

**GENDER AND HIV/AIDS  
WORKSHOP REPORT  
MAY 3-7, 2004  
MASERU, LESOTHO  
VENUE: VICTORIA, HOTEL**

**Introduction:**

Organized by the Media and Arts Watch Association (MAWA) of Lesotho in cooperation with Gender Links, the Lesotho workshop on Gender and HIV/AIDS brought together twenty-one (21) participants from primarily the media and non-governmental organizations (NGOs).

The key objectives of the workshop were to (a) create awareness among media practitioners and communicators in NGOs of how gender inequality is one of the key factors that contributes to the spread of HIV; and, to impart skills on ways the media and communicators can mainstream gender into reports and campaigns on HIV and AIDS.

In their introductions and expectations, the participants highlighted the following, among others, as some of the concerns and issues for Lesotho, which they wished to be addressed during the five-day workshop:

- How to communicate effectively on gender and HIV and AIDS to the public, especially people in rural communities;
- More ownership of HIV and AIDS among the media which continues to be silent on the effect of the pandemic on the profession;
- The use of insensitive and inflammatory language by the media in reporting on HIV and AIDS;
- More responsible reporting by the media on HIV and AIDS;
- How to continue to write stories on HIV and AIDS which are newsworthy;
- The link between HIV and AIDS and human rights; and
- To explore how continuous training can make a difference in the media's coverage of HIV and AIDS.
- How to use traditional forms of media to communicate messages on gender and HIV and AIDS.

In her opening remarks, the MAWA chairperson, Puleng Letuka, said that the workshop was being held at an opportune time in Lesotho, because of the government's recent campaign to promote universal testing for HIV in the country. "The push for testing of everyone in the country presents challenges and human rights issues," she said.

Letuka also noted that that the HIV and AIDS pandemic has a 'woman's face' because women make up the largest percentage of those infected with the virus in Lesotho; they are the majority of the care-givers; and young girls comprise the majority of the orphans in the country whose parents have died due to AIDS-related illnesses.

The media, she added, has a key role to play because of its “power to shape opinions of the society”. Training on the link between gender and HIV/AIDS, she said can help the media to shape the public’s opinions and attitudes in a more positive way.

### **The Gender Dimensions of HIV and AIDS – facilitator, Patricia A. Made**

This session focused on why and how gender inequality is a key factor in the spread of HIV. It began with a review of key concepts such as gender, sex, gender power relations, HIV and AIDS to illustrate the importance of journalists and communicators understanding and disseminating accurate information to help educate and inform the public.

Through group work and participatory exercises, the participants explored how the notions of masculinity and femininity are constructed and reinforced by culture, religion, education, and other social forces and institutions in society. The participants also identified how the unequal gender power relations between women and men and the socialization of women and men makes women and girls vulnerable and puts boys and men at risk to HIV infection. It also was noted that biologically women and girls are more susceptible to HIV infection.

*Women and girls are vulnerable to infection due to the following:* (group work)

- The traditional gender roles in the home place decision-making in the hands of the men within the homes. Women have no say on how to have sex even when the man is ‘roving around’.
- Because of women’s lower economic status they are likely to engage in risky behavior such as transactional sex (young girls with older men) and commercial sex work.
- Men view women as sex objects; men see women as objects to please them;
- Women and girls are vulnerable to gender violence which puts them at risk of contracting HIV through rape;
- Traditional and customary practices such as wife inheritance increase women’s vulnerability; and
- Women and girls are unable to negotiate safer sex.

*While men were said to be at risk because of:* (group work)

- The continued silence around sexual violence perpetuated by men and boys;
- The prevalence of same-sex relations in prison, which is not acknowledged;
- It is the ‘manly’ thing for men to have multiple partners and society does not question this behavior in men;
- Men are likely to engage in risky behavior such as ‘gang rape’;
- Men have a fatal attitude;
- They are encouraged not to be weak; and
- Men do not want to use the condom.

## **Communicating Gender and HIV/AIDS- facilitator, Patricia A. Made**

This session looked at the meaning of communications, the different approaches to communications, mediums used to communicate and at how often the messages disseminated through the media about women and people living with HIV and AIDS lead to stigma and discrimination.

Participants defined communications as:

- A means through which people get their messages across;
- As a way to disseminate information either verbally or non-verbally;
- A process, which is two-way (sender and receiver), because it should allow for feedback.

Some of the messages on women's struggle for equality which have been disseminated through Lesotho's media and by word-of-mouth include:

- 'A woman's place is in the kitchen.'
- 'Beijing (in reference to the 1995 Beijing Conference on Women) started this!'
- 'This is not Beijing!' (often a response from men)
- 'Women are trying to dominate men.'
- 'Women are trying to be men without breasts!'

These messages have resulted from poor communications and misleading reporting in the media on the struggle for women's rights. The media's continued stereotypical and negative portrayal of women reinforces society's attitudes that women should 'remain in their place' or 'marginalized'. The findings of the Gender and Media Baseline study in terms of women's access to expression in the media also were discussed.

## **People Living with AIDS – Personal stories**

### ***Moalosi Thabana (male) from Positive Action, an NGO that creates awareness of HIV and AIDS***

*“Four years ago I didn’t think that I would be one day standing here. I thought HIV was for other people and not for me. I knew it was there because I had seen others infected with the virus. When I discovered I was among the infected, I was open about my status because I realized I was not going to die. I continued to live despite being infected and I see this as an opportunity.*”

*“A film which is used around the country to raise awareness of HIV and AIDS has helped to give me confidence and it gives many other people confidence to publicly speak about their status and to live positively.*”

*“I have discovered in Lesotho that we are unable to differentiate between HIV and AIDS. I use to hear that if you have HIV, you are dead already. I feel that if the right messages had been given and reported, then more good than harm could have been done.*”

*“What I do not understand is why men are in denial a lot about HIV and AIDS. Perhaps the way HIV and AIDS are discussed is alienating to men. Often when men learn about their status they tend to spread the virus and violently through rape. Men, themselves, will not be attacked sexually, but they attack women and girls.*”

*“I think stigma and discrimination makes most of us go silent, so we fear to disclose our status. I hear men say that it is difficult and that they would rather be silent than to be labeled promiscuous.*”

*“I wish more men were participating here to pass on the message that men should look deeply at why they are in denial and at why they often resort to rape which spreads the virus to women and young girls.”*

### ***Ntilo Matela (female) from the Coalition on Children’s Rights***

*“I am so glad that we are talking with the media. Everyday I listen to the radio; I hear more discrimination against people living with HIV. Journalists use words such as victims, beneficiaries to describe people living with HIV. We live with the virus, we are not victims. Sometimes the debates in the media are humiliating. Also in the media commercial sex workers are labeled as prostitutes and stories are reported forgetting that men go out to buy sex.*”

*“On a phone-in program the presenter posed the question of whether communities should live with HIV positive people among them. One caller said ‘they should burn and go to hell’. I expected the journalist to interfere and challenge the caller’s view, but no.*”

*“The media also gives space to people who offer false cures. They never encourage people to seek the right information or to see a doctor. A lot of messages on treatment, which are printed in the media, are misleading. When you have the virus, you are desperate and will do anything, even drink urine if you are asked to.*

*“There is a newspaper article I read on a child infected with the virus, but the story lacked depth which is another problem with reports in the media. By discriminating against people living with HIV, this contributes to the vicious cycle of the spread of HIV from men to women to young girls.*

*“When a woman becomes infected, it is a heavy burden because she has other responsibilities in addition to her illness. This is my own situation. My husband infected me. When I asked him to use a condoms, he said he would go to find sex elsewhere. One time he was caught with a young girl and was brought to my house with the girl. The girl recently phoned me to say she is ill. You see how one man can spread the virus.*

*“Men take the test and then just say they are negative, when they tested positive, but do not discuss the issue further. They also take advantage of young girls who are vulnerable.*

*“Lesotho’s legislation does not favor women. If a woman dies, it is believed that she deserves it. If a man dies, then it is believed that the woman killed the man. If a man gets sick, women nurse him.*

*“The media needs to cover these issues to explain how the spread of HIV continues and they need to write about same sex relationships in prison, which they are afraid to cover. Men in prison have unprotected sex and then when they come out they return to their wives or partners and this contributes too to the spread of HIV.”*

During the discussion, which followed the two presentations, questions were raised on the following:

- The ethics of people living with HIV receiving money for speaking publicly about their status; and
- Access to treatment—availability of anti retro viral drugs.

Both presenters noted that there are people who often speak for money in the public about HIV and AIDS without having the facts. But not all people are out to make money from their status, because “it is not easy to live with the virus”, said Ntilo Makela. “People said I would get a lot of money by going public, but it is not that easy. If you make a presentation you must know your audience,” she said. “Speaking in public often brings sympathy which we do not want. We want empathy.” Moalosi Thabane added that there also are people who “work on HIV issues but they do not know their status.”

On access to anti-retrovirals, both presenters noted that while it is important to have the drugs at the stage of the infection when they can be most effective, people should not forget the importance of food and that if not taken properly, anti-retrovirals can be

dangerous. “When one starts to take the drugs it is for the rest of one’s life. No drug literacy is provided with the roll out of ARVs. Communities need to be prepared,” Makela said.

### **Overview of Current Reporting on Gender and HIV and AIDS In Lesotho – Facilitator, Patricia A. Made**

In tracing the trend in media reporting on HIV and AIDS, it was noted that the media first reported on the pandemic as a “disease of gays” and in Lesotho the media also reported on it as “a disease from overseas which affected only certain groups” in the society.

HIV and AIDS are largely reported on in the media as a health issue. Missing stories are the link between HIV and AIDS and gender inequalities; reports which situate HIV and AIDS into the context of human rights; stories on the economic impact of the pandemic; and reports on the gender dimensions of prevention, treatment and care.

The majority of the reports on HIV and AIDS in Lesotho come from events – workshops, press conferences, official launches of HIV and AIDS programs by the government or NGOs, release of HIV statistics, or when ‘prominent’ people in society make statements about the pandemic. Participants also noted during the review that there is an over saturation of stories in the media on ‘HIV/AIDS orphans’ and attributed this to the fact that this is a “soft issue” which does not attract controversy. Stories on testing, access to treatment and analyses of HIV and AIDS programs in the public and private sector do not appear in the media.

Participants identified the roles of the media as:

- To be a catalyst for change;
- To educate;
- To inform;
- To entertain;
- To create space for public debate and dialogue between the people and policymakers;
- To change the public’s mindsets and attitudes;
- To reflect society;
- To be a watchdog;
- To play an advocacy role; and
- To be socially responsible to the public by providing information to help people make informed decisions.

When reporting on HIV and AIDS in Lesotho, participants highlighted that the media uses sensational reporting to sell the newspapers rather than providing coverage of the issue which educates the people. One female participant said her editor had recently spiked her story on HIV and AIDS, because it would not ‘sell’ the newspaper.

Reporting on HIV and AIDS in stories and programs targeted at the youth in Lesotho has taken the popular form of ‘edu-tainment’ which combines the media’s role of to educate and to entertain. This has been done to capture the youth’s attention while at the same time providing them with information on how to prevent infection.

Lesotho’s print media is published weekly, and participants could not identify one article on HIV and AIDS which had appeared in the country’s print media during the last two weeks of April, despite the high prevalence rate of infection in the country, and the government’s plans for ‘universal testing’ among the Basotho.

The media’s use of language which promotes discrimination and the manner in which HIV and AIDS had been covered contributed to the ‘silence’ and ‘fear’ of testing, as well as to the perpetuation of myths and stereotypes about the virus.

### **Gender, HIV/AIDS and Human Rights – facilitator, Puleng Letuka**

A human-rights approach to the HIV and AIDS pandemic has not been used in many countries, Letuka said, despite the fact that everybody, including governments, is aware of the impact of the pandemic and of the stigma and discrimination that surrounds the syndrome.

The media should be aware of the human rights dimension to the pandemic, which in Lesotho has a prevalence rate of 31.8 percent that is based on a surveillance of pregnant women attending antenatal clinics.

She highlighted the following as key rights that the media and NGOs should be aware of in their reporting and communications on HIV and AIDS:

**Right to Privacy:** This is the right not to have one’s status disclosed without consent. This right must be responsibly matched with confidentiality in light of the fact that people often expose others to the risk of infection by keeping their status a secret (eg in the case of marriages when one partner is infected and does not reveal his or her status to the other partner.) This is not an absolute right, she said, because when there is an identifiable risk to an identifiable person, the right to privacy and confidentiality may need to be breached.

There can be shared confidentiality, and health practitioners advise people to share their status with those who are likely to come into sexual contact with them. Counseling also should not just be for the infected, but everyone around the person who is affected. The right to privacy therefore is protected in a way that the life of others is not put at risk.

Women, she added, are likely to benefit more from the right to privacy.

**Right to Autonomy:** This refers to the right to decide whether to test or not. People should not be forced to test, which is an issue that has arisen in the Lesotho government’s plan to universally test the Basotho. There is a need for both pre-counseling and post-

counseling to accompany testing and the facilities must be available and accessible for both forms of counseling for everyone. Without counseling a person may go into denial and still engage in unsafe activities and/or not seek treatment.

**Sexual and Reproductive Rights:** Women should be empowered to make informed decisions about whether or not to have children; when to have children; whether to have sex or not, and how to have sex; the right to determine the number of children they want; the right to use and choose a form of contraception; and, they must have access to information to make informed choices about their reproductive and sexual health.

Because of the unequal status of women and the dominance of men in gender relations, women are not able to exercise their reproductive and sexual rights and this makes them vulnerable to HIV infection.

**Right to Equality:** Socially, legally and culturally inequality between women and men exists in societies. Inequality happens at different levels – in the family; at the decision-making level both within the home and in the public; they face sexual harassment in the workplace and in intergenerational relationships (‘sugar daddy syndrome’) because of the age gap between young women and older men. Women often do not have equal decision-making power about when, where and how to have sex, even within marriage. For example of the numbers of women infected with HIV in Lesotho, 70 percent are married.

**Freedom from discrimination:** The Lesotho constitution prohibits discrimination, yet there is a proviso where discrimination is allowed within marriage, in cases of divorce, burial and in customary law. Therefore this is not an absolute freedom.

This right should be applied equally to all people without exception. If there is unequal protection of rights, women will continue to be susceptible to HIV. Discrimination undermines HIV and AIDS prevention, treatment and care, and discrimination increases the impact of the pandemic on groups that are marginalized and not protected from unequal treatment.

Women’s vulnerability to discrimination also becomes accepted because the media reinforces stereotypes and the traditional gender roles. The media therefore does not challenge inequalities between women and men.

There are signs of change within government. For example, Lesotho’s Sexual Offences Act, while silent on the issue of access to the post-exposure prophylaxis (PEP), does recognize marital rape and provides for harsher punishment of those who commit acts of rape and sexual violence.

Letuka also highlighted that international human rights instruments and regional declarations such as the Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW), the Covenant on Civil and Political Rights, and even the Lesotho Constitution provide frameworks for the protection of women’s and men’s rights and the rights of people infected with HIV.

During the discussion it was highlighted that many instruments signed by governments are however, not domesticated and therefore not legally binding. The right to life also was highlighted as the fundamental right that is violated by the spread of the HIV and the continuing gender inequalities women and girls face.

Participants also noted that many women now at antenatal clinics because they want to protect their unborn child. But they are not counseled and the emphasis for testing is put more on the unborn child, than on the woman's own health. There are few facilities to help women have better information to take care of their own health as well as the health of their children.

### **Gender, HIV and Poverty – Facilitator, Seabata Motsamai, director of the Lesotho Council of NGOs**

Motsamai noted that there is a complex connection between the three areas of gender, HIV and AIDS and poverty. Gender inequalities, poverty and sexual violence and abuse are among the reasons for the rapid spread of HIV in Southern Africa, and in Lesotho.

Lesotho, he said, is projected to have an HIV prevalence rate of 33 percent by the year 2010, but at 31 percent prevalence now the country has almost reached this target with almost five years left to go. "The major challenge for Southern Africa is a change in attitudes, because people are aware," he said.

The majority of those living with HIV and AIDS he said are poor and many of these people die sooner due to lack of food, medicines, access to health, etc. "The right to life is guaranteed in Lesotho's constitution, but we need to interpret this right more broadly to include food, shelter, health, etc. It goes beyond just the interpretation of one's life taken through an act of murder or suicide," he said.

"The State is the guarantor of the right to life and where I fail as an individual, the State must step in and be responsible," by providing the basics that the poor cannot provide for themselves.

The levels of poverty are different between women and men, Motsamai said, because of women's unequal position in society. Women, he added, also bear the brunt of the epidemic, because of their socialization. "Women have always played a role in development but this is not recognized. For example when men went off to World War II, women stayed behind and kept things going and the same is happening with the migration of men to the mines.

"Women, however, have this sense of belonging whereby they feel they are not complete without a man. Even when a woman is educated and economically strong, she will still want a man. This attitude must change," Motsamai said.

HIV and AIDS, he said, is more than just a health issue; it also is a political, economic and policy problem. “We should no longer have high spending on the military, because we are not at war. Spending should shift to health, because HIV and AIDS should be seen as a high security risk and resources should be allocated accordingly.

“Access to food, medicine in the country is still limited despite the HIV and AIDS pandemic. More concerted efforts are needed at all levels in a community.”

Motsamai challenged those in the media, working in HIV and AIDS and other sectors to not just be “evangelists” for change without looking at one’s self. “We do not start at the individual level before going to others. One must start with self first, to be an agent of change.

“The people who are creating awareness around these issues have not made themselves aware, hence, the slow change.”

### **Gender, HIV/AIDS and Vulnerabilities- facilitator, Lydia ‘Muso of the Lesotho Child Counseling Unit**

The prevalence of sexual violence against women and children in Lesotho is an indicator of the need to involve men more in HIV and AIDS, and gender programs instead of just identifying them as part of the problem, ‘Muso said.

“Men are proud of having multiple partners, which is seen as part of their masculinity. And, because men still control how sexual relationships take place, if a woman in a marriage proposes the use of a condom, all the relatives are invited to discuss it, but this is not the same if the suggestion is made by a man.”

Lesotho, she said, is doing little to address the problem of girls and boys who work in the sex industry. “These young people are driven into this industry because they experience many socio-economic problems, and they have nowhere to go to express their feelings of anger. Often when they try to cross borders searching for work in other countries, they are coerced to have sex to enter countries.

“Wealthy men, politicians, businesspeople are often the perpetrators who pay these young people for sex. Young girls in Lesotho between the ages of 10-12 are having commercial sex with men for as low as 30 Rands,” ‘Muso said. “How can we hope to curve the spread of HIV in Lesotho in such a situation?”

Among the vulnerable group of orphans, girls are the most vulnerable to infection, ‘Muso said. This is because when the parents are dead and the children are living with an elderly grandparent, the task of taking care of everyone often becomes the responsibility of the girl in the family. “It doesn’t matter how she raises the income. What is important to the grandmother is to receive money to help take care of everyone.

“The sex industry is the fastest way to make money for orphans and poor people, and this is why they are vulnerable to HIV. School children engage in transactional sex to survive. We have cases of students on government stipends studying abroad who do not get their stipends on time and who turn to sex to continue in school, ‘Musso said citing the example of a mother who reported finding her daughter living in a brothel when she went to visit her at university in a neighboring country.

She said that increasing numbers of men and young boys are entering the sex industry, which is not protected and is filled with violence. “Women and girls in the industry are humiliated and sexually violated by the people who are suppose to protect them. It is hard for us to follow up cases of abuse of girls by the police. The justice system also fails these girls,” she said.

“We must find ways to economically empower women and girls to keep them from choosing the sex industry. Without other avenues and steps to decriminalize sex work, vulnerable groups will continue to drift towards this industry in Lesotho which makes them vulnerable to HIV infection,” Musso said.

She urged the media to begin to report on the sexual exploitation of children and the growth of the sex trafficking industry in Lesotho to make people aware and to mobilize action.

### **Gender based violence and HIV/AIDS – facilitator, Keiso Matashane Marite, WILSA**

“If we had tackled gender equality from the outset of HIV and AIDS, the spread of infection may have been stemmed before it became a pandemic,” Matashane Marite said pointing out that women and young girls are three times more likely to be infected and the question is ‘why’?

Reviewing the prevalence rates of HIV among women in Sub-Saharan Africa, Matashane Marite noted that the figures indicate that the HIV and AIDS epidemic in Southern Africa thrives on the unequal power relations between women and men. “Increased vulnerability and gender based violence are common characteristics of situations where poverty, inequality and HIV and AIDS are exacerbated by insecurity,” she said.

“Regardless of the environment in which it is perpetuated, gender based violence is closely linked to insecurity, in what ever shape it may take, be it food insecurity, physical insecurity and economic insecurity.”

“Society tries to build an image of what a man should be and of what a woman should be. And, we are socialized so much to believe that men should be brave, for example, that we do not even recognize when brave becomes aggressive. Men are trapped in the social expectations of gender roles and behaviors as women are, even if the social expectations often benefit them,” she said.

The following definition of gender violence was given:

*“Any act of gender-based violence that results in or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty – whether occurring in private or public life.” (Source: **The 1993 UN Declaration on the Elimination of Violence Against Women**)*

The factors that contribute to the high occurrence of gender violence in the family, in the community and at the State level, include:

Notions of masculinity linked to toughness and honor, which often are reinforced and normalized by society;

Men display a sense of male entitlement and ownership of women.

The approval of the physical chastisement of women; and

The acceptance of the cultural ethos that violence is a means of solving interpersonal disputes.

“Women cannot say yes to an expression of their own identities and their own sexuality and this underscores the fact that the gender relations are based on power. Manifestation of male power and control is on nonconsensual sex. This is a pervasive reality of women’s and girl children’s lives in Lesotho,” Matashane Marite said.

She noted that media practitioners and communicators have a big challenge to inform, educate and create awareness to the general public about the link between gender inequality (which leads to violence) and HIV and AIDS.

### **Prevention, Treatment and Care – facilitator, Dr. Molotsi Monyamane**

Dr. Monyamane spoke generally about the spread of HIV and AIDS in Africa, and of the factors, such as poverty, gender inequality, among others, which fuel the pandemic.

Lesotho is the second country in the world to declare universal testing, says Dr Monyamane. The country, he said, has 200 doctors (about 20 are in government service) and 1000 nurses. The government is advocating for universal testing and it launched a pilot programme on May 7 to provide anti-retrovirals at a subsidized price in Maseru and nearby surroundings.

Dr Monyamane emphasized that everyone must take responsibility for his or her individual actions and for their health. Testing, he said, provides people with the information they need to plan their lives. “You cannot plan if you do not know your enemy. Counselling is important because it gives the facts.”

He gave background and general information on the Sankatana clinic, which opened on May 7 to begin the pilot ARV rollout programme (*see story in Lesotho Gender and HIV/AIDS supplement*).

Dr Monyamane added that while the formal structures may not be ready for the ARV programme in terms of facilities, personnel, funds for sustainability, etc, many communities are ready given the extensive support communities have provided for home-based care.

### **Interviewing Techniques and Ethical Considerations in Reporting on HIV and Aids-facilitator, Patricia A. Made**

The interview is one of the most critical activities in the process of gathering information for a news analysis or feature story. The way the interview is done will determine the quality of the final story.

Sharpening one's interview skills requires the journalist to also strengthen research and communications skills.

The following guidelines for effective interviewing and newsgathering were discussed:

**Be prepared.**

**Do thorough research on the issue, policy or event.**

**Time:** The journalist needs to allow 'time' not only for the interview, but the time needed to gain access to vulnerable and marginalized groups of people who often are not sought out by the media. This may be more than a one-day process, requiring the journalist to gain the trust of those being interviewed.

**Observation:** The journalist should not just focus on the words coming out of the interviewee's mouth, but also on the interviewee's body language throughout the interview which may give clues as to when the person is becoming, for example, uncomfortable with the questions. A silence or pause may also indicate that a person is searching for an 'appropriate' way to diplomatically answer the question. The journalist may then have to think of another way to ask the same question to draw out more information. The journalist should also observe the environment in which the person lives (when the interview takes place within a person's home or community), which again may provide the journalist within information that needs to be followed up on.

**Listening:** One of the key communications skills, which a journalist must strengthen, is that of **listening**. To capture what is being expressed, as well as what is not being said, the journalist must re-learn how to give the interviewee his or her undivided attention.

Prepared questions should be leading and open ended. **A journalist should be flexible during the interview to allow the process to change from that of directing a story, through prepared questions, to one of letting the story unfold.** In this process, new and unexpected stories might come to light.

**Trust/Confidentiality:** Taking the time to know the interviewee and to explain why the journalist wants the interview and what will be done with the information, can help to avoid misunderstandings and bridge the distance that often exists between the interviewer and the interviewee which leads to ‘stock’ answers being given.

The journalist also can gain the trust of people by moving beyond the language of ‘us’ and ‘them’. This is important because given the wall of silence; journalists often may be actually talking to people who are infected, who may fear they have been infected, or to people who are trying to stay uninfected, often against considerable odds. The journalist can share personal experiences with the interviewee during the course of the interview to create empathy, show understanding and to break the barrier of ‘them’ and ‘us’.

Using the same analogy of ‘them’ and ‘us’, journalists also should avoid asking women: ‘what do women want?’ This often connotes in tone and in meaning that ‘women’s concerns are isolated’ from the concerns of ‘others’ in a society.

Trust also involves the journalist not promising to the interviewee more than what he or she can deliver. Usually a journalist cannot help directly in a situation of need, but a journalist may make a contribution by just telling the story.

And, the journalist, once gaining access to someone who is willing to speak while facing discrimination and/or abuse, must find ways to attribute the person’s comments without putting them at risk.

It is important for the journalist to be clear from the outset with the interviewee and throughout the interview on what is considered confidential. Issues of disclosure of one’s HIV status or issues of gender violence are often sensitive and have far-reaching implications for those in vulnerable positions. A study on HIV positive women in Zimbabwe found that for women, there is “ a considerable tension between the need for the comfort of telling someone (about their status) and the fear of rejection or stigma”.

**Empathy:** To communicate with the interviewee, it is important for the journalist to exercise interpersonal skills such as knowing when to speak and when to keep quiet. The journalist should show an understanding of a person’s situation however without showing pity, which sends a signal of ‘victim’ and ‘hopelessness’.

## **Summary of Evaluations**

Seventeen participants completed the evaluation form of the workshop. Overall, the workshop was rated as an excellent learning opportunity and participants found the sessions useful and informative.

**Programme Design:** Eight (8) of the participants rated this as excellent; Seven (7) gave it a rating of good, while two (2) participants gave no rating to this area.

**Programme Content:** Eleven (11) rated this as excellent; Five (5) rated it good and one (1) person gave no rating to this area.

**Facilitation:** Thirteen (13) rated this as excellent; Three (3) rated it, as good and one (1) gave no rating to this area.

**Group Work:** Five (5) rated this as excellent; Eight (8) rated it as good; Two (2) rated it as fair, and Two (2) gave no rating to this area.

**Outputs vs. Expectations:** Thirteen (13) rated this as excellent; Three (3) rated it as good, while one gave this area no rating.

**Learning Opportunity:** Twelve (12) rated this as excellent, while five rated it as good.

**Networking Opportunity:** Seven (7) rate this as excellent; Seven (7) rated it as good, while Three (3) rated this area as fair.

## **COMMENTS**

### **1. Which session did you find most useful? Why?**

Gender and HIV/AIDS, Communicating Gender and HIV/AIDS, Field trip, Vulnerable Groups, Editing of stories, Gender, HIV/AIDS and Poverty, Gender-based Violence and HIV/AIDS, Gender, HIV/AIDS and Human Rights, Prevention, Treatment and Care, Writing the stories. Learning the links between Gender and HIV/AIDS because they are so interlinked and issues such as gender roles can be taken for granted. I gained new information from all of the sessions. I learned a lot of information that will be useful in teaching HIV/AIDS and gender to the media. The field trip highlighted the challenge of working in the media in Lesotho. The editing of the stories helped me as an editor even though I write in Sesotho and there will be changes that will take place. I gained the necessary skills from the session on communications because I use the media for education. Sessions were an eye-opener on HIV and AIDS.

### **2. Which session did you find least useful? Why?**

Prevention, Treatment and Care. The content was informative but the gendered focus and progression of ideas was a bit confused. However, it was worthwhile to hear a variety of speakers. Presenter not relevant and disrespectful of context. There was a lot of repetition of information in the sessions.

### **3. Suggestions for making workshops of this nature more effective in the future.**

Choice of speakers can be improved. More effort should be made to include communicators who use radio and TV. People living with disabilities and other marginalized groups also should be invited. Include more issues relating to people living with disabilities. Give more notice time of workshop dates.

### **4. Any other comments**

Holding such workshops in Lesotho will help us to do an excellent job as media. The production of a supplement is a big bonus. Enjoyed the practical, rather than the theoretical parts of the workshop. Training was an eye-opener and has inspired me to do more investigation when compiling my stories. We need more workshops. As someone who has had no previous experience in the field of media this workshop was really interesting and I thoroughly enjoyed the discussions as I do not regularly get the opportunity to discuss such issues in this kind of forum.

### **Participants**

Ten (10) men and 12 females attended the Lesotho Gender and HIV/AIDS Training Seminar. The workshop concluded with a core group of 17 participants who represented the media, Non-governmental Organizations, including a youth movement against HIV and AIDS, and a representative from the Lesotho Police Services also was present.

#### *List of Participants*

1. T. Mokhothu - Mololi
2. K. Lehloka - Selibeng
3. T. Solwandle - LCW
4. Clifford Molefe- Leseli Ka Sepolesa
5. Molapo Moshoeshe- Lesotho Anti-AIDS Movement
6. S. Molibeli- Setsoto FM
7. K. Matli – Public Eye
8. Ntate Mapesela – MISA-Lesotho
9. Justice Magelepo- Mohahlaula
10. Buddha Moseme- People's Choice Radio
11. Sarah Eagle - NGOC
12. Makopano Letsatsi- Lesotho News Agency
13. Selloane Mokuku- Liatla Productions
14. Hlalele Hlalele- LECAWU
15. Ntoetse- Lesotho TV
16. Tsepang Mnaina- Mirror
17. Limpho Mokhochane- Phela Health Development Communications
18. Phokojoe- Lentsoe La Basotho
19. Libuseng Petlang-Sesotho Media
20. Lerato Buthelezi- Lesekinyana la Lesotho

21. Makereko Molefe- Liatla Productions
22. Matheba Makara- MAWA