

Arsht Research on Ethics and Community Grant

The Ethics of Health Data in Botswana: What do Journalists and Urban Scholars Know and Report and What Should They Know?

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Abstract

Botswana has been labeled the "success story" in Africa. Its economy is booming, tourism is growing and its HIV/AIDs rates are in decline. Considerable funds have been marshaled for its fight against HIV/AIDs and communicable diseases have taken center stage in national public health policies. Our concern is not with HIV/AIDs per se but rather with the data that underpins health policy initiatives in Botswana. Ethical dilemmas arise at almost every turn in the practice of public health but they begin with health data. The vital registration system (births, deaths, and cause of death) in Botswana is only 25% complete. This means that there is a scandal of invisibility in Botswana's official statistics, particularly among the poor population.

As economic growth continues in Botswana other public health challenges are looming. It is well established that as societies modernize they experience significant changes in their patterns of health and disease. Africa's "double burden of disease" is gaining wide acceptance on the basis of the observed coexistence of communicable diseases such as AIDs, malaria and tuberculosis, and chronic noncommunicable diseases such as diabetics, hypertension, and stroke. We anticipate Botswana (based on its vibrant economy) to be a forerunner in Africa's double disease burden.

Our project will study the ethics of the Government of Botswana' "official" data that is reported to the World Health Organization (WHO), the Batswana public and the international development community. We will assess how journalists and urban scholars present this data: Is the data presented in nuanced ways and with/without critical reflection? Is the data verified independently? How much do "official" data and trends align or diverge from other health narratives? A major research effort will unpack journalists' epistemological orientations, ethical values and role perceptions and their actual practice in health coverage in the face of health information poverty.

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