

Picture a life free of HIV and AIDS

Media and Communications Strategies on Gender and HIV and AIDS

By Patricia A. Made

Picturing a life free of HIV and AIDS

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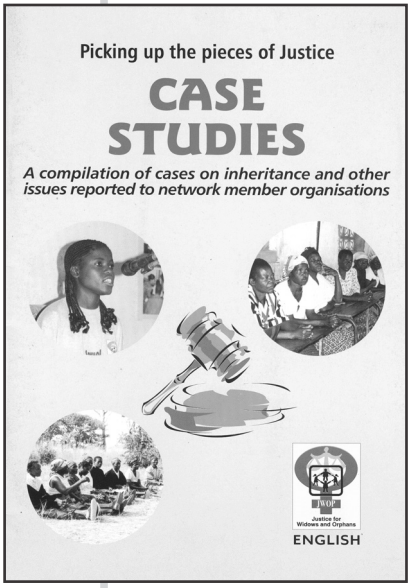
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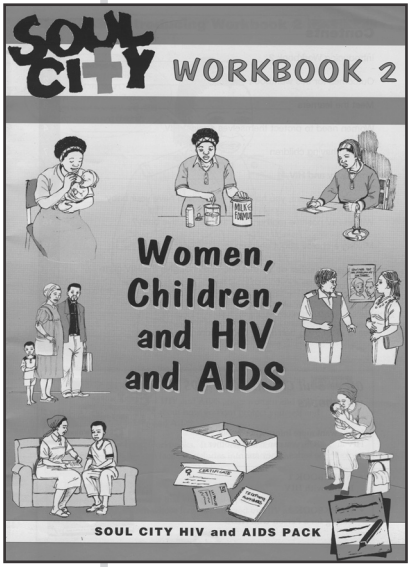
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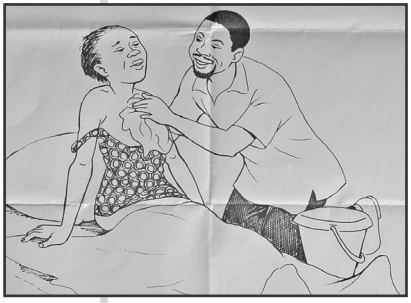
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Turning scars into stars



GL training workshop in Swaziland

"Having tested HIV positive is an experience never to be forgotten for I have gone through a lot sometimes. It has seemed like a hopeless journey and I would feel like giving up and dying, but knowing that I have reasons for living, I positively deal with the challenges.

Being an HIV positive woman, one faces lots of psychological issues and experiences a variety of emotions relating to coping with being HIV positive, being angry at the partner who infected you or guilty over relationships that went wrong, guilty at infecting one's child.

There are also related stresses of being HIV positive and being a primary care provider for the family as a woman not being able to have children and the source of fear is that while we are busy thinking of the risks and frustration, our boyfriends are impregnating someone else and getting married.

Due to stigma and discrimination men fear to commit to an HIV positive woman. They fear being diagnosed as HIV positive too, they fear negative comments from relatives and friends and they fear parents would not approve of an HIV positive bride.

Being an HIV positive woman I have multiple roles. I hold a full time job; I am a mother, caretaker and homemaker. These roles exert stress on my life and result in fatigue and stress.

Negotiating safer sex is a problem as men always feel they should be the one to talk about sexual issues, yet at the same time, expect to still have sex without a condom. And the fact that I am healthy, beautiful and taking care of myself makes them not believe that I am HIV positive and sometimes it can lead to being raped by boyfriends when you refuse to have sex without a condom, which is a case that cannot be understood as a woman is supposed to be submissive to her boyfriend's sexual needs.

Coping with harassment and negative comments is also another issue. Some people don't believe that I am really HIV positive and pass comments like 'when are you going to die', or 'the government has brought you to force us to come out'.

All in all, being an HIV positive woman and open about my status has taught me so many things especially that life is what one puts in it and that as women living with HIV, we need to change our scars into starts and shine above all challenges."

(Adapted from a personal testimony given by a young woman, Swaziland, Gender Links Gender, HIV and AIDS training workshop, 2003.)

'My name is not HIV positive'

"I want to tell you a story about a young woman, who grew up in a small black town in the Eastern Cape. She went to one of the finest schools in Grahamstown and she matriculated with an exemption and enrolled with Rhodes University for her BA degree. Three years later she began to work for the same university in its Marketing and Communications Division.

When she needed to ensure her possessions as she began to earn and buy things like furniture, a car, etc, she took an HIV test – one of the requirements for insurance – and tested negative. She had a baby and one of the routine tests for pregnant women is an HIV test. The finding was negative and six months after the birth of her baby, she went again and the results were still negative.

There was talk of promotion at work and it was for a job she had worked hard to get. But when she went for an HIV test this time, the results returned positive….that woman is standing right in front of you today.

Had I had people like you in those days to teach me that having only one boyfriend does not mean that you will not get HIV. Had I had people like you way back then to teach me that using contraceptives is no guarantee that you will not get HIV. Had I had people like you to teach me that HIV and AIDS is our responsibility, I would not be standing where I'm standing today!

I did everything by the book. I was a 'good woman' by society's prescription of what a woman should be. I dressed like I was required to. I stayed home, cleaned the house, and cooked meals. I looked after my brothers and sisters, most of all I had one partner.

My partner and I did not use condoms. Why should we? We were faithful to each other. We were together all the time. We were together at lunchtime, after work, we even stayed together…except I was missing a little bit of information. He was infected long before we met, knew his status and decided not to tell me. I do not hate my ex for infecting me for he has taught me something. I acknowledge my part in getting infected. I could have asked him to wear a condom. I didn't. I was naïve, just like many young people today.

If I had had a model of a life after being diagnosed positive way back then, then I wouldn't have tried to commit suicide three times. I publicly disclosed my status two years after being diagnosed because I wanted to put a not sick looking face on HIV.

I started seeing a psychologist and prepared myself for disclosure. You will never hear me saying Hi, I'm HIV positive, because my name is not HIV positive!Before I could disclose, my boyfriend found out and he tried to kill me. He stabbed me a couple of times through the neck, cutting the main life vein, on the chest and missed my heart within an inch and he broke my hand. I survived all that...

(Adapted from a presentation by Thabisa Dyala, Provincial Coordinator of the National Association of People Living with HIV and AIDS in Mpumalanga Province, Gender Links HIV and AIDS Training workshop, July 2004.)

"Business as usual"



The voices and testimonies of women living with HIV/ and AIDS are heard throughout Southern Africa, but not in comparison to the numbers of women and girls who are dying.

The personal testimonies of the young women from Swaziland and Mpumalanga province in South Africa who told their stories to media practitioners attending Gender Links workshops are testimony to the barriers to speaking out.

"HIV and AIDS are killing women and girls massively, but silently. Women and girls are dying in the thousands daily. But the region is business as usual," Graca Machel said in her call to action to more than 150 activists from Eastern and Southern Africa attending an April 2005 symposium on mainstreaming gender organised by the Southern Africa HIV and AIDS Information Dissemination Service (SafAIDS).

Machel points to two significant reasons for the "business as usual" in a region described as "the worst-affected (in terms of the HIV and AIDS epidemic) region in the world".[1] The first is that women and girls are at the epicenter of the pandemic in Southern Africa, because gender inequalities are upheld across the region in constitutions that sanction discrimination against women.

Gender inequality has been clearly identified as one of the key forces in the spread of HIV. And in Southern Africa, while governments move at a snail's pace to protect, guarantee and domesticate into national laws the rights of women, the epidemic is growing. The UNAIDS 2004 global report, for example, states that in Swaziland, the average prevalence among pregnant women was 39% in 2002 – up from 34 % in 2000 and only 4% in 1992. In Botswana, weighted antenatal clinic prevalence has been sustained at 36% in 2001, 35% in 2002, and 37% in 2003. In South Africa, prevalence among pregnant women stood at 25% in 2001 and 26.5% in 2002.[2]

The mounting HIV prevalence among women and their "second-class" citizens' status throughout the region, however, appears not to raise any alarm.The second reason for the "business as usual" approach, Machel says, is the lack of "plain speak" on HIV and AIDS at all levels, and the fact that the communications strategies used so far have had little impact in bringing about an effective change in the status of women and girls to make them less vulnerable to HIV infection.

With all the talking that has been done, and the monies poured into HIV and AIDS posters, banners, billboards, flyers, training for the media, Machel warns that "people are no longer listening. There is no anger. No passion." She called on activists, politicians, policy makers, the media, civil society, and people living with HIV and AIDS, as well as all who are affected, to bring about a communications shift – "Speak loud and strong in an uncompromising way!"

[1] 2004 Report on global AIDS epidemic, UNAIDS, p.32.

[2] Ibid.

Chapter 1: Introduction

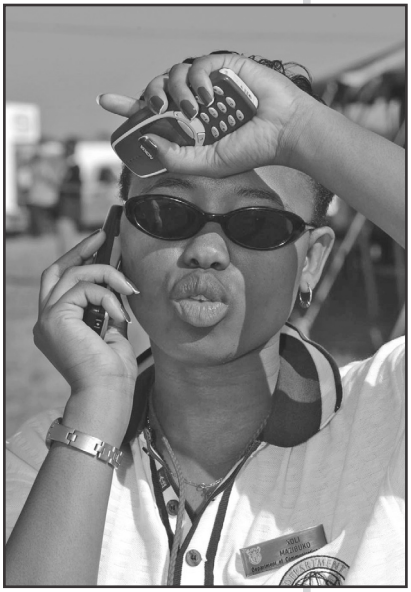


A doctor gives advice in Marondesa, Zimbabwe *Photo: Trevor Davies*

"If we can stop the spread of HIV among women and girls in Southern Africa, we can turn the epidemic around…gender inequality fuels HIV infection because many women and girls cannot negotiate safer sex or turn down unwanted sex…HIV and AIDS deepens and exacerbates women's poverty and inequality because it requires them to do more domestic labour as they care for the sick, the dying and the orphaned."
United Nations Secretary General's Task Force on Women, Girls and HIV and AIDS in Southern Africa.

Rethinking Gender, HIV and AIDS communication

Communications forms a critical part of any advocacy to address the rights of women and girls, to create awareness and to bring about change on the individual and collective levels. Creating an enabling communications environment is also one of the key strategies in producing success stories in reducing HIV infections.



Despite the huge amount of information now available on HIV/ AIDS, this has often not been accompanied by behaviour change. Traditional Knowledge-Attitude-Practice-Behaviour (KAPB) models used for designing campaigns have often failed to take sufficient account of the socio-economic conditions, and underlying gender dynamics that fuel the spread of HIV/AIDS.

How to use communications effectively in making the link between Gender, HIV and AIDS, and to make a positive difference in policies, behaviours and attitudes so that women and girls can begin to imagine a life free of HIV, still remains one of the major challenges for Southern Africa.

Campaigns are among the most visible forms of communications used by a variety of organisations to educate, inform, and/or persuade people. And Information, Education and Communications (IEC) approaches have been central to messaging on health, education, gender equality and many development issues.

In light of the slow pace of change in achieving gender equality, as well as a shift in the incidence of HIV infection among women and girls in Southern Africa, it is therefore important to continuously assess the effectiveness of the forms of

communication used in building campaigns on these two major issues. The key question facing policymakers, gender and HIV and AIDS activists is: how to bring about a communication shift?

Objectives

The purpose of this publication is to:

- Review and share some of the lessons that may give rise to more effective gender and HIV and AIDS communication strategies in Southern Africa;
- Provide some insights on issues that can form the focus of communications and media campaigns on Gender and HIV and AIDS.

Structure

Chapter one provides the background and rationale for the publication and suggestions for how to use it.

Chapter two explores communications processes and what has been learnt during the past twenty years on communicating HIV and AIDS, and highlights some lessons for bringing about a shift in Southern Africa to create a communications environment that is more effective in bringing the personal and private into the public, in order to reduce the infections and deaths of women and girls.

Chapter three examines more effective prevention strategies, based on several of the issues raised in the UN Secretary-General's Task Force on Women, Girls and HIV/AIDS in Southern Africa, which provide pointers to issues of focus for national and regional gender and HIV and AIDS communications and media campaigns. Case studies of a few selected campaign materials are provided in this chapter to illustrate good practices as well as common pitfalls in the design and dissemination of messages.

Chapter four, which also draws on the UN Secretary-General's Task Force on Women, Girls and HIV/AIDS in Southern Africa, concerns campaigns on treatment, care and property rights.

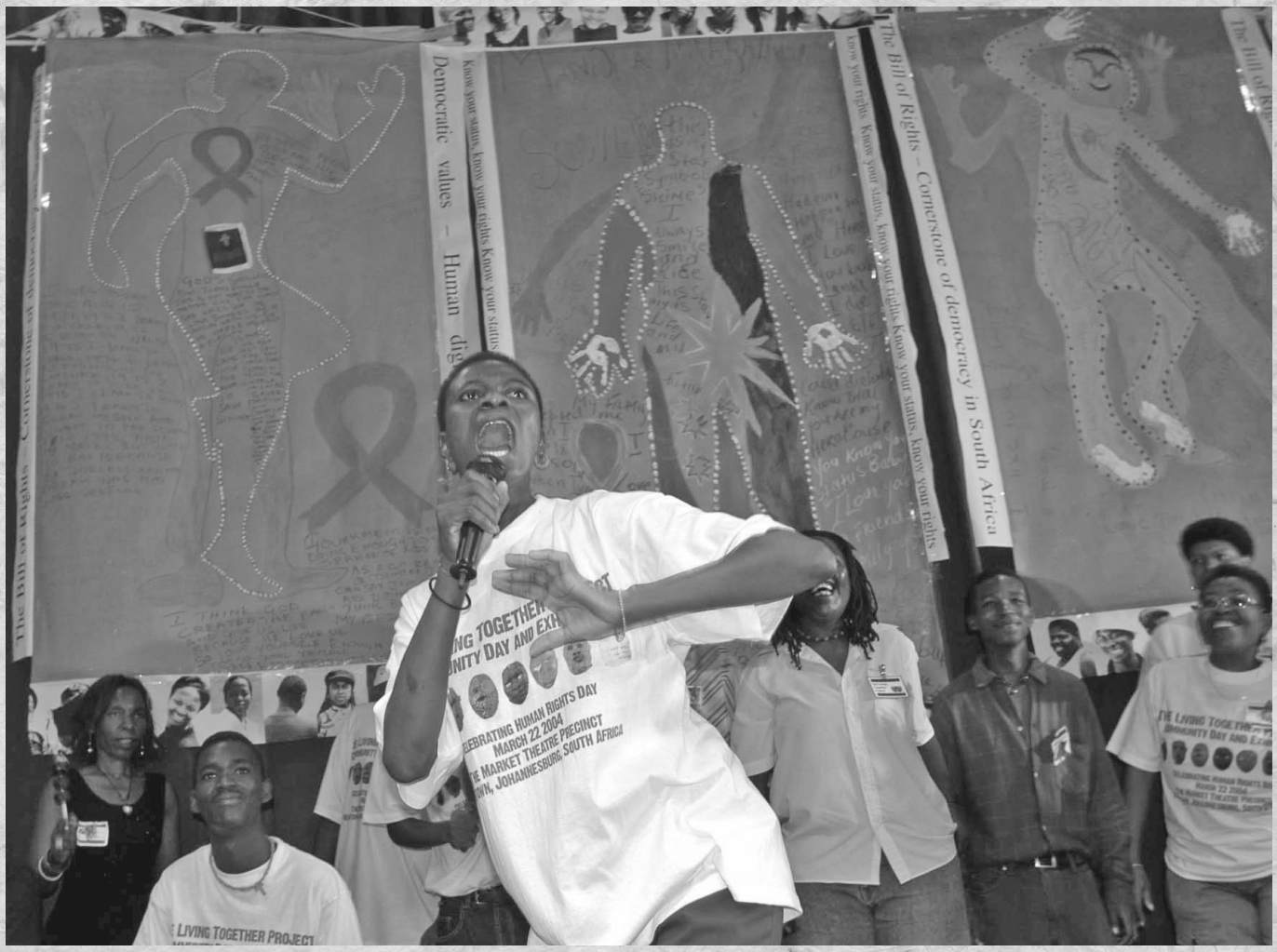
Chapter five covers the role of the media and strategies for making gender and HIV and AIDS more visible through the media. The chapter includes a list of resources and references on how to build campaigns and engage with the media.

How to use this handbook

This publication is intended to support the ongoing work of advocates in the region to highlight the link between the spread of HIV and gender inequalities. While it is not specifically written as a training tool, it can be used in the planning of training programmes on how to build effective advocacy campaigns, how to work with the media, and for re-thinking within organisations the approaches needed to build more effective communications environments on gender, HIV and AIDS within countries.



Chapter 2: Communicating HIV and AIDS

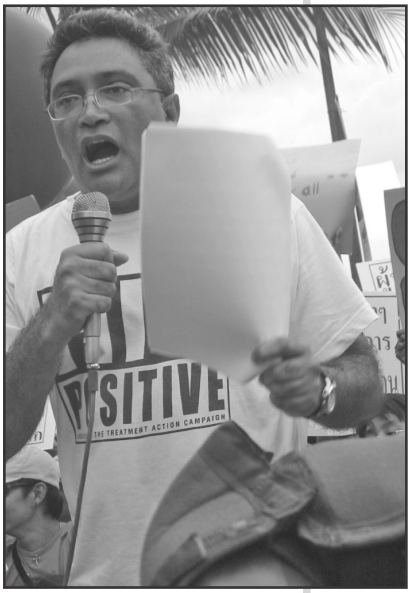


Youth Aids Group in South Africa *Photo: Trevor Davies*

"There is a need for better controls on the development and use of communications materials, so that there is a stronger emphasis on content rather than on producing T-shirts, caps and rulers. The gap between awareness of HIV and AIDS (which is easily fostered by T-shirts and caps), and the knowledge and skills involved in preventing HIV transmission, is still too large too allow for any wastage of resources."
Breaking the Silence' in the Report of the UN Secretary-General's Task Force on Women, Girls and HIV/AIDS in Southern Africa, pgs.18/19.

Beyond T-shirts and Posters

The photographer moves ably throughout the hall snapping shots of the speakers and activists gathered to once again review what is right and what has gone wrong with the fight against HIV and AIDS in Southern Africa. He's quick and moves fast. He stops to get a shot and moves on.



His jacket, the hallmark of most photojournalists with many pockets to carry the film and other small equipment needed to change and flick the lens to get the right shot, however, carries a message printed on the back: "**Anybody can get HIV. Everybody can prevent it!"**

But who sees the message on the back of his jacket? Who cares? Who acts on what they read or see?

There is no doubt that communications is central to bringing about change in gender relations and inequalities in Southern Africa, and in the spread of HIV. The London-based PANOS Institute, which stimulates debate on global development issues, says in its 2003 document, Missing the Message? 20 years of learning from HIV/AIDS: "While there remains no cure for AIDS and no vaccine, and effective treatments remain widely unavailable to the poor, the greatest weapon in humanity's armoury to contain this pandemic remains humanity's most unique characteristic - communication."[3]

Yet why is it that despite all the information now available on HIV and AIDS, behaviour has been so slow to change? The traditional theory of communication is that if sufficient information is provided, this will eventually be turned into knowledge; that if knowledge is applied, this will eventually affect attitudes and that if attitudes change sufficiently, these will ultimately alter behaviour.

[3] Missing the message? 20 years of learning from HIV/AIDS, PANOS, London p.5

The aim of any social campaign is, ultimately, to change attitudes and behaviour. In the case of HIV and AIDS, where we have precise information on the way the virus is transmitted, and its devastating consequences, one would imagine that behaviour change would be quick to follow. The reality, as we know, has been different. In many countries in Southern Africa, one of the worst affected regions, the levels of unsafe sex and multiple partners continue to be extremely high. Why is this so?

"The aim of any social campaign is, ultimately, to change attitudes and behaviour."

There are several possible explanations. What kind of message is being sent out from the highest political level about the pandemic is a critical factor. AIDS is, in the end, about the two things that in Africa we find most difficult to talk about: sex and death. It is no coincidence that the countries that are succeeding in rolling back the tide are those that have openly confronted these most sensitive of life's realities. That calls for unprecedented leadership.

Leadership in all our countries has strong gender dimensions. All the heads of state and the vast majority of decision makers are men. The typical response of men to a disease that threatens their lifestyle and notions of their masculinity has been to deny its existence and its gravity and to try to shift blame.

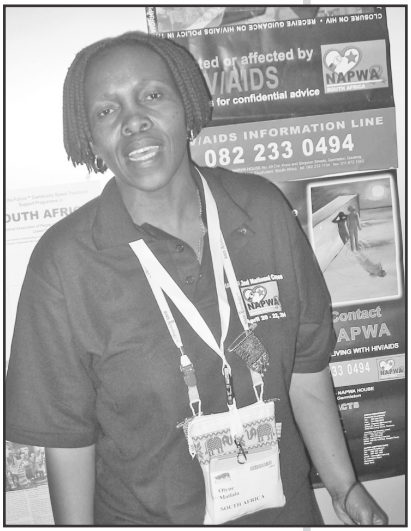
Many countries in the region have lost years and thousands of lives in the fight against the pandemic through long periods of denial or of sending out confusing messages.

South Africa is an example of a country that is relatively well endowed with human and financial resources for addressing a pandemic of this nature. But the controversial stance taken by President Thabo Mbeki has caused incalculable damage. While his theorizing on the matter may be warranted in academic circles, his stance is a good example of how, in communication terms, what is needed from leaders in times of crisis is simple, clear messages.

This, indeed, is what President Yoweri Museveni of Uganda, and President Festus Mogae of Botswana have grasped. Museveni took the line in Uganda that when a snake is in your home, you do not wait to ask where it has come from. You get rid of it and then worry about its origins later. Museveni has also taken a strong and consistent position on promoting gender equality. Uganda has succeeded in lowering HIV prevalence from 21 % in 1991 to 6 % in 2001.

Researchers delving into the reasons for this success point out that in fact condoms have had very little to do with it, and that the success lay much more in real behaviour change. A recent Harvard study in Uganda revealed a drastic reduction in multiple

sexual partnering, from a reported rate of 18 percent in 1989, to 8 percent in 1995 and descending to two percent in 2002 (Mail and Guardian, 4-10 October 2002). It is fair to assume that most of this real behaviour change has been by men.



Many campaigns in the region continue to give the impression that women are to blame for the spread of HIV, or that it is they who need to take action, when in fact the reality is that the majority of women are in faithful relationships and get infected by male partners having multiple relationships. These women often do not have the power to negotiate safer sex. And the reality is that many women in poor countries do not have access to information in the first place.

The media has often contributed to the hype and hysteria, as well as sexist stereotypes surrounding HIV and AIDS rather than to promoting a holistic, human rights-based approach to addressing the pandemic. It has encouraged the view that AIDS is a disease of sinners and prostitutes; that women are to blame for contracting the virus, that they are responsible for the growing misery of AIDS orphans.

Communications from a human rights perspective

This approach to support HIV and AIDS programmes is a shift from the Behaviour Change Communications model (Source-Message-Channel-Receiver) that has been used in health, gender violence and other activists' communications and media campaigns. The premises of the communications from a human rights perspective are:

HIV and AIDS affects individuals, families and communities. Programmes to prevent the spread of the virus and mitigate its impact should be designed and implemented at these levels.

Communication occurs constantly in communities, defining social interaction and being defined by it. Communications programmes should be placed in the context of this ongoing communication, supporting the ability of marginalized groups to participate.

Individual self-protection from HIV and AIDS must therefore be placed in a social or community context. People must determine the changes that are both desirable and possible in their community – given its economic and cultural circumstances – and then work together to negotiate those changes in a specific social context.

People infected or affected by HIV and AIDS are rights-holders, not the objects of charity. However, they do not always have the capacity to claim their rights to protection from risk.

Governments do not have the capacity to change the behaviour of individuals in complex areas such as sexuality. They have the duty, however, to fulfil the human rights of people who are infected or affected by HIV and AIDS. Development partners can help them build their capacity to do so.

The role of governments (assisted by development agencies) is to facilitate a process of change in communities, and then to support action plans that community members develop themselves.

Communication from a Human Rights Perspective: Responding to the HIV/AIDS Pandemic in Eastern and Southern Africa

Recurring pitfalls in HIV and AIDS communications

A lot of the messaging and communications on gender and HIV and AIDS has fallen short of the desired effect.

The "human face" approach to HIV and AIDS faces many complexities. Many activists, policymakers and the media struggle with understanding gender and HIV and AIDS and how to visualise and represent it in their work.

The human face approach has fallen into the alphabet trap – activists, policymakers, civil society, donors, etc. speak about PLWAs (People Living with AIDS), OVCs (Orphans and Vulnerable Children) and GIPA(Greater Involvement of People with AIDS), among others.

This time, instead of names, faces and lives being hidden in statistics, the realities of many women, girls, men and boys are clouded by letters. Talking about OVCs, etc hardly communicates anger, passion and the need for an urgent change in the factors that make a large majority of the people in Southern Africa vulnerable to HIV.

Also, many of the campaign messages that have flourished across the region have not been grounded in the gender and socio-economic realities of the women, girls, men and boys living in Southern Africa. In fact, some activists believe there is no longer any coherency to the advocacy work which chases donor trends and the monies, rather than consistently pursuing the issues. "We seem to be scattered all over the place. But what are the real issues? What is it we are trying to do?" asks Judith Kaulem, coordinator of the Poverty Reduction Forum in Zimbabwe.

"A lot of the messaging and communications on gender and HIV and AIDS has fallen short of the desired effect."

Glossary

Communications is both a **process** and a **tool**.

As a **process**, communications involves the conveying of information and/or a message from one party to the other in the most effective way possible. The effectiveness of the message or information is measured by the feedback that is received.

As a **tool,** communications is a means of sharing information "packaged" in different ways and conveyed using media and messages customized for different audiences. It can take many creative forms and be moulded to reach a variety of audiences and stakeholders. Communications is a tool to help influence and involve stakeholders, the general public and policy makers.

Adapted from Getting Smart strategic communications for Gender Activists in Southern Africa and Making a Difference, Strategic Communications to End Violence against Women

Enabling Communication Environments

There are three dimensions of an 'enabling communications environment':

✓ Local policy environments that openly address the problem of HIV and AIDS (or gender inequality, gender violence and so forth), provide leadership, accommodate civil society action, and that are responsive and accountable to the communities most affected.

✓ Local media that allows for the dissemination of appropriate information that provides a platform for public debate and that can serve as a mechanism for holding policymakers to account.

✓ A civil society that has the right to free speech protected by law, to have the tools and the capacity to make its views heard to policymakers, and to have the ability to access national or international media.

(Missing the Message? 20 years of Learning from HIV and AIDS, PANOS, London.)

ABC of HIV has failed

The "A, B, C" (abstain, be faithful and use condoms) message and approach of many HIV and AIDS prevention campaigns, used since 2002, seems to have fallen on deaf ears. Although this message and approach has been used by many international, regional and national organisations working in Southern Africa, in 2004, figures showed that about a third of all sexually active adults in Botswana and South Africa, for example, carried HIV, a rate nearly 10 times higher than almost anywhere in the world outside of Africa.[4]

The "ABC" message and approach is a classic example of gender insensitivity. Speaking at the opening ceremony of the XV International Conference held in Bangkok from 11 to 16 July 2004, under the theme "Access for All", the UN Secretary General Kofi Annan said: "… The ABC approach – Abstain, Be faithful, Use Condoms is not a sufficient means of protection for women and adolescent girls. Abstinence is meaningless for women who are coerced into sex. Faithfulness offers little protection to women whose partners have several partners or were infected before marriage and condoms require the cooperation of men."

"The ABC approach has fallen on deaf ears."

However, before completely throwing out all the time, money and effort that has been invested in the "ABC" message, Helen Epstein, an independent consultant and writer on public health issues in developing countries argues in her June 2004 New York Times article, "The Fidelity Fix", that a stronger, more focused fidelity campaign in Southern Africa is worth a try.

Epstein bases her argument for a "Fidelity Campaign" on lessons learnt from Uganda, where she worked as a molecular biologist conducting research on an HIV vaccine, and studies on HIV reduction in Thailand, among gays in America and in other parts of Africa (Zambia and northern Tanzania where churches promoted faithfulness). In these cases, communications on increased faithfulness is cited as an important factor in HIV prevention, and partner reduction has been linked to decline in HIV-infection rates.

But in Southern Africa, the 'be faithful" part of the "ABC" message, Epstein says, "has largely fallen through the cracks, and that may well have undermined efforts to fight the epidemic". The reasons for this, she adds, are not clear.

In discussions with 40 men and women, most of them HIV positive, in Botswana and South Africa, Epstein says**:** "The most striking thing about the stories I heard was how difficult intimate relationships were for both men and women, and how often violence and abuse involved accusations of infidelity – and thus seemed to emerge from the very same source as HIV itself." [4]

[4&5] Helen Epstein, The Fidelity Fix, New York Times, June 13, 2004.

The tendency among men and women in the region is to have a small number of longer-term, simultaneous or "concurrent" sexual relationships that may overlap for a few months or even years that allow the virus to spread to others quickly, increasing the numbers of those infected. It is also in these longer-term, less businesslike affairs that condoms are rarely used.[6]

Working hand-in-hand with this heterosexual pattern in the region is the growth in transactional sexual relationships fuelled by high rates of female poverty, the penetration of the global market in consumer goods into poor communities throughout Southern Africa, and the temporary formation of unions lasting months or years by young men and women who no longer choose marriage as an option.[7]

No public-health campaign can change the economic conditions that motivate transactional relationships, Epstein says. But she argues that health campaigns can make people more conscious of the risks they are taking and encourage the kinds of discussions about HIV that took place in Uganda around partner reduction.

LoveLife Billboard campaign: November 2002-May 2003



Case study
Messages that change or reinforce gender norms?

The loveLife campaign

Launched in 1999 a consortium of four South African non-governmental organisations - the Advocacy Initiative, Health Systems Trust, Planned Parenthood Association of South Africa and the Reproductive Health Research Unit – this campaign encourages open discussion about sex among youth between the ages of 12-17.

The campaigns communications approach includes a number of outdoor, media, television and print campaigns and loveLife offers outreach and support programmes, and adolescent-friendly services in public clinics. There is a toll free line, which is reported to receive over 30,000 calls monthly; school sports, through loveLife games, is another avenue for spreading the message; and local and community initiatives have started.

Critics however point to the campaign being biased towards urban and middle class youth and the emphasis is more on safer sex and delay. Partner reduction (Epstein's point) is not central in the campaign's messaging, nor is it strong on addressing the factors that increase young girl's vulnerability or which lead them

[6&7] Ibid

into transactional relationships. Note for example the highly memorable message and billboard image of "Everyone he's slept with is sleeping with you". Rather than challenging the prevailing notion that having many partners is a key determinant of masculinity, this message and image reinforces the sexual mobility of young men, and suggests that young men need not change. Instead, the message is targeted at young women and the onus is put on the female to "decide" whether she wants to join the chain.

The other message on safer sex (condom use), "One roll-on all women want", also assumes that all young women hold the power to negotiate safer sex. This is far from the realities of many young women throughout Southern Africa who through coerced sex, transactional and intergenerational sex are infected, and of those who remain vulnerable to HIV. Almost two-thirds of the young people (between15-24) living with HIV are in Sub-Saharan Africa and 75% of these approximately 6.2 million people are female (UNAIDS 2003). Condom use is still firmly in the control of young boys and men in Southern Africa and the majority of girls and women are not able to ask their partners to practice safer sex.

(Adapted from Gender and HIV/AIDS a Training Manual for Southern African Media and Communicators, published by Gender Links and the AIDS Law Project, Wits University.)

"The majority of girls and women are not able to ask their partners to practice safer sex."

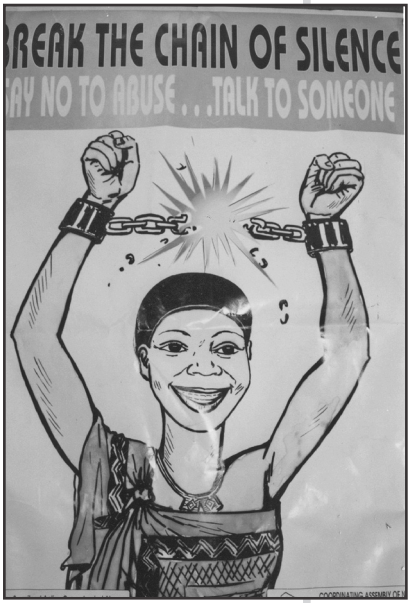
Eradicating violence – Many messages, but slow change

Rather than being on the wane, violence against women and girls seems to be on the increase throughout Southern Africa. The majority of countries show increases in physical and sexual assaults on women and girls, and during the month of May, 2005 in Zimbabwe, for example, stories in the local media of men killing their wives or partners and then taking their own lives, became almost weekly reports.

Violence against women has been on the agenda since the start of the UN Decade for women in Copenhagen in 1980 and Nairobi in 1985. In 1992, the Committee on the Elimination of All Forms of Discrimination against Women (CEDAW), the body responsible for the implementation of CEDAW reaffirmed that public and private violence against women is a human rights violation. A global campaign involving over 900 women's groups worldwide led to the inclusion of public and private violence against women in the 1993 Vienna Declaration and Programme of Action.[8] And closer to home, the Heads of State of the Southern African Development Community (SADC) added an Addendum on the Eradication of All Forms of Violence

[8] Local Action, Global Change, Learning about the human rights of women and girls, published by UNIFEM and the Centre for Women's Global Leadership, 1999, pgs 104-105.

Against Women and Children to the 1997 Declaration of Gender and Development, in 1998.



Yet violence, like HIV and AIDS, still remains hidden. More and more women have broken the silence over the past 20-odd years, but many women's stories still only emerge after they have been killed. Fuelled by the unequal power relations between the sexes and closeted in fear, shame and socialisation, which cause women to place the blame on themselves, eradicating violence against women and girls is still a communications challenge.

Reflecting on many of the violence campaigns in her own country, Zimbabwe, and regionally, Naira Khan, director of the Child and Law Foundation says that the messages "tended to be extreme and negated men and isolated them further. Now more than 10 years on, the nature and intensity of sexual violence, for example, is harsher".

Campaigns for the eradication of violence also did not provide women with solutions, or ways to bring about a behaviour change, Khan says. "The messages called for women to up and leave abusive relationships. But many women did not want their marriages to end. They wanted the violence to stop! They wanted more conciliatory messages on how to resolve conflict," adds Khan, a psychologist and researcher who has worked extensively around the issues of violence against women and children.

Regis Mtutu, Director of Padare/Enkundleni, The Men's Forum on Gender in Zimbabwe, also admits that despite the years of messages and campaigns on gender violence in Zimbabwe, "men still don't see domestic violence (in particular) as a problem".

What to avoid in communications strategies on HIV and AIDS (and gender violence)

- ✓ Treating people as objects of change rather than the agents of their own change;
- ✓ A narrow focus on a few individual behaviours rather than also addressing social norms, policies, culture and supportive environments;
- ✓ Conveying information from technical experts rather than sensitively placing accurate information into dialogue and debate;
- ✓ Trying to persuade people to do something, rather than negotiate the best way forward in a partnership process.

(Adapted from Communications for Development Roundtable Report cited in "Missing the Message? 20 years of learning from HIV/AIDS," PANOS.)

Missing voices

When Lynde Francis of Zimbabwe gets up to talk about HIV and AIDS, she is not speaking on behalf of others, nor does she talk about the realities of others which she has read about in articles or reports. Francis speaks from first-hand experience, from her own reality of living for 19 years with HIV.

Francis no longer wants to advocate just for greater involvement of people living with HIV and AIDS in policies, programmes at all levels and HIV and AIDS communications. Her crusade is for "meaningful involvement of women living with HIV, because even in organisations like UNAIDS and AIDS activists and other civil society groups, there's little involvement of women."

"Meaningful involvement of women living with HIV."

Women are at the epicenter of the HIV and AIDS epidemic in Southern Africa, yet they still remain on the margins when it comes to access to expression through the variety of communications channels where discussion, debate and dialogue on HIV and AIDS take place. This is a fundamental gap in HIV and AIDS communications that is inclusive of the gender dimension.

Communications strategies need to be redirected so that they give prominence to the creation of communications environments which encourage inter-personal communication, dialogue and debate, and which focus as much on providing a voice to those most affected by HIV as they do on educating them through messages.[9]

Giving a voice to those most affected calls for strategies that go beyond bringing out the 'token' women and girls for media frenzies and conferences to show those organisations' consciences are in the right place. "Meaningful involvement" calls for women to be part of the policy discussions and activism that shape their societies.

The media too should be a channel through which access to expression of a plurality of women's voices and world views, is given. But right now, even the media plays a major role in silencing the voices of women on HIV and AIDS, as well as on many other issues in their society.

Women have few communications channels open to them given their low status in societies throughout the region. When making a checklist of the rights violations against women, the right to communicate should be high on the list. In the human rights approach to programming used by the United Nations Children's Fund (UNICEF), communication is explicitly recognised as both a right and a means to claiming other rights.[10]

[9] Missing the Message? 20 years of learning from HIV/AIDS, PANOS, London, pg.46

[10] Communication from a Human Rights Perspective: Responding to the HIV and AIDS Pandemic in Eastern and Southern Africa, A Working Paper for use in HIV and AIDS Programmes, written by Neil Ford, UNICEF Eastern and Southern Africa Regional Office, Nairobi, Dan Odallo, UNAIDS: Inter-Country Team, Pretoria and Rozanne Chorlton (UNICEF Country Office, Dar es Salaam)



By putting women and other vulnerable groups at the centre of HIV and AIDS so that their voices and views are part and parcel of communications processes that are based on dialogue, and not just messages projected onto their realities, women can begin to articulate and choose solutions to bring about social change.

Pointers to improving content in gender, HIV and AIDS communications materials

➜ Women are at the epicenter of the HIV and AIDS epidemic in Southern Africa, but their voices are still few. Women must have greater access to expression in the formulation of campaigns, as well as to communications channels in the campaigns, that seek to educate them, as well as the general public on gender violence, and HIV and AIDS.

➜ There is no way to talk about gender without talking about HIV and AIDS; and there is no way to talk about HIV and AIDS without talking about gender. All campaigns should have an element of gender and HIV and AIDS to ground messages in the realities of those most affected by the pandemic.

➜ Questions that should be asked when starting to design campaigns on gender justice and HIV and AIDS are: What are the real issues? What is it we are trying to do?

➜ The creation of 'enabling communications environments' (see box) is important for more effective campaigns, and a human rights approach to communications, which starts from the realization that women's right to communicate is fundamental to change, must be embraced in campaign building processes.

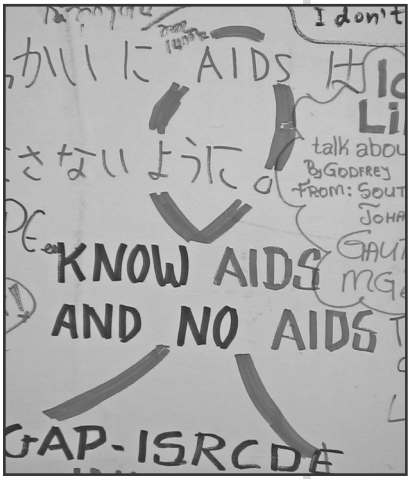
➜ Health campaigns on HIV and AIDS should make people more conscious of the risks they take.

Chapter 3: More effective prevention strategies



Talking about HIV and Aids on the South African mines. *Photo: Lori Waselchuk*

Gender and HIV and AIDS - The private should be public



Throughout Southern Africa, women across age, class, education, urban-rural location, feel the effects of the HIV and AIDS epidemic daily. The factors that fuel the spread of the virus among women and girls in the region have become a complex web of poverty, political, economic and social inequalities, and violence. Policymakers, activists, civil society, donors and the media need to tackle HIV and AIDS and gender inequalities together.

The creation of the Task Force on Women, Girls and HIV and AIDS in Southern Africa brought together a group of women and men to document the realities on the ground in the region where girls and young women in Zambia and Zimbabwe, aged 15-24, comprise 80% of all young people living with HIV and AIDS; where female-headed households are as high as 52% in Botswana, 47% in Namibia and 46% in South Africa; where the migration of women, men, girls and boys increases as the search for escapes from poverty drive people across borders increasing their vulnerability to abuse and exploitation.[11]

These realities have been years in the making given the lack of political commitment in the majority of Southern African countries to eradicate gender inequalities and to confront head-on the challenges posed by the HIV and AIDS pandemic.

Several of the areas outlined in the Secretary General's Task Force report provide entry points for the development of communications and media campaigns which seek to bring HIV and AIDS and issues of gender inequality out of the private into the public, and thereby making the link between gender and HIV and AIDS political. This chapter specifically addresses concerns relating to young women, girls and HIV and AIDS.

"ABC – Plus" – New approaches to prevention

The Task Force's report calls for new prevention strategies which are no longer solely based on the "ABC" approach and message (see discussion in Chapter One on 'Missed Messages'.)

Sex is still a private and taboo issue for open discussion throughout Southern Africa

[11] Facing the Future Together: Report of the Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa, 2004.

and this remains one of the major challenges to gender and HIV and AIDS communications and media strategies.

Despite being surrounded by HIV prevention messages, most young people do not consider themselves personally at risk, and have little idea how their bodies and reproductive systems work. Educational campaigns have made little effort to differentiate between the informational needs of boys and girls, and young women who show that they are knowledgeable about their own sexuality are often stigmatised as "bad girls".[12]

A growing challenge for gender and HIV and AIDS communications is the development of stronger and more wide-ranging campaigns on intergenerational sex and transactional sex, which are increasingly commonly accepted.

In one study in Zimbabwe, two out of every three young women aged 17-24 reported that their most recent sexual partners were more than five years their elder; and more than half of all young Zimbabwean women say that this was the case with their first sexual experience.[13]

The following excerpt from interviews with young people and the case study on a campaign used in Zimbabwe to deter intergenerational relationships illustrate the need for new messages and communications initiatives targeted at young women and men.

"Despite being surrounding by HIV prevention messages, most young people do not consider themselves personally at risk."

Love, sex and money

In interviews with young women and men in South Africa and Botswana, independent consultant and writer, Helen Epstein, found that "confusion about the meaning of love and money in relationships lay at the core of many cold-blooded sexual escapades". She encountered statements such as:

-"A man's beauty is considered by his wealth," said Siya, a university student in Umtata who lost two girlfriends in a row to wealthier men.

-"It's easy to get a beautiful girl. But you have to lie to them and tell them you have things you don't really have." A 27-year-old HIV positive man Epstein met and interviewed in Gaborone, Botswana.

-"Botswana men aren't very loving and caring. They're just users. When someone doesn't tell you the truth, you've been abused mentally. All the guys had other

[12] Facing the Future Together: Report of the Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa, 2004.

[13] Ibid.

relationships, some were married. I never met a guy who was just by himself…I want a kind, loving person, an honest person, with a very open mind, who'll tell me what he wants," said a 28-year-old HIV positive woman in Gaborone. But when asked whether it would be a problem if this type of man did not have a lot of money, she replied: "What? Why would I want that? How are you going to survive if he doesn't have money?"

(The Fidelity Fix, by Helen Epstein, New York Times, June 13, 2004.)

Education and communication are cited by the Secretary General's Task Force as the keys to ensuring that those most at risk have access to factual knowledge, the practical skills and the assertiveness and self-esteem needed to take control of their lives. But some of the campaigns that have been created to address intergenerational sex have wrongly put the blame on young girls and have targeted them with information and messages which they cannot act on.

Case study

The reward of having a Sugar Daddy is AIDS



When this poster was shown to Kusemwa, a 30-year-old married male supervisor in Harare who has a bachelor's degree, he did not see the poster as in anyway having a message for and about men, but as a warning to teenage girls about "irresponsible sexual behaviour". In other words, for him, the poster's message is that young girls have the power to check themselves and should be responsible enough not to get involved with older men.

This response illustrates how often prevention messages are targeted at girls and women who are unable to negotiate different realities and who may not always have the power to say no. Young girls rarely have the power to negotiate safer sex and protect themselves from infection.

It is ironic that the poster's message is targeted at the person without power in intergenerational relationships. In fact the image and message on the poster alludes to young girls as being the initiators of intergenerational sex.

Communications and media campaigns which challenge the behaviour of older men and which are targeted specifically at them need to be developed.

Posters, such as this one to change behaviour and prevent the spread of HIV, Kusemwa said are not enough. "Posters should be accompanied by other means to spread the information, such as lectures, before a poster is given, because otherwise they don't tell much. Posters are a conclusion of a complaint. The background of the problem that leads to the poster is often missing and needs to be spread in other ways."



In an attempt, perhaps, to be gender-sensitive, this poster has been also produced with a message about 'Sugar Mommies' and is targeted at young boys.

The result, however, is the perpetuation of the stereotype of women as the carriers of infection. Also, this poster's message and image simplistically ignores the reality that power relations between older women and younger men are not the same as the unequal power relations between older men and young women. Physical and sexual violence against older women is often perpetrated by younger men.

Keeping girls in school, keeping schools safe

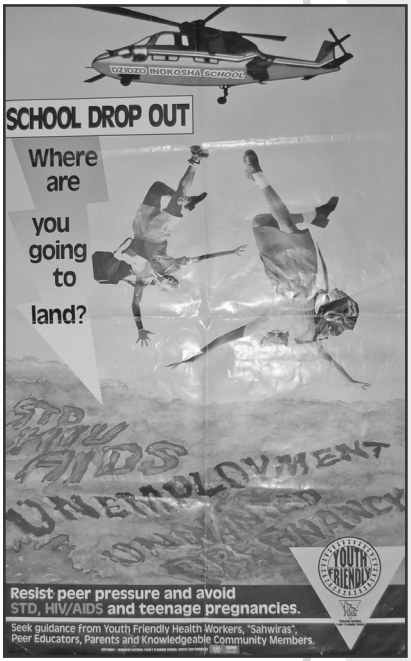
The Task Force's report points to girls receiving the best education possible as a means of protecting them from HIV infection, since girls in schools show lower rates of infection.[14]

While Southern Africa is reported as having high enrolments of girls in schools, with some countries achieving parity in the numbers of girls and boys attending both primary and secondary school, more girls than boys continue to drop out of secondary schools and do not complete their education.

[14] Ibid, p.10.

Case study

School Drop Out – Where are you going to land?



This poster, produced by the Zimbabwe National Family Planning Council as part of its "Youth Friendly Reproductive Health Campaign" is targeted at young girls and boys encouraging them to stay in school.

The message is: "If you leave school, you are far more vulnerable to unwanted pregnancy, HIV and AIDS and other STDs and unemployment."

The campaign encourages young girls and boys not to seek advice from among their age- mates, nor to be pressured by their peers and points to health workers, peer educators, parents and 'knowledgeable' community members as sources for assistance.

Linda, a 16-year-old, 'O' level student in Harare, Zimbabwe, had this to say about the poster which is targeted at young girls like her:

Q: What information do you learn from this poster?
A: "To avoid having sex before you finish school; never listen to peer pressure; and, dropping out of school results in unemployment."

Q: Is this information new to you?
A: "No. I already knew it."

Q: Is this information helpful to you?
A: "Yes. I'll finish my education so that I get employed. I'll not sleep around so that I can avoid STDs and unwanted pregnancies."

Q: Do you think that posters, such as this one, have a role to play in the fight against HIV and AIDS?
A: "No. The number of infected people is still increasing. There are still a lot of unwanted pregnancies too and a lot of children are dropping out of school."

Q: What information do you want to know about HIV and AIDS?
A: "How to look after infected people."

Q: What are your main sources for information about HIV and AIDS?
A:" Hospitals, television and radio."

This poster falls within the general trend used in prevention campaigns of designing and delivering messages to influence young people's behaviour by encouraging them to make the right choices and to talk to the "right people"(listed on the poster) before they act. The belief is that the successful delivery of information in the form of messages will cause individuals to change their behaviour.

But as Linda says, young people are still dropping out of school, having sex and the number of infected people continues to rise and not decline. Why? Because, when it comes to sex, people may not have the power or motivation to act on the information they receive.[15] Young girls, as the Task Force's Report shows, often are powerless within the social environment in which HIV spreads.

"HIV and AIDS is leading to increased drop-out rates, as girls are pulled out of school to care for their sick."

Studies in Botswana, Lesotho and Zambia suggest that HIV and AIDS is leading to increased drop-out rates, as girls are pulled out of school to care for their sick, or when their parents die, or because of the economic impact of the epidemic on their families. In Lesotho, where secondary enrolment among girls is higher than for boys, recent statistics show that HIV and AIDS and poverty are responsible for a 25% drop in female enrolment over the last decade, with orphans dropping out at an even more dramatic rate.[16]

Projections in Zimbabwe where the secondary school enrollments, according to UNICEF's 2004 State of the World's Children report, are 47% boys compared to 42% girls, indicate that the number of children who will have lost at least their mothers to an AIDS-related illness will rise from around 800,000(2001 figure) to around 1.2 million by 2010.[17]

The abolition of school fees, more flexible learning environments, life-skills education, among others, are cited in the report as measures needed to keep girls in schools and to empower girls and boys with a range of social competencies to relate equally to each other.

Violence against girls in schools

But the biggest challenge facing many countries in Southern Africa is to make schools a safe place for girls. A research study on the Impact of HIV and AIDS on the Education Sector in Zimbabwe formed what was described as "high levels of rape and forced sex" in secondary schools. Among surveyed Form 3 students, 17% of the girls and 10% of the boys reported having been the survivors of forced sex.

[15] Communication from a Human Rights Perspective: Responding to the HIV/AIDS Pandemic in Eastern and Southern Africa, A Working Paper for use in HIV and AIDS Programmes, written by Neil Ford, UNICEF Eastern and Southern Africa Regional Office, Nairobi, Dan Odallo, UNAIDS: Inter-Country Team, Pretoria and Rozanne Chorlton (UNICEF Country Office, Dar es Salaam),p.3.

[16] Facing the Future Together: Report of the Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa, 2004.

[17] The Impact of HIV and AIDS on the Education Sector in Zimbabwe, unpublished research report, June 2002, p.36.

The most frequently mentioned perpetrators were students, followed by relatives and then teachers.

There have been few, if any, public campaigns wages by civil society activists whether human rights or gender and HIV and AIDS activists against violence against girls and boys in schools. And investigative media reports on the issue have been few.

Unpublished reports and research studies which document sexual violence in schools often are submitted to the relevant authorities and policy makers, or remain hidden in resource and documentation centers.

More public attention, debate and dialogue are needed at all levels on the impact of HIV and AIDS on girls' education and the need to make schools a safe place for learning. These are two issues to be factored into both gender and HIV and AIDS communications and media strategies. Activist research that feeds into visible advocacy and lobbying initiatives on violence against girls in schools and the link to their vulnerability to HIV infection also need to be taken up as issues that are part and parcel of creating conducive environments for human development within countries.

The international organisation Actionaid has launched one of the first campaigns *(see storyline on Girls Rights Charter)* on violence against girls in schools and its ongoing research provides insights for the development of further advocacy on girls' vulnerability to HIV.



Case study

Charter of Girls Rights – Actionaid

Actionaid International launched in 2004 a campaign to take the issue of violence against girls in schools into the public space. The campaign gives a voice to girls, enabling them, through a Charter of Girls Rights in which girls demand that their rights are respected, that they go to school in an environment that enables them to learn and fulfill their ambitions, and they also demand, among other rights, that the perpetrators of abuse against girls be punished and that teachers who abuse girls should be expelled from the profession.

Research carried out by Actionaid International in Asia and Africa in 2004 indicated that 65 percent of the violence against girls is sexual and schools are no longer as safe as they should be. Violence in schools takes many forms, says Everjoice Win of the Johannesburg-based Actionaid International. "It includes sexual assault of girls by male teachers and learners, fondling, bullying, beating, verbal abuse and intimidation. Schools are proving to be a big environment for the abuse of girls," Win says, adding that male teachers coerce girls into sex as a common practice.

Reports from Kenya and South Africa indicate that many girls are raped on their way to school. There also have been reports of kidnapping as well, feeding into trafficking rings that are taking root in Africa. "The problem for urban girls takes another twist. Those who come from poor families often cannot afford money for taxi rides to and from school. Young girls are forced to have sex with taxi drivers, in return for free rides," Win says.

"The impact of violence against girls is far-reaching."

The impact of violence against girls is far-reaching. Girls are sometimes forced to drop out of school, because of early pregnancies. Research carried out by UNICEF in South African schools found that abused girls sometimes are forced to drop out of school, because they are scared that abuse will continue. Those who stay and endure violence, often perform poorly because of the emotional problems associated with abuse.

In most cases, there is no punishment for those who abuse girls. "Teachers who abuse girls are sometimes cautioned or transferred to another school, where their pattern of abuse continues unabated," Win says.

Actionaid says that while the problem is huge and its impact far-reaching, violence against girls in schools continues to be unacknowledged and ignored since the violence is not reported and underestimated.

There also is no extensive research to determine the extent of the problem. UNICEF, Human Rights Watch and more recently Actionaid International have systematically explored this issue and made some recommendations. But these studies cover a few countries and are often not exhaustive enough to give a comprehensive picture of the extent of the problem. Research on violence against girls in makeshift schools during wars, natural disasters and girls living as refugees in other countries hardly exist.

The recommendations from the research that has been done have not been used to guide policies that transform schools into environments where girls can learn, grow and reach their full potential.

According to UNICEF, school authorities do not understand enough about gender and gender violence and requirements according to law (where law exists) to begin to come up with policies at schools for redress.

Reported by Farai Samhungu
Regional director, IPS Africa

Messages to link gender violence and HIV and AIDS

In *"Facing the Future Together: Report of the Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa"*, the continuing silence around violence within relationships is cited as a key factor exposing women and girls to a higher risk of HIV infection.



Violence and HIV are mutually reinforcing and communications and media campaigns to eradicate gender violence throughout Southern Africa must focus on: the link between gender violence and HIV, violence against women living with HIV and AIDS, and on the need for quick and accessible treatment for women and girls who
have been sexually abused to protect them from HIV infection.

Campaigns to eradicate violence against women need stronger messages linking violence and HIV and AIDS. One example of an effective approach is the campaign developed in 2004 by the Gender and Media Southern Africa (GEMSA) Network, an association of individuals and organisations committed to "making every voice count and counting that it does.

Case study

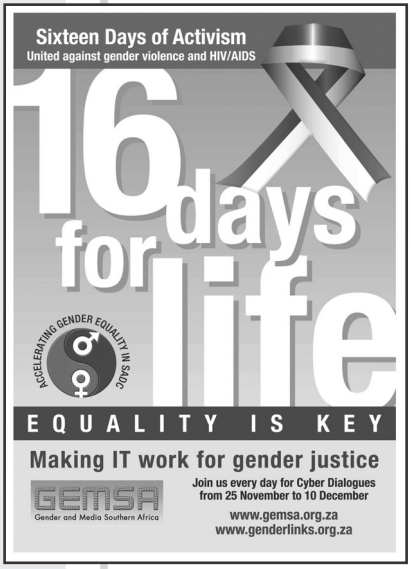
'United against violence and HIV/AIDS'

During the 2004 16 Days of Activism, GEMSA built strong messages and activities around a message that linked violence against women and girls and HIV and AIDS.

United against violence and HIV/AIDS

The 2004 GEMSA campaign also combined a range of communications and media strategies beyond the T-shirts and posters which created a broader environment for debate and dialogue around the campaign issues. Activities included:

- Strategies in eight countries.
- Sixteen themes and messages for sixteen days.
- The use of IT to provide greater access for public participation and debate, including at local level.
- A report Card for the media on what had changed and what had remained the same since the 16 Days of Activism in 2003.
- A Regional audit of the SADC Addendum on Eradicating Violence against Women and Children and a regional video conference that debated the findings.
- Comprehensive media strategy that included meetings with the media and newsroom training.
- Media products(special edition of the Gender and Media Opinion and Commentary Service (GEM)), as well as daily reports for partner organizations in the region and South Africa



Innovative ideas included the monitoring of the media during the 16 Days by gender and media activists within countries for the development of reports to engage with the media on how to improve its reporting on gender violence, as well as to highlight positive reporting that had some impact.

The GEMSA campaign also harnessed the new information technology under the slogan, "Making IT work for gender justice". Cyber dialogues were held in South Africa to empower women especially in the use of the new technologies. Through the 'chat room' format women could air their views, give testimonies and speak out in a safe space against violence and abuse. Through the use of IT during the 16 Days of Activism, GEMSA illustrated a strategy that should also be used to open the way for the kind of dialogue and public mobilization needed for successful responses to HIV and AIDS.

Critical examination of Information and Communication Technology (ICT) policy should address the avenues through which AIDS stakeholders can access information, and air their views within the public domain.[18] The 2004 16 Days of Activism GEMSA campaign's cyber dialogues provide a model on how those most affected by an issue can make their voices heard.

[18] Missing the Message? 20 years of learning from HIV and AIDS, PANOS, London, p.49

Access to the anti-retroviral PEP (Post Exposure Prophylaxis) which can reduce the risk of contracting HIV after a rape, for example, is a silent issue in many HIV and AIDS and gender violence campaigns. The result of this communications and advocacy gap, as shown by an audit of measures taken by Southern African countries to end violence against women, is that not one country among the 13 countries audited guarantees access to PEP by law and only 5 of the 13 have a policy requiring access to PEP for survivors of sexual assault.[19]

Case study

Time for a serious pep talk on gender violence and HIV/AIDS

By Colleen Lowe Morna



Pepsi? Pepkor? Peoples Empty Pockets? No. Post exposure prophylaxis. Pep. The cocktail of anti-retroviral drugs that, if taken within 72 hours of sexual assault can greatly reduce the chances of HIV/AIDS infection.

Amid the Sixteen Days of Activism on Gender Violence in 2003, 25 NGOs around the South Africa launched a campaign that involved going out to hospitals to check if this treatment is available. These visits peaked on December 1, World AIDS day. Gender Links and the AIDS Law Project of the Centre for Applied Legal Studies coordinated this activist research project.

The campaign was closely linked to the "White and Red Ribbon" campaign of the NISAA Institute for Women's Development. NISAA first popularised the white ribbon, which symbolises the fight against gender violence. The red ribbon stands for the fight against HIV/ AIDS.

The activist research project found that drugs that could help reduce the chances of survivors of sexual assault contracting the HIV virus are still not available at all health centres and are poorly administered in many cases.

The spot checks covered 32 health facilities: nineteen clinics and thirteen hospitals in all provinces except Limpopo and the Eastern Cape.

[19] Gender Justice Barometer, Audit of the SADC Declaration on Gender and Development, Addendum on the Eradication of Violence against Women and Children, activist research project by the Gender and Media Southern Africa(GEMSA) Network, 2004.

Among key findings of the research were:

- Post Exposure Prophylaxis or PEP, the cocktail of anti retroviral drugs that can help reduce the chances of contracting HIV/AIDS after a sexual assault, was only available in 43 percent of the institutions visited. Only 15 percent of clinics visited administered the service. This is especially worrying given the quick reaction time required (the first dose must be taken within 72 hours or sooner) and the fact that for many women clinics are likely to be the most accessible facility.
- The level of public awareness on PEP is extremely low. One consequence of this is that in a number of instances by the time survivors get to the health facility, it is too late to administer PEP.
- There has been no government-led public awareness campaign on PEP. All available public education materials have been developed by NGOs.
- Many health professionals interviewed were aware of PEP as an antidote to needle stick injuries that could expose health workers to HIV, but not its application in relation to sexual assault.
- 56 percent of institutions visited are still requiring that clients have police docket numbers before they administer the service.
- Many clinics are not able to give the rapid HIV/AIDS test. This test is essential because if clients are already HIV positive then they should not take the PEP treatment. There are inconsistencies in the availability and quality of counselling services available.
- Follow up is weak. A high proportion of eligible clients appear not to complete the full 28- day course, many citing transport costs as a major barrier. The high level of uncertainty at the health facilities visited as to whether clients complete the course or not points to poor records and research on follow through.
- Half of all the facilities visited were not equipped to deal with cases of child survivors of sexual assault.

Key recommendations of the report were that provision of PEP, which is provided for in policy, but not in law, be reinstated in the Sexual Offences Bill currently before parliament; that the ministry of health lead a public awareness campaign on PEP and ensure a comprehensive roll out, with effective follow up mechanisms and special attention to the needs of children at all health facilities.

The report was forwarded to the Minister of Health, Deputy Minister of Justice, and chairs of the portfolio committees on health, justice, the quality of life and status of women. It called for closer coordination between NGOs and government in providing this critical service.

"The level of public awareness on PEP is extremely low."

Pointers to improving content in campaigns on prevention strategies

- Campaigns that address intergenerational sex have wrongly put the blame on young girls and have targeted them with information and messages they cannot act on. The content of these campaigns should rather focus on the behaviour of older men and should be targeted specifically at them.

- Making schools violence-free is a new and critical area for gender, HII and AIDS communications and campaign strategies. More research and investigative media reports should be encouraged.

- The link between gender violence and HIV, violence against women living with HIV and AIDS, and access to PEP[see case study] are themes that need to be more strongly developed in HIV and AIDS, as well as gender violence campaigns and communications strategies.

- ICT should be harnessed more effectively in gender and HIV and AIDS communications campaign strategies to provide an avenue for AIDS stakeholders, especially women and girls, to air their views safely in the public domain.

[3] Missing the message? 20 years of learning from HIV/AIDS, PANOS, London p.5

Chapter 4: Treatment, care and property rights



Advocating for treatment in South Africa. *Photo: Trevor Davies*

Access to treatment and care

"In Africa, women tend to have more access than men to Highly Active Anti-Retroviral Therapy (HAART) because of their frequent contact with public health institutions."

In Africa, women tend to have more access than men to Highly Active Anti-Retroviral Therapy (HAART) because of their frequent contact with public health institutions and since the referrals to HIV and AIDS treatment comes through ante-natal services.

Many countries in Southern Africa are following Botswana's lead in rolling out anti-retroviral treatment through national health systems. And, Parent-to-Child Transmission programmes in Mozambique, Zambia and South Africa provide treatment to women, their partners and their children.

The World Health Organisation(WHO) and UNAIDS promoted the up scaling of programmes to deliver ARVs to three million people by the end of 2005 in a programme known as the '3 by 5 Initiative'. Ensuring equitable access to ARV treatment for women is a cornerstone of the programme which lays out required action in four areas to ensure gender issues in treatment are addressed:

- Development of a supportive policy environment;
- Strengthening health systems to make them more responsive to the specific needs of women and men;
- Promotion of programmes that overcome obstacles, such as cost, location, distance to the facility and clinic, among others, to equitable access; and
- Development of benchmarks and indicators to measure progress.

But gender-based barriers, such as stigma, discrimination and violence, often keep women from accessing the treatment available.

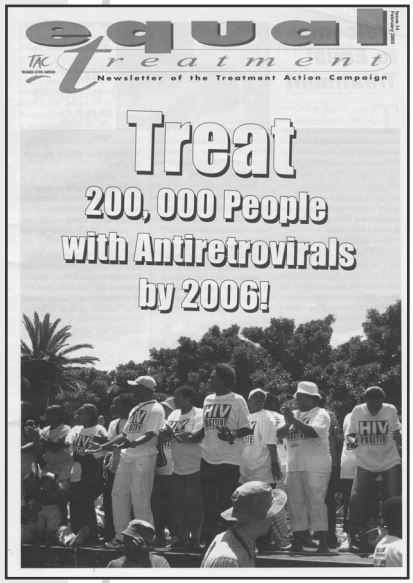
Girls under 18, who account for a large proportion of all pregnancies in Southern Africa, face additional barriers since they may be legally barred from giving their consent to testing and treatment, including treatment to prevent transmission of HIV to their unborn children. This can be even more problematic for orphans who have neither legal guardians nor identification documents.

Gender and HIV and AIDS communications and media campaigns must continue to push for the right to treatment for all, as well as mounting specific campaigns and initiatives that target the removal of the gender barriers that often keep women from accessing the treatment available. The issues of stigma and discrimination against women and girls living with HIV must be consistent components of all communications efforts to break through the silence on issues of sexuality and violence.

[20] Facing the Future Together: Report of the Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa, 2004.

Case study

Equal Treatment – The Treatment Action Campaign (TAC)



South Africa's Treatment Action Campaign (TAC) is an example of one of the world's most successful AIDS activist groups. TAC never waivers, never tires in its fight to ensure every South African in need of treatment has access to available and affordable drugs.

In February 2005, TAC kicked off a campaign to demand that 200,000 people be treated with anti retrovirals in the public sector by 2006, and that at least 10 percent of these should be children.

TAC, which was started in 1998 by South African AIDS activists, is cited in 'Missing the Message? 20 years of learning from HIV and AIDS' as an example of how leadership on HIV and AIDS issues can come from the bottom of society, and is cited as a good example of a campaign that has had impact and makes a difference.

Some of the valuable lessons that can be drawn from TAC for developing and executing campaigns include:

- It took the issue of HIV and AIDS out of a health-oriented discourse and made AIDS political;
- TAC challenges the system, using the courts to ensure that people's health rights are upheld. For example, it obtained court orders instructing public health services to provide HIV testing and treatment to pregnant women.
- It has mounted defiance campaigns;
- TAC's campaign represents the voice of a community at the epicenter of the AIDS crisis – primarily poor people, many of whom are living with HIV;
- TAC works closely with the media having regular contact with journalists of key South African papers and it uses publicity stunts to gain greater media pressure on key issues. TAC continuously uses the media to keep HIV and AIDS visible in the public arena;
- The campaign combines a mix of vision, anger and political will.



our right write

THE WESTERN CAPE MEDIA TRAINING WORKSHOP ON GENDER HIV/AIDS

TAC's civil disobedience campaign comes to the Western Cape

Caitlin Mercer

MORE than 200 Treatment Action Campaign (TAC) supporters gathered outside St George's Cathedral on April 1 to sing songs of support as 40 fellow campaigners marched to the offices of the Human Rights Commission and the Commission for Gender Equality in Cape Town, to demand that the government provide anti-retroviral drug therapy for people living with HIV/AIDS.

The Cape Town action is part of the TAC's ongoing civil disobedience campaign, which began on March 21 when the organisation brought charges of culpable homicide against Health Minister, Dr Manto Tshabalala-Msimang as well as Trade and Industry Minister, Alec Erwin.

TAC claims that the Minister of Health has "known about the extent of the HIV epidemic and that she has had the resources to alleviate the epidemic and yet she has wilfully failed to act to improve the situation."

It also has presented evidence that the Minister of Trade and Industry has had the resources to reduce the prices of HIV/AIDS medicines, but has "negligently and wilfully" failed to do this.

The TAC says it holds these two cabinet ministers responsible for government's "failure to implement an HIV/AIDS treatment and prevention plan".

"Our aim is to put pressure on the government to implement a treatment and prevention plan for HIV, which must include an irrevocable commitment to anti-retroviral drug treatment," said TAC spokesperson Nathan Geffen.

The TAC also demands that the government make a commitment to sign the framework "treatment and prevention plan agreement" negotiated at the NEDLAC forum.

Until such time as these demands are met, the TAC vows to continue with its civil disobedience campaign without physical violence and damage to property.

600 people dying each day

The organisation says that the aim of its campaign is to have 600 of its members arrested to represent the number of people dying each day in South Africa of AIDS-related illnesses.

Judith Cohen of the Human Rights Commission in Cape Town said that they had accepted the memorandum presented to them by the TAC demonstrators and would consider it with "the seriousness it deserved".

TAC's grounding in communities all over South Africa, which elect their own representatives to the organisation's structures and which hold regular meetings, provide the basis for the social movement that has emerged and makes TAC credible – its leadership does not speak on behalf of others. TAC's membership, which includes women and men, continues to educate itself on the issues in order to spread accurate information and to hold discussions and dialogues with people in their communities; and the members are empowered to speak for themselves.

"Women's work" – Caring for those with HIV and AIDS

The labour of women and girls has become the backbone of the care economy that has emerged with the HIV and AIDS pandemic and the structural collapse of many health care systems in Southern Africa.

Women are caregivers in the homes, in the communities as unpaid volunteers, and they still make up the majority of the health-care professionals who are handling heavier caseloads and stress. Young women are forced to leave school to help with the care of ill parents or to help shoulder the burden of other household chores. Studies show that as much as 60% of the time women and girls formerly devoted to housework or gardening is now devoted to caring for those who are battling AIDS-related infections.

On the one hand, the care-givers provide enormous support in countries like Mozambique where doctors and nurses are scarce. In this country, where the care-givers are known as "activitas", they also provide health education, information on AIDS prevention and counseling, and the government has recommended a small incentive for those assisting in the Home-Based Care programme started by the Ministry of Health in 2002.

But, the hidden economic costs and impact of care-giving on families and communities is high. More and more elderly women and young girls are shouldering the burden of care and do not have the resources to confront the challenges they must deal with daily. "The pandemic has made it painfully apparent just how false the savings are when a State cuts back on public expenditures for welfare and health care. These costs do not disappear; they fall to women," says UNIFEM in *Turning the Tide, CEDAW and the Gender Dimensions of the HIV/AIDS Pandemic.*

Case study

The Role of Men – Padare/Enkundleni (Men's Forum on Gender)

The Men's Forum on Gender in Zimbabwe does not invest its resources in producing large volumes of posters for its communications campaigns to change men's attitudes on issues relating to gender equality, gender violence and HIV and AIDS. "We've done some T-shirts, but the main thrust of our communications strategy is to talk to men in their own settings," says the organisation's director, Regis Mtutu.

"We organise men into discussion groups, get invited to workshops, deliberately go to male-dominated institutions, and directly talk to men. The reason for this approach is because men don't see themselves as part of the problem," Mtutu says.

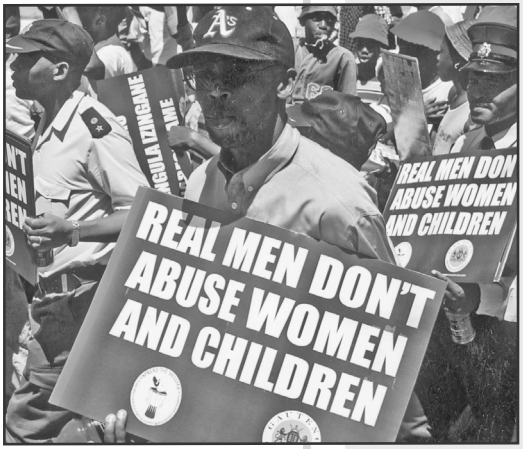


This poster is part of an information toolkit produced by SafAIDS and John Snow International, UK to train and involve men in home-based care. The toolkit, which includes fact sheets on HIV and AIDS, gender roles in community home-based care, how to use the female condom, how to deal with death, among others, is used by Padare/Enkundleni.

The organisation is also invited by women's groups to speak to men such as traditional chiefs and religious elders, and Padare believes in engaging with the media. "Through the media we can reach more people and invoke reaction and discussion on gender and the role of men. A few years ago, we had an article every week in the newspapers, but with the closure of newspapers, this space has closed. But we are still trying and have engaged with the weekly business newspaper, The Financial Gazette, on the gender stereotyping in its column 'It's a man's world'," Mtutu says.

The "anti-sexist" men's organisation, which was founded in 1995, has limited its focus on gender-based violence to discussions with men during the 16 Days of Activism against Gender Violence, a strategy which Mtutu says needs to change. "We are now preparing a two-year project to work systematically on gender-based violence at community and policy-making levels."

Padare/Enkundleni is now engaged though in an advocacy campaign to 'Increase



male participation in the fight against HIV and AIDS by confronting patriarchy and male power in sex', and another advocacy campaign on 'Community mobilisation on prevention of Parent-to-Child-Transmission'.

Using its approach of holding discussions and talking with men in their settings, the organisation also has encouraged and supported men who provide home-based care. "Men's involvement in home-based care is a natural progression of the men with whom we have worked with for a long time on gender. This is the era of male participation and we are communicating to men the importance of creating different role models – that of men who have a multiplicity of roles," Mtutu says.

Padare/Enkundleni has 12 active chapters around the country of men becoming involved as caregivers. Mtutu says both young and older men are involved in "men providing care for men". The incentives given to them are not monetary, Mtutu says. The male care givers receive a food pack and some clothing items for themselves.

"We encourage the young men to keep a diary of their care work. We want to mobilise the men to be involve in an unpaid care work campaign, which is an advocacy issue that involves men and women."

Care campaigns – where should the emphasis lie?

While it is important to encourage a sharing of the burden; to advocate and lobby for better facilities and support (both financial and technical) to be given to those providing care, and that the notions of what is women's work and what is men's work should change, a central question that needs to be raised in gender and HIV and AIDS communications and media strategies is whether this phenomenon is not a crisis in the making as the HIV and AIDS situation worsens?

Is the care economy, which has arisen out of necessity in the face of the collapse of health systems, an easy way for States to abdicate their responsibilities and conveniently push the burden onto women and girls whose rights as citizens are often violated by the very States who now rely upon them to bail them out?

While the care-giving has moved into the homes and communities, what steps are national governments taking to shore up their health systems in order to ease the

burden on women and girls who are often even forced to take time off from work and school to provide care?

These are the political issues which can generate far-reaching discussions in the media, at the level of policymakers and within communities about issues of accountability, transparency and access rights issues.

If gender and HIV and AIDS communications and media strategies do not raise these issues, then there will be missed opportunities to situate and link HIV and AIDS communications to strategic gender and human rights issues.

Case study

Help us to Help Children in Distress



This poster of South Africa's Guateng Provincial Government provides information on ways to provide care for children who have been orphaned due to HIV and AIDS, and children who are infected with the virus.

The images on the poster are diverse across race, age, sex and class illustrating that HIV and AIDS impacts on everyone. The poster also provides a number where one can call for more information, to refer, or follow-up on the message in some way.

Farai, an 18-year-old Zimbabwean 'O' level student in Harare understood the message conveyed in this poster – i.e. everyone can play some role in helping orphaned children but the message had no impact on him. "The poster is not helpful, because I have no interest in looking after children whose parents died of AIDS. It may however help me refer a relative affected by the pandemic to a source of help".

His response illustrates how often messages communicated on posters on HIV and AIDS issues are interpreted by individuals as being meant for others and not for them personally, especially if they already have inherent beliefs and biases.

Farai believes that posters serve little value in HIV and AIDS communications campaigns. "Posters are everywhere, but people are getting infected everyday. The posters do not have enough information. Personally I think they're for decorating houses. Most are written in English and therefore people cannot understand them, and other people are not able to read."

Property and Inheritance rights

"HIV and AIDS has reinforced the problems women face with regards to property and inheritance rights across Southern Africa."

HIV and AIDS has reinforced the problems women face with regards to property and inheritance rights across Southern Africa where dual legal systems and entrenched cultural values and norms, deny women the access to land or valuable resources. Without the right to inherit or own these resources, widows are left in precarious economic situations and are unable to support themselves and their children.

Widows of men who worked in the mines in South Africa have no entitlement to inherit the land they often remain behind farming in order to eke out a living for themselves and their children, and find it further difficult to access their husbands pensions.

Once the men die, women are chased from their homes by their in-laws, and those who are infected with HIV, find it difficult to return to their own families. Dispossessed and ill, these women have no support network and may find themselves literally on the streets. As the death toll from AIDS-related illnesses rise, so is the dispossession of women in both the rural and urban areas. Some women are even thrown out of their homes when they disclose their HIV status to a spouse.

In 2003, UN HABITAT adopted a Resolution on 'Women's Role and Rights in Human Settlements and Slum Upgrading' and the Commission on Human Rights adopted a Resolution on 'Women's Equal Ownership, Access to, and Control over Land and the Equal Rights to Own Property and to Adequate Housing'. These resolutions recognise the violation of women's property rights, which are also guaranteed in the Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW), as a violation of their fundamental human rights.

HIV positive widows are accused of infecting their husbands or of causing his death through witchcraft. A widow's own death is often speeded up by the stress of having to fight to hold on to the little property available to help her and her children survive, or by the loss of shelter, and the ability to grow her own food to feed herself.

Through activist research by Women and Law in Southern Africa (WLSA), campaigns have been waged in the past in several Southern African countries, like Zimbabwe for example, to make women aware of their property rights and to call for reforms to Wills and Inheritance Laws. Currently, the UN Food and Agriculture Organisation (FAO) is facilitating research to gather information on the links between HIV and AIDS, Women's Property Rights and Livelihoods.

There is growing evidence that upholding female property and inheritance rights helps mitigate the negative economic consequences of AIDS experienced by women and their households. Property and inheritance rights may also prevent the spread of HIV by promoting women's economic security and empowerment.[21]

Women and girls rights to own land and inherit property, regardless of their marital status, therefore, has become a matter of urgency in light of the HIV and AIDS pandemic. Gender and HIV and AIDS communications and media strategies need to be developed around issues such as women's land rights, the removal of all discriminatory laws in Constitutions and the domestication of instruments like CEDAW, and the protection of women's rights to property and of women who seek to assert those rights through the legal system.



Case Study

Widows for Justice

'In Zimbabwe today many widows do not have the right to withdraw money from the account of their deceased husband. Some widows do not know where he was saving the money. You can starve in your home with a cheque book in your hands.'

(Susan Zvinoira, Director , Zimbabwe Widows and Orphans Trust speaking at the December 2004 workshop on HIV and AIDS, Women's Property Rights and Livelihoods in Zimbabwe.)

The Justice for Widows and Orphans Project (JWOP) in Zambia, and the Zimbabwe Widows and Orphans Trust (ZWOT) are two organizations in the region that seek to address the plight of widows and orphans.

JWOP, which is registered as an NGO in Zambia, began in 2001 and it conducts awareness campaigns to sensitise widows and orphans on their human rights and advocates for legal reforms to promote and safeguard these rights. ZWOT, started in 1996 as the Zimbabwe Widows Association and is registered as a welfare organization. It provides widows and orphans with shelter, food, and assistance in obtaining marriage certificates and other records they need.

[21] World AIDS Campaign 2004, Women, Girls, HIV and AIDS, Strategic Overview and Background Note, UNAIDS, pgs. 17-18.



The JWOP News

Challenging Human Wrongs to have Human Rights

A Mouth Piece for Widows and Orphans

A Quarterly JWOP Newsletter – January – March, 2004

JWOP Justice for Widows and Orphans

CHIKUNI TRIBUNAL WAS AN EYE-OPENER

A twenty-year-old female orphan of Ufwemuka, in Monze, has been looking after her sickly sister after the death of her mother in 2001 - without assistance from relatives.

This was revealed during the testimonial tribunal held by Justice for Widows and Orphans Project at Chikuni Mission, Monze, on 9th December 2003.

The girl, who was then in Grade 10, combined the role of looking after her sick sister with attending school. Apart from this, she also had to grow some vegetables to sell in order to sustain her family. However, whenever she realised some money from the sale of vegetables, her uncle got the money and only gave her a little to use.

The orphan, who opted to remain anonymous for fear of being victimised, said she found it difficult to look after the sick child; Sometimes she spent weeks nursing the child either at home or at the clinic, without help from the same relatives who grabbed her money. After her testimony, the orphan was promised assistance by the Social Welfare Department to find out the illness of the sick sister and support both herself and the child.

Other widows and orphans also testified and gave accounts of the injustices they went through at the hands of either relatives of their husbands or parents. Most of them talked of property,

Widows and orphans staging a play during one of the intervals

including money, which were grabbed from them after the deaths of their husbands and fathers.

Among those who testified were Mary Mweemba, an orphan, who said she was denied a share of her late father's

Brandina Kwaambwa, a widow, testifies at the Chikuni Tribunal

Continued on page 2

Anne Kaseno, programme officer at the Embassy of Finland (left), Mr Mwiinga, a member of the Monze Support Group (centre), and Mrs Savanto, the wife of the Charge d'Affairis at the Embassy of Finland, share ideas during the tribunal.

The JWOP News is published by Justice for Widows and Orphans Project (JWOP) as a mouth piece for Widows, Widowers and Orphans in Zambia.

Articles and stories are contributed by Network and Project Support Group members as well as well-wishers.

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Views expressed in the articles in this newsletter are not necessarily those of JWOP

The Zambian NGO brings together a network of nine organizations in Zambia and has formed Support Groups in various parts of the country. It receives funding and produces information to spread awareness among widows and orphans, as well as the general public.

Susan Zvinoira, ZWOT's director and a widow herself, has turned her home into a shelter for widows and orphans who sleep on her living room floor and are fed from a garden in her backyard. There are plans to build a shelter for widows and orphans, but for now Zvinoira has an open-door policy. She has taken in many widows now living with HIV and seeks out support groups and treatment programmes for them. These women have lost their homes to relatives and usually have nowhere else to go.

Both organizations provide the channels for the widows to tell their own stories, and JWOP has compiled several case studies into a publication entitled, 'Picking up the pieces of Justice'.

Pointers on treatment, care and property rights

➜ Specific campaigns and communications initiatives that target the removal of the gender barriers that keep women from accessing treatment must be developed.

➜ Strategic questions that should be asked when starting to design campaigns on Care Work include: Can women and girls continue to shoulder the burden of care without substantial State intervention? Is the State not abdicating its obligation to provide the right to health by shifting the burden to women and girls whose rights are violated by the very States who now rely on them? Care campaigns cannot remain locked in the domain of improving the social welfare of those providing the care. The issue must be politicised and linked to fundamental human rights issues.

➜ Women's inheritance and property rights must be linked to HIV and AIDS. This is a new area for research and for the development of gender and HIV and AIDS communications and media campaigns and strategies.

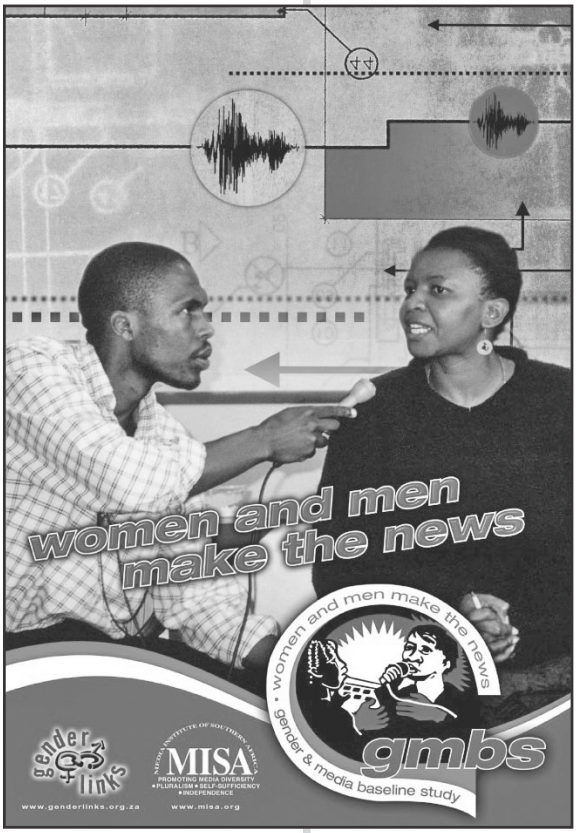
Chapter 5
Engaging the media



Charles Chisala, Times of Zambia and Tusi Fokane (MISA). *Photo: Colleen Lowe Morna*

Gender, HIV/AIDS and the media

The 2003 Southern Africa Gender and Media Baseline Study (GMBS) reveals that when it comes to voice in and through the media, it is dominantly a male domain. Although women constitute 52% of the population in Southern Africa, they were only 17 % of the known news sources in the media monitored in the study which included a total of 25,110 news items. On the topic of Health/HIV and AIDS, the GMBS found that women constituted 25% of the sources speaking regionally on these issues.



The mass media has found itself caught in a dilemma over whether its role is simply to "convey the facts" or play an advocacy role over HIV and AIDS. This links to a broader debate over the role of the media in development and indeed in society. Is it the role of the media just to convey what is, or what could be?

Media practitioners are often ill equipped to cover the pandemic, and especially the gender dynamics that underpin it. Media coverage is often event, rather than issue driven. The HIV and AIDS epidemic is a complex issue, deeply rooted in social, cultural, political and economic realities. It is not just, as many media houses often treat it, a health issue.

The natural propensity in the media to focus on the bizarre, the unusual and the sensational, and the deeply entrenched gender biases that permeate most newsrooms, have often led the media to be part of the problem, rather than of the solution, where HIV and AIDS is concerned.

The media has often contributed to stigmatisation and discrimination around HIV and AIDS. It has revived old prejudices and stereotypes, giving these renewed lives in an HIV context.

Specifically, the media has ignored, downplayed, misrepresented and distorted the gender dimensions of the epidemic.

The portrayal of HIV-positive women in the South African media

Excerpts from research by Mpine Qakisa

The media's message about AIDS has been skewed right from the beginning. AIDS was looked at as a disease of "sinners " such as prostitutes, homosexuals and people with multiple partners. Popular media continued to carry reports of people who may be infected knowingly by sufferers who are seeking revenge.

Media scare stories, negative images, the nature of AIDS stories, and the reporting of AIDS related stories have all helped frame how people understand and react to the epidemic. In South Africa, this is even more pronounced because of the political and economical history of racism and sexism.

In an effort to identify the way women are portrayed with regards to HIV and AIDS as people who are infected and affected, I visited the newsroom library of the Independent Newspapers. I first looked at all AIDS articles published between 29 June 2000, a week before the World Aids Conference in South Africa, and the 9 February 2001 in The Star, the Saturday Star, the Sunday Independent, the Weekly Mail & Guardian and the Sowetan.

To identify relevant articles, a keyword search was conducted using The Independent Newspapers library database. The search yielded 805 articles on AIDS between the 29 June 2000 and the 9 February 2001. This means that there was an average of 3.6 articles on the subject of HIV and AIDS in these selected newspapers. There is no doubt that AIDS as a subject is covered extensively in the South African media. After looking at AIDS articles, I then screened out articles that did not focus on women.

Of the 805 articles on AIDS, 107 of them focused on women. About 13.2 percent of all AIDS articles dealt with women and HIV and AIDS. I then divided the articles into three categories. The first category looked at women in their reproductive role, that is, HIV-positive pregnant women, infected infants and drugs to stop the transmission of HIV to unborn children. The second category of articles focused on violence/abuse on HIV-positive women. The third category of articles dealt with general issues.

Of the 107 articles, 56 articles focused on the issue surrounding the availability of drugs to stop the transmission of HIV from mother to child. In these articles,

"The media's message about AIDS has been skewed right from the beginning."

it was clear that pregnant women with HIV are perceived as transmitters of HIV to innocent unborn babies not as individuals with a life threatening illness.

What the media messages are not saying is that although HIV can be transmitted from mother to child, transmission does not occur to a majority of babies born to HIV positive mothers. According to the World Health Organisation, two-thirds of babies born to HIV positive mothers are not infected at all. Of the remaining one third that is infected, two thirds are infected in the womb or during childbirth and the remaining one-third is infected through breastfeeding (Lovelife, 2000). If this type information is available in the news media, then HIV positive mothers will be in a better position to make informed choices about their lives.



The underlying factor is that "women with HIV are perceived as incubators of sick babies who destined to become a burden to society, not as individuals with a life-threatening illness, nor as a mother in struggle and in pain" (Cline and Mackenzie 1996:388) hence the headlines "Saving the Innocents" (Sowetan, 31 January 2001), "SA Aids babies tragedy grows" (Citizen, 10 January 2001), "Drugs could save babies" (Citizen, 12 July 2000), "Study promises life to babies" (Business Day, 12 July 2000),

In almost all the articles that focused on babies there is no mention of women's health except the fact that they are carrying the babies and may infect their babies with the deadly virus. These babies, according to the articles, should be saved from their "irresponsible mothers" who basically got what they wanted. In fact, the largest single issue of the mother to child transmission relates directly to the government's policy of not providing anti-retroviral drugs to HIV-pregnant mothers. Even the screaming "Free treatment for HIV positive mums" headline failed to address the issue of HIV positive women.

Of the remaining 56 articles, 28 of them focused on women abuse and violence. These articles dealt with destitute HIV-positive women who were abandoned by their families when they heard that they are HIV-positive or dying of AIDS. Most of these women lived on the streets with their children until some "Good Samaritan" picked them up and that's how they end up in the media.

What these articles are saying is that if you reveal your HIV status you may end up like a 29-year-old HIV-positive woman who have been kicked out of her home by her husband after she told him that she had AIDS. Her husband told her that

she is useless because she could no longer cook, wash his clothes or clean the house. He also did not want her to die in his house. He threw her out at night and she just managed to sleep under a nearby tree soiled and dirty. A neighbour picked her up and a week later she died in her shack (Sowetan, 8 February 2001). Although this article is trying to bring the human face and suffering of this woman to the public, it also discourages disclosure. People may interpret this story as warning not to tell or talk about your HIV status with your partner. If you reveal that you are HIV positive, you may end up like this abandoned woman.

Media messages are failing to tell people that people who are living with HIV can live a full and productive life for many years. Almost all the articles analysed used expert opinion or government official as the source of information and in the process sidelined the people with first hand information. Right from the beginning of the epidemic, the AIDS story was never told by a sufferer.

Using the media

But it is not only the media blame. Many AIDS and gender activists throughout Southern Africa invest little time in using the media to put their issues on the public agenda. While it is true that the media alone cannot change behaviour, the media is critical in stimulating public debate and dialogue, and in challenging the kind of long-established social norms that prevent more widespread changes in behaviour.[22]

The media also can play a key role in setting the policy agenda on issues, and it can be the channel through which a variety of voices should be able to speak and provide their perspectives on issues, especially those most affected.

Media must be viewed as broader than just the mainstream media on newspapers, magazines, television and radio. The new technologies of the Internet and mobile phones provide new avenues of communications. Traditional media, which is closely linked to personal media, is also strategic to implementing effective campaigns around issues which require more personal communications.

"Many AIDS and gender activists throughout Southern Africa invest little time in using the media to put their issues on the public agenda."

[22] 'Missing the message? 20 years of learning from HIV and AIDS', PANOS, London, p.13.

Glossary

Mainstream media – media produced for mass consumption which has a huge impact on public opinion. Mass media consists of newspapers and magazines (print) and radio and television (electronic).

Traditional media – this is media which makes use of the local culture and folklore to convey messages and information. It takes the form of drama, poetry, dance, songs and oral testimonies and is more interactive than mass media which provides limited feedback.

New media – refers to web sites, web portals(a 'gateway' to more information on a specific topic), e-mail and e-mail news alerts, Listservs, Internet, mobile phones, etc. This media provides global access and is efficient, interactive and cost-effective, and widens the outreach.

The media is one of the most effective tools for giving visibility to an issue in order to ensure that it is not overshadowed by other competing information and communications messages. AIDS should daily be on the media's agenda given the impact the pandemic is having on national development in many Southern African countries. Yet, days, even weeks go by when there is no mention of HIV and AIDS.

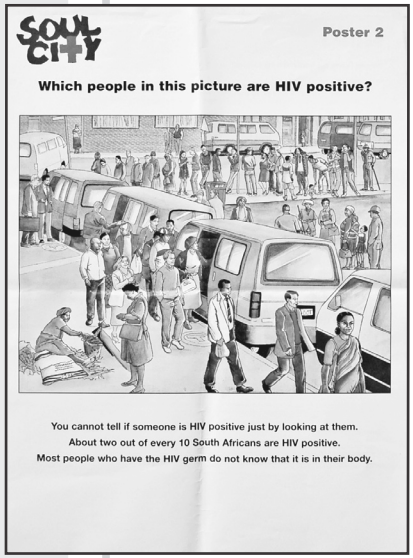


Therefore one of the key challenges for activists in Southern Africa working on gender and HIV and AIDS issues is to be seen and heard in the media. Thereare many training tools available to activists for building effective media campaigns, some of which are among the references and resources listed at the end of this publication.

Case study

Soul City – Mass media, social mobilisation and advocacy

South Africa's Soul City is often cited as a communications campaign that has combined many strategies to effectively reach large audiences with its messages on HIV and AIDS and violence against women. The project combines mass media with social mobilization and advocacy to increase its impact.



Since it began in 1994, the multi-media edutainment project has developed six television and radio series. Issues addressed in prime-time TV dramas and radio dramas also have been serialized in newspapers across the country in different languages.

Soul City is targeted at black and coloured South Africans between the ages of 16-65, and in 2000, it launched a children's series, 'Soul Buddyz' for children between the ages of 8 and 12.

Up to 70% of its budget has been spent on HIV and AIDS, although it also has covered other heath issues. The Soul City4 series of 1999 focused on youth sexuality, HIV and AIDS and violence against women. Print media and adult education complement the television and radio series and life-skills programme.

Edutainment – Education through Entertainment is the use of mass media to explore and educate on social issues. Soap operas and radio dramas are structured in a series of complex plots to explore difficult issues like violence against women, sex and sexuality, which are presented in the guise of entertainment.

Posters, booklets, comics are combined in packets of materials that can be used to provide information and educate women and men, girls and boys of all ages about an issue. Soul City's HIV and AIDS Pack , for example, consists of two comics, a set of 8 posters, two handbooks, three workbooks, video material and a User Guide. The posters in this pack are intended as teaching materials and offer many suggestions on what to do and where to go to get help. Workbooks also educate people living with HIV on their rights.

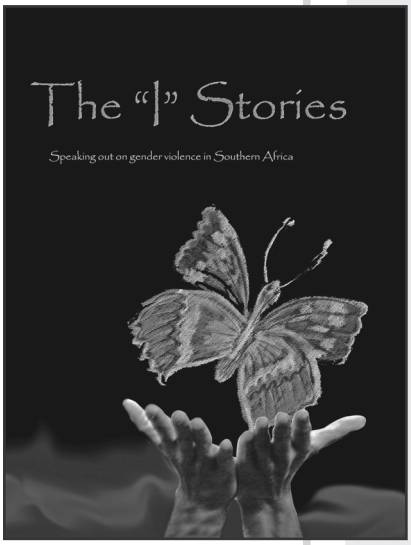
Participatory communications is at the core of Soul City's approach. It aligns itself with oganisations like the National Network for Violence against Women to reach communities across the country which help to develop materials for campaigns.

Building bridges between the media and those most directly affected

Women comprise more than half of the population in most Southern African countries, but here too, the violations of women's human rights and the impact of the HIV and AIDS on their lives receives little media attention and when it does, these issues are often trivialised as not being of national importance. One strategy that has been used by Gender Links has been to work with women to tell their own stories about their experiences, and to serve as a bridge to the mainstream media that has shown a keen interest in publishing such stories.

Case study

Women speak loud and strong!



In the introduction to this publication produced during the 2004 16 Days of Activism by Gender Links the editors note that: "…to speak out is literally the verbal act of speaking, the public act of taking a stand, the psychological and personal act of finding a voice and the political act of speaking back to one's oppressors. Speaking out means claiming the space in which to be heard and using that space to say my voice has value."

A series of writing workshops held with survivors of violence and reformed perpetrators by Gender Links in partnership with the NISAA Institute for Women's Development and ADAPT, as well as similar efforts in other countries, gave rise to those most affected by violence telling their own stories. Seventeen voices speak out in this unique publication. They are both women and men, young, old and middle-aged, widowed, displaced, living with HIV and AIDS, living with scars of the past which have been turned into opportunities to give back and help others.

These stories illustrate how when given the right to communicate in traditional and non-traditional and creative ways, women and men are able to convey not only their realities, but to articulate the choices and solutions they have found to begin anew and change the aspects of their circumstances that are within their grasp.

The 17 stories also were published in the South African and other media throughout Southern Africa and were used as anchors for the cyber dialogues (chats) held during the 16 Days on various aspects of gender violence.

The "I" stories illustrate how the "voice" of those most affected by an issue can be made central to the dialogues and debates around an issue in a communications and media campaign.

HIV/AIDS and gender policies for newsrooms

Another approach that has been used has been to work with the media in developing gender and HIV/AIDS policies. The Media Action Plan (MAP) on HIV/AIDS and Gender is a collaborative effort by the Southern African Editors Forum (SAEF) and NGO partners to improve coverage of HIV/AIDS and gender, as well as mitigate the effects of the pandemic on the media industry. Gender Links, the Gender and Media Southern Africa (GEMSA) Network and the Media Institute of Southern Africa (MISA) coordinate the policy wing of MAP, which aims to ensure that 80 percent of Southern African newsrooms have HIV/AIDS and gender policies by 2008. Much of this work builds on an initial pilot project conducted by Gender Links and the Times of Zambia.



Case study

Gender, HIV and Media policies – a Times-Printpak case study

By Miriam Zimba, Deputy Editor

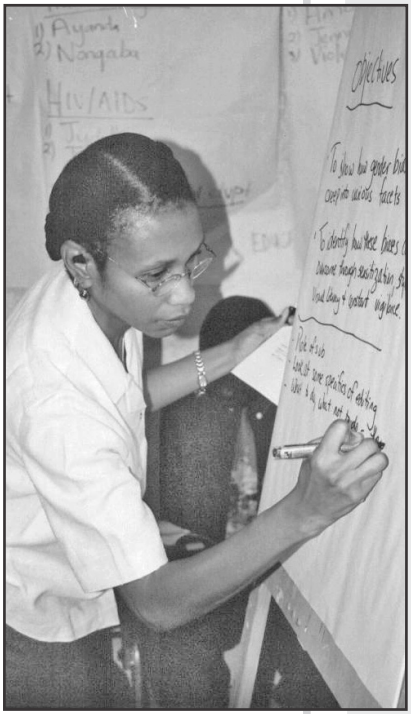


This is a case study of the processes that led to the formulation of the gender and HIV/AIDS policies by Times Printpak, publishers of the Times of Zambia and its sister paper, The Sunday Times. This study will highlight the importance of having a gender and HIV/AIDS policy because the two cannot be separated.

Brief background of the Gender Policy

In 2000, the Zambian government developed a gender policy. During this time, the times of Zambia was already critically reflecting on its own work and internal policies and what the company could do to contribute to creating gender balance.

However, the turning point was in December 2003, after the Gender Links held a workshop for Times senior management in Lusaka to highlight gender disparities in the Gender and Media Baseline studies, that management really took a keen interest in addressing gender in the organization.



This led to management appointing a Gender Policy committee in January 2004. The committee comprised six people, three women and three men of which I was part of. This committee represented both unionized workers and top management. The committee was mandated to present a draft gender Policy by the end of April that year.

The committee set out to work and invited officers from the Gender in Development Division at Cabinet office, who conducted a workshop for the committee members on the formulation of a gender policy. The first draft of the policy was ready by the end of March and in the first week of April, the committee met with heads of departments, representatives of the Zambia Union of Journalists, Press Association of Zambia and three ordinary employees to scrutinize the document.

Further recommendations were made on improving the document after which, a second draft of the policy was prepared. This also was circulated for further input to the Non-Governmental Organizations Coordinating Committee (NGOCC), The Gender in Development Division at Cabinet Office, The Zambia Congress of Trade Unions, The Press Association of Zambia and the Zambia Media Women Association (ZAMWA).

The Gender Policy committee met again in August of that year to now look at comments from the various stakeholders and incorporated some of their observations in the final draft. The Gender policy is yet to be launched although it is ready.

Because the Times realized that the Style Manual was a major culprit in perpetuating gender insensitivities, management appointed a committee of ten editors headed by our production editor Mr. Hicks Sikazwe to revise the style book and make it gender sensitive. Although the committee comprised of nine men and one woman (myself), we had all been sensitised enough on how to identify gender insensitive language in the old style book. The style manual has also incorporated language identified as acceptable when writing about HIV/AIDS. The new style manual was ready by August last year and copies have been distributed to all the journalists in the company. New reporters are also availed the style book.

Brief background of the HIV/AIDS policy

The HIV/AIDS policy also stems from the findings of the GMBS and management saw that gender and HIV/AIDS actually move in tandem. Thus management decided in January 2004, to appoint a ten-member committee representing all departments to formulate the policy as a complementary instrument to the gender policy. The Times of Zambia has not been spared by HIV/AIDS and a number of employees have succumbed to the disease.

Hence the goal of this policy was to prevent and reduce new HIV infections through sensitisation and education programmes, provide care and support to infected and affected employees and their biological families.

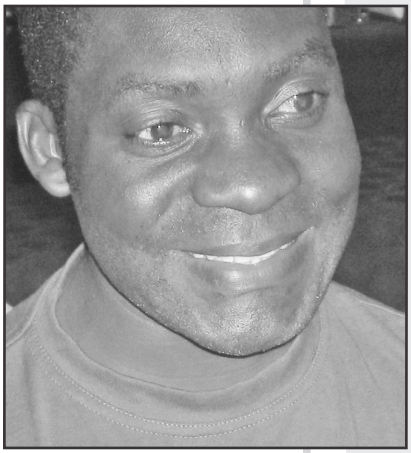
The key components of this response are:

- Training of peer educators
- Sourcing and developing Information, Education and Communication (IEC) materials
- Education and management of sexually transmitted infections (STIs)
- Voluntary counseling and testing
- Provision of anti-retroviral treatment for employees and their spouses including children.
- Support and care for affected employees and their families including children orphaned by employees who died of HIV/AIDS related illnesses.
- Wellness programmes (provision of home based care for chronically ill employees and their biological families.
- Education on the importance of Prevention of Mother to Child Transmission which only follows after knowing ones status.
- Providing a safe working environment (training of first aiders, acquiring first aid kits and cleanliness and safety.

Expected outcomes

- 22 peer educators will be trained in Ndola, Lusaka and Kitwe.
- IEC materials will be sourced, developed and distributed or used.
- All employees are to be sensitized and educated on HIV/AIDS
- Reduction in the number of new infections
- Reduction in the number of HIV/AIDS related deaths
- More awareness on the mode of transmission and prevention of HIV
- Reduction in denial / stigmatization among employees and their families.
- Employees, family members linked to treatment and support groups

"The Times of Zambia has not been spared by HIV/AIDS and a number of employees have succumbed to the disease."



Social benefits to employees

- Improved health among employees and their families
- Employment security due to the assurance of protection from discrimination, guaranteed confidentiality and availability of treatment options.
- Acceptance of status, which creates peace of mind
- Deeper knowledge on HIV/AIDS which gives one the ability to protect oneself from infection and increases care for the infected and affected.
- Improved motivation because of improved health.

Business benefits to the company

- Reduced diversion of vital resources to meeting costs of funerals and burials of deceased employees or family members
- Less applications for salary advances for ill employees
- Less unbudgeted for payments to beneficiaries of deceased employees
- Reduction in the loss of productive hours spent at clinics/hospitals and bed rest at home
- Reduction in hospital admissions which attracts visitations during working hours
- Reduction in loss of productive hours spent by employees at funerals.

Catchment area

The project and programmes will cover all employees in all the four provinces- Copperbelt, Lusaka, Central and Southern provinces where the Times Printpak has a presence.

Implementation options

Since the Times Printpak has not yet implemented any HIV/AIDS intervention in the past, it is in the condition of instability (in terms of unplanned channelling of scarce financial and human resources to shocks resulting from deaths and chronic illnesses among employees), which requires a project with programmes as components. One consultant suggested that the HIV/AIDS policy be given a lifespan of two years.

Low cost options

Times Printpak is looking at beginning to implement low cost interventions while awaiting the approval of its project proposal. These interventions, some of which will not cost money are strategic as they will build confidence in the donors / partners that the company is capable of sustaining its response to HIV/AIDS even after the exit of the funders. This strategy increases the chances of securing funding from the donors.

Some of the proposed options are:

- Free or subsidized male and female condoms from NGOs or government.
- Brochures or posters from NGOs and Government
- HIV AIDS messages at all board, management and employee meetings including editorial meetings
- Red ribbons, stickers on doors of houses, Times vehicles and official documents such as headed paper or calendars.
- Messages in the Times of Zambia (on chosen days and probably the ears of the front page)
- Sports programmes that carry HIV/AIDS messages
- Invite NGOs to extend their programmes to Times Printpak
- Encourage senior managers to go for VCT to serve as an example
- Introduce low cost peer education (train employees as volunteers)

Funding options

As indicated, Times can begin to implement low key, low cost interventions from its own resources which can later serve as leverage for external aid.

Potential funders

- Times Printpak can access this money through the Private sector response to HIV/AIDS under Zambia National Response to HIV/AIDS (Zanara) or through the Community Response to HIV/AIDS (CRAIDS). Mr. Charles Chisala who is coordinating this response has already spoken to top management at Zanara who have indicated that Times can access up to $100,000 dollars provided the company submits a project proposal. A consultant has been found to prepare a project proposal
- Again Mr. Chisala has met top management staff (deputy chief of party, NGO advisor and Capacity building advisor) from SHARE who have indicated they have a window for work place polices but they can only fund capacity building for leadership/ effective management of programmes.
- The Zambia Health Education and Communication Trust (ZHECT) has also been supporting HIV /AIDS interventions and the information available is that they will be happy to assist
- Development co-operation Ireland
- World Bank.

I am proud to announce that the HIV/AIDS policy was launched on 21st January at a ceremony that was preceded by a march past in town and graced by the Minister of Health Dr Brian Chituwo.

"Times can begin to implement low key, low cost interventions from its own resources which can later serve as leverage for external aid."



Networking
There is no HIV/AIDS intervention that can succeed without networking with other players in the fight against this disease. There are services which Times Printpak cannot provide such as VCT, Prevention of Mother to Child Transmission, of HIV, and ARV therapy and it has to rely on competent organizations to provide these services.

What have been the benefits of implementing the two policies.
There has been a clear shift in editorial policy of the Times of Zambia in as far as reporting on gender and HIV/AIDS is concerned. In the editorial meetings where I sit, I'm proud to say that the managing editor himself is in the forefront of putting gender issues, in the forefront. He is the first to complain if an inappropriate picture of a woman is used in the newspaper.

The reportage of HIV/AIDS has also changed because the issue is now being given its due attention. Previously, HIV/AIDS issues were relegated in the inside pages but today if a story on AIDS is so important, it gets the front page.

Last week, we had the UN envoy to Africa on AIDS Mr. Stephen Lewis who visited the country to look at a number of HIV/AIDS projects. In the editorial meeting, the boss himself advocated for that story and a picture of Mr. Lewis hugging an HIV positive five year old boy on the front page of the Times of Zambia. I thought that was impressive because it would not have happened in the past.

This clearly indicates how having an HIV/AIDS and gender policy can influence and change editorial policies of the media.

Pointers for working with the media on gender and HIV and AIDS

Several pointers to what can be done to promote more visibility of gender and HIV and AIDS issues in the media include the following:

- ➜ Gender and media activists, media monitoring groups must continuously engage with the media to ensure that it provides a forum for a plurality of voices, and is not a source itself of discrimination against marginalized voices in a society.

- ➜ The media regulatory regime, licensing, regulatory bodies, complaints procedures, etc. need to be improve throughout Southern Africa to ensure communications

environments that promote free and open dialogue and debate on issues in and through the media.

- The development of ethical guidelines which promote balance, fairness, accuracy and representation in the media in reporting on gender and HIV and AIDS should be used to judge the performance of local media, and it should be engaged in discussions at all levels about its performance.

- Gender and HIV and AIDS editorial policies need to be developed in media houses to ensure the allocation of resources and priority is given to more sustained and effective coverage of these two issues, and to help mitigate sensationalism and the perpetuation of stereotypes, stigma and discrimination through the media.

- The development and strengthening of community media and interactive media, such as talk-shows and phone-in programmes, and the opening of media spaces for people to safely give their testimonies.

- Media literacy programmes, especially for women, at all levels can help to build a larger base of citizens who are confident to engage with the media as activists and/or ordinary individuals, thereby airing their views and promoting alternative agendas.

"Media literacy programmes, especially for women, at all levels can help to build a larger base of citizens who are confident to engage with the media."

Resources and Guides on Communications, Media and Building Campaigns

Communications from a Human Rights Perspective: Responding to the HIV and AIDS Pandemic in Eastern and Southern Africa, A Working Paper for use in HIV and AIDS Programmes, UNICEF and UNAIDS

Communications for Social Change: A Position Paper and Conference Report. The Rockefeller Foundation

Gender and HIV and AIDS, A Training Manual for Southern Africa Media and Communicators, Gender Links and the AIDS Law Project

Gender Setting: New Agendas for Media Monitoring and Advocacy, Margaret Gallagher, published by Women's Media Programme, World Association for Christian Communications, WACC

Getting SMART, strategic communications for gender activists in Southern Africa, edited by Colleen Lowe Morna and Lene Overland, Gender Links and Women's Media Watch

Making a Difference, Strategic Communications to End Violence against Women, The United Nations Development Fund for Women

Making Waves: Stories of Participatory Communication for Social Change. Alfonso Gumucio Dagron, The Rockefeller Foundation

Missing the Message? 20 Years of learning from HIV and AIDS, PANOS Institute, London

The Thoughtful Activist: A Toolkit for Enhancing NGO Campaigning and Advocacy, J. Chapman and T. Fisher, New Economics Foundation

The Drum Beat – Issue 291 – Advocacy, from the Communication Initiative, Mar21, 2005


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