

KWAZULU NATAL GENDER, HIV/AIDS AND  
THE MEDIA  
TRAINING WORKSHOP  
NOVEMBER 11-15, 2002  
University of Natal, Durban

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## INTRODUCTION

On December 1, 2002, "World AIDS Day", the United Nations once again warned the world of women's vulnerability to HIV. According to UNAIDS, women now account for just over 50 percent of those infected, and in Africa, 58 percent of those are women.

The changing face of HIV/AIDS clearly signals that the epidemic is more than a health issue. It is a gender issue, a rights issue. HIV/AIDS disproportionately affects women and adolescent girls who are socially, culturally, biologically and economically more vulnerable. In 1997, according to the UNAIDS Report on the Global HIV/AIDS Epidemic, released in July 2002, 41 percent of the HIV infected adults globally were women and this figure rose to 49.8 percent in 2001. Now it stands at 58 percent.

As the United Nations Development Fund for Women says: "Women's empowerment is one of the only HIV vaccines available. The link between gender, HIV/AIDS and rights is one of the crucial information, education and communication campaigns needed in all societies."

Men, women, boys and girls still need crucial information on HIV/AIDS, and on sexual and reproductive health. They also need a clear understanding of how the way men and women are socialized to behave has placed men at risk and made women vulnerable to HIV infection.

The media, which is a main source of information and knowledge on HIV/AIDS for a large majority of populations in Africa, has a critical role to play in better understanding. But to competently play this role, the media too needs more knowledge and training to enable it to report on HIV/AIDS in the context of gender equality.

And those in the NGO sector working on HIV/AIDS also must re-examine the effectiveness of their information, education and communication campaigns on HIV/AIDS. These campaigns and information often target women and not men and, have not taken into account women's inability to exercise their human rights, especially their reproductive and sexual rights.

### **Gender and HIV/AIDS Training for the Media and Communicators**

The media has often contributed to the hype and hysteria, as well as to stereotypes surrounding HIV/AIDS, rather than promoting a humanistic, rights-based approach to addressing the pandemic. It also continues to be a source of inaccurate and misleading information on who and how HIV spreads, perpetuating myths and discrimination often towards women, who suffer not only stigma and discrimination, but violence, because of their HIV status.

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<sup>1</sup> Empower Women, Halt HIV/AIDS, Gender and HIV/AIDS fact sheet, UNIFEM

Based on its successful work throughout Southern Africa in training the media how to report on gender-based violence, the South African-based Gender Links and the AIDS Law Project ~~at the~~ for Applied Legal Studies at Wits University, have entered a partnership to launch a two-phase project on Gender and HIV/AIDS in Southern Africa.

The first phase includes the production of a training manual for the media on gender-based violence and HIV/AIDS that will be disseminated widely to the mainstream media and media training institutions. The second phase is the use of the manual for training at the country level in each member state of the Southern African Development Community (SADC).

This manual was developed during the months of September and October 2003 by a group of experts throughout Southern Africa and the first pilot testing of it took place from November 11-15 in South Africa's Natal (KZN) Province. This report recaps this first testing of the Gender and HIV/AIDS manual.

## **The Training**

### **Participants**

Some 12 men and women of varying ages from non-governmental organizations working on issues of gender-based violence- specifically the sexual abuse of women and children - and HIV/AIDS participated in the pilot training. One of the participants was a 59-year-old grandmother who has worked in the area of gender-based violence for many years.

While all of the participants had varying degrees of knowledge and understanding of issues on gender equality and HIV/AIDS through their own work and personal experiences, none had had any experience in writing a journalistic article for publication. At the beginning of the training, several of the participants expressed that they found the idea of writing quite "daunting".

### **Content**

The content of the training included the following:

- Key Issues on Gender and HIV/AIDS
- Communicating Gender and HIV/AIDS
- Gender, HIV/AIDS and Human Rights
- Vulnerable Groups
- Gender, HIV/AIDS and Poverty
- Gender, HIV/AIDS and Culture and Religion
- Gender-based Violence and HIV/AIDS
- Gender, Prevention, Treatment and Care
- The Role of Men in the Epidemic

This content was derived from the chapters of the training manual. The facilitator took the participants through the majority of the ~~presentations~~ ~~presentations~~. The ~~presentations~~ were made by the Treatment Action Campaign of KZN (Prevention, Treatment and Care and the Role of Men in the Epidemic) and Gender, HIV/AIDS and Human Rights

(presenter from the AIDS Law Project, for Applied Legal Studies at Wits University). The facilitator also did a short session on how to write a memo before the participants were sent out for fieldwork.

### **Key Issues: Gender and HIV/AIDS and Communicating Gender and HIV/AIDS**

These two themes underpinned all of the discussions and exercises in this first training on Gender and HIV/AIDS. The first two sessions provided a conceptual grounding for the participants to understand why women, because of their biological makeup and their social and economic status in all societies, are more vulnerable to HIV/AIDS.

The facilitator reviewed with the participants their understanding of the gender roles of men and women and how these roles have been constructed and reinforced by various institutions - family, church, schools, cultural institutions, the public sector, etc - in societies. The group then explored how these gender roles connect to one's sexual identity and women's expectations within relationships.

Women's subordinate position within all relationships, and male assumed dominance puts both men and women at risk of HIV/AIDS. Because of the intricate relationship between behaviour change and the laws which govern men's and women's sexual behaviour, there is need for men and women to deconstruct those aspects of learned roles which increase their vulnerability to HIV.

This session provided an overview of the key gender issues and the social, economic and legal inequalities between men and women that fuel the HIV/AIDS pandemic.

The facilitator then focused on understanding the media and the communication process. After providing pointers of how the media operates, and on the components of communications, the facilitator explored with participants the "current and current messages" that we have all absorbed from the media and HIV/AIDS information, education and communications campaigns. The group explored whether the messages reflected a gender analysis of the pandemic, or whether the messages were influenced by religion, culture or other factors. The group also discussed ways to construct messages and to write about HIV/AIDS to create a greater awareness among the public of the link between gender injustice and the spread of HIV/AIDS.

### **Gender, HIV/AIDS and Human Rights**

This session was facilitated by Motebele of the AIDS Law Project (for Applied Legal Studies at Wits). In an inter-active session using a case study of Motebele guided the participants through a scenario of one woman which illustrates how the various human rights of women are often violated, making them more vulnerable to HIV, and which looked at the continued rights violations once a woman learns of her HIV status.

The key issues of this session were:

- The right to health has been guaranteed in a number of international human rights instruments, including the Universal Declaration of Human Rights and the Convention on the Elimination of All Forms of Discrimination Against Women. HIV/AIDS is often linked to various violations of this right and other human rights.
- People living with HIV/AIDS are subject to intense prejudice and discrimination, forming an extremely vulnerable group of people who are in need of special human rights protection.
- Women and children are particularly vulnerable to human rights violations because of their HIV status.
- HIV discrimination and fears of being discriminated against have an impact on the spread of the epidemic - people living with HIV are afraid to disclose their status and do not seek counseling, testing and treatment.

### **Gender, HIV/AIDS and Culture and Religion**

Eunice Ivala, the coordinator of the training who studies Mass Communication and Media Studies at the University of Natal, began this discussion with a presentation on the cultural practices in her home country, Kenya, which make women and young girls more vulnerable to HIV. The facilitator then took the participants through a series of exercises which illustrated their own cultural and religious beliefs on the rights of men and women, sexuality, and how these beliefs often lead to value judgments which can translate into discrimination against others.

Several key issues of the discussion were:

- The interface between culture, religion and gender oppression as factors that contribute to the spread of HIV/AIDS.
- The impact of culture and religion on gendered social relations, and examples of practices that exacerbate power imbalances between the sexes, adding to the disempowerment of women and the increased spread of HIV/AIDS.
- Examples of cultural and religious practices that have been and can be used effectively in the management of HIV/AIDS.
- Cultural and religious beliefs that create and reinforce stereotypes of homosexuality and how these stereotypes impact on public education and attitudes towards HIV/AIDS.

### **Gender, HIV/AIDS and Poverty**

The facilitator led a discussion which was part and parcel of the introductory session on the gendered dimension of HIV/AIDS. The key pointers were:

- Poverty affects the impact of the AIDS epidemic, and people's response to the epidemic.
- Gender inequalities lead to higher levels of poverty among women compared to men, within households, communities and within society as a whole.

- The impact of the AIDS epidemic worsens gender inequalities, especially under conditions of poverty.

## **Gender-based Violence and HIV/AIDS**

Violence against women reinforces gender inequalities

Violence against women limits their ability to negotiate safer sex or sex and their vulnerability to HIV infection.

Journalists and communicators rarely make the links between violence against women and vulnerability to HIV/AIDS, preferring sensationalist stories and identify women as either victims or vectors of the infection.

## **Gender, Prevention, Treatment and Care**

Several presenters from the Treatment Action Campaign (TAC) led a discussion on the controversial issue of treatment and the affordability and accessibility in the South African context. Their discussion focused primarily on the global struggle for countries in the developing world to source and to widely disperse them, under supervised care, to their infected populations.

The presentation did not give a gender analysis of prevention, treatment and care, although the presenters did, when talking about HIV/AIDS, slightly touch on the issue of mother-to-child transmission.

At the end of the TAC presentation, the facilitator however, went through some of the key gender concerns of prevention, treatment and care, as discussed in this chapter of the manual and provided the participants with the relevant handouts which provide a basis for the kinds of questions and issues that need to be continuously raised. Some of these pointers, among others, include:

- Women are more vulnerable to HIV infection in heterosexual transmission than men and have increasingly become the human face of HIV/AIDS. Yet they have less access to treatment and care.
- The female condom is the only form of preventive method available to women which gives them a measure of control for safer sex, but it is more expensive and less available than the male condom.
- Parent to child transmission puts more emphasis on the child, than on the mother. PTCT programmes are not holistic and do not provide treatment for the mothers.
- Women and young girls shoulder the burden in the rapidly expanding care economy for those with HIV and the various AIDS-related illnesses. As a result, women are the last to be cared for, if at all, and often they do not receive treatment in families where limited resources are spent on the treatment and care of the male head-of-household.

## The Role of Men

This thought-provoking and lively discussion was led by the Provincial Organiser (KZN) of TAC, who is living positively with HIV. He began the presentation by sharing his own experience. A central theme to his discussion was that everyone, both the infected and affected, must be "comrades in the struggle against HIV/AIDS".

Cele also emphasized that the abuse of women affects men, women and the community, and that men and women must treat each other with respect. "Men," he said, "should not treat women as objects".

The following are some of the key points that emerged from this presentation:

- Men should start to engage with women in development activities and not themselves from groups where women are involved. He said that he is the only man in a support group he attends for those living positively with HIV. "If men do not involve themselves in these support groups, we (men and women) will not know how to fight HIV/AIDS together."
- Those men who are involved in HIV/AIDS support groups must motivate and bring other men into these groups.
- The religious leaders need to organize and identify how to work with men on HIV/AIDS.
- Men and women must learn how to share and work together in the family first.
- Men need to be empowered to accept the reality of HIV/AIDS and to accept death when they learn they are HIV positive. Fear and ignorance leads to men just deciding to die in bed, when they learn they are HIV positive.
- HIV is no longer a health issue. It is a socio-economic issue and it affects families.
- It is hard for men to share issues of sex and their sexuality with women. Because they are the providers in a family, women accept what men say and it is hard for women to negotiate safer sex.
- All the barriers - between the literate and the illiterate, between the infected and the affected, between men and women, between those who have tested and those who have not - must be broken.

## Methodology

A participatory approach was used combining a mixture of exercises, group discussion and presentations on the key issues in each topic area. Participants were constantly encouraged to draw on their own experiences, both from within the community and work and personal, to provide anecdotes and information to illuminate how the key issues in the topic areas translate into the everyday lives of men and women.



and girls. The facilitator also using a sample exercise from the Chapter on *Men of Men*, had the participants write a short story based on a photograph of a man who had lost their husband/father to an AIDS-related illness. This exercise helped draw out some of the participants own values and perceptions on who becomes infected with the virus and how, as well as providing a chance within the training period for participants to practice expressing themselves through the written word.

An important component in the methodology was the inclusion of people living with HIV. Presenters from TAC, all men, disclosed their status to the group. In a presentation on 'The Role of Men', the presenters also talked more intimately about their own experiences of living positively with HIV.

While the manual offers a wide variety of exercises from which a trainer can choose, given the time constraints of a one-week programme, which included field work and the writing of stories, the facilitator had to find a delicate balance between imparting new information, facilitating discussions, using exercises and teaching basic skills in news writing. The facilitator also found that where chapters in the manual often overlapped, it is more effective, in terms of the time limitations, to interlink the issues and discussion. For example, after setting out the key components of a gendered dimension of HIV/AIDS, the issues of poverty and vulnerable groups can become integral components of the analysis and discussion of women's vulnerability and men's risk of HIV infection.

After the sessions on Key Issues on Gender and HIV/AIDS, Communicating Gender and HIV/AIDS, which included a discussion on understanding the media and its role, the participants were asked to analyse the current media reporting on HIV/AIDS in the KZN media with new perspectives for observing what the media leaves out, how men and women are portrayed and for the hidden messages and stereotypes embedded in media reports on HIV/AIDS. This exercise proved effective in providing the facilitator with a gauge of the key points the participants had learnt from the topics discussed prior to the group analysis of media articles.

A unique and practical component of the Gender Links training is the final part of the training programme - the production of a newsletter on Gender and HIV/AIDS by the participants. Participants decide, with assistance from the facilitator, on ideas which are then developed during one day of field work. The stories are written during the training on a deadline and then handed to the facilitator for editing and production.

While many of the participants had attended seminars, training on HIV/AIDS and gender issues, this was the first time for many to have to translate what had been discussed into an actual story involving interviews with others. This proved to be the most challenging part of the training for many. "I was so nervous and asked myself why did I get myself into this," said one participant on the day the group went to the computer lab to write. Another participant remarked the day before: "I have never done anything like this and the prospect of it is daunting to me." All 12, however, went the final mile and produced a story, which proved to be an empowering experience for them.

## Conclusion

### *Expectations and Outcome*

Prior to the start of the training, the participants gave the following expectations:

- To get more knowledge and information on HIV/AIDS and to learn how best to use it.
- To communicate clearly and to write a clear message to my target group without revealing my own prejudices.
- To learn what is needed for effective communications on HIV/AIDS.
- To communicate effectively to youth on the issue of HIV/AIDS with emphasis on gender.
- To learn how to write.
- To learn more about HIV/AIDS and how I can educate other people to protect themselves and how to cope with the situation when they are already HIV positive.
- To learn how to write for the media.
- To learn how to write for the media in a way that is accurate, efficient and effective.
- To become more well-versed about HIV/AIDS to be able to help people.

At the end of the training, the participants offered the following as some of the lessons they had learnt and what they felt they had gained from the one-week programme:

- *"I have learned how to write a piece for the media, and I am taking away from this training a better understanding of what my role will be in informing men and helping men to know what their role is in the HIV/AIDS pandemic."*
- *"I have gained journalistic skills that I could use to write stories which cover Gender and HIV/AIDS in a broad spectrum, including human rights. The course has helped me with information so that I can manage to talk to people on HIV/AIDS issues from a broader spectrum...People can gain a lot from the knowledge I have gained relating gender to HIV/AIDS."*
- *"I am taking away insight into gender issues, the ability to link HIV/AIDS to gender, an understanding of the 'treatment struggle' and writing skills. The course helped me to know how to write/report on 'current issues', to be able to relay to the religious community what their role could be in the struggle against HIV/AIDS, to investigate and write a story, to write other stories on HIV/AIDS and gender topics."*
- *"This workshop has helped me to understand HIV in a context. I have learnt how to surf the Internet and find information and to write an article for a newspaper."*
- *"This course has helped me to improve my reporting skills, and has been an eye-opener on other issues, for example, the role of men in eradicating HIV/AIDS."*

- *"I have learnt that an HIV positive person is normal like anybody else. He/she should not be subject to discrimination. I have acquired a lot of knowledge about HIV/AIDS, especially in respect of gender, disclosure, treatment and how to prevent the spread of the virus. At my workplace, we usually come across children that have been infected with HIV when their parents were raped...and now, I will be able to deal with them positively."*
- *"Attending this workshop has empowered me about HIV/AIDS information. There are too many things that I was not aware of...from this course I have learnt that as a man, I must take initiative. People are dying right and left but we as "comrades" are not doing anything about it; we are only waiting for the government, because we always say that it is a political issue...I have realized that by doing something, I can help those who are infected. I would appreciate it if Gender Links can conduct more of these workshops in KZN..."*
- *"...Gender Links should invite more men to these workshops. It can help a lot to change men's attitudes towards the spread of HIV/AIDS."*
- *"It has made me or helped me to realize that there are more factors which contribute to the spread of HIV/AIDS. Also, the way that society views gender. Personally, it has helped me to really want to get involved in campaigns of letting our people know more about safe sex, gender equality and treatments."*
- *"...I have realized my responsibility to ensure that the media sector - print and electronic media - improves on reporting on gender and HIV/AIDS taking into account that the media sector still does not report such issues in a gender sensitive manner appropriately..."*

The participants' evaluations of the training are included in Appendix C of the

## ANNEX A: LIST OF PARTICIPANTS

Name of participant	Organisation represented	Telephone number	Fax number	Cell phone number	Email address
Darshini Moodley	DBN Hospice for Women	(031) 303 2912	(031) 303 2912	072 226 9433	sabi@iafrica.co.za
Steve Grobler	Peace Haven Community Centre	(032) 533 3858	(031) 562 9268	082 464 4868	lighthouse@dbnmail.co.za
Sr Antony Khuzwayo	Safety and Correctional Services	(031) 310 3100/36	(031) 307 7077	073 2020 132	
B. BRadebe	Newlands East Crisis Centre			082 924 2440	
Sithole Thenbinkosi	Fundani Community News			082 628 0152	mcosie@Julian.mankc.ac.za
Sanelisiwe Mshengu	Midlands Women's Group	(033) 394 2492	(033) 345 5762	083 489 9369	mwg@intekom.co.za
Bongiwe Dlamini	Midlands Women's Group	(033) 394 2492	(033) 345 5762	072 236 3166	mwg@intekom.co.za
Buyi Moreki	NICRO	(304) 276 1031	(304) 082 6031		buyi@nicrokzn.co.za
Siziwe Khanyile	Lawyers for Human Rights	(033) 342 1130	(033) 394 9522	082 501 0758	thuli@lhr.org.za
Sthembiso Mdlanzi	IzwiLomzantsi Community Radio	(031) 203 6634	(031) 307 1788	072 143 8630	
VelaXulu	IzwiLomzantsi Community Radio	(031) 203 6634	(031) 307 1788	083 481 1887	
Dudu Mlambo	Dept. of Health	(031) 908147	(031) 907 6417		mdokiz003@yahoo.com

## ANNEX B: PROGRAMME

Time	Activity/Event	Responsible Person
Day one Monday Nov 11, 2002		
08:00 - 08:30	Registration	Administrator
08:30 - 09:00	Introduction and Ice Breaker	GL
09:00 - 10:30	A gendered dimension on HIV/AIDS - Key issues on Gender and HIV/AIDS (	Patricia Made
10:30 - 11:00	Tea Break	All
11:00 - 13:00	Communicating Gender HIV/AIDS - Key issues in the Communicating, and Information on HIV/AIDS -  Basics of reporting; ethical considerations	Patricia Made Education
13:00 - 14:00	Lunch	All
14:00 - 15:30	Overview of current reporting of HIV/AIDS in KZN and Nationally (exercise)	Patricia Made

15:30 - 16:45	Group discussion & report back	Facilitator + participants
16:45 - 17:00	Tea - end of day	All
Day Two Tuesday Nov 12, 2002		
08:00 - 09:00	Registration, Eyes and ears, recap	Organisers, Facilitators
09:00 - 10:30	Gender, HIV/AIDS and Human Rights - Gender, HIV/AIDS & Human Rights; Curbing stigma and discrimination faced by women exercising sexual reproductive rights  - Gender, HIV/AIDS Culture & Religion; (The role of Culture in the management of HIV/AIDS) - Question & Answer session + exercises from the manual	Teboho Motebele - AIDS Law project (Center for Applied Legal Studies)  Sibongi Malongo
10:30 - 11:00	Tea Break	All
11:00 - 12:30	Gender HIV/AIDS & Vulnerabilities - Gender, HIV & Poverty - - Vulnerable groups -	Musa Mbanjwa
12:30 - 13:30	Lunch	All
13:30 - 14:45	A gendered view of Prevention, Treatment and Care - Gender Based Violence and HIV/AIDS  - Gender, Prevention, Treatment and	MSF Rep on availability of PEP for rape survivors  Desmond Mpofo (TAC)
14:45 - 16:00	Group Discussion & report back	Facilitator + participants
16:00 - 16:30	Briefing on field visits + prepping	Patricia Madingi
16:30 - 17:00	Tea - end of day	All
Day Three Wednesday Nov 13, 2002		
08:30 - 09:15	Head shots and finalizing logbooks	Facilitator + Gender Links
09:15 - 13:00	Field Visits	Hospice Department of Welfare, ATTC, Government Hospital, Lawyers for Human Rights, Woman running a home based care project
13:00 - 14:00	Lunch	All
14:00 - 15:30	The Role of Men in the epidemic	A man living with HIV - organizing through the TAC
15:30 - 16:30	Finalising story idea - one on one with	Facilitator

Day Four		Thursday Nov 14, 2002
08:30 - 13:30	Writing stories	Participants
13:30 - 14:30	Lunch	All
14:30 - 17:00	ICT training, using the Internet for HIV/AIDS research	HIV/AIDS Skutha
Day Five		Friday Nov 15, 2002
08:00 - 08:30	Registration, Eyes and ears, recap	Organizers + facilitators
08:30 - 10:30	Feedback on the stories	Facilitators + participants
10:30 - 11:00	Tea break	All
11:00 - 12:00	Way Forward: Certification process	All
12:00	Lunch and close programme	All

### ANNEX C: EVALUATION

11 evaluation forms were received. Participants made the following comments on training.

	<u>GOOD</u>	<u>EXCELLENT</u>	<u>FAIR</u>	<u>POOR</u>	<u>VERY POOR</u>
1. PROGRAMME DESIGN	8	3			
2. PROGRAMME CONTENT	8	3			
3. FACILITATION	9	2			
4. GROUP WORK	5	6			
5. DOCUMENTATION	6	3	1		1
6. LEARNING OPPORTUNITY	10	1			
7. NETWORKING OPPORTUNITY	6	4	1		
8. ADMINISTRATIVE ARRANGEMENTS	8	3			

### COMMENTS

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

- 2 =The session on how the media works, because we know the correct ethics of writing and understanding the objectives.
- 3 =The relationship between HIV/AIDS and men's role in Gender was established and it made use how to approach such an issue.
- 4 =More information on gender HIV/AIDS and human rights assisted us in the attempt to avoid stigmas and discrimination as well as to confront challenges.
- 1 =The entire programme was very informative.

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

- ICT training was ~~essential~~ essential as most people knew beforehand, what was being taught.
- 1 = Group work was not effective as there was very little group work to be done.
- Facilitators lacked clarity on gender view on prevention, treatment and care.

### 3. Suggestions for online training?

- Ongoing contacts should be made with the other participants and the facilitators.
- It's definitely necessary for provision of ongoing support to those interested on gender violence.
- It links to various topics to gender issues.
- Online training is appreciated as it brings awareness of HIV/AIDS in gender. The only problem is not everyone has easy access to the internet.

### 4. Suggestions for making workshops of this nature more affective in future?

- To ensure more participation, more group activities should be created as well as more workshops around provinces.
- Try to include and target more men.
- Time is an issue that should be monitored as sessions can become quite exhausting.
- More handouts or manuals should be distributed to the participants

### 5. Any comments?

- Workshops were educational and productive and facilitation was generally good.
- Setting up workshops at schools and tertiary institutions should be arranged to target the youth

