ajit Chak)

UNIT 7: SCIENCE – WHAT’S NEW AND HOW DO I EXPLAIN IT?

A primer on the latest developments in key scientific issues, linking to health.

- Stem cells – will they soon be made without human embryos?
- Biofuels – what are they, why are they popular, and why are some scientists wary?
- Malaria – can Australian researchers beat the parasite *Plasmodium falciparum* by making it less ‘sticky’?
<http://news.bbc.co.uk/2/hi/health/7504649.stm>
- Has the ‘DARC’ gene, which evolved to protect people from malaria, now increased their vulnerability to HIV by 40%, notably in sub-Saharan Africa? What are the implications of this for India?
<http://news.bbc.co.uk/2/hi/health/7509210.stm>
- What is the distinction between Phases I, II, and III of drug trials?

Some sessions classroom-based, explaining how science works (research methods, definitions and results, case studies, social implications etc.) Some sessions field trips to provide a behind-the-scenes introduction to top research institutions. (All Indian Institute of Medical Science (AIIMS), National Institute of Immunology (NII), National Brain Research Institute (NBRI) etc

Most journalists lack knowledge on scientific process and of current and pending issues. This undermines their ability to challenge self-styled experts, identify misinformation and to report accurately.

Too many ‘science’ stories in the Indian press come from international wire services and were not written for the Indian cultural, social, educational, and health context. Audiences could be empowered by more regular, wide-ranging, accessible coverage, presented in a familiar context.

With little knowledge of the science and health, the media does not know how to verify information, identify and report on Indian scientific achievements.

Few journalists are willing or able to address the complex interactions of science, policy, ethics, and the day-to-day life of an Indian family

Trainees:

- Increase their awareness of how scientists work, so they are able to report on science issues with more credibility.
- Acquire a basic but useful awareness of scientific methods (experimental design, equipment, causality, success and failure).
- Get a glimpse of “life in a lab” so they are more familiar with the people and processes who drive.
- Are inspired to look for new local scientific content, or at least to add a local angle to an international wire story
- Get introduced to tools for scientific fact checking: peer review, internet, the real experts.
- Audiences are informed and empowered by more accessible, relevant coverage.

Exercise - a report on: Current research or a current scientific conflict, or profile an institution or a staff scientist, case studies of poor media coverage of science and health issues

UNIT 8: MAKING YOUR MARK: TIPS FROM TOP JOURNALISTS

Health and social reporting is not widely seen as the most glamorous form of news in India and is often undervalued. These sessions would focus on helping new journalists to build their careers, without compromising principles.

Sessions might include such aspects as:

Finding a Face: How to establish a strong 'human interest' element in all coverage of social affairs.

How to Pitch: convincing the News Editor to take your social affairs story.

Keep it Snazzy: How to report health, science and environment in an attractive, dynamic way, so building audience awareness/ratings.

Success Stories - How to report the various 'positives' in health, science and environment without losing objectivity. For example, how and why did local people force a coke plant to shut down, or how does Chintan convert solid waste to energy?

Breaking the Story: Practical tips on how to investigate health and environment issues.

Reading the Journals, Dealing with Academics: Peer-reviewed professional journals are usually considered a "gold standard for scientific research. They are also a good source for the new the important, the strange, the funny health/environment story. The world is full of experts, ready to offer theories and expertise. Using them as sources can enhance our work. But how do we access them? How credible are they? What pressures might their editors face, to run items? How should a journalist approach an expert?

Beyond Wikipedia: Professional Tips for Computer-aided Research. How should a journalist maximize the resources offered by the Internet? Where are the best news wires and discussion forums for health and environment? Which are the best free podcasts on social affairs and how do we subscribe? How does RSS work and why is it a valuable tool? What can we learn from experienced journalists, NGO staff and researchers?

Crunching the Numbers: Data Analysis. How should a journalist deal with data and statistics on health and environment? E.g. A 2007 Government survey claimed 43% of children in India were malnourished. How should we respond? How reliable are facts

Social affairs reporting often lacks a real 'human interest' angle, focusing instead on facts and figures, 'talking heads', theories, etc.

"Too many journalists just quote 'Ministry' officials. It's easy, but it's not journalism."
Mohuya Chaudhuri, NDTV

Trainees lack the confidence and technical expertise to challenge editors.

Frequent resistance from Editors to important social stories that *"don't fit our audience"* or *"won't deliver ratings."*

Too many social affairs stories are 'worthy but dull', preachy and moralistic. Yet lifestyle features are dynamic, attractively edited and 'interesting'. Why should production values differ?

Many health, environment and science stories are 'doom & gloom', or 'beware of the bug'.

There is a lack of real investigative reporting, with too many easy stories requiring little effort and producing little impact.

Young journalists often lack the confidence to track down and interview major or elusive experts. This might be due to laziness, timidity or a feeling that "I am too small for them". This is regrettable – there is a wealth of interesting material published regularly in journals such as *Indian Journal of Pediatrics*, *NMJ*, *Medline*, *New England Journal of Medicine*, *Nature*, *Lancet*, etc.

Some journalists don't do enough research. Some do too much, because they don't know how to 'work

Through case studies and assignments supervised by experienced and respected journalists, trainees will fine-tune their reporting skills to give voice to the people and issues that the much needed dialog on health in India.

Trainees:

- Will meet ordinary people struggling with health issues: the suffering, the care givers, the professionals, the communities, the employers.
- Will absorb the strategies tools and logic of older, more experienced journalists, for use in their own media work.
- Get practical negotiation and production skills to help them produce and advance in their careers.
- Learn how to spot a story, how to research it and how to 'break' it at the right time for maximum effect.
- Learn how to convey a story dynamically, by mixing genres and styles, by surprising the audience in a useful way, and so educate, entertain, inform, motivate audiences with coverage of health/social affairs
- Learn to integrate their investigative role, their responsibility to inform and educate, and their desire to stimulate change.
- Learn how to use professional journals to identify issues, people or findings that will make an interesting and useful story.
- Learn how to assess the work of experts, how to interview them, asking rigorous questions, and objectively and clearly reporting on the issues discussed.
- Will learn how to use communication technology to expand and improve the content of their reporting.
- Will develop Internet research skills to find, check, and use information.
- Will learn how to use RSS for latest news on health, science and environment; how to maintain a database, how to archive research and

and figures from the NSSO, National Council of Applied Economic Research, World Health Organization or EU? What is 'primary'/'secondary' data?

"Journalists face three basic problems with data: how to access, read and interpret."

- Mohuya Chaudhuri, NDTV

smart'. With deadlines and competition for airtime or space, journalists must work quickly and effectively.

Not enough critical analysis of important health, environment and related data.

Some of India's researchers produce a wealth of excellent data on issues that deserve to reach a wider audience. They are also often very accommodating to would-be users of their data.

Most stats can be given a 'spin' so they appear more positive or negative than they really are. Trainees need to know how to spot this, and how to respond.

organize their email etc.

- Will grasp the importance of rigorous analysis, of finding articulate, media-friendly experts, and of using stats in a dynamic way to enhance a story.

Will learn to see data not simply as a back-up for a health/environment story, but also as a story. For example, Ministry A says malnutrition in children is declining, but Ministry B says it is rising. This generates a story that covers: who is more right, why the difference, how malnutrition impacts a family, what should be done to reduce malnutrition in children and how to help children whose chronic malnutrition has slowed the development. Then there is a follow-on story about obesity in children.

UNIT 9: GUEST SPEAKERS

These informal sessions would, ideally, see leading health figures (medical, industrial, governmental & NGO levels) visiting the college to give a speech and take questions on an area of their expertise, preferably with particular relevance to the media.

Trainees need as much exposure as possible to the best minds and broadest range of experience.

Trainees:

- Will benefit from the anecdotes, advice and wisdom of experienced and distinguished guests. They will develop confidence from listening and asking questions.
- Will be inspired.

For more topics in the "HIV/AIDS - Getting Results" series, please go to www.worldbank.org > Getting Results

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