

steps for the future

facilitator's guide



The background features a series of concentric circles. The outermost circle is a solid orange line. Inside it is a grid of small white squares. Further in, there are more concentric circles, some solid and some dashed. The overall color scheme is warm, with various shades of orange and yellow.

steps for the future
facilitator's guide

2nd Edition

www.steps.co.za

© 2007 S.T.E.P.S

Foreword

The *Steps for the Future* film collection has emerged out of a collaboration of Southern African and international filmmakers, broadcasters, AIDS organisations and people living with HIV/AIDS who have united to produce high-quality, professional films. These compelling stories reveal the effect of the HIV/AIDS pandemic on the lives of individuals, families, communities and nations.

The films form part of a media-advocacy campaign which is intended to promote debate and discussion around HIV/AIDS related topics such as disclosure, discrimination, treatment and living positively. Diverse perspectives are presented through the eyes of a range of people and communities.

These unconventional stories celebrate the strength of the people who share and reflect on their experiences of HIV/AIDS. *Steps for the Future* not only challenges fear and stigmatisation with stories of hope, but also dismantles discrimination and ignorance by cultivating tolerance and promoting the belief that *actually, life is a beautiful thing*.

This manual forms an important part of the *Steps* media advocacy campaign. It enables facilitators to use these films to stimulate debate and discussion with different age groups and diverse audiences. The facilitation process is intended to equip audiences with information and skills which will empower them to make important decisions and take responsibility for their lives.

Contents

<i>Acknowledgements</i>	4
Facilitation Techniques	8
Technical Notes on Using Video	12
<i>An outline of each film with key issues and questions for discussion:</i>	
• 52 minutes	17
• 40 minutes	25
• 26 minutes	33
• Short films	43
Reference Table	
<i>A fold-out table of the films listed according to their length, key issues, target audience and languages</i>	
Advocacy and Activism	66
Transmission	67
Prevention	72
Disclosure	76
Gender and Sexuality	78
Treatment	82
Nutrition	86
<i>Steps Regional Partners</i>	88
<i>Steps Film Distributors</i>	89
<i>Source List</i>	90

Acknowledgements

WRITERS

Alosha RayRay-Ntsane
Simon Chislet

CO-WRITERS

Elaine Maane
Dr Susan Levine
Marianne Gysae
Don Edkins
Imke Gooskens
Theresa da Silva

RESEARCHERS

Elizabeth Mills
Catherine Morris

WITH THANKS TO

Sida (Sweden)
Southern African Network of AIDS Service Organisations (SANASO)
University of Cape Town, Department of Anthropology
Treatment Action Campaign (TAC)
National Association of People Living with HIV/AIDS (NAPWA)

ART DIRECTION & DESIGN

Michael Fitzmaurice / 451 Media / Fuel Design

LAYOUT & PRODUCTION

Liesel Engelbrecht / Inspiral Design / Fuel Design

PUBLISHED BY

Social Transformation and Empowerment Projects (STEPS)

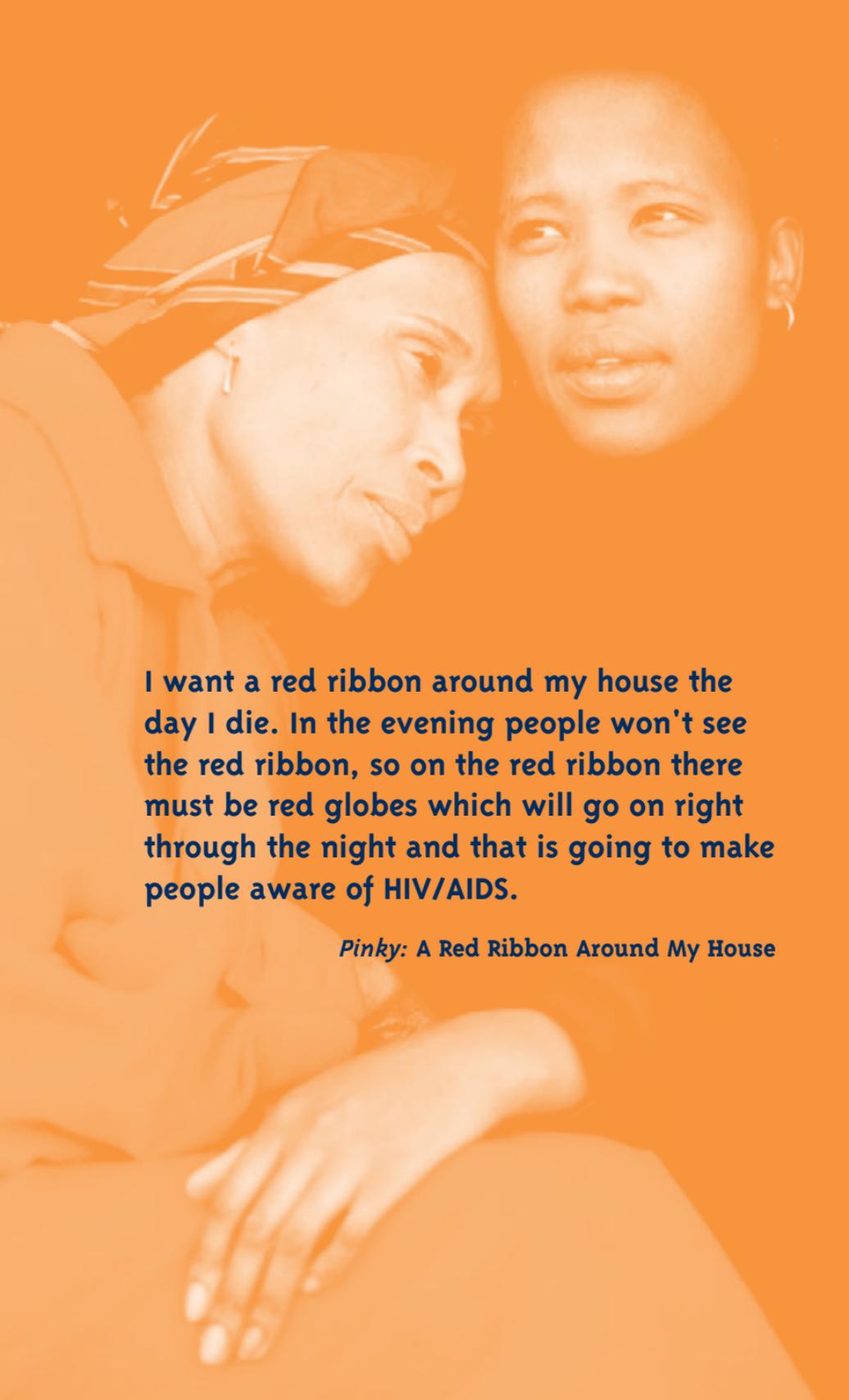
web: www.steps.co.za

email: info@steps.co.za

tel: +27 21 465 5805

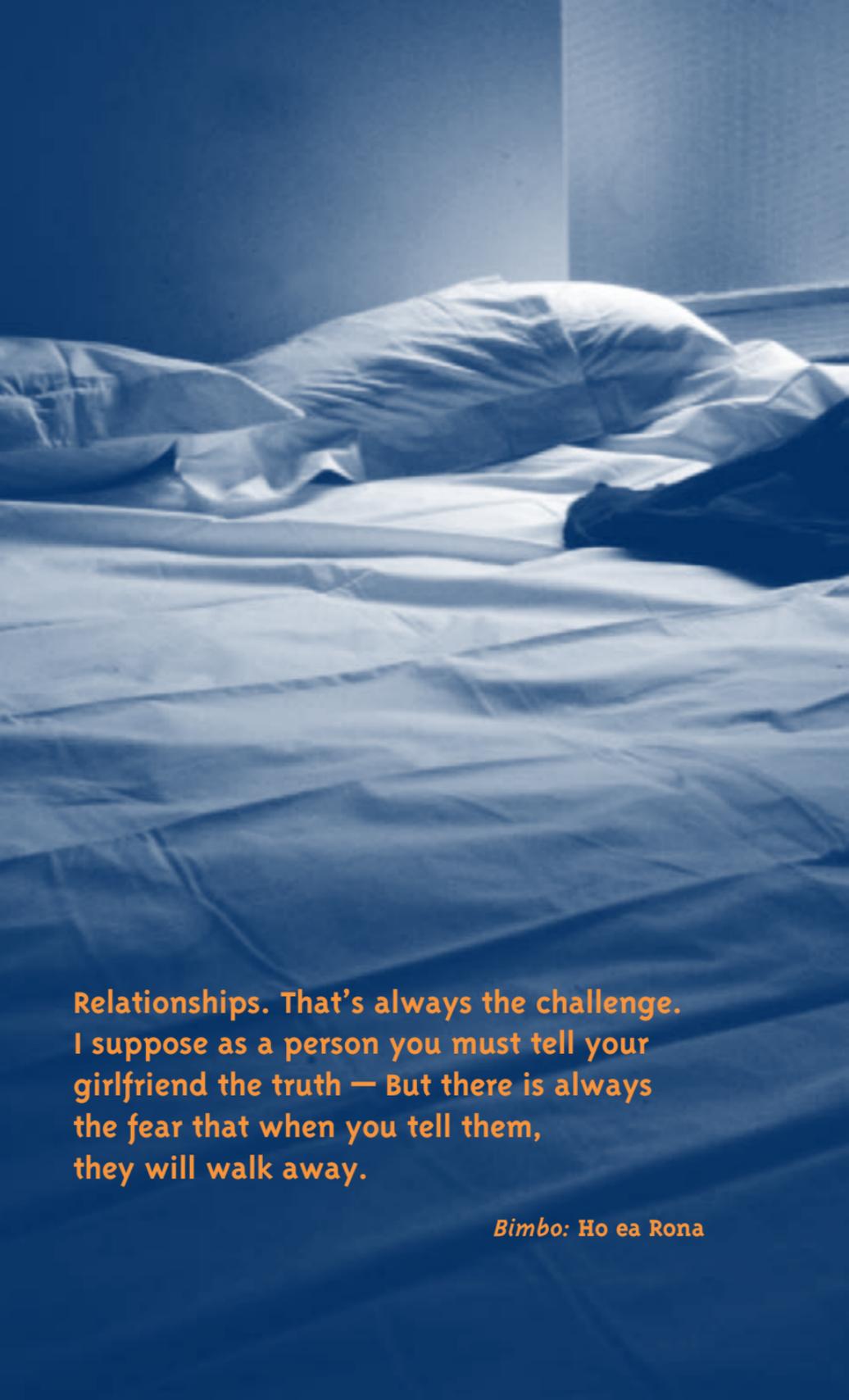
fax: +27 21 465 5806

P.O. Box 21545, Kloof Street 8008
Cape Town, South Africa

A photograph of two women in a close embrace, set against a solid orange background. The woman on the left is wearing a dark headscarf and has her head tilted towards the other woman. The woman on the right is looking slightly upwards and to the side. The overall mood is intimate and supportive.

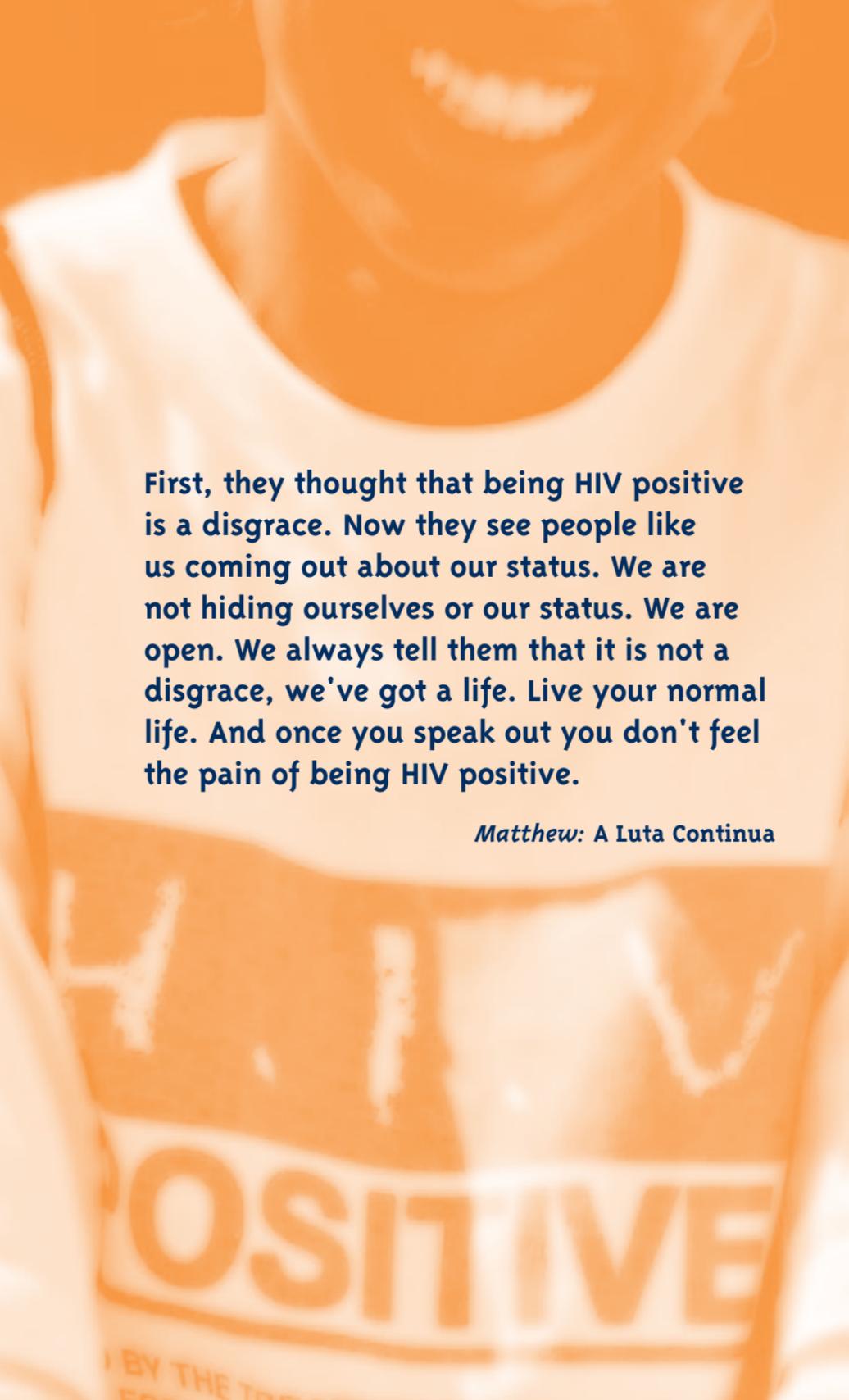
I want a red ribbon around my house the day I die. In the evening people won't see the red ribbon, so on the red ribbon there must be red globes which will go on right through the night and that is going to make people aware of HIV/AIDS.

Pinky: A Red Ribbon Around My House



Relationships. That's always the challenge. I suppose as a person you must tell your girlfriend the truth — But there is always the fear that when you tell them, they will walk away.

Bimbo: Ho ea Rona



First, they thought that being HIV positive is a disgrace. Now they see people like us coming out about our status. We are not hiding ourselves or our status. We are open. We always tell them that it is not a disgrace, we've got a life. Live your normal life. And once you speak out you don't feel the pain of being HIV positive.

Matthew: A Luta Continua

Facilitation Techniques

Using the Steps Films to stimulate discussion

The *Steps* films focus on people whose lives have been touched in different ways by the HIV/AIDS epidemic in Southern Africa. Their primary function is to create an environment in which exchanges of information and experience can take place.

Choosing a film

The films have been listed according to their length, the key issues they present and the audiences they appeal to (*see fold-out table, page 64*). The table of films will help you make an informed choice once you take into consideration the group you are expecting and the issues they are likely to be interested in.

A number of films have been versioned into different Southern African languages. Consult the table on page 64 to see if there is a local language version of the film you would like to screen.

How much time do you have? You might be able to show two short films, for example.

For further details about each film, consult the next section. Here you will find story outlines and suggestions for discussion on every film.

You can refer to the sections at the back of the manual for information on:

- *Advocacy and activism*
- *Transmission*
- *Prevention*
- *Disclosure*
- *Gender and sexuality*
- *Treatment*
- *Nutrition*

The role of a facilitator

A facilitated screening provides an opportunity for discussion to take place. The facilitator needs to create an environment in which viewers feel confident enough to voice their opinions or request further information. Consequently, the facilitator acts as a chairperson, who guides discussion without dominating it.

Whatever their level of literacy, the viewers' knowledge and experience is extremely valuable. Once viewers understand that their personal life experience is valued, they are much more likely to appreciate not only the different, possibly opposing, opinions of the characters in the films, but also the various views of other group members. The facilitator might need to actively encourage the group to participate in interpreting and discussing the film. As many of the *Steps* films make viewers confront existing beliefs and misconceptions, such participation will play an important role in stimulating both critical viewing and critical thinking. The facilitator, whose primary function is to guide discussion, will nevertheless be seen as a source of information and may have to answer specific questions. This manual contains reference to further information on the key issues raised.

Showing a film

Introducing the film

A short introductory discussion will prime the attention of the viewers and make them more receptive to the issues which are about to be raised. The facilitator can stimulate critical thinking by asking the group their expectations of the film before they watch it. Treated in this way, the viewers become aware from the beginning that their opinions are valued.

The title of the film and the short synopsis are useful for generating this type of preliminary discussion. At a screening of *It's My Life*, for example, the facilitator can ask the group whether anyone knows anything about Zackie Achmat – who he is, who he represents. Group members can volunteer their prior knowledge and express what it is they would like to find out.

A preliminary discussion also allows the facilitator to elicit, or raise, the key issues that the film addresses. In this way the group's opinions



and views can be aired before the film is watched. The advantage of pre-setting points for discussion is that it provides a natural link to any discussion which follows the film.

Discussion after the screening

Once the film is over, viewers should be given the opportunity to raise their own questions for discussion.

If you had an introductory discussion in which specific points and issues were raised, you can refer back to them. For example, *Did the film about Zackie answer any of our questions?*

Alternatively, you might like to make use of some or all of the questions for discussion which are listed under each film outline. These questions are guidelines to help promote discussion.

Managing groups

For an effective discussion to take place, the facilitator needs to consider the size of the group. Are you showing the film to a hall of high school pupils or to a small group of, say, seven sex workers? Clearly, the size of your group will determine how you will facilitate group discussion. The size of your venue and the facilities it has to offer also need to be taken into consideration.

One group

You may like to discuss the issues as one group. The facilitator can act as a chairperson or the group can nominate someone else to fulfil that role. If you have a large group, bear in mind that shy people are less likely to contribute.

Buzz groups or pairs

The facilitator could get the viewers to discuss their initial feelings about the film with one or two others (the person sitting next to them, perhaps) in 'buzz groups'. This gives everyone a chance to express themselves in an intimate way.

Several small groups

The group may be large enough to divide into several smaller groups, each with its own chairperson and possibly a scribe to take notes. It is a good idea to agree on a time limit for these discussions. The facilitator then calls everybody back for a 'plenary' session, in which the chairpeople share their groups' thoughts and ideas.

Evaluating and concluding the session

If the situation permits, it is a good idea to end off a viewing session and group discussion by asking the viewers to evaluate their experience of the event itself.

You can ask viewers questions, such as:

What have you gained from watching the film and taking part in a discussion?

In what ways have you found this experience useful?

Depending on how much time you have, you could allow the viewers to share their evaluations in buzz groups, small groups or as a whole group.

You could also prepare an evaluation form for viewers to discuss and fill in. This information and their suggestions may be useful for your next screening.

Technical Notes on Using Videos & DVDs

The equipment you will need

- VHS or DVD player (depending on the format of the film copy);
- TV monitor (if you screen to a small audience);
- A projector and a screen (if you screen to a large audience);
- RCA Cables (the commonly used cable used to connect equipment);
- Projector stand or high table for the projector;
- Sound amplifier and two speakers;
- Electrical extension leads, with multiple sockets;
- Double adaptors for a two-pin plug;
- Own electricity supply i.e. generator or charged batteries; if no electricity is available at the venue
- Black plastic (builder plastic) or black sheets and tape to black out the windows in the screening venue
- A torch to use in the dark during the screening; and
- Reliable transport to carry the equipment safely to and from the screening venue.

Before you go

- Set up the equipment and check if it all works;
- Connect the VHS or DVD player with a cable to the TV monitor. The RCA cable needs to be put into the out -signal in the player and then into the in- signal in the monitor;
- Check that the TV is tuned to the video or DVD channel;
- If you use a projector, connect the VHS or DVD player via a RCA cable to the projector. The cable needs to be put into the out -signal in the player and the in- signal in the projector;

- Connect the sound amplifier straight to the VHS or DVD player via an RCA cable, not via the projector;
- Connect the speakers to the amplifier;
- Make sure you have the right film in the right box;
- Cue the film and ensure it is in a good condition.
- View the film to check the quality of the film copy; and
- If there is no picture or sound, check if the cables are faulty. If so, replace them.

Viewing conditions

Don't put the TV where there is a bright light shining on it, or people won't be able to see it.

Make sure that everyone can see the screen from where they are sitting. You may have to put the TV higher up.

Make sure you can easily stop the video or DVD player. If it has a remote control, use it.

Remember also that a video or DVD player has a pause button. This button freezes the picture on the TV and stops the sound, until you press the play button again. This can be useful if you want to go over the clip again with the participants and wish to stop the clip at a particular point. Do not hold a video on pause for too long as it is not good for the tape.

Make sure everyone can hear the sound. If the sound is unclear, it may be because the sound is turned too high or too low.

If the faces on the screen look too dark or too light you may need to adjust the COLOUR and BRIGHTNESS on the TV.

Make sure you have everybody's attention before you start playing the film.

What to do if it doesn't work

If the video or DVD does not work, it could be for any of these reasons:

Check that both the video/DVD player are plugged in and turned on. There are two switches that have to be turned on for a video/DVD player or a TV to work: first, the mains switch at the wall; second the ON/OFF switches on the front of the TV and video/DVD player.

If you are sure that the TV and video/DVD player are in working order, test whether there is power in the mains socket by plugging something that you know works into each of these sockets in turn. If it still doesn't work, try changing the extension lead.

The video/DVD plays but no picture comes out on the TV

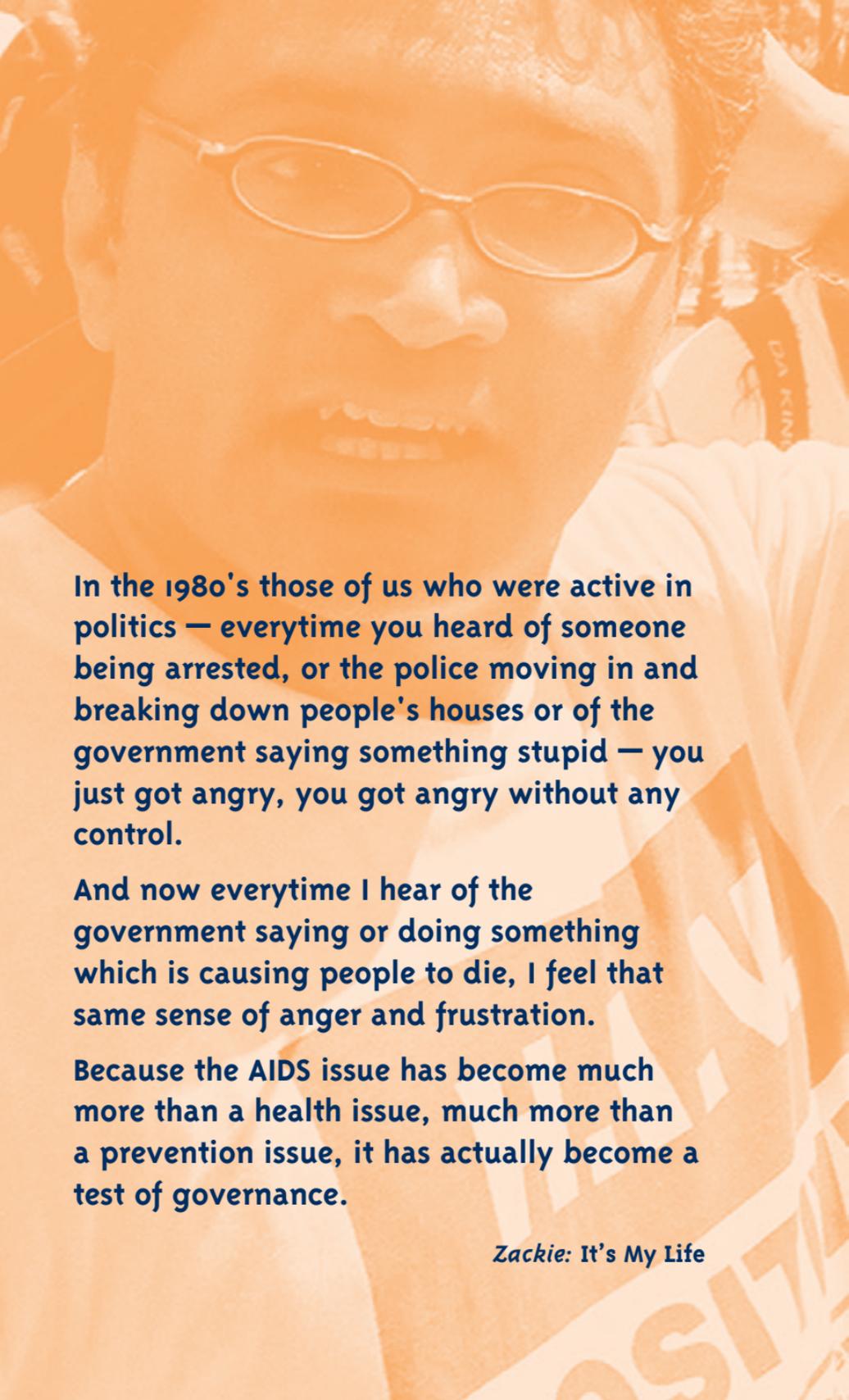
Place the cassette/DVD in the player and check that the player is on PLAY. To do this, you must turn the video/DVD player on and then press PLAY (sometimes marked "P") on the front of the machine. Usually there is a symbol that lights up on the front panel, such as "P" or "P", the shows you that the video/DVD is playing. If you still have nothing on the TV screen, leave the video/DVD playing while you do the following:

Check that the lead between the TV and video/DVD player is connected properly. Make sure that the lead is connected to the right sockets: those marked OUT on the Video/DVD player and IN on the TV.

Check that the TV is switched to the right channel for showing video or DVD. If you are using an older model video player or TV, a separate channel will need to be tuned to the video player. If you have the manual look at it. Switch on the TEST signal button on the back of the video player. Select a channel on the TV, press SET or PRESET, and then press a button that searches the frequencies until it finds the video player signal. The TEST signal, of a black picture with two white lines down the screen is easy to find when you are tuning the TV. Sometimes there are two sets of frequencies to choose from, VHF and UHF. Video is usually on UHF.

Checklist for setting up a screening

- Book the venue in advance and check its power points.
- Make sure the film of your choice is available when you need it.
- Advertise the film, date, time and venue well beforehand.
- Make sure the equipment is in working order.
- Decide who will facilitate the discussion at the screening.
- View the film before the screening and prepare a film outline and introduction.
- Arrive at the venue early and check power points, leads, lights and equipment.
- Arrange the chairs so that everyone can see the TV and participate in discussion.
- Make sure the TV monitor is positioned so that everyone can see it and that there are no bright lights shining on it.
- If the room is too light black out the windows.



In the 1980's those of us who were active in politics — everytime you heard of someone being arrested, or the police moving in and breaking down people's houses or of the government saying something stupid — you just got angry, you got angry without any control.

And now everytime I hear of the government saying or doing something which is causing people to die, I feel that same sense of anger and frustration.

Because the AIDS issue has become much more than a health issue, much more than a prevention issue, it has actually become a test of governance.

Zackie: It's My Life

52
films
52
m
i
n
s

52 minute films

Body & Soul



Target Audience

Youth and adults

by Melody Emmett

Curious Pictures

52 minutes, South Africa

Key Issues

Sexuality and religion

Prevention

Religions and HIV/AIDS

Treatment

Cultural practice and HIV/AIDS

Disclosure

Film Outline

HIV/AIDS is forcing religious leaders to reassess their traditional attitudes to sexuality in a country where 90% of the population claim one sort of religious affiliation or another. During the struggle against apartheid, the churches played a leading role in the fight for freedom. Today millions of people are in a desperate situation because of HIV/AIDS. What role does the clergy play in this new struggle for human rights? *Body & Soul* looks at the attitudes of three religions in South Africa through people at grassroots level who have to interpret and practise religion in terms of today's realities.

Questions For Discussion

- *What do you think this film is about?*
- *Do you think the church has a responsibility to talk about sex and condoms?*
- *Do you think the promotion of safer sex contradicts religious teachings?*
- *What do you think of Bishop Dowling's reaction to the church's decision to prohibit condom use?*
- *How does your religious community deal with the HIV/AIDS crisis?*
- *How would you do it differently?*
- *What role can religions play in fighting the spread of HIV/AIDS?*

It's My Life



Target Audience

Youth and adults

by Brian Tilley

Dominant 7 / Big World Cinema

74/55 minutes, South Africa

Key Issues

Treatment

Advocacy and activism

Film Outline

Zackie Achmat is an AIDS activist who refuses to take anti-retrovirals until they are made freely available to the public. After defeating the multi-national drug companies, he takes on the South African government for its confusing policies around HIV/AIDS. When Zackie gets ill, his provocative position is one not all his friends and colleagues support. Everyone wants to know why he refuses to take the medicines that would let him lead a healthier life. Shot over 5 months, personal and public images are interwoven to provide an intimate look at an internationally profiled defiance campaign and the complexities of its leading figure.

Questions For Discussion

- *What is the Treatment Action Campaign fighting for?*
- *'The AIDS issue has become much more than a health issue, much more than a prevention issue, it has actually become a test of governance.' What do you think about this statement?*
- *Why did the Treatment Action Campaign fight on the side of the government against the pharmaceutical companies, and then take the government to court?*
- *Do you believe that the government should make treatment available to everybody? Why?*
- *Do you sympathise with Zackie Achmat's decision not to take anti-retrovirals until they are made freely available to the public?*
- *How does this film challenge your perceptions of people living with HIV?*
- *Do you feel you, personally, have a role to play? What could that be?*

Looking for Busi



Target Audience

Youth and adults

by *Robyn Hofmeyr*

Phakathi Films

52 minutes, South Africa

Key Issues

Disclosure

Youth and HIV

Care and support

Peer education

Film Outline

Here is the incredible story of a fifteen-year-old's journey to take control of her life. Abandoned by her mother when she falls pregnant, even before testing positive, Busi depends on the help of extended family and friends. Life starts to look up when she is chosen for a mother-to-child drug trial and to be the subject of a TV documentary. But after the television programme is aired on South African TV, exposing her HIV status to the world, Busi disappears. Desperately worried, the filmmaker and her best friend go looking for her. After they find her, Busi lives more positively and starts educating her peers about HIV/AIDS in schools.

Questions For Discussion

- *What is the message of this film?*
- *What challenges does Busi face?*
- *Why does she leave home and then disappear?*
- *Do you think she helps other teenagers by disclosing her HIV status? How?*
- *While trying to help Busi, Sibongile and Danisile, face many challenges. What support structures could help them cope?*
- *What role does Khosi play in Busi's life?*
- *How is Busi trying to take control of her life?*
- *What does the film tell us about the importance of family structures and caregivers?*

Night Stop



Target Audience

Youth and adults

by **Licinio Azevedo**

Ebano Multimedia

48 minutes, Mozambique

Key Issues

Transmission Gender and sexuality
Prevention Migrant labour
Sex work

Film Outline

The young women wake up in the afternoon when the trucks start arriving. They live in Moatize Town in northern Mozambique, near the border with several other countries. The truckers pull up at the Montes Namuli, a hotel, restaurant and bar. The women, now dressed and made up, go to work, disappearing into the drivers' trucks. As the night unfolds, they chat, argue and hustle, revealing their individual stories of pregnancy, the search for a husband, unrequited love, violence and resignation. While the women are aware of the danger of HIV, sex is just a commodity they negotiate. At dawn the trucks pull out and the women make their way home together.

Questions For Discussion

- *What is the message of this film?*
- *Why are these women sex workers?*
- *What other options do they have?*
- *Why do some of the women have sex without a condom?*
- *Do you think the clients have the right to prevent sex workers from using a condom?*
- *What can be done to ensure the sex workers' health and safety?*
- *How can the women know if their clients have a Sexually Transmitted Infection (STI)?*
- *What power do women have to refuse sex when the client has an STI?*
- *Has this film changed your attitude to sex workers? If so, how?*
- *How aware of HIV do you think the truckers in this film are?*
- *How could truckers who travel across borders be made aware of the dangers of HIV and how it is spread?*
- *What other ways besides sex can HIV be transmitted?*

Simon & I



Target Audience

Youth and adults

by *Beverley Palesa Ditsie and*

Nicky Newman

See Thru Media

52 minutes, South Africa

Key Issues

Advocacy and activism

Gender and sexuality

Gay and lesbian issues

Film Outline

Simon & I recounts the lives of two giants in the South African gay and lesbian liberation movement, Simon Nkoli and the filmmaker herself, Bev Ditsie. The story is narrated by Bev, both as a personal statement and a political history. Through good times and bad, their relationship is viewed against a backdrop of intense political activism and the HIV/AIDS crisis. Their converging and diverging lives, culminating in Simon's death, are revealed in this heartfelt testament using a mixed format of interviews and archive footage.

Questions For Discussion

- *What is the message of this film?*
- *What are the challenges Beverly has faced as a black lesbian?*
- *'I am black and I am gay. I cannot separate the two parts of me into secondary or primary struggle. They will be all one struggle.' What do you think Simon means by this statement?*
- *Can you identify with Simon and Bev's struggle?*
- *How did you feel about gay and lesbian people before seeing the film? How do you feel now?*
- *What rights do gay and lesbian people have in your country?*

Wa 'N Wina

(Sincerely Yours)



Target Audience

Youth and adults

by *Dumisani Phakathi*
Waapiti Productions
52 minutes, South Africa

Key Issues

Gender and sexuality

Socio-economic factors (unemployment, drug abuse, pregnancy)

Relationships

Life skills

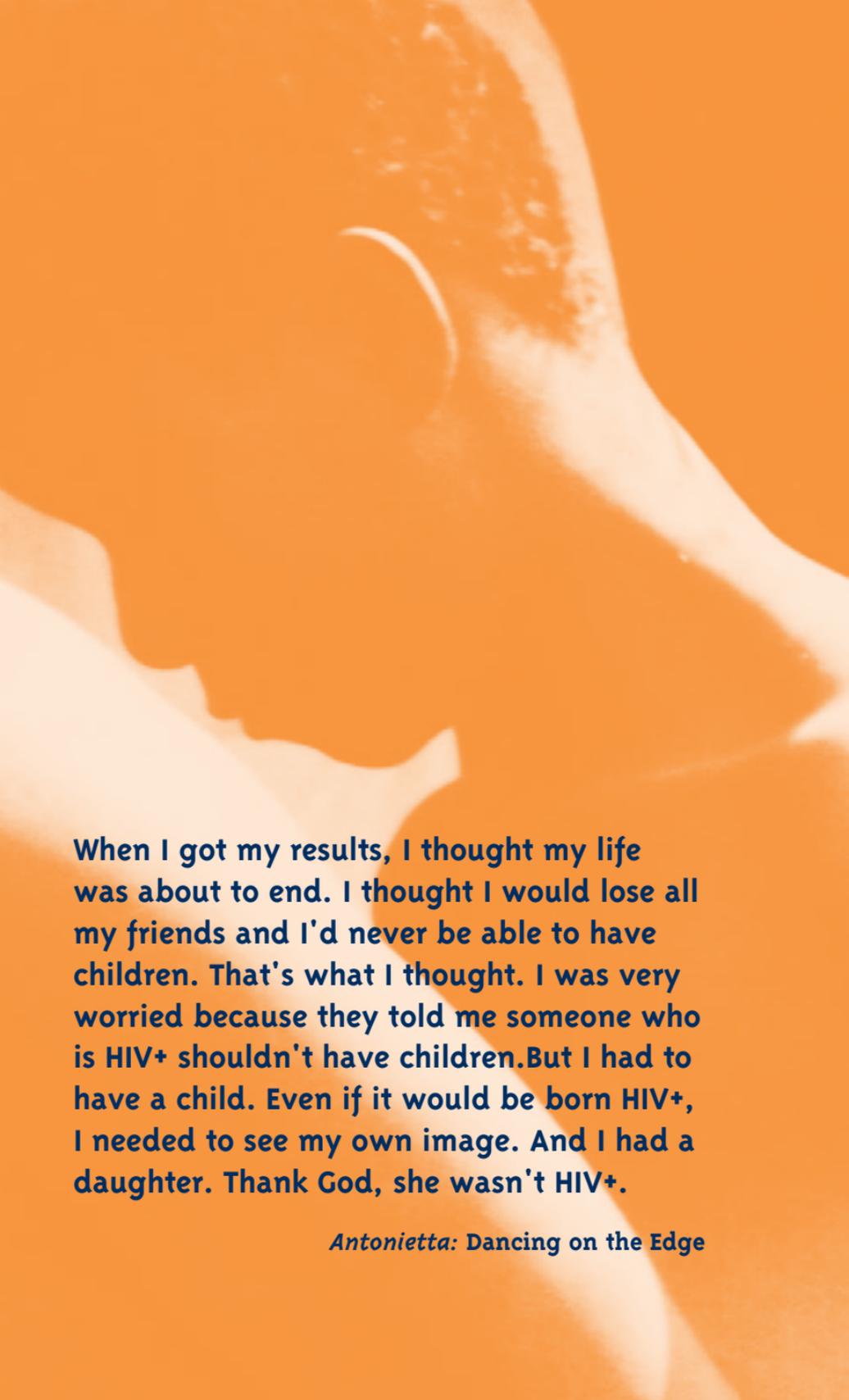
Youth and HIV

Film Outline

Filmmaker Dumisani Phakathi returns to his old neighbourhood. With a camera on his shoulder, he engages with friends to discuss relationships, sex and love. Strong characters like Pumla and Timothy expose their emotions as they talk intimately about the realities of their street and the choices they have been forced to make. The film reveals the gaps between everyday life and the AIDS campaigns that often talk past the very people they are supposed to address.

Questions For Discussion

- *What do you think this film is about?*
- *What are the concerns facing people in this community?*
- *What are the differences or similarities between their challenges and the challenges faced by your community?*
- *What are the different attitudes between men and women in this community towards sex and relationships?*
- *What are the different attitudes between men and women in this community towards pregnancy and parenting?*
- *How do you think these attitudes can contribute to the transmission of HIV?*
- *Which life skills could some of the men in this film benefit from?*
- *Which life skills could some of the women in this film benefit from?*
- *What do you think the message of this film is?*



When I got my results, I thought my life was about to end. I thought I would lose all my friends and I'd never be able to have children. That's what I thought. I was very worried because they told me someone who is HIV+ shouldn't have children. But I had to have a child. Even if it would be born HIV+, I needed to see my own image. And I had a daughter. Thank God, she wasn't HIV+.

Antonietta: Dancing on the Edge

films
40
films

40 minute films

A Miner's Tale



Target Audience

Youth and adults

Key Issues

Cultural practices

Migrant labour

Disclosure

Transmission

Prevention

by *Nic Hofmeyr and
Gabriel Mondlane*

Cool Production Company /

Uhuru Productions

40 minutes, Mozambique

/South Africa

Film Outline

Joaquim is a migrant labourer who is torn between his responsibilities for his junior wife in South Africa and his senior wife and family in Mozambique. When visiting his home village after a long absence, he is also torn between his understanding of the responsibilities of his HIV status and what traditional society expects of him as a man. He has to make a choice: he cannot please and protect everybody at the same time. The elders are adamant that Joaquim must do his traditional duty and give his wife more children. What will he choose?

Questions For Discussion

- *What is the film about?*
- *Why does Joaquim want to tell his wife, Rosita, in Mozambique that he is HIV positive?*
- *Why did he want to use condoms with her?*
- *Why did Joaquim's Elder not want him to use condoms with his wife in Mozambique?*
- *What would Rosita think if her husband used condoms when having sex with her?*
- *What are the problems migrant labourers and their families face?*
- *What is the connection between migrant labour and the spread of HIV?*
- *Which of the characters do you sympathise with and why?*

Ask me I'm Positive



Target Audience

Youth and adults

by Teboho Edkins
Day Zero Film & Video
38 minutes, Lesotho

Key Issues

Advocacy & Activism
Living Positively
Disclosure
Stigma / Discrimination
Transmission
Prevention

Film Outline

Thabo, Thabiso and Maolosi are young, urban Basotho men on a mission. They travel with a mobile cinema unit through the mountains of Lesotho, screening their film to very remote communities. In a country where almost a third of the people are HIV+ they are the nucleus of a tiny group that are living openly with the virus. They are pioneers and publicly declare their HIV-positive status.

Questions For Discussion

- *How does the film make you feel?*
- *What is this film about?*
- *How do Thabo, Thabiso and Maolosi manage to live positively?*
- *What are the challenges Thabo, Thabiso and Maolosi are facing when they disclose publicly?*
- *How do you feel about people disclosing publicly?*
- *What role have you played in showing acceptance of people who are openly living with HIV?*

Dancing on the Edge



Target Audience

Youth and adults

by Karen Boswall
Catembe Productions
42 minutes, Mozambique

Key Issues

Cultural practices

Gender and sexuality

Transmission

Prevention

Film Outline

Dancing on the Edge is set in rural Mozambique, where traditional gender roles and poverty influence the fight to contain the spread of AIDS. Antonietta is HIV positive and works as an AIDS counsellor in the city. She has four children, three of whom are HIV positive. She takes her one healthy daughter to a remote village for initiation into sexuality and she is accompanied by her neighbour and her daughter. After a week of rituals and lessons on how to please a man, the daughter will become a woman and consequently risk contracting HIV. Antonietta struggles with the contradictions of maintaining traditional customs while adapting to the reality of HIV.

Questions For Discussion

- *What is this film about?*
- *Antonietta decides to have children even though she knows she is HIV positive. How do you feel about this?*
- *Why do you think Antonietta doesn't talk about her status to her children?*
- *What do you think about Antonietta's decision to take her daughter and her friend's daughter away for initiation?*
- *Do you think that initiation rites can be a cause of AIDS?*
- *Could initiation schools teach about HIV/AIDS?*
- *What cultural practices could potentially lead to the transmission of HIV?*
- *How is HIV transmitted?*

Mother to Child



Target Audience

Youth and adults
Health professionals

by Jane Lipman
Current Affairs Films
44 minutes, South Africa

Key Issues

Parent-to-child transmission
Treatment
Disclosure
Care and Support

Film Outline

The prevention of mother-to-child transmission of HIV – the statistics, the people – come vividly to life in this astounding documentary, which follows the lives of two pregnant and HIV positive women lucky enough to be on a drug trial at the Chris Hani Baragwanath Hospital in Soweto. The film charts the lives of Pinkie and Patience as they approach the delivery of their babies. It reveals their expectations, hopes, and inevitable fears concerning not only the health of their babies, but also the trauma around the disclosure of their status to their families and partners.

Questions For Discussion

- *What is the message of this film?*
- *What do you know about mother-to-child transmission and treatment?*
- *Are antiretroviral drugs available at your clinic/hospital?*
- *How do Pinkie's and Patience's families react to their disclosure?*
- *What does the film say about the role of support and counselling for HIV positive people?*
- *How does this film affect the way you feel about HIV positive mothers?*
- *How can we negotiate condom use in a relationship?*

Looking Good



Target Audience

Youth and adults

*by Teboho Edkins
Day Zero Film & Video
46 minutes, Lesotho*

Key Issues

Treatment
Living Positively
Care and Support

Film Outline

His doctor says he is looking good, but he doesn't always feel so good. He is most honest when he films himself, when the camera he operates in his room catches a movement or a lingering self-portrait.

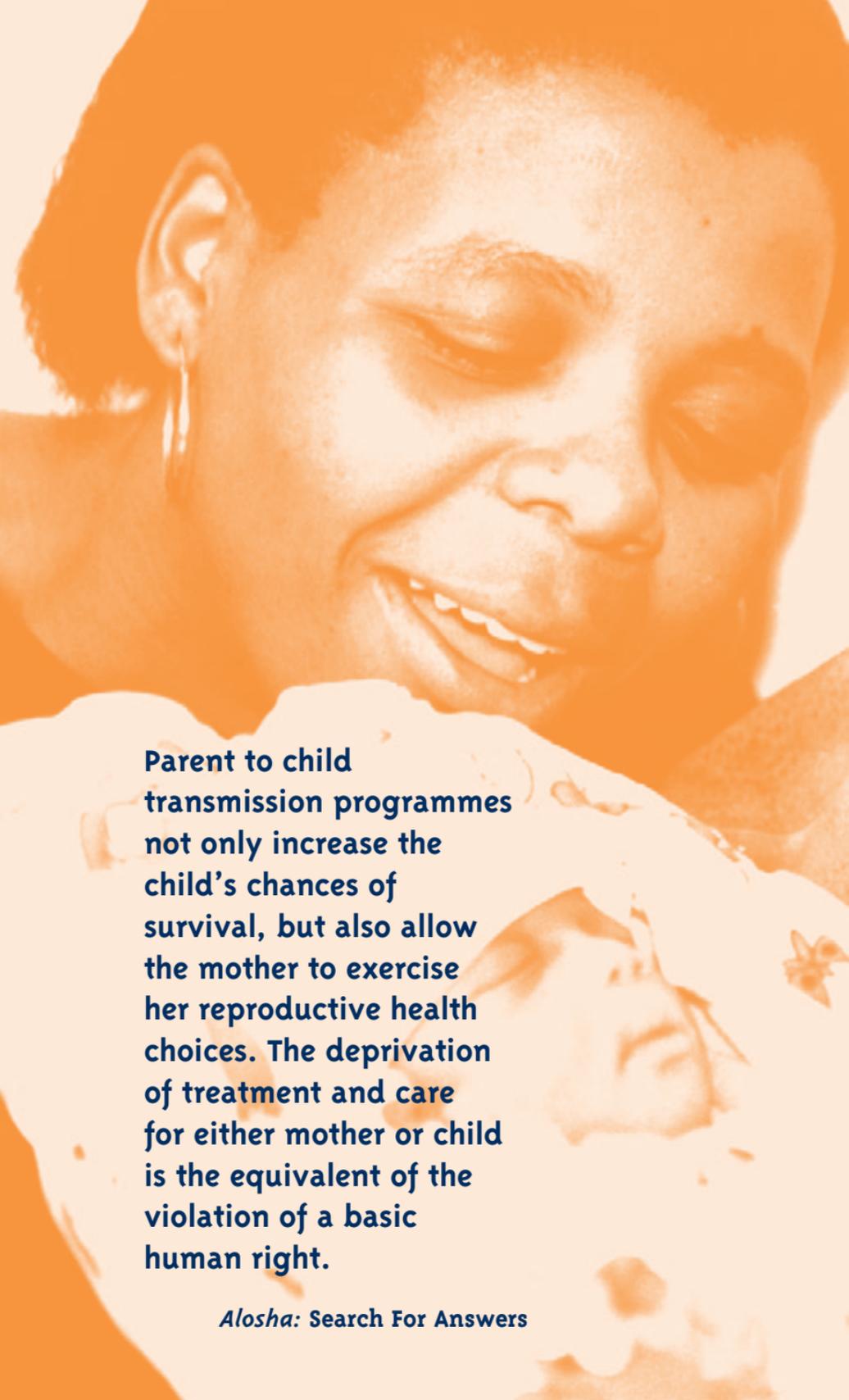
The documentary follows the life of Moalosi Thabane for twelve months as he starts taking antiretroviral medicines when his CD4 blood count drops to 82. ARV medicine became available in countries across Southern Africa for free the first time in 2004.

For those able to access the treatment, AIDS has become a chronic disease, no longer a life-threatening one.

Looking Good is an original, contemporary film about a change in perspective for those living with HIV and AIDS in Southern Africa.

Questions For Discussion

- *How does the film make you feel?*
- *What are the messages of the film?*
- *What does treatment involve?*
- *Apart from ARVs what else does Moalosi need to do to live well?*
- *What are the challenges of taking ARV?*
- *Why does a person taking ARVs need support?*
- *What role can you play in providing this kind of support?*

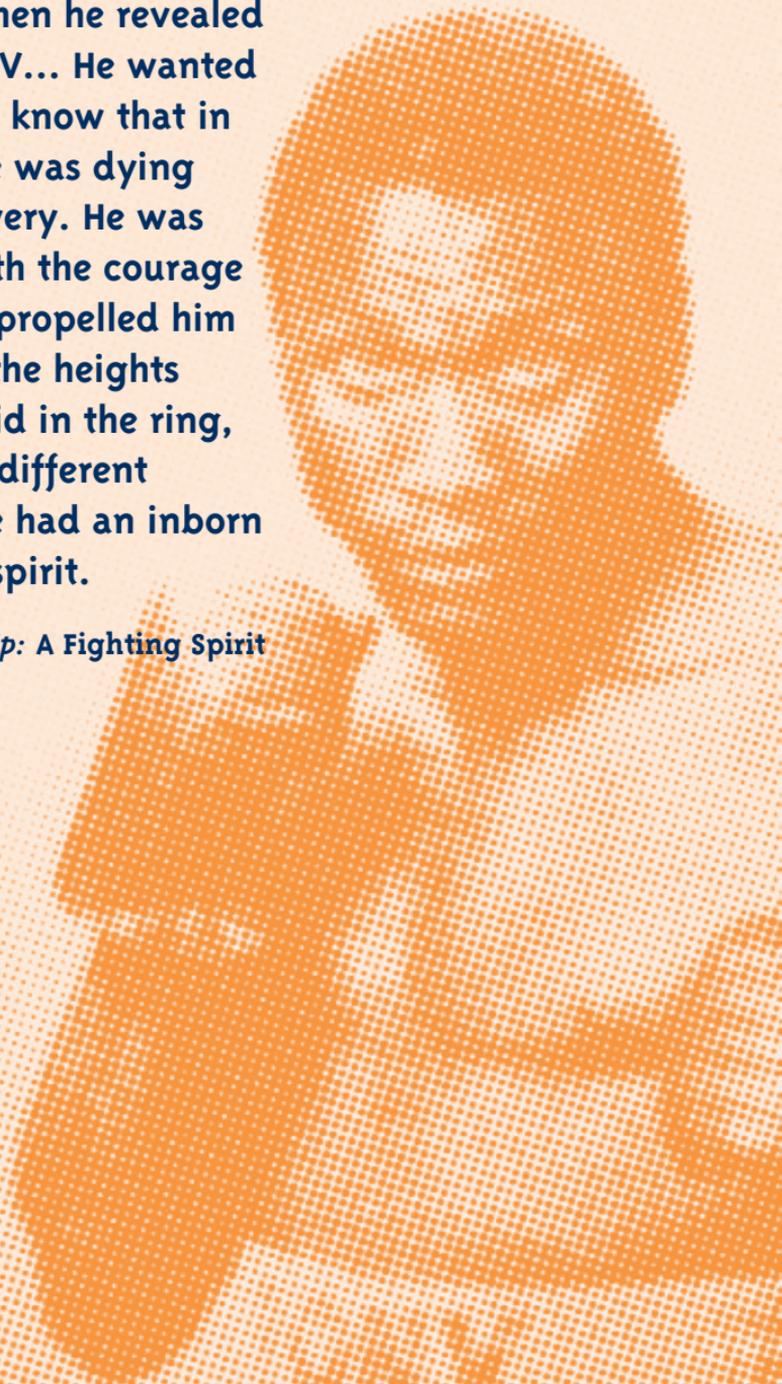


Parent to child transmission programmes not only increase the child's chances of survival, but also allow the mother to exercise her reproductive health choices. The deprivation of treatment and care for either mother or child is the equivalent of the violation of a basic human right.

Alosha: Search For Answers

Gilbert was a well known professional boxer, when he revealed he had HIV... He wanted people to know that in dying, he was dying with bravery. He was dying with the courage that had propelled him to reach the heights that he did in the ring, he had a different streak, he had an inborn fighting spirit.

Philip: A Fighting Spirit



filmmakers

26 minute films

26

A Fighting Spirit



Target Audience

Youth and adults

by **Leo Phiri**

Ice Films

28 minutes, Zimbabwe

Key Issues

Disclosure

Stigmatisation and discrimination

Film Outline

A national hero turns into a public enemy when he confesses his tragic secret. Gilbert Josamu, Zimbabwean middle-weight boxing champion, discovered he was HIV positive at the height of his career. Living in a society where talking about HIV/AIDS is taboo, Josamu forged his medical certificate and continued boxing professionally. Finally, Josamu admitted publicly that he had lived with HIV for 14 years.

The public outrage that followed forced him into his toughest fight yet – the battle for acceptance. This is a story told by those who are still alive.

Questions For Discussion

- *What is the message of this film?*
- *What do you think of the way Gilbert acted once he'd discovered he was HIV positive?*
- *Do you think it is more difficult for people in public positions to disclose their HIV status? Why? Why not?*
- *Should well-known people disclose their status to help destigmatise HIV/AIDS and act as positive role-models?*

A Luta Continua

(The Struggle Continues)



Target Audience

Youth and adults

by Jack Lewis

Idol Pictures

26 minutes, South Africa

Key Issues

Disclosure

Transmission

Prevention

Advocacy and activism

Treatment

Film Outline

'HIV is not a death sentence!' say the HIV positive group from Khayelitsha. They tell their stories in a series of short films which are then screened at taxi ranks and shopping malls in Cape Town's townships. This powerful film about courage in the face of death includes footage of the group process, the short films themselves and their public screenings. They were too young to be part of the struggle against apartheid, but they face an enormous struggle nevertheless – HIV/AIDS. Consequently, they decide to call the film *A Luta Continua* – the struggle continues.

Questions For Discussion

- *What is the message of this film?*
- *What do you know about treatment for HIV/AIDS?*
- *What do you know about the availability of medical treatment?*
- *Mathew says, 'Once you speak out, you don't feel the pain of being HIV positive.' How important do you think it is to disclose your status if you are HIV positive?*
- *'The previous struggle has been won, that is the freedom one. But we still must go on fighting because we haven't got the real freedom. We are not free yet as long as we are still living with HIV/AIDS.' How do you feel about this statement?*

A Red Ribbon Around My House



Target Audience

Youth and adults

by *Portia Rankoane*

Hoya Productions

26 minutes, South Africa

Key Issues

Disclosure

Stigmatisation and discrimination

Transmission

Prevention

Blood transfusions

Film Outline

A mother and daughter have very different responses to AIDS. Pinky, flamboyant and loud, lets everyone know she is HIV positive. Her daughter, Ntombi, wants to be normal like everyone else. However, her mother's courageous refusal to be quiet or passive in the face of AIDS sets them apart. Pinky acknowledges the difficulties her openness poses for her daughter, but makes no apology. Throughout it all, her sense of humour and lust for life are apparent. We leave the film with Pinky doing what she does best – living.

Questions For Discussion

- *Pinky was infected through a blood transfusion. How else can you be infected with HIV?*
- *What are the challenges Pinky faces in disclosing her HIV status?*
- *Why do you think her daughter reacts in the way she does every time Pinky discloses her status and talks openly about condoms? Who do you sympathise with?*
- *How important is it for parents to talk openly about sex and HIV/AIDS?*
- *Why does the doctor encourage Pinky to stop drinking?*
- *Pinky has been infected with HIV for seven years and she is living positively. How can people with HIV live healthy lives?*

Eclipse



Target Audience

Youth and adults

by *Orlando Mesquita*

Ebano Multimedia

25 minutes, Mozambique

Key Issues

Child-headed households

Care and support

Orphans and HIV

Film Outline

Eclipse is a dreamlike documentary depicting the blackout of four girls' lives, eclipsed by the HIV/AIDS pandemic. It is a story about four sisters, Lara, Eugénisse, Fátima and Luisa — the oldest 16 and the youngest 9. They are AIDS orphans living in the Mozambican town of Chimoio. Their mother died of AIDS and their father disappeared, probably to commit suicide in a nearby place of spirits. The film documents the girls' day-to-day struggle for existence as they try to make ends meet by reselling produce they have bought from the market.

Questions For Discussion

- *What is the message of this film?*
- *What problems do these children face?*
- *What are the different ways in which the four sisters cope?*
- *How could the robbery and physical abuse be resolved?*
- *How else could they survive?*
- *How does their community help the children and how could they improve this support?*
- *How could emotional support be ensured for these children?*
- *How can your community support and care for children who have lost their parents to AIDS?*

Heavy Traffic



Target Audience

Youth and adults

by Kgomotso Matsunyane

Curious Pictures

28 minutes, South Africa

Key Issues

Death and dying

Stigmatisation and discrimination

Cultural practices

Youth and HIV

Denial

Film Outline

Shot in Soweto, *Heavy Traffic* shows the lives of two very different funeral parlour operators and the people who work for them. We meet Caps Pooney, who has been in the business for 50 years, and Lulu Somthumsi-Mabusela, the boss of one of many smaller operations which have proliferated in the wake of the AIDS pandemic. The two businesses experience a busy week of cleaning bodies and touting for more business. Then comes Saturday and at the cemetery traffic is heavy. After each funeral, both our parties move fast. There is another body to fetch and bury.

Questions For Discussion

- *What do you think this film is about?*
- *How does this film make you feel about funerals and the funeral industry?*
- *Why do many people hide the cause of death when it is AIDS related?*
- *Why do you think the attitudes of people to burials are changing?*
- *How is the HIV epidemic changing the way we conduct burials?*
- *What is the impact of HIV on the death rates of young people?*

(Note to facilitator: Have statistics available for your country)

House of Love



Target Audience

Youth and adults

by Cecil Moller
Nifa Productions
26 minutes, Namibia

Key Issues

Stigmatisation and discrimination

Transmission

Prevention

Sex work

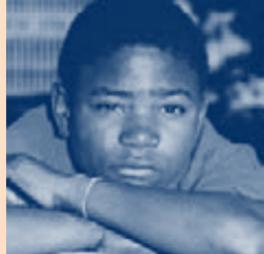
Film Outline

Surrounded by vast expanses of desert and sea, the small Namibian harbour of Walvis Bay is the remote setting in which filmmaker Cecil Moller explores the lives of sex workers. Dependent for their business on the brief visits of foreign shipping trawlers, the women give revealing insights into the choices they have made. Their conflicts around love, sex, sin and redemption become the main themes, while the threat of HIV/AIDS hangs ominously in the background.

Questions For Discussions

- *What is the message of this film?*
- *What are the different reasons the women have for doing sex work?*
- *What alternatives to sex work do the women in this film have?*
- *Do you think the clients have the right to prevent sex workers from using a condom?*
- *What can be done to ensure the sex workers' health and safety?*
- *What role does religion play for some of the women in the film?*
- *Has this film changed your attitude to sex workers? If so, how?*

Imiti Ikula



Target Audience

Children, youth and adults

by Sampa Kangwa and

Simon Wilkie

Mubasen Film & Video

26 minutes, Zambia

Key Issues

Children living on the streets

Orphans

Child abuse and rape

Child labour

Film Outline

Memory is one of the 75 000 street kids in Lusaka, most of them orphaned by AIDS. She has recreated herself as a boy in order to survive. She is hard, streetwise, and ready to fight. Yet she does have a softer side — we see her cooking and singing with her friends, getting her hair braided and finding a way to watch the eclipse. She is a compelling character of strength and vulnerability.

Questions For Discussion

- *What do you think this film is about?*
- *Why do you think these children are living on the streets?*
- *What are the problems and dangers Memory and her friends experience living on the streets?*
- *What other dangers and abuses are street children exposed to?*
- *Who is responsible for the welfare of street children?*
- *Who should be responsible for them?*
- *Why do adults treat the children as they do in this film?*
- *What is the attitude of your community towards street children?*
- *What steps can we, as a community, take to address the problems street children face?*

Love In A Time Of Sickness



Target Audience

Youth and adults

by Khalo Matabane

Day Zero Film & Video

26 minutes, South Africa

Main Issues

Disclosure

Stigmatisation and discrimination

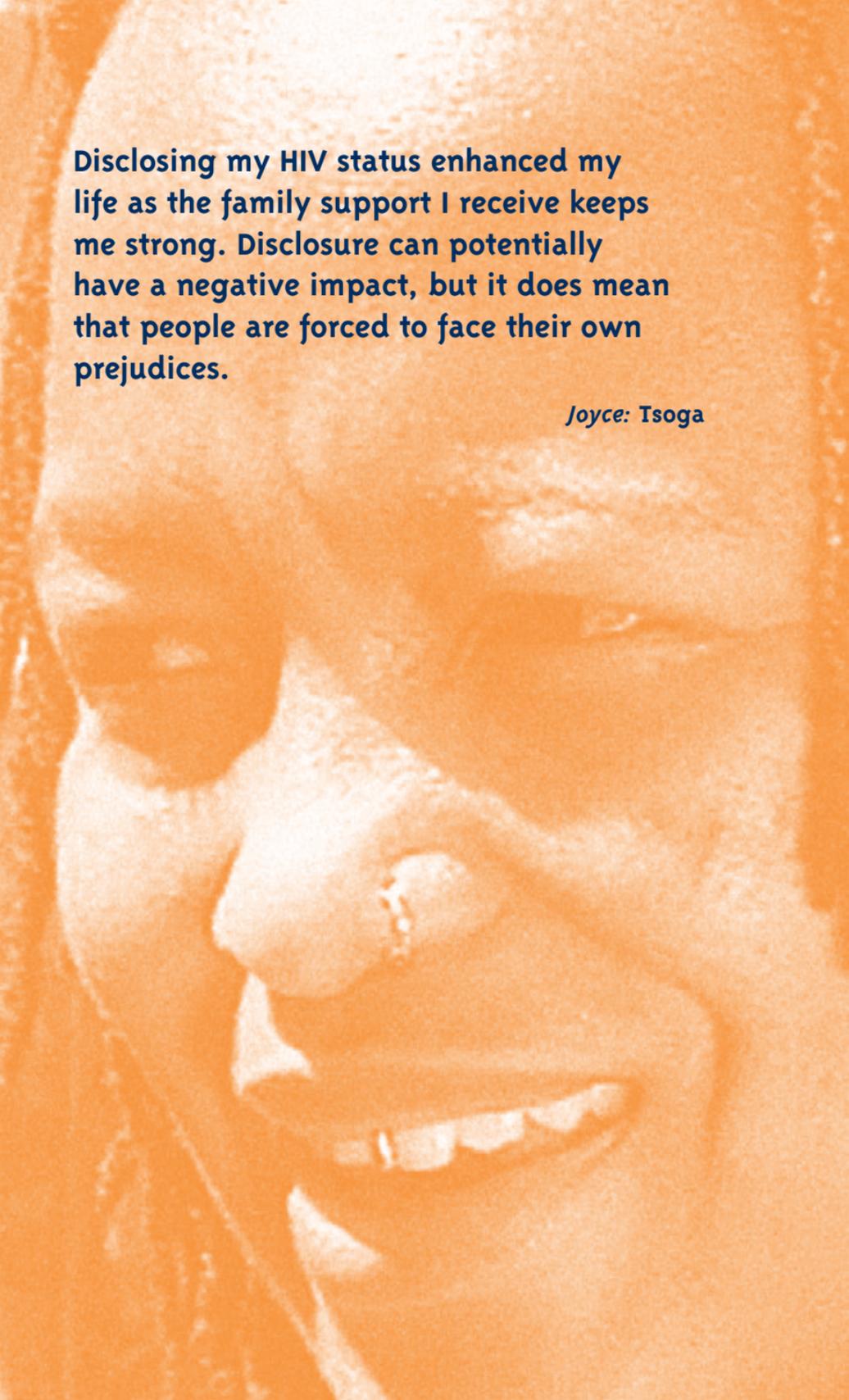
Relationships

Film Outline

At a smart dinner party, Khalo Matabane recounts to his friends an apparently innocent story about how he met a beautiful woman, chatted her up and started going out with her on dates. When the woman discloses her HIV status, Khalo drops her and does not see her again. Later he experiences remorse. The story is intercut with Khalo's examination of his own sexual history, brought up in a household of women. This film is an honest account of how the complexities of intimate relationships take on new meaning in a time of sickness.

Questions For Discussion

- *What is the message of this film?*
- *How did Khalo react when he learnt that his girlfriend was HIV positive?*
- *How could he have reacted differently?*
- *Do you think Khalo's ex-girlfriend acted responsibly? Can you understand her behaviour towards Khalo? Explain your response.*
- *Should you inform your partner if you are HIV positive? How would you do it?*



Disclosing my HIV status enhanced my life as the family support I receive keeps me strong. Disclosure can potentially have a negative impact, but it does mean that people are forced to face their own prejudices.

Joyce: Tsoga



short films

short
films
films
short

Big Balls



Target Audience

Youth and adults

by Heeten Bhagat

Masala Media

4 minutes, Zimbabwe

Key Issues

Transmission

Film Outline

Two carpenters — one black, one white — make idle conversation in a dusty workshop. They are an unlikeable pair who scratch their balls and crack jokes while they work. The white man envies his co-worker for the ease he must have in 'finding parking space' for his sizeable dick. As their blunt banter continues, heavy with innuendo, we discover that all the women these two have slept with have died.

Questions For Discussion

- *What is this film about?*
- *What does this film say about HIV?*
- *What do you know about HIV?*
- *Is HIV a death sentence?*
- *Are there any myths and misconceptions that have been portrayed in this film?*
- *Do you think these men are acting responsibly?*
- *What did you feel after watching this film?*

Choose Life



Target Audience

Youth and adults

by *Dorothy Ntone*

Promarte

4 minutes, Mozambique

Key Issues

Prevention

Film Outline

In this exuberant music video Kapa Dech, one of the best-known Mozambican bands, uses the funeral of a young man who has died of AIDS to get across their message of hope. Dressed in white, the dead man rises from the grave and tells the survivors that while they should certainly cherish and enjoy life, they also need to act responsibly in the face of the HIV/AIDS crisis. His beautiful girlfriend acknowledges the call from the dead man as he holds up a condom and winks.

Questions For Discussion

- *What is the message of this music video?*
- *Besides condoms, how else can you protect yourself from HIV?*

Dispel Your Attitudes



Target Audience

Youth and adults

by Lizo Kalipa

Day Zero Film & Video
8 minutes, South Africa

Key Issues

Transmission

Prevention

Disclosure

Stigmatisation and discrimination

Care and support

Film Outline

Dispel your Attitudes addresses the stigma of HIV/AIDS and the effect disclosure and acceptance have on people's health. On her way to give counselling to a man with HIV, an HIV positive woman challenges ignorance and prejudice in a Cape Town taxi. She points out how discrimination discourages people from disclosing their status and seeking treatment. At the HIV positive man's house, she listens to his fears and gives him support and advice. He realises that by worrying about the reaction of his friends and family, he has been putting other people's attitudes before his own needs.

Questions For Discussion

- *What do you think this film is about?*
- *How do you feel about what happened in the taxi?*
- *Why is the man reluctant to disclose his status?*
- *What makes it difficult to tell people your status if you are HIV positive?*
- *Why do people discriminate against people with HIV?*
- *How can counselling help people to disclose their status?*
- *What arguments does the woman use to encourage the HIV positive man to speak about his disease?*
- *If someone in your community is HIV positive, what could you do to help?*

Dreams of a Good Life



Target Audience

Youth and adults

by *Bridget Pickering*

Ice Media

15 minutes, South Africa

Key Issues

Disclosure

Stigmatisation and discrimination

Living positively

Gender and sexuality

Women living with HIV

Care and support

Relationships

Film Outline

A film of laughter, fear, and the solace of sharing. Under a tree in a sunny garden a group of women talk about life, love and how their dreams for the future have changed since finding out they are HIV positive. In a world where an increasing number of mothers, wives and girlfriends are becoming infected with HIV, the impact on families and relationships is impossible to quantify. The women now examine their relationships with men more openly than ever before.

Questions For Discussion

- *What do you think this film is about?*
- *What difficulties do these women experience living with HIV/AIDS?*
- *Are HIV positive women discriminated against differently to men?*
- *How important is family and community support when living with HIV?*
- *What is your community doing to support people living with HIV/AIDS?*

Viewing suggestion: Watch with *Ho Ea Rona*

Gotta Give



Target Audience

Youth and people working with young people

by *Eddie Edwards*

Big World Cinema
5 minutes, South Africa

Key Issues

Transmission

Prevention

Gender and sexuality

Life skills

Film Outline

This slick and stylish pop video tells the story of a young man who misplaces his condoms but wants to have sex with his girlfriend nevertheless. It is told from the point of view of his girlfriend, who refuses to co-operate and gets out of the car when he tries to force his hand. Four female vocalists from local groups Moodphasesive and Godessa tell us in no uncertain terms about a woman's right to refuse unsafe sex.

Questions For Discussion

- *What is the message of this music video?*
- *What are the challenges faced by girls in relationships?*
- *Do boys experience the same challenges? Give reasons for your answer.*
- *What do people tend to think about girls who carry condoms?*
- *What is your understanding of safer sex?*
- *How does peer pressure affect the way you negotiate safer sex?*

Guilty...?

00:03:21:14

00:04:28



Target Audience

Youth and adults

Key Issues

Transmission

Prevention

Stigmatisation and discrimination

by François Verster

Big World Cinema /
Undercurrent Film & TV
15 minutes, South Africa

Film Outline

A short experimental film that looks at issues of blame, fidelity, denial and guilt within the AIDS context. Starting with one HIV positive couple, it follows a path of sexual encounters which branch ever outward. In this maze of relationships the inevitable question of responsibility becomes blurred. The film investigates the issues of blame and responsibility with regard to the spread of HIV.

Questions For Discussion

- *What is the message of this film?*
- *What is the danger of blaming other people for HIV transmission?*
- *How is HIV transmitted and how can it be prevented?*
- *Why is disclosure important?*
- *What is your understanding of safer sex practices?*
- *How do alcohol and drugs affect your ability to stay in control and have safer sex?*

Ho Ea Rona

(We are going forward)



Target Audience

Youth and adults

by *Dumisani Phakathi*
Sesotho Media Productions
17 minutes, Lesotho

Key Issues

Disclosure

Stigmatisation and discrimination

Living positively

Advocacy and peer education

Film Outline

A short film about four young friends who meet up and reminisce about the past. The four are HIV positive and show that talking openly about their status within the Basotho community must not be the end of the world, nor their dreams.

Questions For Discussion

- *What is the message of this film?*
- *Why is it difficult to disclose your status if you are HIV positive?*
- *What are the benefits of disclosure?*
- *Do you think people with HIV face different challenges when entering into a relationship? Give reasons.*
- *What choices do these men make about their lifestyles?*
- *Do you think HIV positive women face different problems to HIV positive men?*
- *How important are friends and family to these men?*
- *What perceptions are there in your community about HIV/AIDS?*
- *How does this film change your attitude towards people living with HIV/AIDS?*

Viewing suggestion: Watch with *Dreams of a Good Life*

Let's Talk About It



Target Audience

Youth and adults

*by Sithunyiwe Gece
Day Zero Film & Video
8 minutes, South Africa*

Key Issues

Stigmatisation and discrimination

Transmission

Prevention

Misconceptions

Film Outline

Shot in Nyanga, Cape Town, *Let's Talk about It* uncovers prevailing attitudes towards HIV/AIDS. A series of HIV related questions produce some revealing answers. Interviewees give their views on talking to their parents about sex, whether it's cool to use condoms, discrimination against people with HIV, status disclosure and the position of the church. A range of responses, from the well-informed to the prejudiced and ignorant, show how important it is for us to continue talking about AIDS.

Questions for Discussion

- *What are the different opinions expressed in this film?*
- *The film shows a number of misconceptions about HIV/AIDS. What are they and why do you think people have them?*
- *What other misconceptions have you come across?*
- *Why are misconceptions about HIV dangerous?*
- *Can you tell if someone is HIV positive?*
- *Why would somebody not want to use a condom?*
- *Parents and children often experience difficulty in discussing HIV/AIDS. Why is this so?*
- *How can we encourage communication between children and parents around sex and HIV/AIDS?*
- *What positive role can churches play in the struggle against AIDS?*

Master Positive



Target Audience

Youth and adults

by Kelly Kowalski

Mamokobo Video and Research
8 minutes, Namibia

Key Issues

Living positively

Death and dying

care and support

Film outline

Master Positive is an upbeat film with an encouraging message. Simon Elago is Master Positive and he lives in a dusty township in Namibia. At a social services centre, Simon and a group of HIV positive Namibians have begun making low-cost papier mâché coffins. Simon refers humorously to the virus as Master Aids. 'Today I call him Master Aids because he is my friend, because I carry him with me. He understands me.' We follow Simon as he strives, through humour and a positive outlook, to overcome the social and personal consequences of the virus.

Questions For Discussion

- *What is the message of this film?*
- *How does this film make you feel about people living with HIV/AIDS?*
- *How did Master Positive start his business?*
- *How does he feel about his disease?*
- *How does he feel about death?*
- *What has helped Simon to live with a positive attitude?*

Ndodii?



Target Audience

Youth and adults

by Farai Matambidzanwa

Video Audio Network

13 minutes, Zimbabwe

Key Issues

Cultural practices

Transmission

Prevention

Disclosure

Film Outline

Issues around inheritance have a new twist these days in rural Zimbabwe. When MaMoyo is instructed by the elders to marry her dead husband's relative, she protests. 'My husband, your brother, died of AIDS. I am HIV positive.' The elders, saying she bewitched her late husband, dismiss her claims, thus revealing the problem of denial in rural communities in Southern Africa.

Questions For Discussion

- *What is this film about?*
- *MaMoyo has to marry someone from her dead husband's family. Why does the widow not want to choose another husband?*
- *What is the potential danger with this practice in terms of the spread of HIV?*
- *What other cultural practices that you know of could potentially lead to the transmission of HIV?*
- *Why did her husband's family accuse her of being a witch?*
- *MaMoyo is honest about her status and breaks with tradition. What makes this a difficult decision and do you sympathise with her? What else could she have done?*

Not Afraid

Target Audience

Youth and adults

by *Carla Hoffmann*
Mubasen Film & Video
7 minutes, Namibia

Key Issues

Living positively

Disclosure

Film Outline

Not Afraid is a story of tragedy and hope told by an HIV positive mother of four. Not only was Cathy informed of her status at an inappropriate moment with no counselling whatsoever, she also received no special care for the delivery of her child. Cathy has made sense of her life by sharing her experience with the HIV positive people she counsels. 'I'm still a human being, I'm a woman, I'm a mother, I'm myself. I can still use my hands and feet.' Not afraid of death, Cathy is an inspiration for life.

Questions For Discussion

- *What is the message of this film?*
- *How did she find out that she was HIV positive?*
- *How do you feel about the way Cathy was informed of her status?*
- *Why did her baby die?*
- *The husband hadn't disclosed his status before Cathy's delivery. How do you feel about this?*
- *What are the responsibilities around disclosure between partners?*
- *How does she feel about being HIV positive?*
- *How can Cathy be seen as a role model?*

That's Me



Target Audience

Youth and adults

by *Sasha Wales-Smith*
Pangolin Films
7 minutes, Zimbabwe

Key Issues

Gay and lesbian issues

Living positively

Stigmatisation and discrimination

Care and support

Film Outline

In Zimbabwe President Mugabe has said that gay people are 'worse than pigs or dogs'. To be HIV positive as well is even more shameful in the eyes of society. We follow an HIV positive transvestite from the graveside of a family member to his living room, to his twentieth birthday party and to his family home to meet his parents and his brother. Along the way he shares his philosophy of life: acceptance. Life with HIV can still be celebrated, he tells us, as long as you acknowledge sexuality and love the virus.

Questions For Discussion

- *What is the message of this film?*
- *How does Peter meet the challenges of being gay and HIV positive? Can you sympathise with him?*
- *What makes it possible for Peter to live so positively?*
- *What difference does his family's attitude make to his life?*

The Ball

Target Audience

Children, youth and adults

by Orlando Mesquita

Ebano Multimedia

5 minutes, Mozambique

Key Issues

Condoms

Prevention

Film Outline

Somewhere on a dusty soccer pitch in Mozambique... *The Ball* takes an amusing look at condom use in this country, where around 20 million condoms are distributed annually. Considering that 4 million Mozambican men are sexually active, this means that each man only uses 5 condoms a year. Besides the men, little boys are great consumers of condoms. They are very cheap and with two of them, one inside the other, plus some rags, plastic bags and string, the kids can make a tough football within ten minutes.

Questions For Discussion

- *What is the message of this film?*
- *What are condoms used for besides making footballs?*
- *How do you feel about introducing children to condoms?*
- *How can we encourage communication between children and parents around safer sex and HIV/AIDS?*

The Moment



Target Audience

Youth and adults

by *Siyabonga Makhatini*

Curious Pictures

8 minutes, South Africa

Key Issues

Transmission

Prevention

Gender and sexuality

Film Outline

It is the moment just before penetration and the question is whether to have safe sex or...? At first, *The Moment* appears to be a fascinating investigation into South African sexual attitudes across a spectrum of age, race and gender. Nine different South Africans reveal their strategies with regard to the art of seduction. Individual remarks are edited together against a backdrop of sexy music.

As we get increasingly involved in their candid revelations, have we, like them, forgotten about protection? At which moment do we decide to use a condom?

Questions For Discussion

- *What is the message of this film?*
- *Why is using a condom important?*
- *At which moment do you decide to use a condom?*
- *How do you talk about using condoms with your partner?*
- *Whose responsibility is it to bring up the subject of condoms and who should be carrying them – the man or the woman?*
- *One of the women says, 'When he wants what he wants, there's nothing you can do.' How do you feel about this statement?*
- *What are the problems women face when negotiating sex and condom use?*

The Sky in Her Eyes



Target Audience

Children (7 to 11 year-olds), youth and adults

by Ouida Smit
& Madoda Ncayiyana
Vuleka Productions
11 minutes, South Africa

Key Issues

Orphans and HIV
Stigmatisation and discrimination

Film Outline

Shot on film near Ixobho in rural KwaZulu-Natal, this poignant short film shows a young girl who loses her mother to AIDS. She struggles to cope with her grief and confusion and the prejudice she and her siblings suffer as a child-headed household. It seems as if her community is rejecting her as well. But a boy allows her to attach a picture she has drawn of her mother to his kite. This compassionate act, and the joy of flying the kite with her drawing, causes the girl to smile once more.

Questions For Discussion

- *What is this film about?*
- *What are the problems these children face?*
- *Whose responsibility is it to take care of orphans?*
- *How can we be supportive?*

Tsoga (Wake Up)



Target Audience

Youth and adults
Learners and teachers

by *Sechaba Ramotoai*
Newtown Film and TV School
8 minutes, South Africa

Key Issues

Stigmatisation and discrimination
Care and support
Youth and HIV
Rape and HIV
Living positively
Advocacy and activism

Film Outline

A story about a community confronting a terrible dilemma after 70% of the students of a community school test positive for HIV. Joyce, who has been positive since she was raped as a schoolgirl seven years ago, talks about discrimination at schools which leads to dropping out and failing. Her message is ultimately encouraging and affirming.

A letter to the president, where the disease is described as less dangerous than the rejection it causes, asks that the needs of those infected be addressed.

Questions For Discussion

- *What is the message of this film?*
- *Are HIV-positive schoolgoers discriminated against?*
- *How can we prevent HIV positive learners from dropping out of school?*
- *What is Joyce's message to young people?*
- *What do the youth request in their letter to the president?*
- *The students care for and support their classmate. How can we care for and support our peers who are living with HIV/AIDS?*

True Friends



Target Audience

Pre-primary and primary school children

by Bert Sonnenschein

Catembe Productions

3 x 7 minutes, Mozambique

Series Outline

These three short films use handmade animal puppets to dramatise different issues around HIV/AIDS, making them easily accessible to young children.

Little Soldiers

Hippo had heard shooting during the night, and the friends fear that the poachers have returned. But Lion fears this new disease called AIDS even more, as he does not understand it. Tortoise explains, describing how white blood cells and the virus work in the body.

Key Issues

An explanation of the virus

Care and support

Questions For Discussion

- *Why is the lion afraid of HIV?*
- *How does the virus affect people?*
- *What is the role of the little soldiers in our bodies?*
- *What is the message of this film?*



The Razor Blade

When Lion is suffering from asthma, Aida, the hippo, takes her friend to Auntie, who is a sangoma. Lion is scared to death of the treatment and Aida jokes around with him. But Auntie knows how to treat asthma and how to prevent AIDS while treating her patients.

Key Issues

Transmission of HIV through blood

Questions For Discussion

- *Why couldn't the healer use the blade which the lion's friend brought?*
- *What is the message of this film?*

True Friends

As the gossip spreads that Gazelle is HIV positive, her best friend Zebra gets upset and expels her from the lakeside. When the wise tortoise finds her alone and weeping, she stands up for Gazelle and calls upon the other animals to reaccept her.

Key Issues

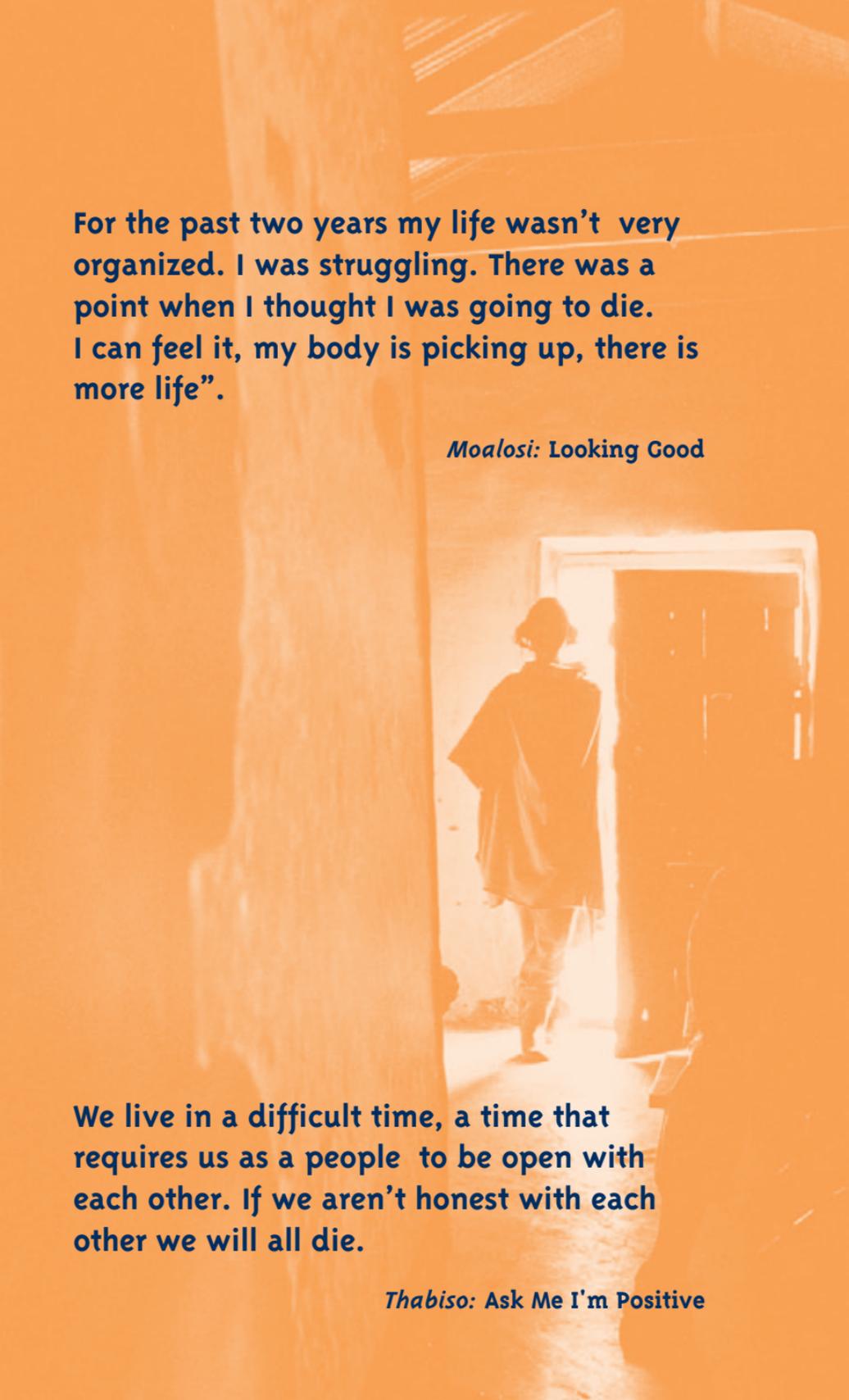
Support and acceptance of people with HIV/AIDS

Transmission and misconceptions around transmission

Questions For Discussion

- *Why do the animals leave the gazelle to drink alone?*
- *Why did they change their minds later?*
- *What is the message of this film?*

Facilitation suggestion: Refer to Book 1 of the Cotlands Series: *Learning About HIV/AIDS*



For the past two years my life wasn't very organized. I was struggling. There was a point when I thought I was going to die. I can feel it, my body is picking up, there is more life".

Moalosi: Looking Good

We live in a difficult time, a time that requires us as a people to be open with each other. If we aren't honest with each other we will all die.

Thabiso: Ask Me I'm Positive

Religious leaders have to change the way they approach the issue of sex and sexuality, it doesn't matter whether they want to or they don't want to. They are being confronted with a reality that is far greater than their text books.

I honestly believe that they hold the key, in many ways, to educating the community about HIV and AIDS.

Abdul Kayum: Body & Soul

I wanted to tell the whole world that being HIV positive does not mean that you cannot lead a normal life.

But mostly, I wanted to tell the world that AIDS is not a curse from God.

Faghmeda: Body & Soul

To save even one life through the use of a condom, to save a mother, to enable her to care for her children, is a matter of profound justice to me.

Bishop Dowling: Body & Soul

reference table

reference table

AUDIENCE

KEY ISSUES AROUND HIV/AIDS

	ADULT	YOUTH	CHILD	advocacy & activism	care / support	cultural practice	death & dying	disclosure	gay / lesbian	gender & sexuality	living positively	migrancy	orphans & HIV	religion	stigma / discrimination	transmission / prevention	treatment	youth & HIV	women & HIV	
<i>52 minute films</i>																				
BODY & SOUL	■	■				■		■		■				■		■				
IT'S MY LIFE	■	■		■													■			
LOOKING FOR BUSI	■	■			■			■										■		
NIGHT STOP	■	■								■		■				■				
SIMON & I	■	■		■					■	■										
WA 'N WINA	■	■								■								■		
<i>40 minute films</i>																				
A MINER'S TALE	■	■				■		■				■				■				
DANCING ON THE EDGE	■	■				■				■						■			■	
MOTHER TO CHILD	■	■			■			■									■			
ASK ME I'M POSITIVE	■	■		■				■			■				■	■				
LOOKING GOOD	■	■			■						■						■			
<i>26 minute films</i>																				
A FIGHTING SPIRIT	■	■						■							■					
A LUTA CONTINUA	■	■		■				■								■	■			
A RED RIBBON AROUND MY HOUSE	■	■						■							■	■				
ECLIPSE	■	■			■								■							
HEAVY TRAFFIC	■	■				■	■								■					
HOUSE OF LOVE	■	■													■	■				
IMITI IKULA	■	■	■										■							
LOVE IN A TIME OF SICKNESS	■	■						■							■					
<i>short films</i>																				
BIG BALLS	■	■														■				
CHOOSE LIFE	■	■														■				
DISPEL YOUR ATTITUDES	■	■			■			■							■	■				
DREAMS OF A GOOD LIFE	■	■			■			■		■	■				■				■	
GOTTA GIVE	■	■								■						■				
GUILTY...?	■	■													■	■				
HO EA RONA	■	■		■				■			■				■					
LET'S TALK ABOUT IT	■	■													■	■				
MASTER POSITIVE	■	■			■		■				■									
NDODII?	■	■				■		■								■				
NOT AFRAID	■	■						■			■									
THAT'S ME	■	■			■				■		■				■					
THE BALL	■	■	■								■					■				
THE MOMENT	■	■								■						■				
THE SKY IN HER EYES	■	■	■										■		■					
TSOGA	■	■		■	■						■				■			■		
TRUE FRIENDS			■		■											■				

reference table

reference table

Advocacy and Activism



What is advocacy?

Advocacy is speaking up, drawing a community's attention to an important issue, and directing decision-makers towards a solution. It is a process aimed at bringing about change in the policies, laws and practices of influential individuals, groups and institutions. People involved in advocacy issues are often called activists.

An advocacy campaign is a set of targeted actions in support of a cause or issue. We advocate for a cause or issue because we want to build support for that cause or issue, influence others to support it, or try to influence or change legislation that affects it.

Advocacy is nothing new. Individuals and groups have always tried to influence people in power, in their private lives and as part of their work. Advocacy work takes on many shapes. In relation to HIV/AIDS, it can include a child defending her orphaned cousin against stigma, a drama performed by actors living with HIV/AIDS concerning their rights, or a meeting with a country's president. It is possible to advocate for ourselves or for other people.

Advocacy is only one approach to undertaking HIV prevention, care and impact mitigation work. Other approaches include community mobilisation, education, and public health measures such as the distribution of condoms and provision of good medical services. Advocacy can make all these methods more effective by gaining the support of people in power and changing the social environment in which we work.

Almost all NGOs and CBOs already have experience of doing advocacy even if they do not realise it, or do not use the word 'advocacy'.

The *Steps* films form part of a media advocacy campaign which seeks to promote debate and discussion around HIV/AIDS-related topics such as disclosure, discrimination, treatment and living positively.

Transmission



HIV is spread through three main modes: sexual contact, blood contact and mother-to-child transmission during pregnancy. Transmission results from exposure to the body fluids (blood, semen, vaginal fluids, and breast milk) of individuals infected with HIV.

1. Sexual contact

- Vaginal sex
- Anal sex
- Oral sex

2. Blood contact

- Injections/needles (sharing needles, intravenous drugs, or injury from contaminated needles or other sharp objects)
- Cutting tools (scalpels, needles, razor blades, tattoo needles, circumcision instruments)
- Transfusions (receiving infected blood or blood products) or transplant of an infected organ
- Contact with broken skin (exposure to blood through cuts or lesions)

3. Mother-to-child transmission (MTCT)

- Pregnancy
- Delivery
- Breastfeeding

Although exposure to HIV through one of these modes can lead to infection, not every exposure results in transmission.

How HIV is NOT transmitted

Many myths exist about how HIV is transmitted. Many of these myths are culturally specific. It is important that people realise that HIV is actually quite difficult to transmit. HIV is NOT transmitted through:

- Ordinary social or casual contact
- Donating blood
- Shared clothing

- 
- Touching
 - Shared food or dishes
 - Dry kissing
 - Shaking hands
 - Toilet seats
 - Insect bites
 - Massaging another person
 - Masturbation

Living with a person with HIV

HIV is not transmitted through tears, sweat, saliva, vomit, faeces, or urine as they do not contain the virus in amounts significant enough to cause infection. It is possible to transmit the virus through deep kissing if the gums have open sores or are bleeding, but this is highly unlikely. Even so, transmission in this case would be through blood rather than through saliva.

1. Transmission through sexual contact

One of the most common ways in which HIV is transmitted is through sexual contact, primarily through unprotected vaginal or anal intercourse. Anal sex is the penetration of the anus by the penis. It is particularly risky because the chance of damage (small tears and lesions) to the thin lining of the rectum is high. This facilitates HIV transmission by enabling the virus in semen to enter the bloodstream quickly.

With penile-vaginal sex, the female partner is generally at greater risk because of, firstly, the greater exposed surface area in the female genital tract than in the male genital tract; secondly, the higher concentrations of HIV in seminal fluids than in vaginal fluids; and thirdly, the larger amount of semen than vaginal fluids exchanged during intercourse.

Although HIV transmission through unprotected oral sex can occur, the risk is much lower than for unprotected vaginal or anal sex. With oral sex, the person at greater risk is the one using his or her mouth to stimulate the other person's genitals. The risk is increased when that person has open sores in the mouth or bleeding gums. The risk is also



increased when that person receives semen in the mouth or swallows any secretions.

HIV transmission has also been reported through infected semen used for artificial insemination. Reputable sperm banks now test all samples before using them.

2. Transmission through blood and blood products

Sharing equipment for injecting drugs

The sharing of HIV-contaminated needles, syringes and drugs can lead to the transmission of HIV. Even if syringes and needles are sterile, drugs that are mixed in shared containers, such as spoons or bottle caps, make for very risky injections.

Transfusions and organ transplants

Transfusions or treatments with infected blood or blood products can lead to HIV transmission. Donated blood should be routinely tested for HIV before being approved for use. Organs or tissues taken from individuals with HIV can also transmit the virus to the people receiving them.

Sharing skin-cutting or piercing tools

HIV can be transmitted by skin piercing, cutting, and tattooing instruments (needles, razor blades, circumcision instruments) that have been in contact with infected blood or body fluids and have not been properly sterilised before re-use.

Transmission in health care settings

Health care workers, including cleaners and lab technicians, will be at risk from becoming infected with HIV if they are exposed to blood and other body fluids of infected individuals during their work.

One form of exposure among workers in health care settings is needle stick injuries with HIV-contaminated needles. The best way to prevent infections at a health facility is by following standard precautions with every client irrespective of the client's HIV-status. This is important because it is impossible to tell who is infected with HIV, and often the infected persons themselves do not know that they are infected.



3. Mother-to-child transmission (MTCT)

A woman infected with HIV can pass the virus to her baby during pregnancy, labour and delivery, or breastfeeding. A variety of interventions and precautions can be taken during each of these periods to reduce the risk of infection.

The risk of transmission will increase if a woman becomes infected or reinfected with HIV during pregnancy or while breastfeeding, or if she develops AIDS, because of the higher viral loads. Viral, bacterial, or parasitic placental infections may also increase the risk of transmission.

If a woman becomes infected with HIV while breastfeeding, the risk of MTCT will increase.

Antenatal period

During the antenatal period, a woman can be tested voluntarily to determine whether she is HIV positive. Testing during this period offers several advantages:

If a woman is HIV negative, she and her partner can be counselled on risk reduction. This may be particularly important in areas where taboos on sexual activity during pregnancy or postpartum might cause a man to seek other partners, thereby placing the woman at risk when she resumes sexual activity with her partner.

If a woman is HIV positive, she can receive early counselling on the prevention of MTCT and on maintaining her health, including proper nutrition, treatment of sexually transmitted infections, and care for other infections, such as tuberculosis (TB) or malaria.

She can make decisions about future fertility and about termination, if it is a safe and legal option.

She can take steps to prevent exposing partners to HIV.

If a woman is HIV positive and AZT (zidovudine or ZDV) is available, she might receive treatment during the prenatal period to reduce the risk of transmission to the child.

Finally, she can plan for treatment and follow-up for the baby once it has been born.



Labour and delivery

During labour and delivery, the risk of transmission can be reduced by avoiding invasive procedures.

Evidence shows that performing a Caesarean section prior to the onset of labour can reduce the risk of infection because it minimises the exposure of the child to the mother's body fluids.

If a woman is positive, and if Nevirapine is available, she might receive treatment. A single dose of Nevirapine to the mother during labour and a dose to the child within 48 hours have been found to reduce the risk of transmission.

Postpartum

The risk of MTCT can be reduced during the postpartum period through interventions related to breastfeeding. This decision must be weighed against the risk of not being able to provide formula feeding in certain countries due to a lack of clean water or where formula is not available or affordable.

Additionally, in some cultures, avoiding breastfeeding when it is the norm, can stigmatise a woman as being HIV-positive.

The risk of HIV infection through breastfeeding is greatest in the first few months of life and is lower among infants who are fed breast milk exclusively than among those who are breastfed and receive supplementary foods or liquids. This is often referred to as mixed feeding.

It is important to note that children born to HIV-positive women will test positive for HIV antibodies at birth, whether or not the children are actually infected. This is due to the presence of the mothers' antibodies in the children's blood. Antibody testing can accurately determine infection after the age of 18 months.

© 2002 EngenderHealth

Prevention



Prevention of infection through sexual contact

Strategies for reducing the risk of HIV/AIDS infection include:

- Reducing the number of sexual partners
- Delaying the onset of sexual activity in young people
- Safer sex, including using condoms

While these strategies can be highly effective, they are not always easy to implement, particularly for women who often have little control over the terms of sexual relations or the behaviour of their partners. Gender issues, such as power imbalances in sexual relationships, may interfere with condom use and may prevent women from protecting themselves, even if they are aware that their partner's behaviour may be putting them at risk. It is often difficult, if not impossible, for many women to negotiate safer sex with their partners because of their social and economic dependency on men (*see section on Gender - page 78*).

Safer sex

Safer sex includes practices that reduce the risk of contracting sexually transmitted infections, including HIV. These practices reduce contact with the partner's body fluids, including semen, vaginal fluids, blood, and other types of discharge from open sores.

Safer sex reduces but does not completely eliminate risk. For example, using a condom correctly and every time for anal, oral, or vaginal sex greatly reduces but does not totally eliminate the risk of transmission. Although condoms are highly effective, breakage and slippage can occur, particularly if the condoms are used incorrectly.

What is the most risky kind of sex?

Unprotected anal or vaginal sex with an infected person carry a high risk of disease transmission.

Anal sex is especially risky because it can result in tiny tears or cuts in the rectum. Viruses can enter the body more easily through these open sores than through healthy skin.



Unprotected oral sex carries a lower risk, but is not risk-free.

The use of drugs or alcohol can increase the risk of getting sexually transmitted infections or HIV/AIDS because people under the influence may be less careful about practising safer sex.

What are some forms of safer sex?

Very low or no risk:

- Kissing
- Massage
- Masturbation
- Sexual stimulation using your hand on another person
- Oral sex on a man who is wearing a condom
- Oral sex on a woman using a sheet of latex or plastic wrap

Low risk:

- Anal or vaginal sex using a male or female condom

Aside from abstinence or having sex with only one, uninfected partner, using condoms is the most effective way of preventing sexual transmission of HIV or other sexually transmitted infections.

Some sexually transmitted infections do not have symptoms for a long time, so it is impossible to know for sure if you are infected unless you are tested. It is important to learn about a partner's sexual history and risk of infection as well. However, getting someone to reveal their sexual history can be difficult and unreliable. People may not be honest because of fear or shame. Sometimes a partner may have a sexually transmitted infection or HIV but is unaware of it because he or she does not have any symptoms.

Negotiating safer sex

Negotiation can be defined as a process in which two or more people with different perspectives or interests interact in order to arrive at a common goal or action. This usually entails compromise on the part of one or both partners.



Negotiating safer sex can be a difficult process for partners. Women in particular, due to gender inequalities and lack of power within sexual relationships, may find it difficult, if not impossible, to negotiate safer sex with their partners. Partners may equate a request for safer sex with an indication of unfaithfulness and may react negatively, even violently. They could withdraw financial support or terminate the relationship (*see section on Gender - page 78*).

Condom negotiation can be facilitated by:

- Considering ways to speak about the topic with your partner(s) in a non-threatening manner
- Identifying and practising arguments for condom use and responses to partners' excuses for not using condoms
- Practising assertiveness
- Identifying ways of communicating with partners indirectly by, for example, sharing information or literature from the clinic, leaving condoms in strategic places, or discussing the situation of others
- Considering ways to seek support from outside parties in communicating with partners
- Demonstrating that requests for safer sex are inspired by caring rather than accusation

Male and female condoms

Male condoms

Male condoms are made of latex or polyurethane and cannot be penetrated by HIV or any other sexually transmitted infections. With consistent and correct use condoms can be highly effective against HIV as well as many other sexually transmitted infections and pregnancy. Condom failure is more likely to be the result of incorrect usage, rather than to flaws in the product itself.

Even though condoms are lubricated, some people may need to use additional lubrication to increase comfort and prevent breakage. This is particularly important for anal sex. Only water-based lubricants, such as K-Y jelly or saliva, should be used. Oil-based lubricants, such as



Vaseline, petroleum jelly, creams, lotions, or cooking oil may damage the condom and make it less effective and more likely to break during use.

Female condoms

Female condoms are made of polyurethane and cannot be penetrated by sperm or HIV when used correctly.

One advantage of the female condom over the male condom is that its size and shape enable it to cover a wider surface area, including some of the external genitals. Thus, the female condom may offer additional protection against infections that can be transmitted by contact with skin normally not covered by a male condom.

Myths and misconceptions about condoms

Common myths and biases include:

- Condom use is associated with infidelity or sex work
- Condoms are for certain groups, such as people with sexually transmitted infections, sex workers and their clients, men in the military, or adolescents
- Condoms break easily
- HIV can pass through a condom
- Suggesting condom use to a partner means that a person is unfaithful or accuses the partner of being unfaithful

Prevention of infection through sharing equipment for injecting drugs

People who inject drugs, or whose partners do, are at risk of contracting HIV. The best way for such drug users to reduce the risk of infection is to not to share needles and syringes, and to avoid mixing drugs in shared containers, like spoons and bottle caps.

See section on Transmission - page 67

Prevention of mother-to-child transmission (MTCT)

See section on Transmission - page 67

© 2002 EngenderHealth

Disclosure



Stigmatisation and discrimination

When people discover that they are HIV-positive, one of the first things they have to decide is whether to tell family and friends. The fear and uncertainty about how other people will react makes disclosure difficult. Negative reactions to disclosure often lead to stigmatisation and discrimination.

HIV/AIDS discrimination has presented itself in a number of ways. In certain instances people have lost their jobs or have been denied employment, insurance, housing, and other services. The associated stress, isolation and lack of social support can impact negatively on the health of people with HIV by causing the symptoms of depression.

The effects of stigmatisation and discrimination are not only felt by people living with HIV/AIDS, but also by their lovers, families, and care givers. Frequently, the violation of rights of people living with HIV/AIDS and their families are simply because they are known, or presumed, to have HIV/AIDS. This hinders a positive and constructive response to the epidemic and increases its negative impact instead.

Fear of discrimination prevents many people from wanting to know their own status and this impacts directly on initiatives for voluntary counselling and testing. Ignorance of your HIV status means you will not seek care and medical attention. Not knowing your status also allows for the transmission of the virus to sexual partners.

Education is the key to reducing and preventing stigmatisation and discrimination against people with HIV/AIDS and populations affected by HIV/AIDS. Communities and community leaders must demand equal treatment and equal rights for all people, regardless of their HIV status.

When you test positive for HIV, it can be difficult to know who to tell about it, and how to tell them. People with HIV may fear stigmatisation and discrimination. Telling people about your HIV status is called disclosure.



Telling others can be good because:

- You can get love and support to help you manage your health effectively
- You can keep your close friends and loved ones informed about issues that are important to you
- You don't have to hide your HIV status
- You can get the most appropriate health care
- You can reduce the chances of transmitting the disease to others

Telling others may be difficult because:

- Others may find it hard to accept your health status
- Some people might discriminate against you or treat you unfairly because you are HIV positive
- You may be rejected in social or dating situations

You don't have to tell everybody. Take your time to decide who to tell and how you will approach them. Be sure you are ready. Remember, once you tell someone, they won't forget you are HIV positive.

General guidelines

Here are some things to think about when you are considering telling someone that you are HIV positive:

- **Know why** you want to tell them. What do you want from them?
- **Anticipate** their reaction. What is the best you could hope for? The worst you might have to deal with? Their reaction may be due to fear and ignorance. Provide them with information to dispel these fears.
- **Prepare** yourself. Inform yourself about HIV.
- **Get support.** Talk it over with someone you trust, and come up with a plan about how, and to whom, you are going to disclose.

Gender and Sexuality

Gender refers to the social roles and activities ascribed to females and males within a society. It also includes the power relations that define how and why these activities are performed.

The main gender difference is the fact that women are perceived as having less importance in society than men. Although gender roles vary widely across cultures, the power relations that tend to place males in positions of power and privilege over women seem to be similar.

Expectations of gender behaviour come from the idea that certain qualities, and therefore certain roles, are 'natural' for men while others are 'natural' for women.

Women's vulnerability and risk

The number of women living with HIV/AIDS has been increasing steadily over the past decade. In sub-Saharan Africa, infection rates among women have now surpassed those among men. Women are vulnerable to infection for biological, social, and economic reasons.

Biologically, the risk of transmission from male to female is greater than female to male because:

- There is a greater exposed surface area in the female genital tract than in the male genital tract
- There are greater concentrations of HIV in semen than in vaginal fluids
- There is a larger amount of semen exchanged during intercourse than vaginal fluids

Rape might also lead to lesions in the genital tract that facilitate entry of the virus. Traditional practices such as female genital cutting can expose women to risk if cutting instruments are not properly cleaned. In addition, untreated sexually transmitted infections make women more vulnerable to HIV.

Social factors stemming from gender inequalities make women particularly vulnerable to HIV infection caused not by their own behaviour, but by that of their partner. They are often expected to



remain monogamous, whilst men may be encouraged to have multiple partners.

Women lack the power to reduce their risk of infection due to the threat of physical violence, fear of abandonment or loss of economic support. These act as significant barriers against negotiating condom use, discussing fidelity with their partners, or leaving relationships that they perceive to be risky.

Cultural norms often deny women information about sexual health. Even if women do possess knowledge, it is often considered inappropriate for them to reveal that knowledge. This makes communication between partners about risk and safety impossible.

Men make most decisions about when, where, and how to have sex, leaving women little decision making power. Social pressure to have children may also affect a woman's choice concerning the relative importance of pregnancy versus the protection against disease. In addition, women are at greater risk of rape, sexual coercion, or being forced into sex work.

Lack of economic power can also lead to vulnerability, forcing some women to enter into sex work and/or multiple or temporary partnerships in the hope of bartering sex for economic gain or survival, including food, shelter, and safety.

In many cases, women are at risk simply because they are economically dependent on their husbands for survival and support, which limits their decision-making and negotiating power.

Sex workers in general are at an extremely high risk of infection, particularly when they do not have the ability to negotiate with clients who refuse to wear a condom or when they are in settings where commercial sex work is illegal.

Risks for men

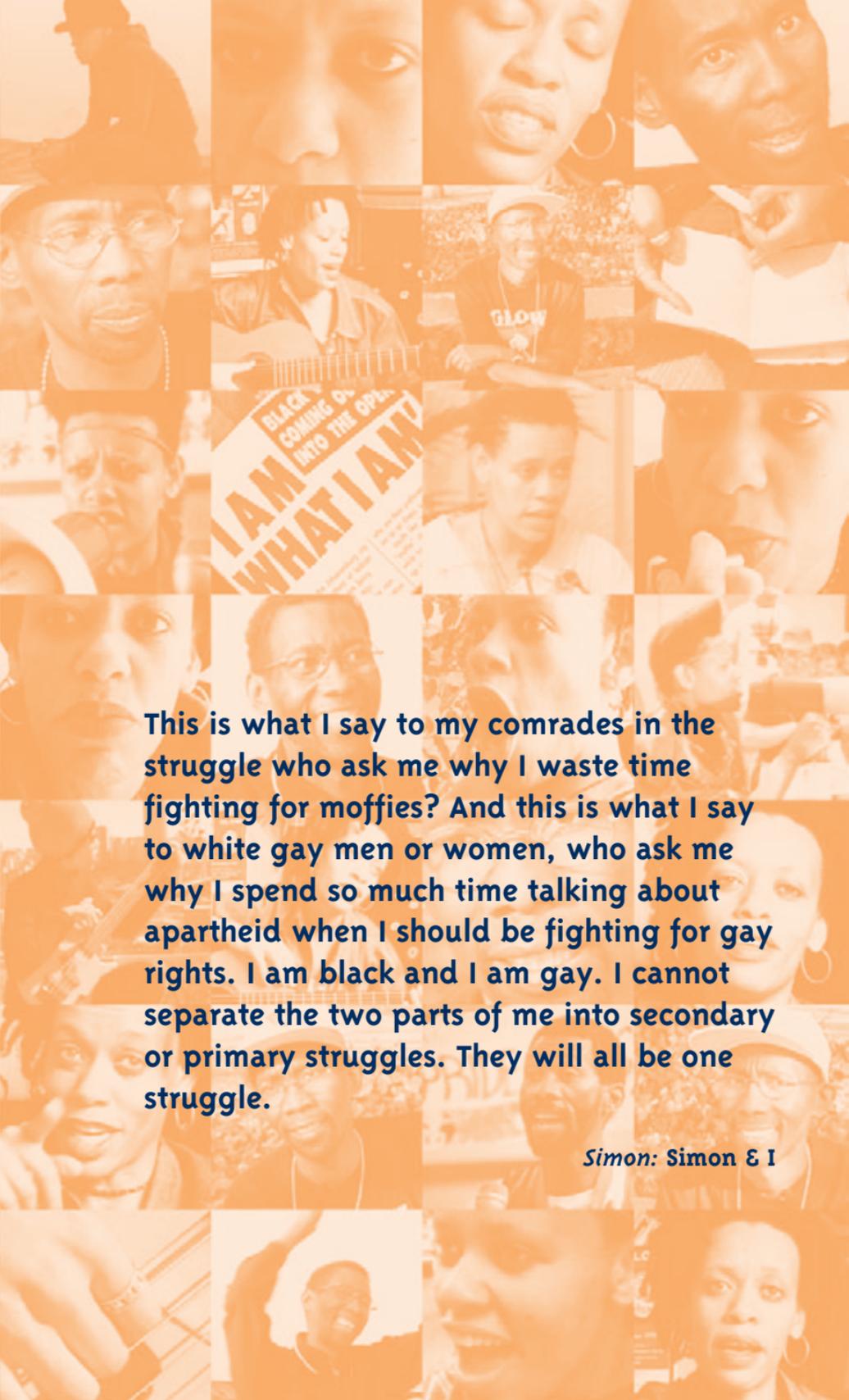
A variety of social factors also put men at risk of infection. Socially ingrained concepts of masculinity, can translate into risky behaviour that threatens men's health and the health of their partners.



Men are often socialised to be self-reliant, to not show emotion, and to not seek assistance in times of need or stress. Cultural norms of 'masculinity' that expect men to be experienced and knowledgeable about sex may place them at risk because they are less likely to seek information about risk reduction for fear of admitting a lack of knowledge. Attitudes about masculinity encourage men to demonstrate sexual prowess by having multiple partners and by consuming alcohol or other substances that may contribute to risk-taking behaviour.

In many cultures, communities deny the existence of men who have sex with other men, which results in a lack of prevention, care, and health information directed at men who may be at risk. Discrimination and stigmatisation against men who have sex with other men contribute to denial and secrecy, making it difficult to reach these men with HIV prevention interventions.

To safeguard men's health and the health of their female partners and their children, health care services and providers must address the relationship between men's behaviour and HIV transmission, encourage men and boys to make a strong commitment to preventing the spread of the infection, and to promote programmes that respond to the needs of both men and women.



This is what I say to my comrades in the struggle who ask me why I waste time fighting for moffies? And this is what I say to white gay men or women, who ask me why I spend so much time talking about apartheid when I should be fighting for gay rights. I am black and I am gay. I cannot separate the two parts of me into secondary or primary struggles. They will all be one struggle.

Simon: Simon & I

Treatment



What is antiviral therapy?

Antiviral therapy means treating infections like HIV with drugs. The drugs slow down the multiplication of the virus. Because HIV is a retrovirus, these drugs are sometimes called antiretroviral therapy.

Goals of therapy

- To reduce the viral load as much as possible for as long as possible.
- To restore or preserve the immune system
- To improve the patient's quality of life
- To reduce sickness and death due to HIV

Which drugs do I use?

Each antiviral drug has side effects. Some are serious. Some combinations of drugs are easier to tolerate than others, and some seem to work better than others. Each person is different, and you and your doctor will have to decide which drugs to use.

The viral load test is used to see if antiviral drugs are working. It measures the amount of HIV in your bloodstream. People with lower viral loads stay healthier longer. Some people's viral load is so low that it is undetectable by the viral load test. This does not mean that the virus is gone completely, however. If the viral load does not go down, or if it goes down but comes back up, it might be time to change antiviral drugs.

How are the drugs used?

When HIV multiplies and makes new copies of itself, most of the new copies are slightly different from the original virus. The new copies are called mutations. Some mutations keep multiplying even when you are taking an antiviral drug. When this happens, the drug will stop working. This is called developing resistance to the drug.

If only one antiviral drug is used, it is easy for the virus to develop resistance. But if two drugs are used the virus would have to get around both drugs at the same time. If three drugs are used (called triple-drug combination therapy), it is even harder for the mutated virus to resist all three drugs at the same time. Using a triple-drug combination means that it takes much longer for resistance to develop.



Sometimes, when HIV becomes resistant to a drug you are taking, it will also be resistant to other antiviral drugs — even if you haven't used them yet. This is called cross-resistance. If your virus develops resistance to an HIV drug, you might not be able to use any other drugs of the same type. To avoid using up your treatment options, take all of your medications according to instructions.

Interrupting treatment

A patient may need to interrupt treatment for several reasons:

- The side effects are intolerable
- There is a drug interaction
- They run out of any of the drugs
- Women might choose to stop treatment during the first three months of pregnancy

If antiviral therapy is stopped, all drugs should be stopped at the same time and restarted together. This will reduce the risk of the virus developing resistance to the medications.

The HI virus can make millions of copies of itself every day. Antiviral drugs cannot kill the virus, but they can almost stop it from multiplying. In order for your drugs to work, you need to take them according to the instructions. If you don't, your virus might develop resistance to drugs you are taking.

Be sure that you understand which drugs your doctor has prescribed. Make sure you know how many to take, when to take them, and whether you need to take them with food or when your stomach is empty.

Work with your health care provider to make it as easy as possible to take your drugs. Be sure to talk with your doctor before you make any changes in your drugs or how you take them.

Keeping pressure on the virus

The drugs get into your blood and are carried around your body. Then your liver and kidneys start to clean the drug out of your system and the amount of medication in your blood goes down.

Some drugs get into your bloodstream more easily if there is no food



in your stomach. Other drugs get into your bloodstream better if your stomach is full. With some drugs, food doesn't matter.

The instructions for taking each drug tell you how many pills to take, when to take them, and how to take them in order to keep enough medicine in your blood. If there is not enough, HIV can continue to multiply. The more HIV multiplies, the greater the chance that resistance will develop.

The best way to keep pressure on HIV is to take all the pills you're supposed to, every time you're supposed to, and to follow the directions about food.

Adherence to antiretroviral therapy

Adherence means taking your medications correctly. If you don't, HIV might multiply out of control. It can be difficult to take your medications the way you're supposed to.

Make it as easy as you can!

Tell your doctor about your daily schedule so that you can choose the drugs that will be easiest for you to take.

Make sure you understand your medication

- Which drugs to take
- How many pills to take, and how many times a day
- Whether to take your pills with food, or on an empty stomach
- How to store your pills
- Which side effects you might develop and what to do about them

Plan ahead so you don't run out of any of your drugs

- Use a pillbox and count your pills out ahead of time. Some boxes hold enough for a whole week.
- Set a timer or alarm to go off when you have to take pills.



Choose a regular daily activity to help you remember to take pills

- Making your morning coffee
- Getting out of bed
- A favourite TV show
- Coming home from work

Make sure your family members know how important it is for you to take your pills. Ask them to help you remember.

You might have problems with side effects; it might be difficult to take your pills as prescribed. Don't cut back or stop taking your medication until you have talked to your doctor.

Side effects of antiretroviral therapy

- Nausea and vomiting. These side effects are most common in the first weeks or months of anti-HIV treatment. Often they go away as the body gets used to the drugs.
- Diarrhoea. Most common early in treatment. Call your doctor if diarrhoea lasts for more than three days.
- Rash. A rash is common among people who start taking anti-HIV drugs. Usually it goes away by itself. **Important:** A rash could be a sign of an allergic reaction to a drug. If you get a rash after taking these drugs, call your doctor right away.
- Problems falling asleep or staying asleep.
- Fatigue.
- Dry skin and/or ingrown toenails sometimes happen with Crixivan.
- Pain, numbness, tingling, and or burning in the hands and/or feet.
- Kidney stones sometimes occur in people who take Crixivan.
- Changes in the way your body deals with fat, including a range of symptoms such as developing a roll of fat between the shoulders ('buffalo hump'), enlarged breasts and losing fat in the face, arms, and legs.

Nutrition



Why is nutrition important?

Good nutrition means getting enough nutrients.

Some nutrients contain energy which is measured in calories: proteins, carbohydrates, and fats. They help you maintain your body weight.

Other nutrients include vitamins and minerals. They keep your cells working properly, but will not prevent weight loss.

Good nutrition can be a problem for many people with HIV. When your body fights any infection, it uses more energy and you need to eat more than normal. But when you feel sick, you eat less than normal.

Some drugs can upset your stomach and some opportunistic infections can affect the mouth or throat. This makes it difficult to eat. Also, a number of drugs and infections cause diarrhoea. If you have diarrhoea, your body actually uses less of what you eat.

When you lose weight, you might be losing fat, or you might be losing lean body weight, like muscle. If you lose too much lean weight, a condition called wasting syndrome develops.

Nutrition guidelines for people with HIV

Eat more. Extra muscle weight will help you fight HIV. This is very important. Many people want to lose weight, but for people with HIV it can be dangerous. Make sure you eat plenty of protein and starches, with moderate amounts of fat.

Protein helps build and maintain your muscles. Meats, fish, beans, nuts, and seeds are good sources of protein.

Carbohydrates give you energy. Carbohydrates which come from grains, cereals and vegetables like potatoes are very good for you. Other carbohydrates, which give you quick energy, come from sugars in fresh or dried fruit, honey, jam, or syrups. These types of carbohydrates should be taken in moderation as they can contribute to thrush infections.



Fat gives you extra energy. You need some, but not too much. The fats in nuts, seeds, canola and olive oils, and fish are considered 'good' fats. The fats in butter and animal products are 'bad' fats.

An exercise programme will help your body turn your food into muscle. Take it easy and work exercise into your daily activities gradually.

Drinking plenty of liquids is very important when you have HIV. Extra water can reduce the side effects of drugs. It can help you avoid a dry mouth and constipation. Remember that drinking tea, coffee, colas, chocolate, or alcohol can actually make you lose body liquid, so drink them in moderation.

Practise food safety

It is very important to protect yourself against infections that can be carried by food or water.

Be sure to wash your hands before preparing food, and keep all of your kitchen tools and work areas clean. Wash all fruits and vegetables carefully. Don't eat raw or undercooked eggs or meat, and clean up juices from raw meat quickly. Keep leftovers refrigerated and eat them within three days. Check the expiry date on foods. Don't buy them or eat them if they are past the sell-by date.

Some germs are spread through tap water. If your public water supply isn't totally pure, boil the water or use bottled water.

Steps Regional Partner Organisations

BOTSWANA

Gaborone

BONEPWA

Botswana Network of People Living with HIV/AIDS

Tel: +267 390 6224

Fax: +267 319 0977

Email: bonepwa@botsnet.bw

LESOTHO

Maseru

SESOTHO MEDIA & DEVELOPMENT

Tel: +266 22 321 446

Fax: +266 22 326 086

Email: sesothomedia@leo.co.ls

MALAWI

Lilongwe

SASO – Salima AIDS Support Organisation

Tel: +265 1 262 821

Fax: +265 1 262 821

Email: salima_saso@yahoo.com

Blantyre

ADRA – Adventist Development and Relief Agency International

Tel: +265 1 822 693

Fax: +265 1 822 693

Email: adramalawi@adramalawi.org

NAMIBIA

Oshakati

YELULA

Tel: +264 65 231 373

Fax: +264 65 231 294

Email: yelula@ibis-na.org

Windhoek (and surrounds)

LIRONGA EPARU – National Association of People Living with HIV and AIDS

Tel: +264 61 213 638

Fax: +264 61 213 635

Email: lirongaeparu@lirongaeparu.org

IBIS

Tel: +264 61 245 556

Fax: +264 61 262 376

Email: ek@ibis-na.org

SWAZILAND

Manzini

FLAS – Family Life Association of Swaziland

Tel: +268 505 3082

Fax: +268 505 3191

Email: flas@africaonline.co.sz

SNAP – Swaziland National AIDS Programme

Tel: +268 505 5576

Fax: +268 505 6407

Email: vusim.snap@swazi.net

Mbabane

SASO – Swaziland AIDS Support Organisation

Tel: +268 422 1640

Fax: +268 422 0663

Email: saso@realnet.co.sz

TANZANIA

Zanzibar

AIDNET

Tel: +255 075 378 026

Fax: +255 075 378 026

Email: aidnet@hotmail.com

Dar es Salaam

TANOPHA – Tanzania Network of People Living with HIV/AIDS

Tel: +255 754 690 556

Email: tanopha@yahoo.co.uk

ZAMBIA

Lusaka

KARA COUNSELLING AND TRAINING TRUST

Tel: +260 1 227 085/6

Fax: +260 1 227 087

Email: kara@zamnet.zm

AFYA MZURI

Tel: +260 1 232 942/3

Fax: +260 1 232 944

Email: enquiries@afyamzuri.org.zm

ZIMBABWE

Harare

NAC – National AIDS Council

Tel: +263 4 791 170-2/8

Fax: +263 4 791 243

Email: secretariat@nac.org.zw

Steps Film Distributors

MOZAMBIQUE

Iris Imaginações

Tel: +258 21 327 851/2

Fax: +258 21 327 853

Email: iris@iris.co.mz

NAMIBIA

Mubasen Film & Video Productions

Tel: +264 61 259 106

Fax: +264 61 259 104

Email: simon@mubasen.com

SOUTH AFRICA

Film Resource Unit

Tel: +2711 838 4280

Fax: +2711 838 4451

Email: david@fru.co.za

TANZANIA

Media for Development International

Tel: +255 22 260 0872

Fax: +255 22 260 0872

Email: jonhriber@yahoo.com

ZIMBABWE

Media for Development Trust

Tel: +263 4 701 323

Fax: +263 4 729 066

Email: sales@mfd.co.zw

REGIONAL & INTERNATIONAL

Steps (Cape Town)

Tel: +2721 4655805

Fax: +2721 4655806

Email: info@steps.co.za

Source List

AIDS/HIV Detection & Treatment United States of America, 2002. Retrieved June 25, 2002 from the World Wide Web: http://content.health.msn.com/content/article/1680.53964?z=1624_00000_0000_rl_04

An overview of HIV/AIDS-related stigma and discrimination — United States of America, 2002. Fact sheet. UNAIDS. Retrieved June 25, 2002 from the World Wide Web: http://www.unaids.org/fact_sheets/files/FSstigma_en.html.

Antiviral Therapy: Overview — United States of America, 2002. AIDS.ORG Inc. Retrieved July 17, 2002 from the World Wide Web: <http://www.aids.org/FactSheets/410-antiviral-therapy.html#anchor268467>.

Barone, M. & Becker, J. (1999) *EngenderHealth's Self-Instructional Module: STIs, HIV/AIDS, and Sexuality*. Retrieved June 25, 2002 from the World Wide Web: <http://www.engenderhealth.com/res/onc/hiv/transmission/index.html>.

Gender Inequalities — South Africa 2002. AIDS Foundation. Retrieved June 25, 2002 from the World Wide Web: <http://www.aids.org.za/>

Gysae, M. & Øverland, L. (2002). *Monitoring HIV/AIDS reporting through a gender lens*. Cape Town: Media Watch.

How Can I Prevent AIDS? United States of America, 2002. Retrieved April 6, 2002 from the World Wide Web: <http://content.health.msn.com/content/article/1680.53966>

The CEDPA Training Manual Series (Volume IX): *Advocacy: Building Skills For Ngo Leaders*. (1999). Washington, D.C: The Centre for Development and Population Activities

United Kingdom. International HIV/AIDS Alliance. (1992, July). *Advocacy in Action*. Alliance Technical Support Publications Volume 2. CD-ROM.

Stepping Stones technical guide by Jamie Hartzell.

Stigma And Discrimination :Communities in action fight against stigma and discrimination based on HIV status Canada 2000. ICASO. Retrieved May 20, 2002 from the World Wide Web: www.icaso.org/docs/stigma

For me it's wonderful to see the sunshine every morning. It's good to know, as somebody that is HIV+, that I am still a human being, I am a woman. I am myself and I can still use my hands. I can still use my feet. Why can't we just appreciate all these good things around us?

Cathy: Not Afraid

I love myself, I enjoy life.
Life is when I have peace in my heart...

Bimbo: Ho ea Rona

I can still do things I used to do before...

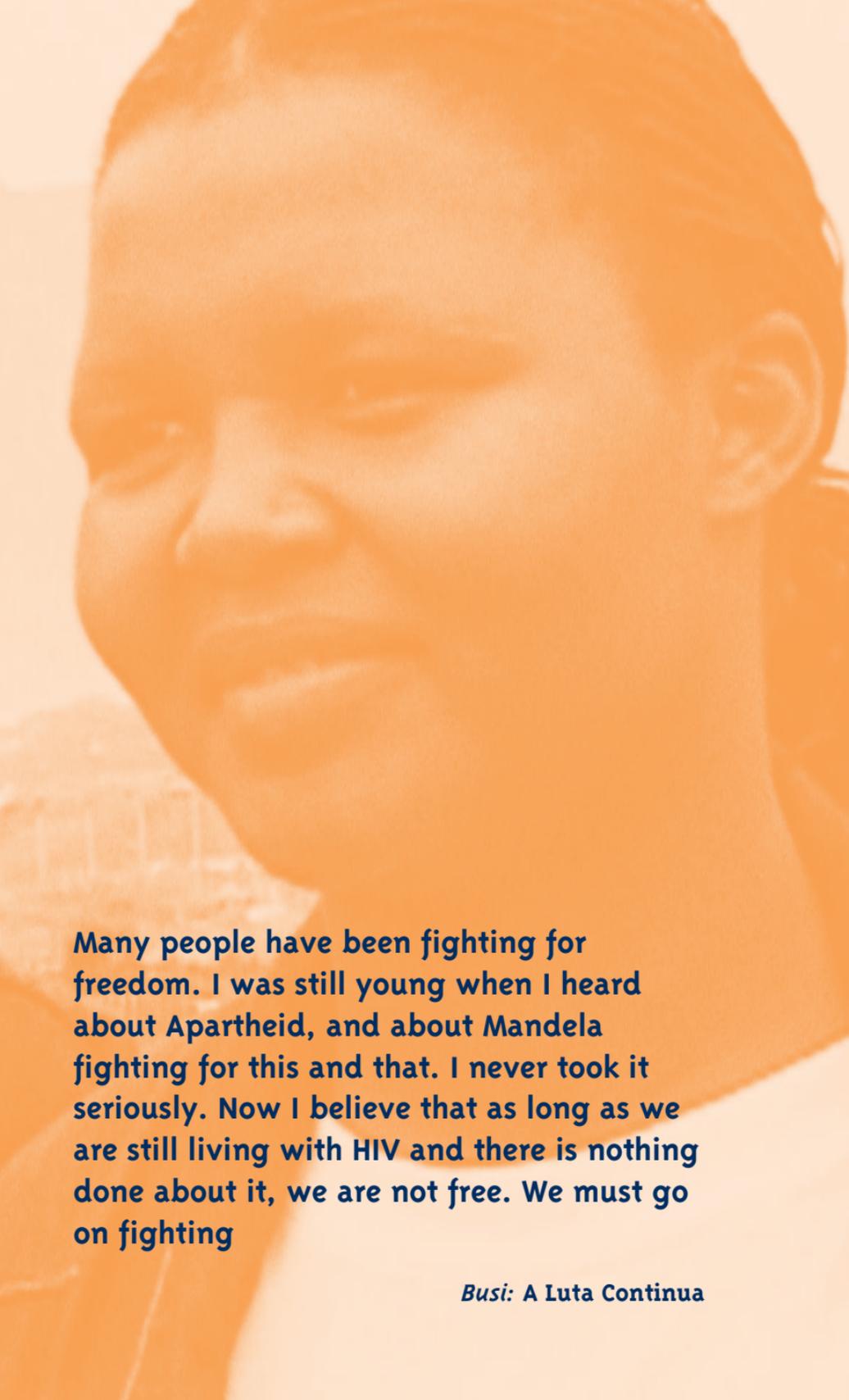
Thabiso: Ho ea Rona

My friends are my support.
They keep me strong...

Moalusi: Ho ea Rona

Being HIV positive doesn't mean that your life is over, I go on with my life.
Life is happiness...

Thabo: Ho ea Rona



Many people have been fighting for freedom. I was still young when I heard about Apartheid, and about Mandela fighting for this and that. I never took it seriously. Now I believe that as long as we are still living with HIV and there is nothing done about it, we are not free. We must go on fighting

Busi: A Luta Continua



