

Media Advocacy for Control of HIV/AIDS versus Malaria in Cameroon: Content Analysis and perspectives

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Abstract

For more than a decade, HIV/AIDS and malaria have been Africa's deadliest pandemics, jointly causing more than 4 million deaths a year. Although both HIV/AIDS and malaria were considered as main ills to be tackled by UN Millennium Development Goal 6 (UN MDG, 2000), observers noted that HIV/AIDS was excessively covered while malaria was under covered by the Cameroon media. Given the pivotal role played by the media in raising awareness and thus controlling a disease, this paper set out to compare and analyze media advocacy on HIV/AIDS versus malaria and advance recommendations to this effect. Thus, we employed the content analysis method, by which we compared the quantity and quality of advocacy done by two leading newspapers in Cameroon: the government owned, Cameroon Tribune and privately owned, The Post Newspapers. The content analysis revealed that media advocacy on HIV/AIDS was prioritized over that on malaria. To explain and discuss this phenomenon, we also aggregated data from interviews with media and non-media actors in a bid to have close research gaps. Controlled variables include: controversy; newness; geographical distribution, involvement of top personalities, collaboration between actors and funding which we recommend for malaria.

Key Words: Media advocacy, HIV/AIDS, Malaria

Background and justification

At the dawn of the new millennium, the world faced not only political and civil crises but also one of a social nature. The scourge of diseases across the planet was taking a heavy toll especially on underserved populations. While malaria was claiming the life of a child every 30 seconds (Clark 2003), HIV/AIDS became the 4th leading cause of death (moving from the 30th in 1990) (WHO 2006). Both diseases accounted for an estimated 4 million annual deaths (Alemu, et al 2013).

This saw the United Nations General Assembly take commitments to improve the health of populations. Goal number 6 of that commitment aimed at combating "malaria, HIV/AIDS and other diseases."

The role the media plays in combating disease through awareness creation and advocacy remains

indisputable. It is not only the mirror and the window but also the watchdog of society (Ndang 2014).

In Cameroon, the media has used its powerful effect to fight against both diseases with amazing results. HIV/AIDS has a high awareness rate as 98% of Cameroonians know of its existence and at least 87% know how to prevent it (Biyele, Cameroon Tribune, 2013). Still thanks to an aggressive media advocacy campaign, HIV prevalence rates dropped from 11.8% in 2003 to 5.4% in 2004 and then 4.3% in 2012 (National AIDS Control Committee, 2012). The number of people sleeping under treated mosquito nets has doubled since 2011 following the Nightwatch Campaign (MNM 2014).

Given that in the same day as thousands of children were dying of malaria (Mbatcham 2010), 141 persons were being infected by HIV/AIDS (National

AIDS Control Committee, 2010) in Cameroon during the first decade of the millennium, one would have expected the media to pay proportionate attention to coverage on both diseases. However, this is not the case as Mbatcham (2014) opines that malaria has been orphaned due to media neglect and therefore considered banal by the population. The result of this is evident. Less than 13% of high risk groups sleep under mosquito nets (Mbom 2007) and some continue to use the freely distributed nets offered by government for fishing (Etang 2013). Malaria has been the leading cause of consultation in health services, responsible for about 36% of hospital consultations and 48% of hospital admissions (WHO 2013). Malaria prevalence swung between 40-40.6% from 2000 to 2008 (NMCP 2008) and auto medication against malaria remains a cause for concern (Kumfa 2013). In 2011, every one of Cameroon's 19.6 million citizens was reported to be at risk of malaria, with 71% of them living in high transmission areas (WHO 2011).

With the non achievement of Millennium Development Goal 6, it is imperative for stakeholders to give due attention to all diseases if they hope to achieve Sustainable Development Goal 3 (good health and wellbeing). Given that the media sets the agenda by telling its audience what to think about (Mcombs and Shaw, 1972).), it should be used as an instrument to raise the prominence of a disease based on its stakes. This study therefore set out to compare and analyze media advocacy for the control of Africa's deadliest pandemics (HIV/AIDS and malaria).

Media Advocacy and Health

Be it internal media advocacy (when practiced by inmates of media organs such as Journalists and Editors) or external media advocacy (when non-media actors advocate through the media), media advocacy is essential if not indispensable to health promotion.

Wallack and Doffman (1996) refer to media advocacy as a blend of science, politics, activism, arts, drama, words and passionate commitment to public Health. *It can be a significant force for influencing public debate and putting pressure on policy makers by increasing the volume of the public Health voice and in turn by increasing the visibility of values, issues and people behind the voice. Media advocacy is about making sure that the story gets told from a Public Health perspective.*

In fact, media advocacy strikes a difference between using the media to address an 'information gap' and using the media to challenge a 'power gap.' A traditional view "...results in mass media being used as an educational strategy primarily to provide individuals with more information to make better health choices". In

media advocacy, however, mass media is "...used as a political tool to target and pressure policymakers for social change and to mobilize widespread support to apply the pressure" (Wallack and Doffman, 1996).

Like Quintero (2011) who opines that the media should be used not just to say something but also to do something, Charles (2013) notes that advocacy journalism is a proactive approach that does not just report facts as they are but seeks ways of improvement, solution and resolution.

For example, Fomenky (Cameroon Tribune, 2000) explains that over media advocacy on HIV/AIDS threw the Cameroonian population into a wave of mass hysteria, lining them in extreme fear, anxiety and even boredom. This led to a situation whereby the population became over cautious of HIV/AIDS and decision makers and donors invested much money on the disease. Malaria on the other hand which was snatching a child's life every 30 seconds was neglected by the media and therefore was considered unimportant by decision makers and the public. It took an aggressive media advocacy campaign for malaria prevention in 2011 to ensure a 6.6 percentage point increase in mosquito net use (65.7% vs 59.1%, $p < 0.05$) and a 12.0 percentage point increase in last-night net use among children under five (79.6% vs 67.6%, $p < 0.025$) (Bowen 2013).

Methodology

In order to compare and analyze media advocacy on HIV/AIDS versus malaria, we employed two main research methods: content analysis and in depth interviews.

Content Analysis

Given that the study is basically an investigation into the content of written material, the content analysis research method stands out as the most appropriate method to use. Content analysis, according to Kerlinger (1986) is a method of studying and analyzing communication in a systematic, objective and quantitative manner for the purpose of measuring variables.

Sample of study

This study sampled the Cameroon print media as it is mostly read by decision makers (Maimo, 2013). Decision makers remain the primary targets of every media advocacy campaign. Civil society constitutes the secondary target while the public is the tertiary target (Wallack and Doffman, 1996). Following a pre-study to select the most popular government owned and private newspapers used for advocacy, *Cameroon Tribune* representing the government owned media and *the POST Newspaper*, representing the private owned

media were selected for this study. As evident from table 1 below, a total of 4572 Newspapers, (3408 Cameroon Tribune and 1164 the Post Newspapers) ranging from the period 2000 to 2012 were analyzed.

Table 1 *Number of publications containing items or articles on HIV/AIDS and/or Malaria*

Time Frame	Cameroon Tribune		The POST	
	Number of publications per year	Number of Publications with items on HIV/AIDS and Malaria	Number Of Publications per year	Number of publications with items on HIV/AIDS and Malaria
Jan to Dec, 2000	261	39	97	9
Jan to Dec, 2001	261	61	97	27
Jan to Dec, 2002	261	39	97	7
Jan to Dec, 2003	261	62	97	20
Jan to Dec, 2004	261	122	97	7
Jan to Dec, 2005	261	86	97	19
Jan to Dec, 2006	261	32	97	15
Jan to Dec, 2007	261	34	97	16
Jan to Dec, 2008	263	44	97	46
Jan to Dec, 2009	265	44	97	21
Jan to Dec, 2010	263	85	97	71
Jan to Dec, 2011	265	29	97	80
Jan to Dec, 2012	264	40	97	38
Total	3408	717	1164	376

Data Collection Procedure

-Data tables: Given the wide time scope of the work which required that thousands of newspapers be perused, data tables were used to collect information.

-Data coding: During this procedure, nominal figures were assigned to represent information from the papers that had been displayed on the data tables.

-Data entry: The data collected could not have been analyzed in the code guide so the coded information on the guide was transferred to Microsoft excel.

-Data cleaning: The purpose of data cleaning was to ensure that errors made during data coding and entry were corrected. It was also aimed at ensuring that

there was no false information during the process of analysis.

In order to be scientific enough, tables and graphs were used. These tables and figures displayed the percentages of the different variables

Criteria for data collection

This study focused on advocacy-oriented items covered by the newspapers under study. A news article, editorial, commentary, interview, op-ed, speech or letter in the newspaper was considered an advocating item if it bore the following characteristics;

- 1) It emphasized on the social dimensions of the problem.

2) It attributed primary responsibility away from the affected individuals to those whose decisions affect these conditions. Yet, we equally considered advocacy items directed to secondary and tertiary targets.

3) It presented policy alternatives as solutions

4) The official or Journalists advocating sounded that policy options have practical appeal.

Tables 2 and 3 below show the number of items per orientation, per year for HIV/AIDS and malaria respectively.

Table 2 Orientation of coverage for HIV/AIDS, Cameroon Tribune and The POST

Year	Cameroon Tribune					The POST			
	Advocacy	Information	Publicity	Opinion Sampling	Entertainment	Advocacy	Information	Publicity	Opinion sampling
2000	17	19	0	0	0	8	1	0	0
2001	52	29	0	2	0	21	4	1	0
2002	17	75	0	0	0	7	0	0	0
2003	33	59	0	0	0	23	0	0	0
2004	46	117	15	2	0	6	1	0	0
2005	30	98	1	2	0	17	1	0	0
2006	17	77	1	0	0	14	6	0	1
2007	11	88	0	0	0	3	7	0	0
2008	14	74	1	0	0	22	3	0	1
2009	11	78	0	2	1	12	8	3	1
2010	28	53	0	4	2	24	33	1	0
2011	10	75	3	1	0	13	31	13	1
2012	11	82	7	0	0	9	21	2	0
Total	297	942	28	13	3	179	124	20	4

Table 3 Orientation of Coverage for Malaria, Cameroon Tribune and The POST

Year	Cameroon Tribune				The POST	
	Advocacy	Information	Opinion polling	Publicity	Advocacy	Information
2000	5	2	0	0	0	0
2001	1	2	0	0	2	0
2002	1	1	0	0	0	0
2003	2	1	0	0	3	0
2004	4	10	0	0	0	1
2005	10	6	0	0	1	0
2006	2	1	0	0	0	0
2007	1	0	0	0	3	3
2008	2	6	0	0	0	0
2009	0	8	0	0	4	1
2010	14	3	0	0	5	0
2011	5	5	3	0	19	0
2012	7	2		1	7	0
Total	54	47	3	1	44	5

In-depth Interviews

To further explain the analyzed content, in depth interviews were conducted. A purposive sampling technique was used to select the interviewees based on their relevance in providing adequate information on the topic. A semi-directive approach was employed to collect data. By this approach, the researcher has a list of questions or fairly specific topics to be covered, often referred to as an interview guide, but the interviewee has a great deal of leeway in how to reply. Questions may not follow on exactly in the way outlined on the schedule and some questions may arise in the course of the interview (Huntington1998). Given that media advocacy could be either external (when it is done by non-media actors) or internal (when done by journalism practitioners), we interviewed 30 non-media actors (made up of Health Program Managers, Health Communicators, Researchers, Public Health workers, Medical practitioners and statisticians) and 16 Journalism practitioners (Editors and Health Journalists).

Results

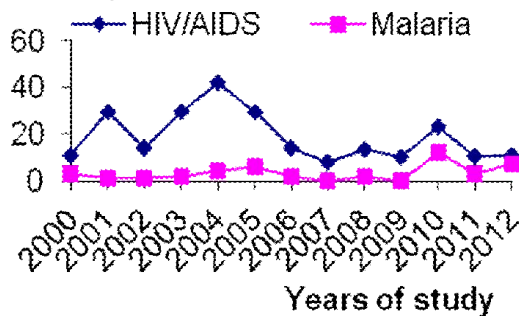
Quantitative variables for content analysis included total number of items, sources, issues advocated on, angles and approaches used to advocate. Qualitative comparisons on the other hand compared the quality of items in terms of pictures, position and space.

Quantitative Comparison

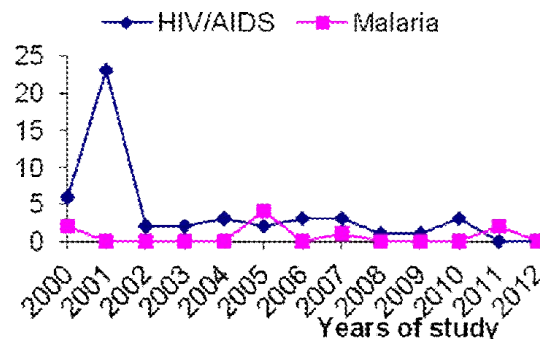
Advocacy through Cameroon Tribune

In Cameroon Tribune, 351 items advocate on both HIV/AIDS and malaria. The 297 items advocating on HIV/AIDS out-number by at least five times those on malaria which count just 54 items. 286 of the advocating items originate from non-media actors while 65 originate from media actors (Cameroon Tribune Journalists and editors).

Figure 1 Advocacy by non-media actors vs Advocacy by Cameroon Tribune, 2000 to 2012

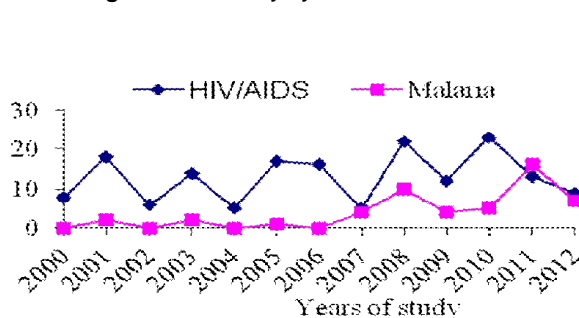


A - Advocacy by Non-media actors, Cameroon Tribune

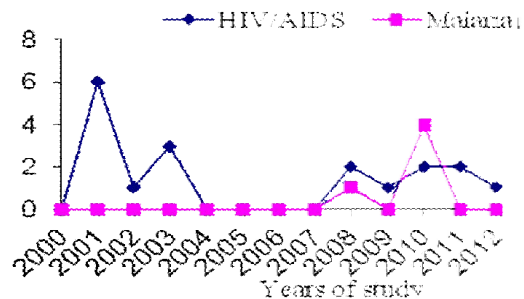


B - Advocacy by media actors(Cameroon Tribune)

Figure 2 Advocacy by non-media actors vs Advocacy by The POST



A - Advocacy by Non-media actors, The POST



B - Advocacy by media actors(the POST)

It is evident from figure 1 and 2 above that non-media actors did more of the advocacy than media actors and that on a general stand point, media advocacy for HIV/AIDS outnumbered that for malaria. In Cameroon Tribune, advocacy for malaria by media actors (*Cameroon Tribune* journalists and editors) outnumbered advocacy for HIV/AIDS only in the years 2005 and 2011. Meanwhile, advocacy for HIV/AIDS by

non media actors outnumbered that for malaria all through. In *the POST* Newspaper, advocacy done by non media actors for HIV/AIDS was remarkably more than advocacy done for malaria except in 2011 when advocacy for malaria got a slight increase. Also, advocacy done by media actors (journalists and editors of the *Post* newspaper) for HIV/AIDS was generally higher although advocacy for malaria dominated in 2010.

Table 4 Sources of media advocacy for HIV/AIDS, Cameroon Tribune and the POST

Source of Advocacy	Number	Percentage
Ministry of Health	80	19,46
Other Ministries	24	5,83
United Nations	31	7,54
Other Inter-Governmental Organizations	9	2,19
International Non-Governmental Organizations	38	9,25
National Non-Governmental Organizations	19	4,62
Researchers	50	12,17
Religious authorities	17	4,14
Local authorities	11	2,68
Tradipracticians	16	3,90
Victims	17	4,14
Foreign Volunteers	3	0,73
Bilateral actors	11	2,68
Youth Groups	9	2,19
Enterprises	12	2,92
Medical Practitioners	18	4,38
Celebrities	18	4,38
Common Initiative Groups (CIG)	9	2,19
Other: Political parties, Parliamentarians, Public interest associations, Prominent personalities, Gay rights activists. etc.	20	4,87
Total	411	100

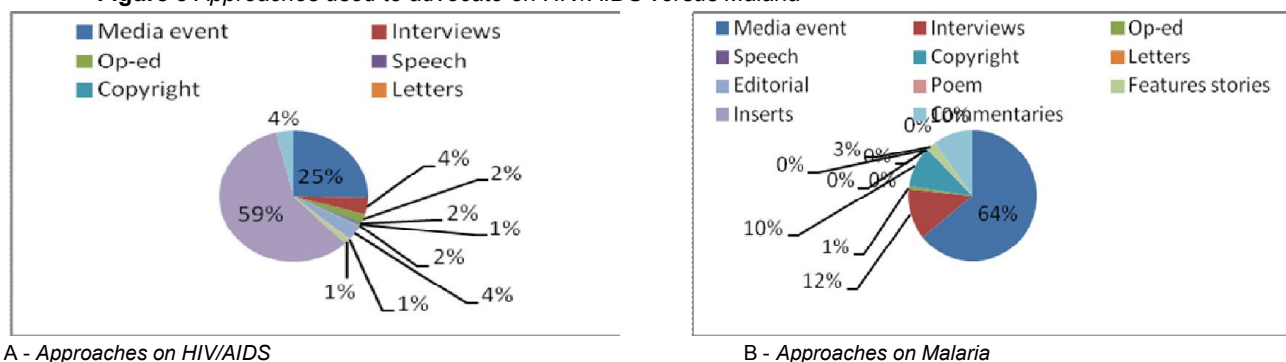
Table 5 Sources of advocacy for Malaria, Cameroon Tribune and The POST

Source of Advocacy	Quantity	Percentage
Foreign Volunteers	1	1,06
United Nations	20	21,28
Researchers	23	24,47
Medical Practitioners	5	5,32
Ministry of Health	41	43,62
Bilateral Actors	2	2,12
Celebrities	2	2,12
Total	94	100

Tables 4 and 5 above show that advocacy for HIV/AIDS originated from more than 19 sources while that for malaria came only from 7 sources. This shows that there are more actors advocating for HIV/AIDS than malaria. We equally noted that the Ministry of Health did most of the advocacy for both HIV/AIDS and malaria.

Yet, unlike it is the case for malaria, other Ministries like the Ministries of women empowerment, basic education, territorial administration and decentralization, small and medium size enterprises, amongst others equally did advocate for HIV/AIDS.

Figure 3 Approaches used to advocate on HIV/AIDS versus Malaria



Eleven approaches were used to advocate on HIV/AIDS as against 5 on malaria. By employing a variety of approaches to advocate, stakeholders in the

fight against HIV/AIDS demonstrate a greater interest in advocacy.

Table 6 Issues advocated for the control of HIV/AIDS, Cameroon Tribune and the POST

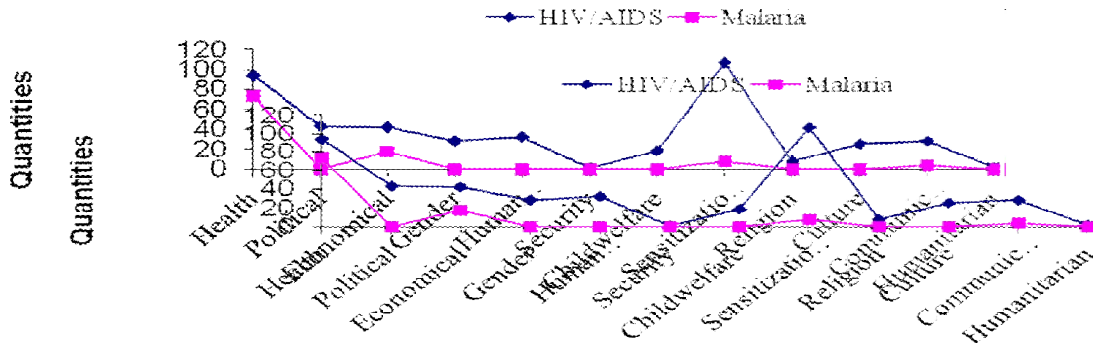
Issues advocated on HIV/AIDS	Quantity	Percentage
Reformation of traditional values	7	1,66
Multisectoral Approach To development	35	8,31
Recognition of Traditional Medicine	20	4,75
More Research	27	6,41
Funding	21	5
Prevention	139	33,02
Better Communication	30	7,13
Treatment	40	9,50
Fight against stigmatization	27	6,41
Better Health Infrastructure	5	1,19
Respect of children's rights	18	4,28
Youth development	5	1,19
Testing	19	4,51
Better respect of women's rights	24	5,70
Catering for the disabled	4	1
Other (fight poverty, more suitable policies, Gay rights, delivery of services, fight against corruption etc)	30	7,13
Total	421	100 %

Table 7: Issues advocating for the control of malaria

Issues advocated for Malaria	Quantity	Percentage
More research	11	10,68
Funding	14	13,59
Prevention	44	42,72
Better Communication	4	3,88
Treatment	18	17,48
Due Attention	8	7,76
Child Protection	1	1
Testing	3	2,91
Total	103	100 %

At least 18 issues have been advocated for HIV/AIDS as against 8 for malaria. One can deduce that the fight against HIV/AIDS has been given a broader scope than the fight against malaria.

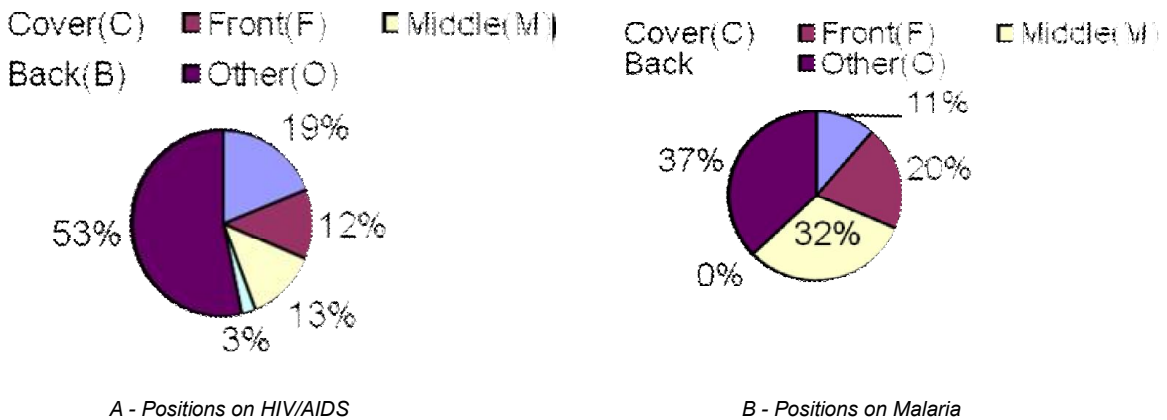
Figure 4 Angles used for the fight against HIV/AIDS versus angles used for the fight against Malaria



HIV/AIDS had 12 angles while malaria had just 4 angles. This shows that HIV/AIDS is viewed and advocated from a greater variety of perspectives than malaria.

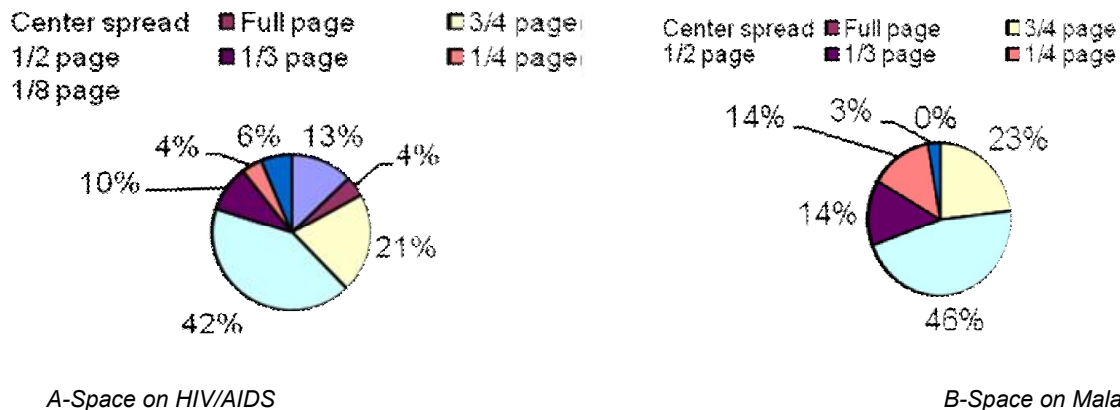
Qualitative Comparisons

Figure 5 Positions of stories on HIV/AIDS versus Malaria



Items on HIV/AIDS were given greater prominence in terms of positions as there were more cover stories for HIV/AIDS than Malaria.

Figure 6 Amount of space reserved for HIV/AIDS versus Malaria



More space was allotted for HIV/AIDS than malaria. No item on malaria was given a full page or a centered spread space.

50% of HIV/AIDS stories had pictures and 50% had no pictures. Meanwhile, 51% of Malaria stories had no pictures as against 49% which had pictures. Although both items on HIV/AIDS and Malaria were given prominence with the use of pictures, HIV/AIDS received more.

Discussion

Results revealed that there was more media advocacy on HIV/AIDS than malaria. Quantitatively, items on HIV/AIDS outnumbered items on malaria. HIV/AIDS was approached from a greater variety of perspectives as more issues, originating from more sources using more approaches were advocated on than malaria. Qualitatively, items on HIV/AIDS got better positions, greater space and more pictures. In depth interviews conducted to explain the media hype on HIV/AIDS versus malaria revealed the following;

Global versus Tropical disease: While HIV/AIDS is a global disease which has spread quickly along International transportation routes through large towns and rural villages, between social partners and among family members (Marlink and Katin 2004), malaria on the other hand is a tropical "poor man" disease with its ravishing impacts limited to Africa (Mashoda, 2013).

New versus old disease: HIV/AIDS is a new disease and any new disease attracts fear and anxiety (Ngam, 2013). When HIV/AIDS was discovered in Cameroon in 1987, many persons considered it an

American Initiative To Discourage Sex (AIDS) (Nformi, 2014). Some completely denied its existence and others considered it witchcraft (Ojong, 2013). It was therefore urgent to sensitize and re-assure the population (Messeh, 2014). Malaria on the other hand has existed since time immemorial and has been considered a banal and normal disease (Nzenzeu, 2013).

Controversial versus non-controversial disease: HIV is a great story. It pushes all the news buttons: it is a health emergency, it has a human face, it has elements of science, medicine, religion, it has deep grief and moments of extreme joy. It often has enemies: governments, the church, religious bodies, the fraudsters and snake-oil salesmen. It has heroes: the people living with HIV, community groups and NGOs fighting on the frontline of the epidemic, top personalities like late Nelson Mandela, the Pope, the dalai lama, celebrities like Beyonce, Alicia Keys, Nicki Minaj, Samuel Eto'o, the scientists and researchers working for new treatments, a vaccine, a cure, and the doctors and nurses caring for the sick and dying. It is clear that HIV and AIDS is more than a disease that infects individuals. It is a social, economic and, in some countries, security crisis. Far from being just a health story, HIV is also a story of business, development and social life. The question today is whether any credible journalist can really afford to remain untouched by the HIV/AIDS problem. Malaria on the other hand, has not spurred so much controversy despite its ravaging impacts and has for most part been considered just a health issue (Bongben, 2013).

Social versus scientific disease: Abah (2013) notes that HIV/AIDS is directly linked to our daily social and cultural life and covers issues such as dating, forms of marriage (polygamy, polyandry, monogamy), familial

relationships, alcoholism, drug addiction, amongst others. Malaria on the other hand is a scientific disease which has to do with mosquito bites and our geographical environment (Kometa, 2013).

Productive versus unproductive victims: Although both ills affects everyone to some degree, (Yaflo, 2014) notes that HIV/AIDS touches mostly youths aged between 15 to 49 who make up 60% of the population whereas malaria affects mostly pregnant women and children who make up just 33% of the population in Cameroon. To him, it is therefore urgent to be more concerned with HIV/AIDS than malaria because no country would survive if it loses its manpower

Stigmatized versus non-stigmatized disease: Unlike malaria patients, persons living with HIV/AIDS suffer from stigma (Tah, personal communication, November 15, 2015). In Cameroon, 47% of the HIV/AIDS patients lost their jobs, 40% were denied by their family members because of their serological status, 70% have undergone physical aggression, 5% have been sent out of school and a good number have committed suicide (CEMAC, Index on stigma, RECAP+AC, 2012). Without enough sensitization from the media, persons living with HIV/AIDS may be tempted to spread the ills to other people (Bissakoumou, 2013).

Sexual versus non-sexual disease: Unlike Malaria, HIV/AIDS has to do with sex, an issue that animates people of all ages, the rich, poor, young and old (Sumelong, 2014). This makes articles on HIV/AIDS more appealing than those on malaria (Etoa, 2012).

Tchimi (2013) further explains that talking about sex is considered a taboo in the African and especially Cameroonian society. Parents find it difficult to educate their children about sex and would prefer to educate them on cleanliness which can fight malaria. This therefore makes it compelling for institutions in charge to use the media as a means of sensitizing the population. Moreover, by fighting HIV/AIDS, institutions indirectly or directly address other sex related issues like prostitution, rape, pedophilia, incest, amongst others (Olga, 2013).

The afore-mentioned factors encouraged a multitude of actors to invest more on the control of HIV/AIDS than malaria. As such, although both ills were deadly, HIV/AIDS got the media hype and was therefore taken more seriously by the population while malaria (considered banal) continued to ravage the population. This study also brings us to understand that other factors besides mortality and morbidity rates determine the predominance of a disease on media and public health agenda.

Conclusion

Disease can be effectively controlled only if it occupies an important place in public health agenda.

The media which plays an essential role in setting this agenda should allow for proportionate coverage of a disease to its stakes. While maintaining the media hype on a deadly disease like HIV/AIDS, the media should assume its agenda setting, gate keeping and social responsibility by effectively covering other deadly ills like malaria. Agenda setting is done by ensuring a greater quantity or frequency of coverage, giving prominence to reports and arousing controversy over the reports (Sayang, 2014). A key area for media involvement in health advocacy is ensuring that the topic is kept at the top of the news agenda (Tchokomakwa, 2014). By making sure that deadly ills like malaria remain 'headline news', stakeholders play a vital role in encouraging world leaders and policy-makers to take the epidemic seriously and provide the resources necessary to fund adequate prevention and treatment programs (Opio, 2014).

The more leaders see about a particular disease, the greater the resources they invest in it, which in turn leads to increased media advocacy of the issue and helps to sustain public awareness which again has an impact on leaders' priorities (Atangana, 2014). The media can play a key role in 'mainstreaming' malaria issues, ensuring that the message permeates a diverse range of output, not just outlets and public service messages dedicated specifically to the issue (Olinga, 2013). A coordinated, multifaceted campaign has greater impact than a single program (Tchoua, 2013). Drawing from the results and discussion above, we recommend the following to boost media advocacy for malaria;

Stakeholders should give media advocacy a global dimension: This could be done by covering major international events, promoting the works of foreign researchers, covering bilateral agreements and comparing their results to those of other countries.

Stakeholders should establish newness and controversy: Although malaria has existed since time immemorial, its persistence is proof that much is uncovered (Kini Nsom, 2013). Yet, Table 3 and 4 show that at least 20 issues were advocated on HIV/AIDS versus just 8 on malaria. Also, 44% of malaria media advocacy items were geared towards prevention by use of mosquito nets. Although this aspect of malaria prevention is important as mosquito nets could reduce malaria related child mortality by 20% (Shah, 2010), this one sided approach of over repeating one aspect and neglecting others creates monotony. Consumers of media advocacy on the disease may become bored and consider the disease banal (Manyong, 2013). Thus, stakeholders should avoid repeating the obvious (Boudhi, 2014). Other pressing issues like malaria automedication and medical pluralism should be taken more seriously by the media (Djao, 2014). Actors should also use the media

to address issues such as poor housing and dirty environments which are key for the control of malaria (Fondjo, 2013). The media should keep the population abreast with recent inventions on malaria. This would bring out the controversial aspect of malaria, lead to more research and inventions which would in turn increase malaria media advocacy, increase awareness and control of the disease (Gbaguidi, 2013).

Stakeholders should emphasize on the social nature of the ill: Interviews equally revealed that HIV/AIDS got the hype because it was considered a social disease while malaria was considered just a scientific disease. Malaria, like all diseases has a social aspect which has been under covered. Malaria is responsible for the over-crowding of hospitals due to its high morbidity rate and the over 26% of absenteeism from work, 65% of school absenteeism and 40% of the annual health budget of households (Sumelong, 2011). Media advocates should dwell more on this. Social life remains a key aspect of human life and therefore, people would definitely take a disease more seriously if they are aware about how it affects their social life (Kwake, 2013).

Stakeholders should use a variety of approaches and angles: Figure 4 shows that HIV/AIDS issues had 12 angles while malaria had just 4 angles. Malaria media advocacy should be given a variety of angles in order to make it more appealing to different stakeholders of different sectors (political, economic, legal, amongst others). Figure 5 shows that 11 approaches were used to advocate on HIV/AIDS versus 5 on malaria. Malaria media advocates should use more approaches like poems, letters, inserts, amongst others. This would make advocacy more interesting.

All stakeholders should forge partnerships: Health programs are not implemented in isolation and should not be planned in isolation (Akom, 2013). Stakeholders at all levels (global, national and local) should blend efforts and mobilize financial, material and human resources for health improvement (Kendemeh,

2014). Partnerships should be forged with influential groups which would help bring pressure on government to pursue policies and allocate resources that are supportive of health (Akamba, 2013). Collaboration has several advantages: recognition and support for each agencies work, avoidance and duplication and ensuring complementary services, exchange of experience, sharing of methodology and materials and facilitation of joint action for health (Sharma, 2011). Journalism practitioners should not wait to be fed with information. They should assume their social responsibility and uncover malaria issues (Ingamhoudou, 2014). Scientists and Journalists should collaborate to give quality information to the population (Keche, 2014).

Victims should get involved: In table 1, we read that 14.4% of advocacy for HIV/AIDS was done by victims but no victim did advocate on malaria as we see in table 2. Interviews equally revealed that HIV/AIDS got the hype because its victims are mostly productive unlike malaria. Grimladine (2013) adds that although malaria treatment for children under 5 has been declared free in theory but not in practice, no malaria victim takes the pains to protest. She proceeds that ;“this is not the case with HIV/AIDS as institutions and NGOs of Persons Living With HIV/AIDS would protest if any promise is not respected“. Malaria media advocacy would be taken more seriously by donors and institutions in charge if victims collaborate especially through the media (Bih, 2014).

Limitations of study

Despite the great number of media outlets in Cameroon, our content analysis in this study sampled just the print media and more specifically the most prominent, government owned Newspaper, *Cameroon Tribune* and the privately owned English Newspaper, *The POST*. This was owing to the unavailability of archives from audio visual media.

Acknowledgement

We extend our profound gratitude to the Council for the Development of Social Science Research in Africa (CODESRIA) for their invaluable financial support. We also thank reviewers for their helpful suggestions and comments.

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ANNEX

Interviews

- Abah Laurent, Editor, *Cameroon Tribune*, Yaounde, interviewed, 02/02/2013.
- Akamba Jean Jacques, Public Health Official, PPSAC, OCEAC, Yaounde, interviewed 05/06/2013.
- Akom Catherine, PEPFAR Country Coordinator, US Embassy, Yaounde, interviewed 08/07/2013.
- Atangana Yves, Editor, *Cameroon Tribune*, Yaounde, interviewed 03/04/2014.
- Ayuk Standley, Medical Doctor, Hope International, Yaounde, interviewed 08/06/2014.
- Bih Victorine, Journalist, *Cameroon Tribune*, Yaounde, interviewed 08/09/2014.
- Bisakounou, Communications Officer, African Development Bank, Yaounde, interviewed 07/06/2013.
- Bongben Leocadia, Journalist, *The POST Newspaper*, Yaounde, interviewed 08/07/2013.
- Boudhi Adams, Editor, *The POST Newspaper*, Buea, interviewed 07/06/2014.
- Buea
- Djao Djao, Communications Officer, NACC, Yaounde, interviewed 08/06/2014
- Etang, Program Manager, PLP, OCEAC, Yaounde, interviewed 10/09/2013
- Etoa Babara, Communications Officer, WHO, Yaounde, interviewed 03/10/2012
- Fondjo Etienne, Permanent Secretary, PNL, Yaounde, interviewed 07/06/2013
- Gbaguidi Emmanuel , Program Manager, PPSAC, OCEAC, Yaounde, interviewed 05/06/2013
- Grimladine Cecile, Malaria Specialist - Health management, UNICEF, Yaounde, interviewed 08/06/2013
- Ingamhoudou Edmund, Communications Officer, World Bank, Yaounde, interviewed 04/03/2014

Keche Magloire, Statistician, PNL, Yaounde, interviewed 06/06/2014.
Kendemeh Emmanuel, Journalist, *Cameroon Tribune*, Yaounde, interviewed 01/10/2014.
Kini Nsom Yerima, Editor, *The POST Newspaper*, Yaounde, interviewed 13/04/2013.
Kometa Richard, Editor, *Cameroon Tribune*, Yaounde, interviewed 06/05/2013.
Kumfa Mirabel, Programme Officer, *Malaria No More*, Yaounde, interviewed 09/03/2013.
Kwake Simon, Program Manager, Global Round 9 Malaria Project, Yaounde, interviewed 05/05/2013.
Maimo Akere, Communications Officer, CCAM, Yaounde, interviewed 08/10/2013.
Manyong Peterkins, *The POST Newspaper*, Buea, interviewed 15/02/2013.
Mashoda Simon, Researcher, PNL, Yaounde, interviewed 15/05/2013.
Mbatcham Wilfred, President of the Multilateral Initiative on Malaria, Yaounde, interviewed 11/05/2014.
Mbonwoh Nkeze, Editor, *Cameroon Tribune*, interviewed 08/12/2014.
Messeh Arlette, Statistician, NACC, Yaounde, interviewed 05/07/2014.
Mesumben Palmer, Researcher, Biotechnological Center, Yaounde, interviewed 04/05/2013.
Morikang Irene, former Journalist, *Cameroon Tribune*, Yaounde, interviewed 05/06/2014.
Ndongo Serge, Public Health Official, Synergies Africaines, Yaounde, interviewed 06/07/2014.
Nformi Sonde, Journalist, *The POST Newspaper*, Yaounde, interviewed 08/09/2014.
Ngam Wain Paul, President of CAMAM, Yaounde, interviewed 05/05/2013.
Nzeuzeu Flavien, Technical Councillor on Health, GIZ, Yaounde, interviewed 06/05/2013.
Ojong, Cletus Communications Officer, UNESCO, Yaounde, interviewed 07/06/2013.
Olga Mafotsing Amelie, Public Health Worker, CIRB, Yaounde, interviewed 04/05/2013.
Olinga Blandine, Communications Officer, PNL, Yaounde, interviewed 05/05/2013.
Ongono Julianne, Communications Officer, Synergies Africaines, Yaounde, interviewed 06/06/2013.
Opio, Azore Editor, *The POST Newspaper*, Buea, interviewed 03/05/2014.
Sayang Collins, Country Health Advisor, Plan International, Yaounde, interviewed, 05/04/2014.
Sumelong Ernest, Editor, *The POST Newspaper*, Buea, interviewed 06/09/2014.
Tah Elvis, Journalist, *The POST Newspaper*, Buea, interviewed 07/06/2014.
Tchimi Narcisse, Program Officer, HIV/AIDS, UNDP, Yaounde, interviewed 03/06/2013.
Tchokomakwa Gabrielle, Program Analyst, Reproductive Health, UNFPA, Yaounde, interviewed 03/04/2014.
Tchoua Hugues Marcel, Journalists, *Cameroon Tribune*, Yaounde, interviewed 05/05/2013.
Yaflo Ouatarra, Human Rights, Gender, Country Community Mobilisation, Advisor, UNAIDS, Yaounde, interviewed 08/04/2014.