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This booklet is produced by Women's Media Watch, South Africa. It looks at how current HIV/AIDS reporting relates to gender. The booklet serves as a resource for media practitioners and media advocates. It provides a practical media monitoring and media awareness tool that aims to empower media advocates to analyse and challenge content and style of reporting critically.

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INTRODUCTION

Reporting on HIV/AIDS has great journalistic potential. The stories of the HIV/AIDS pandemic and of People living with HIV/AIDS, the South African Government's stance and policies on HIV/AIDS, the lobbying and advocacy work of organisations bring a diversity of exciting and newsworthy elements to unique news stories. HIV/AIDS reporting consists of a mix of sex and death, science and politics, human rights, gender inequalities and the classic divide between rich and poor and North and South.

South Africa is one of the countries in the world worst hit by the HIV/AIDS pandemic, and the issue has become highly politicised and controversial. The South African political controversy has led to an enormous amount of political reporting, which is used by various political players to further their own gains rather than serving the needs of the HIV+ people.

Most news media are profit-driven and under great pressure to sell. Sensationalism is one of the old sales tricks. Flashy, sensational headlines are often used to attract attention. Reporting focusing on sex and death, bad news and highly emotional stories are used to sell. Several studies have shown that a great number of HIV/AIDS reports are sensational as a result of insensitive reporting.

Misleading, inaccurate and confusing information have increased negative attitudes towards People living with HIV/AIDS. This has contributed towards fear and confusion amongst the public. Horrific statistics and images of people dying have led to further stigmatisation of people affected and infected by HIV/AIDS. A climate of "Us" and "Them" has been established and existing stereotypes and misconceptions are reinforced, such as: "HIV/AIDS is a disease which affects mostly black people", "Only white gay males will get HIV/AIDS", "HIV/AIDS is a poor people's disease" and "Only promiscuous people get HIV/AIDS". These kinds of statements have contributed towards discrimination and rejection of People living with HIV/AIDS. They are blamed and made to feel guilty about being infected. Misconceptions also exist around transmission of the HI virus, women's bodies and possible cures. These include the dangerous virgin myth that communicates that an HIV+ man will be cured from HIV by having sex with a young virgin.

As the HIV/AIDS pandemic is becoming 'old' news it is also increasingly difficult for the issue to remain newsworthy unless one applies new angles, portrays events as bigger and more significant than previous events and as something new to the audience. To some extent it seems that what makes HIV/AIDS still newsworthy is the fact that bad and sensational news are more readily reported than good news.

Celebrities and high-profile people and organisations make news. The so-called ordinary person, on the other hand, does not easily make news. Hence the majority of People living with HIV/AIDS are marginalised by the media. If they are portrayed, they are shown as helpless victims, as patients needing care and compassion. Only limited press coverage is available on People living positively with HIV/AIDS.

Tapping into relevant sources of public interest will expose HIV/AIDS from various angles and provide in-depth analysis of underlying socio-economic factors. Such reporting will give voice to people affected by HIV/AIDS and portray People living with HIV/AIDS positively. This kind of positive media coverage can contribute towards breaking the barriers around HIV/AIDS and can provide successful copying strategies and support for People living with HIV/AIDS. It can serve as a source of support and encouragement.

Gender, Media and HIV/AIDS

Gender crosscuts with race, class, sexuality and social and cultural norms and morals. The combination of these factors has significant impact on the transmission of the HI virus. HIV+ women and men experience the challenge of HIV/AIDS differently. Patriarchal cultures leave women and girls more exposed to violence and abuse and require boys and men to exercise power over women. This promotes the spread of HIV/AIDS. Women are particularly vulnerable to being ostracised because of their subordinate position. The more vulnerable are being further stigmatised. HIV+ women are often considered promiscuous, judged as 'improper' women and hence isolated. While women are seen as the guilty agents of infection, men's active role in spreading the virus is often neglected.

Expectations and pressures on men to set sexual agendas, take control and not express vulnerability often mean they engage in sex

with limited information about men's and women's bodies and with only fragmented understanding about sexual health and safety. Acceptance of double standards for men and women normalises men seeking multiple partners. Common attitudes about gender differences that associate masculinity with risk-taking, aggression and disregard for possibly damaging consequences reinforce men's neglect of sexual safety and promote sexual irresponsibility. However men living with HIV/AIDS are also stigmatised and fear violence from other men. Most 'gay-bashing' is carried out by men and is motivated by anxieties and fears that make them 'bond' to up-hold social norms and heterosexual masculinity. Men living with HIV/AIDS also face loss of their supposed masculine status that allows them to seek multiple relationships.

Women are disproportionately impacted biologically, economically, socially and culturally by HIV/AIDS because:

- **Y**oung women are especially vulnerable to HIV transmission for biological reasons, such as the fragility of vaginal tissue.
- **M**other-to-child transmission during pregnancy, delivery or breastfeeding is the overwhelming source of infection for children under 10.
- **L**ow social and economic status. Many women are exposed to domestic violence, rape and sexual abuse in relationships they choose to maintain for economic reasons. Women may suffer economic hardship when wage-earning family members fall ill or die, and may be forced into high-risk behaviour such as exchange of sexual favours for money.
- **S**ocial morals also make women less able to control or negotiate where, when and how sexual relations occur. Women are also expected to bear children, an expectation that makes it difficult to insist on condom use.
- **W**omen may bear a heavy social burden in caring for family members infected with HIV. Women also play a special role in caring for the more than 13 million AIDS orphans, who face daunting challenges in terms of nutrition, abuse, exploitation and illness.
- **S**ome HIV+ women are stigmatised and blamed for their husband's death. When disclosing HIV+ status many women and children are abandoned by their partners and their family and hence lose their social status and living security.

FACT BOX

Sex refers to the biological differences between females and males. The main sexual differences include most women's ability to bare children and most men's ability to impregnate women. Sexual differences also refer to the hormonal and physical differences associated with male and female reproductive systems.

Gender refers to the social roles and activities ascribed to females and males and the power relations that define how and why these activities are expected to be performed, either exclusively or predominantly, by males and females. The fact that women as a group have lower importance than men in society is the main gender difference. Gender roles vary across cultures but the power relations that place most males in position of power and privilege over most women seem to be similar across most cultures. Expectations come from the idea that certain qualities, and therefore certain roles, are 'natural' for men and others for women.

Much of the gender bias in reporting on HIV/AIDS reflects society's own bias and reinforces existing gender structures and stereotyping. Media exploitation of gender violence underscores relationships of inequality between men and women and provides fertile ground for sexual HIV transmission.

In HIV/AIDS reporting, women are represented only in a limited number of social roles. Women are often depicted as HIV positive mothers or pregnant women who may infect their babies or leave their children orphans. Men's involvement and responsibility is largely ignored. The term "**Mother to child transmission"** is an example, as it does not address men's involvement and responsibilities as fathers.

Civil Society and the Media

Media's role is crucial in raising public awareness around HIV/AIDS and the underlying socio-economic factors. The media has a tremendous power providing gender sensitive, accurate and timely reporting to promote prevention of HIV/AIDS, holding Government accountable, educating the public on how to cope with HIV/AIDS and helping to discredit stereotypes and stigmas associated with the virus. Through interaction with the media, civil society can contribute towards fair, accurate and balanced media coverage. Critical media awareness, analysis and media monitoring are some of the tools that equip the public as media advocates in their work towards lobbying for gender sensitive reporting.

Media Monitoring

As media advocates, one of our functions is to work effectively with media professionals and lobby for increased visibility, and improved reporting of issues that affect the South African population. Civil society has a critical role to play in monitoring media's performance on gender, as well as raising awareness amongst media practitioners and campaign over issues they regard as unfair and discriminatory. Being able to present objective, verifiable statistical data as well as in-depth analysis is critical in order to raise awareness and to pro-actively discuss the importance of gender mainstreaming and gender sensitive reporting with media practitioners.

Media monitoring can be done in a quantitative or a qualitative manner or preferably as a combination of the two approaches. Monitoring a clear set of indicators with which to measure progress, for instance in terms of how often women or People living with HIV/AIDS are quoted as primary sources falls into a quantitative framework. A qualitative framework would analyse the change of value judgement, perceptions and attitudes. A combined framework can help establish:

- data on whether the media give fair and equal space and time to women's and men's voices;
- if men and women are consulted across racial and class spectrum;
- if the reports carry adequate context and balance
- if the reporting is analytical and goes beyond the event, raises the underlying issues and deals with issues of moral and values.

Media monitoring holds potential to make monitors critical about media reporting and hence become active and effective media advocates that can challenge media from an informed position. Data and analysis can be used to challenge stereotyping and sensational reporting, to stop reporting myths in an in-sensitive manner, to stop using negative language, to lobby for the media to consult a variety of sources representative of a broad spectrum of views and to produce more educational stories.

SUGGESTED FRAMEWORK FOR MONITORING HIV/AIDS REPORTING IN PRINT NEWS MEDIA

Categories of HIV/AIDS reporting

The following list of categories can serve as a guideline for monitoring news reporting of HIV/AIDS in print media. Refer to this list when going through the exercises.
The list is by no means complete and can be adapted...

HIV/AIDS & Politics
HIV/AIDS & Poverty/Economy
HIV/AIDS & Culture
HIV/AIDS & Human Rights
HIV/AIDS & Myths
HIV/AIDS & Violence
HIV/AIDS & Gender
HIV/AIDS & Men's Responsibilities as care givers/partners/fathers
HIV/AIDS & Women's Responsibilities as care givers/partners/mothers
HIV/AIDS & Children, orphans
HIV/AIDS & Activism
HIV/AIDS & Mortality
HIV/AIDS & Sexuality
HIV/AIDS & Prevention
HIV/AIDS & Treatment
HIV/AIDS & Care

EXERCISE 1
Newspaper Sections

Work with your local newspapers

1. Go through a newspaper and locate HIV/AIDS reports. Cut out all HIV/AIDS reports and note name of newspaper, date of publishing and the page number the article appeared on.

2. Identify what section of the newspaper various HIV/AIDS topics appear in.

3. Is the focus of the headlines negative or positive? Do the headlines highlight negative aspects such as dying of HIV/AIDS, stigmatisation, fear or suffering? Or do they highlight positive aspects such as living with HIV/AIDS, support, coping strategies, activism etc?

4. Are the headlines stereotypical in any ways - i.e. gender, race, class etc.?

EXERCISE 2
Analysing Headlines

Headlines are intended to capture in a nutshell what stories are about. They are often sensationalistic to draw the attention of the audience. Often headlines bear little relationship to the actual story.

Work with headlines from your local newspapers or use the example headlines on page 13

1. After reading the headlines, discuss what you immediately think the stories are about.

2. Identify the main issues around HIV/AIDS that are addressed in the headlines. You can refer to the above list of categories.

EXERCISE 3
Content Analysis of an Article

Choose one article about HIV/AIDS and read it carefully.

1. Do the headline and the story match?

2. Identify the issues around HIV/AIDS that this article addresses?

3. What is the main focus of this article?

4. Does the article deal with gender issues?

EXERCISE 4

From whose point of view is the News Reported?

Between the Beijing Conference in 1995, and the five-year review in 2000, the percentage of women as sources of news increased by one percent: from 17% to 18%.
-***Global Media Monitoring Project 2000.***

Choose one article about HIV/AIDS and read it carefully. *You can also use the two articles on pages 13 and 15. These were analysed at the interactive media forum.*

1. Identify whose voices are being heard in this article. List the people, who are interviewed, quoted or referred to. These are called sources of information.
2. Identify how often women and how often men are given a voice in this article.
3. In what capacity/social roles are women and men given a voice? Are they quoted in their capacity as mothers, caregivers, politicians, medical experts, activist etc?
4. What views about HIV/AIDS do the various sources convey?
5. Are People living with HIV/AIDS quoted or consulted? If so, in what capacity?
6. Are people who could give a more complete picture or show different sides of a story interviewed and/or quoted?'

EXERCISE 5

Gender Focus

Make use of the articles you collected in exercise 1.

1. Identify how many of the stories are about women's experiences and how many stories are about men's experiences?
2. What issues are addressed in the stories, which (issues/stories) focus on women?
3. What issues are addressed in the stories, which (issues/stories) focus on men?
4. Identify if the stories reinforce or challenge gender stereotypes such as women caregivers and male breadwinners.

EXERCISE 6

Identifying Sources

Work with some of the articles you identified in exercise 1

1. Identify if the primary sources in the articles are women or men.
2. Write down some of the quotes from the articles and discuss if the views of the sources differ.

FACT BOX

Gender blind reporting: Assumes that women and men are affected in the same way by HIV/AIDS. This type of reporting fails to take into account the different statuses of women and men in society, and their different experiences and challenges in regard to HIV/AIDS.

Gender aware reporting: Seeks to address social, cultural, sexual and structural environment. Gender aware reporting is aware of the impact of gender on HIV/AIDS without explicitly addressing or analysing this.

Gender sensitive reporting: Integration of gender consideration into all HIV/AIDS coverage.

EXERCISE 7
Gender Nature

Choose 3-5 articles out of those you collected in exercise 1.

1. Categorise your articles according to the definitions of gender blind, gender aware and gender sensitive reporting.

2. Discuss how the gender blind articles could have been reported in a gender aware or gender sensitive manner.

EXERCISE 8
Misconceptions

Work with the article 'No sex, please - Swazi women banned from intimacy for five years to fight HIV' on page 17

1. Discuss what misconceptions this article conveys.

2. Discuss what other misconceptions are conveyed by the media.

EXERCISE 9
Rewriting Articles

Choose an article that you would like to re-write into a gender sensitive story.

1. Read the article.

2. Start re-writing from the heading.

3. Go through the whole article and re-construct the story into a new and gender sensitive story about the same topic.

4. Consider specifically: the heading; whom you give a voice to; and the use of language.

5. Make sure you re-write the story in a way that ensures its news-worthiness.

FACT BOX

The appropriate use of language is extremely important in good reporting. Words often carry value judgements, and negative terminology can reinforce existing stereotypes. HIV/AIDS is often reported on in a way that places blame on People living with HIV/AIDS. Words such as shame, blame, curse and punishment imply that some people deserve to get HIV/AIDS. This contributes towards stigmatisation and discrimination. Words such as war, scourge, plague and dreaded disease create a climate of devastation and fear. Words such as victims, sufferer and AIDS carrier imply that People living with HIV/AIDS should be avoided, that they are helpless and powerless.

Negative language can be replaced with positive language, which is empowering. We have seen a shift towards more and more positive reporting. Instead of describing people as victims, which implies helplessness and powerlessness, the term survivor is far more empowering. Instead of only reporting on people "dying of HIV/AIDS" it is possible to also give a voice to the millions of people who are "Living with HIV/AIDS". This is a positive approach.

EXERCISE 10
Positive and Negative Language

Choose one article or work with the article 'Women choose to make the most of what is left of their lives' on page 18

1. Identify positive words and phrases.

2. Discuss how negative language can re-enforce stigmatisation of People living with HIV/AIDS.

3. Discuss how positive language can contribute towards stigma reduction. Identify if the article goes beyond the event and raises underlying issues?

4. Make a list of positive words and phrases. Make another list of negative words and phrases.

SUGGESTED STRATEGY FOR GENDER SENSITIVE REPORTING OF HIV/AIDS

Women's Media Watch, South Africa has done research into how the media can report on HIV/AIDS in a gender friendly and sensitive manner. We have consulted sources such as Soul City, Health-E, Media Women's Networks and journalists throughout the SADC region and various international media, journalism and HIV/AIDS organisations. We as media advocates would like to lobby the media to take the following into account:

1. Guard the privacy, dignity and feelings of people affected by HIV/AIDS, highlight the HIV/AIDS issue as a human rights issue and refrain from reporting confidential information, placing blame and perpetuating stereotypes and from treating HIV+ people as victims.

2. Acknowledge the way myths and stereotypes are developed through media representation, and try to make alternatives.

3. Avoid sensationalism, as such an approach fails to analyse issues and to inform readers of complexities. It also makes it harder to deal with the epidemic and fosters a culture of fear, silence, prejudice and discrimination.

4. Provide diverse information and present a human face to the reporting. Speak to a range of HIV+ people as people living with HIV+ are not the same and have various experiences. These experiences will hence reflect both the diversity of responses as well as the diversity of HIV+ people.

5. Keep the subjects informed. If an HIV+ person has gone through the trouble of recounting experiences to a journalist it is vital that she/he is informed if her/his story is not run.

6. We would like to see reporting that identify the behaviours that put one at risk rather than the type of person that might be at risk.

7. People infected and/or otherwise affected by HIV/AIDS should not be portrayed as irresponsible, as it is often untrue, and implies irresponsibility. People with HIV/AIDS can be leaders, activists, celebrities, spokespersons, active, productive, successful, healthy and have happy, fulfilling and sexually active lives.

8. Do not pity HIV+ people, as that easily creates a perception that he/she is powerless, hopeless and unable to make choices.

9. Provide contact details for counselling services and support organisations and information about treatment.

Examples of News Paper HeadLines and Articles.

These were used at the interactive media forum. You can photocopy them to use as examples in your monitoring.

Example Headlines

- for Exercise 2

"Deadly Myths about HIV"
"Aids patient bites off nurse's finger"
"I am a priest living with HIV"
"Now a 2-month-old baby raped"
"The devil sent me to sleep with my little sister…"
"Aids wipes out SA's teachers"
"The Aids Domesday Book"
"SA's deadly numbers game"
"Women choose to make the most of what is left of their lives"

Example Articles

- for Exercise 4

(The Star, Wednesday March 6, 2002)

Aids debate a burning issue for mothers

Women want to know why Mbeki won't provide free antiretroviral treatment for all

By Lynne Altenroxel

The mothers who buy infant formula feed from Nombulelo Msane deliberate every weekday with her about the state's Aids policy.

As they queue to buy the baby food from the kiosk where she sells it at a reduced cost, they ask her why she thinks President Thabo Mbeki refuses to give all women the same affordable treatment that they have been lucky to receive.

The treatment is Nevirapine, a drug that halves the rate of transmission of HIV from mother to child, and which has saved their babies' lives.

Each day, 100 South African babies could be saved from contracting HIV if the treatment was offered across the country.

But the official government policy is that Nevirapine will be provided only at 18 pilot sites, two in each province, so that the gov-

ernment can research the difficulties associated with providing the drug.

Msane meets hundreds of affected women at the award-winning Perinatal HIV Research Unit at Chris Hani Bargwanath Hospital where she works, and which is one of the pilot sites.

"Sometimes some say: Let's go on a march and tell Mbeki that we want this Nevirapine," she said.

Some days, she visits Ward 33, which is filled with dying Aids babies - mostly HIV patients she has befriended who did not receive the medicine.

The news that the ANC will discuss next Friday a proposal by Nelson Mandela to provide antiretrovirals to all pregnant rape survivors and Aids patients means the treatment will not come soon enough.

"They should just stop talking. How many times have they been talking, talking, talking?" she said.

"Why are they discussing it? Why are they not giving out Nevirapine? They should just give out the damn medicine."

Most of the patients at the unit are participants in clinical trials. Some take antiretrovirals daily to stay alive. Others have received Nevirapine to protect their babies and have regular appointments to monitor their babies' progress.

One mother of two beams as she recalls the day in February when she was first given a triple cocktail. Her cough has already disappeared.

Like others, she is overjoyed at Mandela's proposal: "I'm so happy because I've met people who do not get this type of medication," she said.

Aids counsellor Mmanko Ngakane says she is haunted by the stories of the patients she counsels.

Sometimes you need counselling yourself, because some of the stories are so disturbing," Ngakane said.

- The analysis of this article at the interactive media forum was as follows:

"Women are the sources of information. Women are however only interviewed in their capacity as mothers and caregivers. The voices of men are not heard. This raises the question about the responsibility and involvement of men as partners and fathers. This article suggests that the demand and responsibility for anti-retroviral treatment is an issue for women as mothers only."

- for Exercise 4

(Saturday Argus September 15 / 16, 2001)

Ministers, activists go to court on Aids drugs

W Cape wants to argue own case

Di Caelers

The national health minister is set to go head to head in court with anti-Aids activists in the Treatment Action Campaign over anti-retrovirals for HIV-positive pregnant women - but the Western Cape health minister won't stand by her.

The health ministers of all nine provinces and national minister Manto Tshabalala-Msimang are named as respondents in the campaign's court bid to force the state to provide anti-Aids drugs to HIV-positive pregnant women across the country to help prevent mother-to-child transmission of the virus.

At her mid-session media briefing at parliament on Thursday, the day after the state's deadline to respond to the campaign's papers lodged in the Pretoria High Court, Tshabalala-Msimang confirmed the Health Department would fight the case.

The department would oppose the action along with eight of the nine provinces, excluding the Western Cape.

Provincial Health Minister Nick Koornhof said on Thursday night the Western Cape would indeed be opposing the court action, but wanted to submit its own, separate affidavit because of the unique work in the field of mother-to-child transmission being done in this province.

The Western Cape government has already set up 80 sites where pregnant women can get drugs to limit their chances of passing on the virus to their unborn children.

One site provides AZT and the other sites provide nevirapine.

Both drugs are registered for prevention of mother-to-child transmission of HIV in South Africa.

Koornhof said the Western Cape was "not opposing the thrust of the application". The separate affidavit was the only way for the province to record its position.

"After we have filed the affidavit, I hope to settle. We are basically already doing what the campaign is asking us to do," he said.

The province has until October 12 to file its affidavit, after which the campaign has the right of reply, and then a court date will be set.

Earlier this year, the campaign was the government's key ally in a landmark court

case against the world's biggest drug firms over the right of poor countries to import cheap generic drugs, including anti-Aids drugs. Now, they will be back in court on opposite sides.

The new court case centres on two issues:

- **A** call for the state to make available nevirapine to all women who have HIV and who give birth in the public health sector to reduce the risk of HIV transmissions to their babies, if the attending doctor or nurse believes it necessary.
- **A**nd that the state be obliged to set clear time frames and implement a national programme to prevent mother-to-child transmission of HIV, including voluntary counselling and testing, anti-retroviral therapy and the option of formula milk for feeding.

Meanwhile, also at the press briefing, Tshabalala-Msimang offered little hope of a change of heart over widespread access to anti-retrovirals, saying the government was not making excuses over "lack of capacity to procure, administer and monitor these drugs in the public health sector".

"These are not excuses but real challenges facing almost every developing country, and South Africa is no exception," she told journalists.

She cited the United Nations Declaration of Commitment in respect of the battle against HIV / Aids to back her focus on prevention, saying the declaration "acknowledges the primary role of prevention".

But Tshabalala-Msimang shrugged off suggestions that President Thabo Mbeki had implied that Aids spending should be re-assessed and cut.

"What the president said is that we have to accept that South Africa suffers from a triple burden of disease and that we must look at the picture in totality.

"He didn't say we must de-emphasise and shift funds from somewhere else." she said.

Tshabalala-Msimang pointed to the fact that her department had just recently awarded tenders worth more than R90 million "to strengthen the prevention component of our Aids programme".

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- The analysis of this article was as follows:

"The headline suggests that the article carries a debate and that it will present and analyse the views of all parties involved. However, the only sources of information are Health Ministers. The voices of activists who have taken the Government to court are absent."

- for Exercise 8

(Cape Times, 18 September 2001)

No sex, please - Swazi women banned from intimacy for five years to fight HIV

NHLANGANO: The Swaziland government has announced a five-year ban on sex for young women in a bid to combat the spread of HIV / Aids in the tiny mountain kingdom.

The ban was announced by the leader of Swaziland's young women, Lungile Ndlovu, who said the elders of the nation had deemed it fitting.

"During this period you will be expected to observe a five-year sex ban, no shaking of hands with males, and no wearing of pants and you will be expected to wear woollen tassels wherever you go for the next five years," Ndlovu said on Sunday, at the end of long celebrations marking the Swazi king's 33rd birthday.

Ndlovu did not specify what age group the ban targeted. She said women who were in relationships and older than 19 years would be expected to wear red with black tassels, while virgins would wear blue with yellow.

Her announcement was greeted with howls of protest.

The ban followed an announcement on Friday by King Mswati III that Swaziland would revive the *umchwasho* chastity rite to preserve virginity among girls and combat Aids. Under the rite, the girls wear woollen tassels that signal "do not touch me". The tassels are of different colours, depending on the girls' ages.

Ndlovu says the tradition of preserving maidens' chastity - known as *Imabali YeMaswati* or Flower of the Nation - will be policed by traditional chiefs. Any man who fails to observe the rules is to be fined 1 300 Emalangeni or one cow.

More than 50 000 people have died of Aids-related illnesses in Swaziland, which has a population of about one million.

- *Sapa-AFP*

- for Exercise 10

(Sunday Independent September 30 2001)

Women choose to make the most of what is left of their lives

By Roshila Pillay

"I just told myself: When God calls me I will say okay," says Ellen Nkwanyane with a smile. The smile is not stilted or artificial, but somehow seems out of place.

At the age of 30 most women look forward to a successful career, perhaps marriage and children. Nkwanyane has come to terms with being HIV-positive, as have her friends, Tholakele Mazibuko, 22, and Busisiwe Gumede, 47.

It is difficult to understand their complacency and their courage.

When Mazibuko was in grade 10, she fell madly in love with a boy two grades ahead of her. She became pregnant and had an abortion. Two years later she was admitted to hospital with tuberculosis. When doctors asked her whether they could give her pre-test counselling for HIV / Aids, she agreed. "I knew it was not only tuberculosis," she says.

Her parents now support her and Mazibuko says she often visits her friends and teaches them about the virus so that they can prevent it.

Part of coping with their death seems to be their acceptance that, eventually, all people die - or even the inevitability that they would be infected anyway at some stage.

"I have faced this virus and am not afraid that I will die. You can die in a car accident," says Mazibuko.

Nkwanyane found out she was HIV-positive after she was admitted to hospital in 1999 for an unknown illness. "I cried. I felt so scared, so bad," she says.

She says women agree to sex because they need support. "Because of the lack of work, you must have a boyfriend with a job. Then you don't abstain and you get the virus," she says.

Nkwanyane is matriculated and has studied farming at a technikon, but she still cannot find a job.

"My parents look after me. They support me spiritually, but financially they cannot." Nkwanyane grows vegetables and takes any small job to feed her two children.

Like the others, Gumede's partner, a pastor, infected her. After a prolonged bout of diarrhoea, he had a blood test and found out he was HIV-positive in July.

"I don't blame him," says Gumede. "Even if

I hadn't fallen in love with him, I might have got it from someone else. It's the way it spreads; most of the people here have Aids."

While most of the people in the far northern region of Kwazulu-Natal, where these women live, are afraid to declare their status, these three women have chosen to be open about what they're facing.

"Because the Aids Action Team visits us most of the people believe we have been given some miraculous treatment. They wonder why we are so healthy," says Mazibuko.

She says people believe that if they know they are HIV-positive, they will die quicker, "so they don't admit it."

"People wonder what I am doing, what I am eating," says Nkwanyane. "they tell me I cannot have HIV because people with HIV are sick."

Misconceptions about the virus permeate all areas of this society. "Sometimes people believe a sangoma makes you sick. They think it's a disease that comes from witchdoctors," says Nkwanyane.

She believes the virus is the disease spoken about in the book of Revelation in the Bible, sent to cleanse the world.

She also says that marriage is a ploy used by men when they don't want to use condoms.

"They say they don't eat sweets with the wrapper on."

Even life lessons passed down from mother to daughter take on a new dimension when you are HIV-positive. Gumede now teaches her daughter, Cynthia, 19, about Aids.

Making the most of their lives now is what they have chosen to do.