

Cultural Representations of HIV/AIDS in Indian Print Media

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Abstract

It is estimated that 2.6 million people in India live with AIDS. As the news media have a potentially powerful role to play in highly stigmatized illnesses such as HIV/AIDS, the current research project is an exploratory effort to examine the predominant narratives about HIV/AIDS in two leading Indian daily newspapers. The study employed a mixed method content analysis methodology sampling articles that contained "HIV/AIDS" from January 1, 2005 through December 31, 2009 and analyzed those that focused on the stigma or described stigma associated with HIV/AIDS. We then selected every third article to obtain a final sample of 701 articles. While we found that there was virtually no endorsement or acceptance of the stigmatization of people living with HIV/AIDS, our analysis reveals stigma-related themes as falling into the two main categories of stigma-relevant narratives and stigma-resistance narratives. The stigma-relevant themes were identified as: (a) fear of AIDS, (b) loss of identity, (c) moral judgment, and, (d) the exercise of power; and the stigma-resistant themes as: (a) ending the silence, (b) gaining acceptance, (c) creating community, (d) social justice, and (e) hero(ine) narratives. It is hoped the themes will help generate countering narratives to facilitate the ultimate success of interventions.

Keywords: Stigma, theme analysis, narratives, HIV/AIDS, India, newspapers, representation, felt stigma, enacted stigma

Introduction

It is estimated that 2.6 million people in India live with AIDS (AVERT, 2010). Though this is a small percentage of India's overall population, HIV/AIDS ranks as a prominent public health problem in India. Summary findings from a study conducted by the Institute of Research on Women (ICRW) found that 52 percent of the approximately 10,000 women surveyed had suffered some form of physical or psychological abuse by their husbands including forced sex (Duvvury, Prasad & Kishore, 2006). Simbayi, Kalichman, Strebel, et al. (2007) characterize HIV/AIDS as the single most stigmatized disease in the world. People living with HIV/AIDS (PLWHA) in India often experience acute levels of stigma and discrimination (D'Silva, Futrell, Alladi & Gohain, 2008). The stigmatization of PLWHA is further heightened by the fact that such individuals often come from groups who have experienced marginalization and discrimination even before their diagnosis with HIV/AIDS (e.g., commercial sex workers or CSWs, men who have sex with men (MSMs) (Duwury, Prasad & Kishore, 2006).

Furthermore, because HIV infections mostly occur through sexual contact, and sex is often regarded as a taboo topic, communicating about HIV/AIDS is a complex issue (D'Silva,

Walker, Hart, & Futrell, in press). Individuals may depend upon mediated sources to inform themselves about the disease. Thus, the quality of the information in the media becomes important. Addressing this need, initiatives in other regions of the world such as the CARE-CDC Health Initiative (CCHI) in Ghana, are using indigenous folk media. Because of their local appeal and reach, indigenous folk media were found to be a useful vehicle to increase awareness of safe reproductive lifestyles including abstinence, avoiding multiple partners, and use of condoms (Panford, Nyaney, Amoah & Aidoo, 2001). Yet challenges to counter AIDS-related stigma remain, often preventing action at individual, community, and national levels (Lapinski & Nwulu, 2008; Piot, 2000).

The current research project is an exploratory effort to characterize the stories of HIV/AIDS stigma as told in two major Indian newspapers. The news media have a potentially powerful role to play in highly stigmatized illnesses such as HIV/AIDS. They can serve to reinforce stigma in their pattern of coverage, but they can also serve as a counterforce which begins to break down social stigma associated with disease by simply reporting and discussing a disease which is a taboo subject in many social circles. Moreover, the news media play a central role in public discourse by serving as the arena in which the contending narratives associated with the disease get played out. Given these factors, the current research project was designed to explore the predominant narratives about HIV/AIDS in two leading Indian daily newspapers.

Conceptualizing Stigma

The prevalence of HIV/AIDS-related stigma toward vulnerable social groups has been widely acknowledged in the literature (e.g., Herek & Capitanio, 1999; Lapinski & Nwulu, 2008). Stigma has been defined as “an attribute that is deeply discrediting” that “reduces a person in our minds from a whole and usual person to a tainted, discounted one” (Goffman, 1963, p. 3). Goffman (1963) went on to identify three different classes of stigma: (a) stigmas of the body or deformities, (b) stigmas of character such as mental illness, moral lapses and criminality, and (c) stigmas that are attributed to social collectivities such as race and tribe. In reality these types of stigma are often overlapping as opposed to being mutually exclusive. In the case of HIV/AIDS, all three types of stigma are likely to be in operation simultaneously. The symptoms of AIDS are often visible to other people, leading to an association with the stigma of the body. As previously noted, HIV/AIDS is often associated with groups that are already marginalized and stigmatized even prior to the advent of the disease, thus reinforcing the morally contingent social character of stigma. In addition, perception of PLWHAs as a morally deviant outgroup further complicates the strategies for reducing stigma as associated with specific social collectivities (Devine, Plant & Harrison, 1999; Herek & Capitanio, 1999).

Further, researchers typically differentiate between *felt stigma* and *enacted stigma* (Scambler, 1998). Felt stigma or self-perceived stigma involves the subjective side of stigma in that it represents the internalized sense of shame, self-blame and fear of discrimination that the individual experiences. Enacted stigma on the other hand deals with actual instances of discrimination that the stigmatized individual experiences in his or her social environment (Jacoby, 1994).

With respect to HIV/AIDS in particular, the stigma surrounding the disease is regarded

by many as more dangerous than the infection itself (Link & Phelan, 2006). Stigma involves overt labeling of the stigmatized person. Indeed the perception of felt stigma is often acute as the person comes to internalize the labels that are applied. The person's identity as a responsible member of the community is discredited and ultimately degraded. The stigmatized person becomes the other — an alien in his or her own community. Stigma is also deeply embedded in the social and economic conditions of the community as well leading to an overwhelming sense of enacted stigma. The sense of enacted stigma is further reinforced as stigmatized individuals often come from groups who are marginalized and exist on the periphery of society (Cialdini, Reno & Kallgren, 1990; Falk, 2001).

It is necessary to simultaneously engage in targeting both felt and enacted stigma perceptions and designing stigma interventions in order to effectively counter social discrimination (Aggleton & Parker, 2002; Parker & Aggleton, 2002). Stigma in all its forms has debilitating and negative effects on individual identity, health, and quality of life. Deacon (2006) defines discrimination as acts that are meant to disadvantage people. Such stigmatizing and discriminatory acts have pervasive effects on individual health such as anxiety and depression. Stigma also affects the willingness of people to seek treatment, participate in HIV testing and prevention programs. While HIV/AIDS is a disease, the prevalence of the disease in a given community is driven by societal factors, especially the social stigma associated with HIV/AIDS.

Methods

We engaged in a two step-sampling process to select stigma- relevant articles from two online English language national newspapers in India: *The Times of India* and the *Hindustan Times*. With a circulation of 13.3 million copies sold daily, *The Times of India* has been certified by the Audit Bureau of Circulations as the world's largest selling English broadsheet newspaper followed by the *Hindustan Times* with a daily circulation figure of 6.3 million. We searched each newspaper for articles that contained the phrase "HIV/AIDS" from January 1, 2005 through December 31, 2009. This resulted in a total of 938 articles from the *Hindustan Times* and 1167 articles from *The Times of India*. We then selected every third article from this corpus for further analysis. This winnowing resulted in a sample of 701 articles (389 from *The Times of India* and 312 from the *Hindustan Times*).

The researchers then read each article and determined if the article had content that was related to stigma and marginalization. To qualify for inclusion, an article had to focus attention on the stigma associated with HIV/AIDs or describe efforts to counteract such stigma. Articles that did not specifically focus on HIV/AIDs-related stigma in India were excluded, as were articles that merely mentioned HIV/AIDs and/or did not deal with the lived experience of dealing with the stigma associated with HIV/AIDs in Indian society. If there was some ambiguity about whether an article met this criterion, the researchers discussed the article and made a final joint decision as to whether the article should be retained or discarded. This resulted in a final sample of 182 articles (115 articles from *The Times of India* and 67 articles from the *Hindustan Times*).

The text of these articles was entered into QDA Miner, a mixed methods content analysis program. QDA Miner combines the text coding, comment and retrieval features of a qualitative

content analysis program with multi-dimensional scaling and sequential analysis tools for identifying patterns between codes. QDA Miner also interfaces with Wordstat which is a quantitative content analysis program (i.e., enables the construction of keyword dictionaries and word counts with qualitative content analysis tools). The QDA Miner codes facilitated the subsequent retrieval and comparison across the codes of the various articles. QDA Miner also enabled the comparison of codes across time and across the two newspapers in our sample.

Two coders first read each story to identify text that was relevant to stigma. The major theme that arose was the presence of both *stigma-relevant* and *stigma-resistant* passages. ***Stigma-relevant passages are those that highlight incidents of stigma; stigma-resistant text is that which shows counter-measures against stigma.*** Each coder also wrote comments that were incorporated in the file as to whether an article contained any stigma-relevant or stigma-resistant text. Passages that were considered to be stigma-relevant were coded as stigma-relevant while texts that described resistance to or active counter-measures against stigma were coded as stigma-resistant. In the initial coding process the coders also wrote extensive comments about the distinctive aspects of stigma or stigma resistance that characterized each coded passage. These comments served to help identify repeating ideas and emergent themes in the sample of news articles (Auerbach & Silverstein, 2003).

The coded passages were then re-read and the comments that had been made in the initial coding were carefully reviewed. The two coders then wrote memos regarding the emergent categories that they saw as they proceeded through the articles in the database. The researchers met and discussed their coding categories several times and refined and elaborated on these categories via a process of ongoing comparative analysis and memo writing (Charmaz, 2006).

Further, we also performed several analyses using QDA Miner to check possible data trends across the two sampled newspapers and the five year time span of our study. In particular, we checked for: (a) the proportion of stigma-relevant and stigma-resistant articles across the two papers, (b) variation in the proportion of articles that contained stigma-relevant and stigma-resistant passages over the five year period, and, (c) sequential patterns in the appearance of stigma-relevant and stigma-resistant passages within the text of the articles themselves.

Proportion of Stigma-Relevant and Stigma-Resistant Articles

First, we compared the percentage of articles that had stigma-relevant and stigma-resistant passages across the two newspapers. We found that while the *Hindustan Times* had a slightly higher percentage of articles that contained stigma relevant passages (74%) compared to *The Times of India* (63%) ($\chi^2(1) = .23$; $p = .13$), this difference was not statistically significant. Similarly, no significant difference was detected in the percentage of the articles in each newspaper that had stigma-resistant passages: about 79% in *The Times of India* and approximately 76% in the *Hindustan Times* ($\chi^2(1) = .24$; $p = .62$).

Proportion of Stigma-Relevant and Stigma-Resistant Passages

Second, using the data entered in QDA Miner, we also explored whether there had been a change in the percentage of articles that contained stigma relevant and stigma resistant passages

over the five-year period. There was a small increase in the overall percentages of articles that contained stigma-relevant passages in 2008 and 2009, but the differences were not statistically significant ($\chi^2(4) = 5.98, p = .20$). In a similar fashion, there was no discernable emergent pattern in the percentage of cases in the examined years in terms of the percentage of articles that had stigma-resistant passages ($\chi^2(4) = 3.52, p = .46$).

Stigma-Relevant and Stigma-Resistant Patterns in Text

Finally, in order to understand whether the two dominant themes of stigma-relevance and stigma-resistance appear in any predictable sequence in the two newspapers, we employed the sequence analyzer in QDA Miner. The sequence analyzer in QDA Miner checks for consistent sequential relationships among codes (e.g., does a section discussing stigma tend to set up following stigma-resistant themes later on?). In this manner, we checked the sequential patterns between the two broad codes, to see whether stigma-resistant codes tended to follow stigma-relevant or vice versa. However, we found no relationship in terms of which codes tended to occur first or second sequentially within news stories themselves. Overall the sequential analysis did not identify any significant sequential patterns in the data.

Results

In the 182 articles analyzed, we coded approximately 40 percent of the overall text in these articles as being stigma-relevant or stigma-resistant. Of the text that was coded across the entire set of articles, approximately 40 percent of the coded text fell under the code of stigma-relevant and 60 percent fell under the code of stigma-resistant. Sixty-seven percent ($N = 122$) percent of the articles contained stigma-relevant codes and 78 percent ($N = 141$) contained stigma resistant codes. Each article in the data set received at least one code. Fifty percent ($N = 91$) of the news articles contained both sigma relevant and stigma resistant codes.

None of the articles that we examined endorsed stigma, either explicitly or implicitly. There were stories that described instances of how people perceived stigma and how this affected their actions. For example, several articles described people's reactions to the discovery that they were HIV-positive. Other stories described instances of discrimination against people with HIV. For example, several stories described how PLWHA were refused treatment by medical institutions. However, in most instances, stigma-relevant passages provided the context for stories that described how particular individuals or persons were actively resisting or attempting to counteract stigma.

The main purpose of the investigation, however, was to begin to develop a systematic description of the dimensions of stigma — stigma-relevance and stigma-resistance — as they appeared in press coverage of HIV/AIDS. The following sections include a description of the categories along with illustrative passages from the corpus of news stories that represent each category. The analysis identified four main components of stigma-relevance in the news articles that we labeled (a) fear of AIDS, (b) loss of identity, (c) moral judgment and (d) the exercise of power. On the stigma-resistant front we identified five clusters of items that we respectively labeled as: (a) ending the silence, (b) gaining acceptance, (c) creating community, (d) social justice, and (e) hero(ine) narratives.

Themes Characterizing Stigma-Relevance

Fear of AIDS.

This theme was found in stories that described the fear and anxiety surrounding the disease. Our examination of the articles indicated a veil of secrecy that prevailed because of this fear. Ignorance about the disease itself and how it was spread was described as a significant element of this fear. The deafening silence that surrounded HIV transmission was deepened by the traditional reticence that surrounded sexual topics in areas of Indian society. A consequence of the combination of fear and silence was a profound sense of social isolation. Self-censorship in discussing the disease descended into the heart of family life itself. The following extended excerpt from a *Hindustan Times* article portrayed this silence as particularly acute even in families that were not traditionally marginalized but relatively well educated and/or economically affluent.

Four years ago, Mohan left Jamshedpur and his family. No one, not even Pratima understood why he made the disappearing act. Mohan had lived a dignified life in the steel city, had a good job, a loving family. But a month ago, before breathing his last, he made a confession to his wife through a letter — he wrote that he had left the place and the people as he was HIV-positive.

The letter did not carry his address. But the postal stamp showed that it had been posted somewhere in Varanasi “My husband lived with six other persons in Varanasi. All of them were HIV-positive,” she said. While interacting with them, she realised that they had not informed their families of their whereabouts and were hesitant in disclosing their identities. (“Driven to Death,” 2006, para 3).

Loss of identity.

This theme highlighted the negative transformation of a person’s social identity that often accompanied the acquisition of HIV infection. This included a loss of important role identities and an overall contraction of the sense of self and personal autonomy. In news stories HIV/AIDS was described as taking over a person’s identity to the point that the person’s identity was frequently reduced to an embodiment of the disease and little else. The loss of valued identities was frequently accompanied by a profound loss of social status as well. The following description illustrates the experience of another well educated individual who was not from a traditionally marginalized section of Indian society as described in a story from *The Times of India*:

A woman from an educated family was thrown out of her house by in-laws after her son died of AIDS. “Although my in-laws knew that I had got the infection from my husband, they were not ready to keep me or my children. I am still fighting a court case for some share in my husband’s property,” Geeta told TOI not willing to name her husband’s family despite the ill-treatment meted out to her. (“In Today’s World”, 2009, p. 12).

Moral judgment.

This thematic attribute of stigma relevance explored the lived experience of experiencing moral disapproval and ostracism. In the cases of young people, the abrupt descent of rejection and social ostracism was described as precipitating an anguished search for meaning and understanding of why this had happened to them.

WHY? It is a question that haunts Vijay Date, 13 years old, HIV+ and simmering with a corrosive anger. “Why did my father give us this disease?” “Why do we have to spend so much money to get our free medicines?” “Why doesn’t anyone want to talk to me?” Vijay was six when his father died of AIDS, and he discovered he and his mother Sangita were HIV+. Cut off by relatives and friends, mother and son now lead an uneasy existence in Tasgaon, a dusty village 20 km off Sangli town. They don’t know when the HIV virus, dormant in their bodies, will turn lethal; they don’t know how long they will live. Or who will die first.” (“A Generation Orphaned”, 2007, p. 11).

Loss of power.

This stigma-relevant dimension characterizes the power dynamics associated with HIV/AIDS. These stories highlight the plight of PLWHA when they became victims of the system. This theme covered several levels of victimization. On the one level, HIV/AIDS itself is sometimes a disease of the vulnerable and powerless. For example, a story in the *Hindustan Times* described “street children” as particularly vulnerable targets for sexual abuse and ultimately for contracting HIV/AIDS.

The Railway Protection force has arrested 14 street children from the Aligarh Railway Platform on the charge of pick pocketing. Most of these children have also been victims of sexual abuse.

In Aligarh nearly 3,000 street children are battling more than just poverty and sexual abuse. Many of them are suffering from sexually transmitted disease. Most of them live at railway platforms, bus stands, hospital premises and road sides.

It has been learnt that sex trade and begging is carried out by these children either at the instance of their poor parents or organised gang. (“Saxena”, 2008, p. 8).

On a second level, PLWHA also become the objects of wrath and violent discrimination by the community and by its official organs, as described in the following article:

Living with HIV/AIDS is bad enough. But what’s worse is having to deal with a society that is insensitive, often brutal, while dealing with them. A woman, suspected to be HIV positive and whose husband died of AIDS, was allegedly murdered at Keutunga village in Orissa’s Puri district on Saturday. This is the third such incident in the state. The 30-year-old widow, Sabita Behera, had been ailing for some time now after being left to fend for herself following her husband’s death. Sabita wasn’t sure if she was

HIV positive — she hadn't undergone any medical tests — but often fell ill. But villagers believed that she was in the grip of the killer virus. Her two sons, 8-year-old Suresh and 5-year-old Rajesh, had been separated from her and were living with their maternal uncles. ("Aids Kills, so does Bias", 2008, p. 4).

The persecution of PLWHA is heightened because the groups that are most susceptible to the disease, such as commercial sex workers (CSWs) and gays, are also from marginalized groups, such as CSWs who were stigmatized in Indian society even before their detection as HIV-positive. Such discrimination was illustrated in the following excerpt from an advocate before the Supreme Court in India, who chastised the legal system of the country for routinely denying the civil rights of CSWs:

Last year, bulldozers demolished hutments of sex workers on Baina beach in Goa following directions of the high court. These huts were homes of women who had lived there for 40 years. They possess ration cards, voter identity cards, electricity bills, tax receipts and are bona fide residents of Baina. Many of their children born in Baina are vote-casting adults. Such stigmatisation manifests itself in numerous other ways. The law with regard to assault, rape and kidnapping is uniformly applicable regardless of the identity of the victim. In reality, sex workers seem fair game to beat and rape as no consequences follow for the perpetrator. Last year, a prostitute from G B Road was kidnapped by a policeman, taken across the border and severely raped, beaten and brutalised. However, despite the matter surfacing in the media, no action was taken against the culprit. Kokila, a hijra sex worker was raped, beaten and brutalised by goondas in Bangalore. The police instead of lodging an FIR chained her naked in the lock-up, tortured, humiliated and sexually abused her. (Shukla, 2005).

Thus the oppression, persecution and neglect of HIV/AIDS (as symbolized by enacted stigma) is interconnected with and feeds off of other long standing forms of social discrimination.

Themes Characterizing Stigma-Resistance

Ending the silence.

The initial step in stigma resistance involves the theme of public and often collective declarations of HIV positive status by those afflicted. In these instances, if society has reduced their identity to being synonymous with HIV/AIDS, they embraced this identity and transformed it while they embraced it. They asserted that they were people living with AIDS — with the emphasis on "living." A noteworthy aspect of this theme was the assertion by those afflicted that HIV infection was not the end, but a new chapter in their ongoing lives. The following excerpt from a *Hindustan Times* article illustrates this theme:

It was a rare show of courage and strength put up by the HIV positive people on the banks of Sangam. Over 300 men and women suffering from HIV collected at the

Directorate of Field Publicity camp at Lal Sadak, Ardh Kumbh Mela and took out a rally under the banner of UP Network of Positive People on Saturday.

Earlier, the DM released a poster of HIV positive people at the field publicity camp. The poster containing real photos of HIV positive people gave the message that they don't need to feel embarrassed about their disease and, like others, they also have the right to lead a normal life. ("HIV+ People Hold Rally", 2007, p. 4).

Gaining acceptance.

This theme highlighted the ongoing struggle that PLHWA engaged in to change the attitudes of their family, friends, and neighbors from mere tolerance to active acceptance. Though they faced discrimination and stigma, their confrontation of stigma had gained them increasing acceptance by neighbors and co-workers. This work to gain acceptance from society often began with self-acceptance of their HIV positive status by those afflicted as evidenced in the following passage:

"You have to fight you own battle," said Sunita Kaur (name changed). She was one of the 200 HIV positive people who for the first time came out on the streets in the city openly disclosing their identity on the occasion of World AIDS day on Monday.

Sunita says her husband faced discrimination from doctors at the Government Medical College and Hospital. "They put up a board over his bed saying that he was HIV positive and that no one should go near him," Sunita claimed.

"I never thought I had also been infected. When I came to know about it three years ago, I thought of committing suicide with my daughter. But now I realise it was foolishness. Whenever I feel disheartened, I remember the support my brother offered me by giving me his blood at that time. Now most people in my office, my friends and relatives know about my status and it doesn't affect me at all," she said. (Shrivastav, 2008).

Creating community.

This theme displayed the effort by PLWHA to create a sense of community and find a collective voice. The creation of this collective identity through collective meetings fostered a sense of solidarity among PLWHA. Creating this community solidarity was sometimes portrayed as a necessary prerequisite for building a social movement to agitate and advocate for PLWHA. As a means of resisting discrimination and countering negative attitudes, these collective meetings were frequently described as festive events designed to transcend the social isolation that PLWHA typically experience in their social lives. The ultimate aim of these events, as articulated by the news stories, is to create a collective social movement to confront AIDS-related stigma and defeat it. The following description of such an event in Hyderabad illustrates core elements of this theme.

In what could be termed as the biggest gathering of people affected by HIV/AIDS, over 3000 people assembled for a day of fun, frolic and laughter in Hyderabad. [G]

Ashok Kumar, the Project Director for APSACS, said that from December 1 (World AIDS Day) various campaigns had been promoted with one aim — Be Bold.

“They come here, one, to express their solidarity, you know they were all feeling like small islands isolated in various districts and this has become a tremendous morale booster for them. So, that is one. Second, we also want to send the message that HIV Positive people are like normal human beings, ...you are not very weak, they cannot even stand, those type of images, that has [to] be changed, and the message we want to tell the world is that HIV Positive people are also normal human beings with a small disability, but otherwise, they can do whatever other people can do,” said Kumar. (“Hyderabad HIV/AIDS Patients Make Merry for a Day to Battle the Menace Better”, 2006, p. 9).

Social justice.

This stigma-resistant theme covered direct organizing and advocacy by the groups that were impacted by AIDS. Many of these groups were traditionally at the periphery of society such as commercial sex workers and members of the gay and lesbian communities. The stories illustrating this theme depict active engagement by these groups to directly influence laws and institutional policy. The following story from *The Times of India* describes a self-help and advocacy network developed by CSWs to solve their common problems with discrimination and to claim their legal rights, including fair treatment by the law.

With the help of 15 NGOs, sex workers across Mumbai have started a self-help movement through which they solve their problems.

Mumbai: When Kusum’s three-month-old son was kidnapped six months ago, she was convinced she would never see him again. A commercial sex worker from Koperkhairane, she felt she wasn’t “privileged” enough for the police to help her out. But by the eighth day, the police had tracked down her son, who had been sold to a childless couple.

Then there’s Kiran, the sex worker who succumbed to complications arising from AIDS. She died penniless in her tiny room in the Airoli township of Navi Mumbai. Not one of her neighbours was ready to help lift her body down the narrow staircase. Yet her last rites were carried out, and her mother and children were given Rs 22,000.

The invisible force at work, in both instances, was a new-found bonding between the commercial sex workers themselves. Over the last two years, at least 50,000 sex workers across Mumbai have joined Aastha: a movement supported by 15 city NGOs, through which they share their experiences, help each other, and create awareness on sexually-transmitted diseases (STDs). (Iyer, 2008).

Hero/ine narratives.

A number of stories celebrated the heroism of PLWHA who had devoted their lives to fighting stigma and improving the lives of HIV infected people. These narratives often

contained graphic descriptions of the stigma and discrimination. These hardships, however, had only stiffened the resolve of these heroes and heroines as they fought against seemingly insurmountable odds. In the crucible of AIDS stigma, new icons of heroism emerged and converted their HIV-positive status from a badge of social dishonor to a badge of honor that they accepted with pride. The following excerpt from a *Hindustan Times* story captures several of the core features of these narratives.

Quite often, when an AIDS patient dies, I visit the bereaved family along with the other volunteers of the NGO and wash the body of the dead. There had been occasions when we had to do the entire rituals by ourselves, says Hawwabi.

Born into a conservative Muslim family in a village in Kasargod district, Hawwabi was married off at the age of 16 to 47-year-old Mohammed, who was already married and had six children. She became a widow and victim of AIDS at the age of 27.

[I] was isolated by society. I even thought of ending my life. But I wanted to do something for society and for those who suffer from AIDS. I took a bold decision and started a new life, she says.

“In fact, it was the disease that took me outside my home. Now, I have an aim in my life. With the help of the Institute of Applied Dermatology (IAD), I worked to identify HIV positive women and enabled them to face the challenges ahead. We create awareness among the victims, their relatives and neighbours, who used to shun HIV positive people until recently,” Hawwabi added. (“A Kerala AIDS Victim Fights”, 2006, p. 27).

Conclusion

Overall there was virtually no endorsement or acceptance of the stigmatization of PLWHA in the corpus of newspaper articles that we examined. In the instances where stigma was extensively described, it was primarily framed as a negative aspect of contemporary Indian social life related to the AIDS epidemic. Our examination of these accounts illustrates the depth and persistence of HIV/AIDS-related stigma even after many years of official campaigns to counter stigma. Overwhelmingly, however, our examination of the sample of articles in recent years (2005-2009) indicates that this continuing social ostracism was framed not only as deplorable, but as an unacceptable practice. In fact, we found that in many of the articles, the stigma-related themes in the text served to set up stigma-resistant counter narratives in the text.

Our analysis of the two major English language newspapers in India indicates that there has been sustained attention over the five year period to not only openly discuss AIDS-related stigma and discrimination, but to also build an ongoing stigma-resistant narrative of how courageous and dedicated people are confronting and counteracting stigmatization. Our investigation into the dominant HIV/AIDS stigma related themes in the two major Indian newspapers makes several important contributions.

First, our thematic analysis into the dominant HIV/AIDS-related themes reveals that these fall into two main categories of stigma-relevant narratives and stigma-resistance narratives. In other words, most narratives in HIV/AIDS stigma-related articles either discussed how

stigma was portrayed in terms of its social consequences or discussed the manner in which stigma was resisted by the individuals affected, concerned social groups, and nongovernmental organizations. It is heartening to note that no article perpetuated or condoned stigmatization of vulnerable and afflicted individuals in any manner.

A second primary contribution of our research is that our analysis establishes a descriptive base for understanding how newspapers frame the two dominant themes of stigmatization in India. In identifying the salient themes of stigma-relevance and stigma-resistance we tease out the social dimensions of HIV/AIDS in one of the regions of the world where the incidence and numbers of people affected with HIV/AIDS is growing rapidly. We identified stigma-relevant themes as being characterized with fear, judgment, and power related discourses such as (a) fear of AIDS, (b) loss of identity, (c) moral judgment and (d) the exercise of power. In each we find that those afflicted were stigmatized through internalization of the blame through a loss of identity or moral judgment or loss of control over their lives. The main subthemes on the stigma resistant front countered the narratives of the stigma-relevant themes through speaking out and owning one's identity as an HIV-positive individual and fighting for justice from a shared platform with other marginalized and ostracized members of one's group. Community and action were strong elements of the stigma-resistant theme. It remains to be seen whether and how this framing affects attitudes and behaviors both of PLWHA and people in their social networks.

Researchers employing the entertainment education (E-E) approach (Singhal & Rogers, 2002) have noted that individuals can engage in observational learning by viewing mediated content and that these can be effective in changing stigma-related perceptions (Bandura, 1977; Herek, 1986). Our study has examined mediated content conveyed through print media with the goal of understanding how HIV/AIDS-related stigma is portrayed. Through identifying and revealing the dominant themes of stigma-relevance and stigma-resistance and their major dimensions, we hope that interventions targeting these dimensions can be designed.

Illustration of these themes is also important in gaining an understanding of the major dimensions through which news media have portrayed HIV/AIDS-related stigma in India. Such portrayal is often in a dialectical relationship such that media representations reflect popular perceptions and attitudes and are, in turn, shaped by their representations in the media. To that extent, the stigma-resistant themes offer a positive avenue for countering negative narratives of victimization through those of justice, claiming ones identity, and strength through organizing and through the community.

Given that preventing new infections among high risk groups and general population through targeted interventions, care and support is a national priority in containing the HIV/AIDS pandemic in India, the results of the present study are useful in understanding prevalent themes of stigma as they are represented in mainstream media. Countering stigmatizing narratives is an important aspect for the ultimate success of interventions. However, the results of the current study are limited in scope. Additional work is needed to expand, validate, and refine the set of category systems developed in this exploratory study. Future research ought to not only examine the descriptive codes, but also analyze the patterns of co-occurrence of themes, possible sequential patterns of themes that occur within stories, as well as explore the evolution of themes over time.

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