

**University of KwaZulu-Natal**

**The College of Humanities**

**A textual analysis of Abstinence, Be faithful, Condom-use Materials for HIV Prevention at University Campuses in Kwa-Zulu-Natal, 2006-2009.**

**Submitted in fulfilment of the requirements of Doctor of Philosophy in Culture, Communication and Media Society, University of KwaZulu-Natal, Durban South Africa**

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## Abstract

Prevention campaigns in print – advocating safer sex behaviour through Abstinence, Be faithful and Condom-use advocacy (ABC) based on various theories and models of behaviour change – inadvertently facilitate constructions of representations of HIV and AIDS and position the target readers through discursive strategies. The research contributes to the growing literature that explores how issues of HIV and AIDS prevention that relate to the University of KwaZulu-Natal (UKZN), Durban University of Technology (DUT) and University of Zululand (UniZulu) students can be best addressed in order to achieve the desired goals that sexual behaviour campaigns set for themselves. An eclectic framework is applied that combines conceptual frameworks within the poststructuralist paradigm, together with ethnomethodology through focus group discussions and key informant interviews that aim to inform the methodological framework. Poststructural approaches privilege different concepts, for example, ideology and discourse, from which representations of phenomena ensue. Poststructuralist understandings inform Critical Discourse Analysis (CDA) augmented by Social Semiotics is employed to investigate and theorise the role discourse plays in the construction and reproduction of HIV and AIDS print prevention messages meant to persuade individuals to engage in safer sex practices. The interrogation of texts requires a framing that looks at representations, how they are made in context and how people engage with them. Hence CDA, together with Social Semiotics, is used to examine underlying themes, constructs and assumptions of messages and meanings embedded in linguistic and visual codes used in the texts. Focus group discussions examine how meanings are negotiated and interpreted by the university students. The eclectic framework has not only enabled a rigorous and schematic analytical tool, but also an ethnographic approach that stimulated dialogue on HIV and AIDS print prevention texts between the researcher and the university students and between university students themselves. The poststructuralist approach offered exploration of representation, language and interpretation by linking notions of text to context and by so doing demonstrates how discourses of power can help understanding of how identities are constructed through positioning of (subjects) students with regard to how they negotiate meanings from texts. The campaigns seem to reflect a lack of awareness of unequal relations of peer pressure, power and knowledge between sex partners. Strategies used in the texts range from apocalyptic, risk ideology woven through covert attacks on deviant sexual behaviours; infused in the language and visual features arises the notion that the body is under scrutiny, relating this to Foucauldian self-surveillance and self-care, responsibility and

empowerment urging informed sexual choices. Invariably, this translates to urging ability to control the body's eroticism, sexual desires and sexuality. Counter discourses, challenging hegemonic masculinity; discourses of power, discourses of change, also prevail in the print-based HIV prevention campaigns. Noting that there can never be a single totalizing meaning and that texts would be subject to multiple meaning/s, there is still a need to design print-based HIV and AIDS prevention campaigns that persuade students to practise safer sex. The thesis concludes by recommending from the findings that there is a need to explore issues of e-technology/computer-mediated communication through use of interactivity to continue to encourage safer sex practices. Further issues of promoting self-love ([masturbation] that was suggested by students) would be worth exploring. Finally, a fresher approach to the promotion of condoms that specifically targets university students, that is, re-sexualizing the condom rather desexualizing it, would further enhance the motivation for condom-use.

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## **Declaration**

I, Irene Mmalecha Minkie Segopolo (Student Number: 206521574), declare that this thesis is my own original work and that where use has been made of the work of others, it has been duly acknowledged in the text. This thesis is being submitted in fulfilment of the Doctor of Philosophy Degree in Culture, Communication and Media Studies in the Faculty of Humanities at the University of KwaZulu-Natal in Durban, South Africa.

It has not been submitted for any degree or examination, or to any other university.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Dedication**

I dedicate this thesis to my dear departed sister, Juliet Sebele. She believed in my potential and encouraged me to never give up hope. Her untimely death has left a void in our lives.

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## Acronyms

<b>ABC</b>	Abstinence, Be Faithful, Condom-use
<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>ARRM</b>	AIDS Risk Reduction Model
<b>BAC</b>	Beyond Awareness Campaign
<b>CDA</b>	Critical Discourse Analysis
<b>CHASU</b>	Campus HIV AIDS Unit
<b>DHET</b>	Department of Higher Education and Training
<b>DOH</b>	Department of Health
<b>DramAidE</b>	Drama in AIDS Education
<b>DUT</b>	Durban University of Technology
<b>FGDs</b>	Focus Group Discussions
<b>GRID</b>	Gay-related immunodeficiency
<b>HEAIDS</b>	Higher Education HIV and AIDS Higher Education South Africa (HESA)
<b>HEARD</b>	Health Economics Research Division
<b>HEIs</b>	Higher Educations Institutions
<b>HESA</b>	Higher EDUCATION South Africa
<b>HIV</b>	Human Immunodeficiency Virus
<b>ICASO</b>	International Council of AIDS Service Organizations
<b>JHHESA</b>	Johns Hopkins Health and Education South Africa
<b>MSM</b>	Men who have sex with men
<b>PEPFAR</b>	President's Emergency Plan for AIDS Relief
<b>PMB</b>	Pietermaritzburg
<b>PSI</b>	Population Services International

<b>SAUVCA</b>	South African Universities Vice-Chancellors Association
<b>STD</b>	Sexually Transmitted Diseases
<b>TAC</b>	Treatment Action Campaign
<b>UKZN</b>	University of KwaZulu-Natal
<b>UNAIDS</b>	United Nations AIDS Program
<b>UNGASS</b>	United Nations General Assembly
<b>UniZulu</b>	University of Zululand

# Chapter 1: Contextualising the study

## Introduction

The focus of this thesis is on critical textual analysis of the Abstinence (A) Be faithful (B) and Condom use (C) messages for HIV and AIDS, and how they are created and negotiated by students at three universities at the University of KwaZulu-Natal (UKZN) (with five campuses), Durban University of Technology (DUT) (Steve Biko campus) and the University of Zululand in KwaZulu-Natal (UniZulu) from 2006-2009. An eclectic approach that combines conceptual frameworks within the poststructural paradigm framework is applied. A Faircloughian (1989, 1992a; 1992b; 1995a; 2003) Critical Discourse Analysis (CDA), augmented by Social Semiotics, is engaged to investigate how texts are textually and discursively constructed to persuade the students at the three universities to engage in safer sex practices. In so doing the analysis explores the intertextual nature of texts and how they are influenced by discursive and social practices (the contextual) that contribute to their textual meaning (Fairclough, 1989, 1992a; 1992b; 1995a; 2003). Also, ethnomethodology through Focus Group Discussions (FGDs) examines how meanings are negotiated and interpreted by the university students. Key informant interviews and the Campus HIV and AIDS Unit (CHASU) coordinators only served to provide information on the context of the ABC messages.

This chapter is in five parts:

The first part provides the background and context of HIV and AIDS in sub-Saharan Africa and South Africa; as well as HIV and AIDS prevalence prevention strategies at South African university campuses. The second part presents institutional responses to HIV and AIDS; the case study universities and their context, and their HIV and AIDS prevention policies on their respective campuses. The third part presents the origin of the ABC approach to HIV prevention; and the Abstinence, Be faithful and Condom-use (ABC) concept as incorporated in HIV communication and prevention campaigns on campuses in terms of:

1. Presenting information on CHASU and how it eclectically distributes materials;
2. Presenting the rationale for the JHHESA funding of research related to ABC;
3. Research of other student work under this project.

The fourth part presents contextualizing HIV and AIDS prevention campaigns; and the fifth part situates the problem, and describes the theoretical and methodological positioning of the research and the structure of the thesis.

## **Background and context of HIV and AIDS in sub-Saharan Africa**

The HIV and AIDS epidemic is a global crisis and has been cited as the most serious of the challenges facing development and social progress in southern Africa (HEAIDS, 2010: iv). HIV was first identified in the 1980s. Since then HIV and AIDS estimates revealed that between 34 and 46 million people globally had HIV or were living with the virus by December 2003 and of this figure, 71% lived in sub-Saharan countries (HRSC, 2005). Furthermore, the HIV prevalence ratio of those affected was estimated to be at least one (1) in five (5) adults between the ages of 15 and 49 (*ibid.*). The 2005 estimates indicated that of all people living with HIV in the world, six (6) out of ten (10) men, five (5) out of every ten (10) children lived in sub-Sahara including South Africa (*ibid.*). In 2006, it was reported that about two-thirds of the global population, more than 10 million HIV-infected youth aged 15-24, lived in sub-Saharan Africa (UNAIDS, 2006).

In 2007 the sub-Saharan region estimates were reported to be 1.9 million (1.6 million-2.1 million), which brought the number of those infected to 22 million (20.5million-23.6 million) (UNAIDS, 2008: 39). Further, two-thirds of the global total of 32.9 million (30.3 million-37.1 million) people with HIV lived in the region and accounted for  $\frac{3}{4}$  of deaths (75%) of all AIDS deaths (*ibid.*). These figures indicated that southern Africa endured a disproportionate share of the global hardship of HIV: 35% of HIV infections and 38% of deaths (UNAIDS, 2008: 32). The UNAIDS report also reveals that in 2007 women accounted for half of the people living with HIV globally and that of this fraction about 60% were in the sub-Saharan region (*ibid.*). Some sub-Saharan countries: Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia and Zimbabwe estimates of adult national HIV were over 15% in 2007, whilst Malawi, Mozambique, Uganda and the Republic of Tanzania estimates were over 5% (UNAIDS, 2008: 39).

UNAIDS (2008) reported that most epidemics in sub-Saharan Africa appeared to have stabilized, although often at high levels, especially in southern Africa (UNAIDS, 2008: 39). Furthermore, the report noted a fall in adult HIV prevalence in a growing number of countries and that women were disproportionately affected compared to men, with striking differences

between the sexes in HIV prevalence among young people (*ibid.*). Country reports provided by ministries of health and their departments in southern Africa, revealed reductions in HIV prevalence: in Zimbabwe, HIV prevalence in pregnant women attending antenatal clinics reported a fall from 26% in 2002 to 18% in 2006: in Botswana, a drop in HIV prevalence among pregnant women aged 15-19 years was from 25% in 2001 to 18% in 2006; the epidemics in Malawi and Zambia showed HIV prevalence among women using antenatal services in some urban areas (UNAIDS, 2008: 40).

In 2009, UNAIDS estimated that 69% of the world's infections and 72% of AIDS deaths were in sub-Saharan African countries (UNAIDS, 2010). Some sub-Saharan countries have been classified as hyper-endemic<sup>1</sup> countries (Botswana, Lesotho, Swaziland and South Africa, Zimbabwe, Zambia, Namibia, Mozambique and Malawi,) since the adult prevalence of HIV is over 10% (Hagerman and Whiteside, 2011: 14). According to the UNAIDS reports, the countries above account for 34% of living with HIV globally, with 34% of all AIDS-related deaths experienced in the region (UNAIDS, 2010).

More recent reports point out that although there has been a decline in incident rates, sub-Saharan Africa still remains the most severely affected with one (1) in every twenty (20) adults (4.9%) living with HIV accounting for sixty-nine per cent (69%) of the people living with HIV worldwide (UNAIDS, 2012). Southern Africa is reported to be the epicentre of the HIV and AIDS epidemic (Whiteside and Strauss, 2014: 101). The spread of the HIV epidemic in southern Africa has been categorised into three broad groups of countries: low prevalence, Angola; mid-range countries: Malawi, Mozambique, Namibia, Zambia and Zimbabwe and the hyper-endemic countries: Botswana, Lesotho, Swaziland (BLS) and South Africa (UNAIDS, 2013; Whiteside and Strauss, 2014). Southern African countries need to step up efforts to reduce and mitigate HIV infection spread.

Epidemiological evidence indicates diversity in the regions' epidemic. The main mode of HIV transmission in sub-Saharan Africa is heterosexual intercourse, which accounts for the region having the world's largest population of children living with HIV (UNAIDS, 2008: 43). Other heterosexual related factors indicated in the report are: serodiscordant couples (where only one

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<sup>1</sup> Hyper-endemic has been defined by UNAIDS as a situation where 15% or more adults aged 15 years and older are living with HIV (UNAIDS, 2008: 100).

partner is HIV-positive); sex work (which is reported to be a minimal factor in HIV prevalence); sex between men; concurrent partnerships. Another factor that contributes to new infections is intravenous drug use (UNAIDS, 2008: 43). These figures indicate the need for further and even more rigorous HIV and AIDS prevention strategies and SADAC countries could benefit more from collaborative and comprehensive interventions to collectively mitigate the HIV infection spread.

## **Context of HIV and AIDS in South Africa**

South Africa has borne the brunt of HIV and AIDS in the past three decades as is evidenced by the UNAIDS and the country's various reports (HEAIDS and HRSC), on the epidemic. UNAIDS (2008) describes South Africa as being at the epicentre of the epidemic as in 2007, as approximately 35% of HIV infections were reported in the sub-region. It was estimated that 5.7 million (4.9 million-6.6 million) South African's were living with HIV in 2007, thus making it the largest HIV epidemic in the world (UNAIDS, 2008: 40). The report further noted that the country had an HIV prevalence of more than 15%, making South Africa one the countries classified as hyper-endemic. Despite the country being classified as hyper-endemic, the report further expressed that HIV data from ante-natal clinics sourced from the Department of Health (2007), that the epidemic might be stabilizing (UNAIDS, 2008). However, there is still need to scale up prevention efforts and strategies to mitigate the further spread of HIV and AIDS, particularly among the youth aged between 20-24 and 25-29 (HEAIDS, 2010a; HEAIDS, 2010b and HSRC, 2009).

In 2008, South Africa was reported to be experiencing a maturing epidemic; the primary mode of transmission being heterosexual sex, followed by mother-to-child transmission and other modes of transmission (HSRC, 2009: xv). Since HIV and AIDS are a burden to South Africa as it is with other countries, a national survey was conducted to investigate the overall HIV prevalence and incidence and HIV related behaviour and communication to measure the evolution of the epidemic (HSRC, 2009: iv). The following are some of the key findings of the report:

- National HIV prevalence was found to have decreased from 5.6 % in 2002 to 2.5% among children aged 2-14;
- HIV prevalence among youth aged 15-24 decreased from 10.3% in 2005 to 8.6%;

- HIV prevalence remained disproportionately high for females in comparison to males, and peaked in the 25-29 group;
- UNAIDS (2008) describes South Africa as being at the epicentre of the epidemic as in 2007, as approximately 35% of HIV infections were reported in the sub-region. For concurrent or multiple partnerships among people aged between 15-49 there was a slight increase from about 9.4% in 2002 to 10.6% in 2008 (HSRC, 2008: xvii).

In 2009, South Africa was still reported as hosting the largest epidemic in the world with approximately 5.6 million people living with HIV (UNAIDS, 2010: 28). Young South Africans were particularly cited as the most vulnerable and hardest hit by exhibiting the highest levels of HIV infection globally; accounting for only 1% of the global population of 15-24 year olds, South Africa records 15% of the world's HIV-infected population in the age group (Hallman, 2004). However, there is a glimmer of hope since South Africa was reported to be one of the countries that showed a decline in HIV prevalence among young people, both women and men, in a national survey and that this was attributed to sexual behaviour change (UNAIDS, 2010: 19).

### **HIV and AIDS prevalence prevention strategies at South African university campuses**

Higher Education responded to the call to put strategies in place to mitigate the epidemic in universities. The Higher Education HIV and AIDS (HEAIDS) is one such programme. HEAIDS is a programme which is involved in developing and strengthening the HIV and AIDS response and operates under the Higher Education South Africa (HESA), which is a representative body of vice chancellors of the 23 public Higher Education Institutions (HEIs) in South Africa (HEAIDS, 2010: 1).

The Higher Education HIV and AIDS programme (HEAIDS) was established in 2001. HEAIDS is an initiative of the Department of Higher Education and Training (DHET) undertaken by HESA to reduce HIV prevalence among students and staff to mitigate the impact of the disease with a view to maintain core functions of teaching, training, research and community engagement (*ibid.*). In partnership with South African Universities Vice-Chancellors Association (SAUVCA), the Department of Education (DOE) and Committee of Technikon Principals (CTP)

the programme advocated the design of HIV and AIDS responses specific to individual institutions' contexts<sup>2</sup>. The overall objective of HEAIDS is to:

Reduce the spread of HIV and AIDS in the higher education sector, to mitigate its impact through planning and capacity development and to manage the impact of the pandemic in a way that reflects the ethical, social, knowledge transmission and production responsibilities that are the mission of the Higher Education Institutions in society and South Africa (HEAIDS, 2010: 1).

The specific objectives HEADS outlined in the strategic framework 2006-2009 and beyond were to:

- Situate HEIs at the centre of constructive and successful HIV/AIDS interventions at a national level;
- Situate the HIV/AIDS debate in terms of both challenges and opportunities at the centre of the HIV/AIDS debate in terms of both challenges and opportunities at the centre of the HE sub-sector;
- Develop a co-ordinated response to the epidemic within institutions and across the entire HE sub-sector;
- Lay the groundwork for strengthened capacity to respond to the HIV/AIDS epidemic at both institutional and national levels;
- Identify goals and objectives to guide all future programmes and interventions by the different institutions;
- Provide strategic guidance to the planning of dedicated programmes, projects and interventions by various stakeholders the fight against HIV/AIDS in the HE sub-sector. Contain a Monitoring and Evaluation System and the institutional, co-ordination and financial frameworks of the National Strategic Programme (HEAIDSa, 2010: 5).

In 2007, a national survey (field work was conducted between August 2008 and February 2009) was commissioned by HESA to establish the knowledge, attitudes, behaviours and practices (KABP) related to HIV and AIDS and to measure the HIV prevalence levels among staff and students (HEAIDS, 2010b: 1). The purpose was to meaningfully inform the higher education sector on policy, funding, treatment, care and support interventions. The specific objectives were to:

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<sup>2</sup> <http://www.he aids.org.za>

- determine the prevalence and distribution of HIV level of knowledge, attitudes, behavioural practices and associated risk factors and social contexts of HIV and AIDS among the staff and students; and
- explore associations between demographic and socio-behavioural factors and HIV status (HEAIDS, 2010b: 2).

The survey used quantitative and qualitative methods to obtain data from an overall sample of 25,000 respondents from 21 of the 22 HEIs. The sample was targeted through the stratification of the HEIs population by campus and faculty/class and the selection of clusters of students and staff using standard randomization technology. The quantitative method involved self-administered questionnaires to obtain demographic, socio-economic, and behavioural and other HEI-related data was used. HIV testing involved fingerprinting to obtain blood spots, which were sent to laboratories to determine the HIV status of participants. Qualitative methods involved focus group discussions; respondents recruited through CHASU coordinators to determine HIV risk responses among men who have sex with men; alcohol and ‘party drug’ use as a context of risk; drug addiction and HIV risk; and interviews where key informants were used to establish particular aspects of HIV risk and response on campuses (HEAIDS 2010b; 15-16).

The main findings of the survey are summarised as per the different themes below.

### **HIV prevalence among students**

The findings reveal that demographic, contextual patterns of sexual relationships and drug abuse were factors influencing HIV prevalence at universities.

### **Demographic factors**

The prevalence of HIV prevalence was found to be higher among the females than males and this was consistent across campuses, with the Eastern Cape having the highest prevalence and the Western Cape the lowest. Regarding HIV prevalence by race, black Africans were reported to have a higher prevalence. Also a strong association between age and HIV prevalence was noted, with respondents over 25 years having the highest prevalence.

A multi-variate analysis revealed that among sexually experienced students there was some association between HIV infection and age, race, gender and socio-economic status. Also,

respondents self-reported symptoms of sexually-transmitted infections and having had a sexual partner who was 10 years or older than them.

### **Contextual factors affecting HIV infection**

One of the key findings of the report that is particularly worrying is that it was indicated that a majority of students in higher education had had sex before matriculation and that some are likely to have had sex for the first time during the period of university study. It was notably revealed that first year students were specifically found to be vulnerable and susceptible to HIV infection as they experience a freedom that they had not been used to and thus fall prey to risk factors such as alcohol and drug abuse and sex; existing cultures of sexuality and sexual and reproductive health on campus; freedom from parents and casual sexual intercourse without a condom induced by alcohol intake. Intergenerational sex was also cited as a risk factor: female students were also noted as susceptible as they are usually targeted by older students, staff and outside visitors. Also notable were strong social pressures influencing students to engage in sexual relations (HEAIDS, 2010: 77).

### **Patterns of sexual relationships associated with HIV vulnerability**

The survey revealed patterns of sexual relationships that were associated with varying degrees of HIV-infection risk; notably concurrent partnership was found to be a factor on campuses and thus HIV was likely to spread rapidly in such sexual liaisons. The sexual liaisons could take several forms: single-event or casual sexual encounters ‘overnight stands’ (HEAIDS, 2010: 79-83). Although these relationships were found to be not socially accepted, they were tolerated for fear of losing a partner and strong cultural influences on the acceptability of concurrent partnerships, particularly in males could also be a factor. Transactional sex was further noted as a risk factor among students, which involves exchange of sex for social and material gains, which could also contribute to those engaged in such activities having little power in negotiating support drug habits in some instances. Alcohol and drug abuse were also found to be prevalent on campuses and this exposed students to HIV infection. The above findings revealed the vulnerability of students to HIV infection caused by several risk factors that prevail on campuses.

## **Institutional responses to HIV and AIDS**

According to the survey, HIV and AIDS responses on most campuses were distributed across various institutional structures that inadequately communicated with one another and where areas of responsibility were somewhat ad hoc. Also many campuses had not clearly defined their strategies into specific goals and responsibilities. Other notable results are that some campuses do not provide support and care for the HIV positive students and staff. However, it was revealed that DramAidE through its health promoters' programme on 20 campuses had cultivated a supportive environment for People Living with HIV and AIDS (PLWHA) and challenging negative conceptions about the meaning of being HIV-positive.

Regarding institutional responses to campus health services providing an enabling environment, it was discovered that not all are oriented to the Sexual Reproductive Health (SRH) needs of students and concerns on confidentiality and acceptance were expressed on many campuses.

A number of recommendations were presented by the survey report and are summarised below:

- a diversified approach should be developed to address the HIV and AIDS epidemic;
- each institution should be required to present HIV and AIDS response plan that addresses the specific drivers of infection at institutions and sub-campus; and
- to address heterogeneity of HIV prevalence at HEIs and since HIV epidemic is non-discriminatory regarding various demographic characteristics or institutional categories strategies must target all races (HEAIDS, 2010: 11).

Regarding prevention strategies the following were recommended:

- HIV prevention needs to depart from simple awareness campaigns notably condom provision and VCT provision and stratify HIV prevention policies;
- Student peer education programmes should be systematized and institutional support be provided when peer education is externally funded and managed;
- peer educators should explore creative ways of reaching different segments of the campus community with HIV and AIDS awareness messages; DramAidE was commended for contributing to mobilising HIV and AIDS-related support and peer-level dialogue; and

- HEIs should be committed to addressing contextual risks and reducing risk behaviour by developing strategies on each campus to reduce susceptibility at a systematic or environmental level by adopting a much more focused approach (HEAIDS, 2010: 113).

The survey was thus conducted to influence and motivate HIV and AIDS prevention strategies at the universities that form part of the case study. The responses (evaluation, design and development of policies and strategies) to HIV and AIDS prevention by the three universities that are the focus of this study are generally influenced by the HEAIDS 2008-2009 survey.

## **Study contexts**

The following sections provide contextual information of university campuses, locale and student demographics of the 7 campuses from which this research was conducted.

### **University of KwaZulu-Natal (UKZN) Campuses**

UKZN resulted from a merger between the University of Natal and University of Westville in 2004 and has five campuses: Edgewood, Howard College, Nelson Mandela School of Medicine, Pietermaritzburg and Westville (HEAIDS, 2008). The University enrolled about 40,000 students (HEAIDS, 2008; Mutinta *et al.*, 2013: 121). The specific enrolment of students in the years the data was collected for this study; 2006 to 2008 was 37,000 on average (Bunting *et al.*, 2010: 91). The general demographics of students in the campuses was generally multicultural comprising black African students, Indians, Coloureds and Whites, which included South African students and international students from about 70 countries: Africa, Asia, Europe and America (HEAIDS, 2008, Mutinta *et al.*, 2013: 121). The approximate figures for the specific demographics for the years between 2006 and 2008 were as follows: in 2006: black African, 47%; coloured and Indian, 37%; white, 16%; females, 55%; males, 45%; undergraduate, 73%; postgraduate up to masters, 13%; masters and doctors, 14% and 2008: African, 55%; coloured and Indian, 32%; white, 12%; females, 55%; males, 42%; undergraduate, 79%; postgraduate up to masters, 8%; and masters and doctors, 13%. The enrolment by major field of study was predominantly education and humanities with 45% in 2006 and 46% in 2008 (Bunting *et al.*, 2010: 93). These figures are indicative of the demographics of all UKZN campuses. The specific demographics of purposely-selected samples of each campus are described in the methodology (Chapter 6). Some students live on campuses others while others live outside campus within proximity of the

campuses (Mutinta *et al.*, 2013); while a few may travel some distance of about eight kilometres to the institutions (usually these are local students).

The UKZN campuses are: Edgewood campus, formerly called Edgewood College of Education before its incorporation within UKZN in 2001<sup>3</sup>. The Edgewood campus is located in Pinetown; Howard College campus, formerly University of Natal, which is situated on the Berea; Nelson Mandela School of Medicine, located on Umbilo Road near the harbour in Durban; Pietermaritzburg campus, located in the centre of the Natal Midlands, (formerly the University of Natal and known as the Natal University College<sup>4</sup>); and Westville campus, formerly the University of Durban-Westville<sup>5</sup> which is situated in Westville.

### **Durban University of Technology (DUT)**

DUT is located in Durban and Pietermaritzburg (PMB). It had a student population of about 23,000, the figures for 2006 were 22 800 and 2008, 22 400 (Bunting *et al.*, 2010). The Durban University of Technology is a merger of two technikons, ML Sultan and Technikon Natal which occurred in April 2002<sup>6</sup>. The specific demographics of DUT in 2006 and 2008 were: 2006: black African, 73%; coloured and Indian, 21%; white, 6%; females, 50%; males, 50%; undergraduate 99%; postgraduate up to masters, 0%; masters and doctoral, 1% and 2008: African, 75%; coloured and Indian, 20%; white, 5%; females, 50%; males 50%; undergraduate, 98%; postgraduate up to masters, 0% and masters and doctors 2%. Enrolment by major field of study was predominantly science and technology, 2006, 47% and 2008, 49% (Bunting *et al.*, 2010: 93).

### **University of Zululand (UniZulu)**

The University of Zululand (UniZulu) was established in 1960 and was affiliated to the University of South Africa. In 1970, the institute was granted university status as the University of Zululand. It is located within the Umhlathuze Municipality. UniZulu is the only university in

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<sup>3</sup>[http// www.ukzn.ac.za](http://www.ukzn.ac.za)

<sup>4</sup> [http//www.ukzn.ac.za](http://www.ukzn.ac.za)

<sup>5</sup>[http// www.ukzn.ac.za](http://www.ukzn.ac.za)

<sup>6</sup>[http// www.dut.ac.za/history.aspx](http://www.dut.ac.za/history.aspx)

KZN north of the Uthukela River<sup>7</sup>. The student population in 2006 was 10 600 and in 2008, 10 300. The specific demographics were: black African, 97%; coloured and Indian, 2%; white, 1%; females, 66%; males, 34%; undergraduate 99%; postgraduate up to masters, 14%; masters and doctors, 5% and 2008: African, 98%; coloured and Indian, 1%; white, 1%; females, 66 %; males 34%; undergraduate, 81%; postgraduate up to masters, 14% and masters and doctors 5%. The major fields of study are predominantly education and humanities and science and technology (Bunting, *et al.*, 2010: 93).

Having provided information on the case study universities, the next section introduces HIV and AIDS prevalence prevention strategies at university campuses.

## **HIV and AIDS prevention policies on campuses**

### The University of KwaZulu-Natal

Before the merger in 2003, the various campuses had already embarked on several interventions that were meant to mitigate the HIV and AIDS epidemic. The University of Natal invested in research, established an international programme in paediatric AIDS, mother-to-child transmission, population studies and reproductive health, hosted the Health Economics Research Division (HEARD), and planned to establish an in-house AIDS Support Unit as part of the Research Centre on HIV and AIDS (Chetty, 2000: 37). At the University of Natal, various HIV-related services were offered at the Campus Health Clinic, which included: HIV testing, pre and post counselling; referrals and condom distribution at various points around the institution (*ibid.*). At the Medical School and Pietermaritzburg campuses, services at the Health Clinic included AIDS awareness education campaigns and activities, some of which were aimed at both the students and staff (Chetty, 2000: 37). At the University of Durban-Westville the Student Health Clinic and Wellness Centre ran a comprehensive range of services that included education and awareness programmes pertaining to sexuality and HIV and AIDS issues (*ibid.*, 34).

In 2005 (after the merger), the university developed a UKZN HIV and AIDS policy. The policy provides guidelines on how the university should conduct itself regarding issues surrounding

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<sup>7</sup> <http://www.uzulu.ac.za/history16.aspxmpus>

HIV and AIDS; non-discrimination, confidentiality, education, counselling, care and prevention (UKZN HIV and AIDS Policy, 2005: 10). UKZN further committed itself to prioritizing prevention interventions as crucial to mitigating the impact of the pandemic through initiatives and activities, which inform staff and students of HIV and AIDS issues. This includes communication through the Campus HIV and AIDS Support Units (CHASU) in each campus (*ibid.*). The policy further aims to provide information, education and communication materials; encourages staff and students to participate in HIV and AIDS awareness and education campaigns during induction and orientation days and raising awareness during important international and national calendar days and other relevant commemorative days (UKZN HIV and AIDS Policy, 2005: 11). HEAIDS 2008-2009 revealed institutional responses to the HIV and AIDS epidemic and the specific interventions for the case study universities are presented in the next sections.

## **The origin of the ABC approach to HIV prevention**

This section restricts itself to the origin and debates of the origin of the Abstinence, Be Faithful and Condom-use (ABC) approach and to several debates on the viability of the PEPFAR's ABC framework, since a further discussion is presented in Chapter 3.

The genesis of the ABC has been subjected to debates and much theorizing (Green *et al.*, 2006). Parkhurst (2012) evaluates the discursive framing and contestations surrounding the ABC approach. He analyses and illustrates how the former President of the United States of America, George W. Bush attributed the origin of ABC to Uganda's HIV response to HIV. Parkhurst cites George W. Bush's speech at the time of PEPFAR's launch when he attributed Uganda's success to ABC and lauded the country for the genesis of the acronym:

We can learn from the experience of other countries when it comes to a good programme to prevent the spread of AIDS, like the nation of Uganda. They've started what they call the A-B-C approach to prevention of this deadly disease that stands for: Abstain, be faithful in marriage, and when appropriate, use condoms. That's what A-B-C stands for. And it's working (White House Office of the Press Secretary, 2003 cited in Parkhurst, 2012: 5).

Parkhurst further intimates that the Uganda link was further detailed in PEPFAR's initial five-year plan: "Uganda's success has identified the "ABC" model (Abstinence, Be Faithful and Condomize as appropriate, as an effective HIV and AIDS tool" (Office of the United States

Global AIDS Coordinator, 2004: 8). He argues that the terminology of ABC has been rather vague since it has been retrospectively applied to behaviour changes (less sex, fewer partners, or more condoms) and to the PEPFAR's policy responses. In his analysis of a paper of the Office of the United States Global AIDS Coordinator (2004), regarding PEPFAR's reference to ABC, Parkhurst uncovered several nouns/noun phrases: an approach, a set of interventions, a strategy, a model and a tool. These labels indicate an inconsistency, which could also reflect confusion on the part of PEPFAR, regarding the nature and meaning of the acronym. Also adding confusion and uncertainty pertaining to the acronym's origination is Parkhurst's observation that the exact phrase ABC had not appeared before 2003 in Uganda's policy documents (Parkhurst, 2011; 2012). Parkhurst's (2012) analysis illustrates the multiple interpretations and discourses that ensue from HIV prevention messages that could be derived from people's experiences and contextual factors and "how human's deal with complexity, and manage to make sense of evidence when there are challenges or limitations" (Parkhurst, 2012: 7).

## **Uganda and ABC**

Uganda suffered the worst fate from the pandemic in the late 1980s, when scores of residents of all the districts (Barret, 2007: 154), especially Rakai District, died from AIDS; the country had become the epicentre of the African AIDS pandemic (Blum, 2004: 429).

The Ugandan government then intensified its efforts during the critical times of the pandemic to reduce the rates of infection (Barret, 2007; Hogle. 2002; Low-Beer and Stoneburner, 2004; Green, *et al.*, 2006). The success in Uganda of the fight against AIDS is ascribed to several factors: an innovative public health policy, a locally developed ABC campaign; specific behavioural change programmes and proactive HIV and AIDS prevention strategies that involved decentralized planning and implementation of Behaviour Change Communication (BCC) (Green *et al.*, 2006). The intervention allowed a localised response that educated the public about sexual transmission but the main focus was on abstinence for youth or partner fidelity in the late 1980s (Singh *et al.*, 2003; UNAIDS, 2008). Condom promotion only became accepted by government in the 1990s resulting in the increase in condom-use (UNAIDS, 2008). Another important factor that is often cited as contributing to the HIV and AIDS decrease in Uganda is President Yoweri Museveni's commitment and formidable leadership (Green, 2003; Pisani *et al.*, 2003; Wilson and Halperin, 2008). President's Museveni's government was also applauded for the adoption of a multi-level approach to prevention that involved a

comprehensive HIV and AIDS campaign that included ABC promotion and destigmatization of people living with HIV and AIDS (Singh *et al.*, 2003; Wilson and Halperin, 2008). Uganda is thus perceived as an example of how promoting behaviour aimed at risk-avoidance and risk-reduction can have an impact on reducing the escalating rates of new infections and HIV spread (Green, 2003; Pisani *et al.*, 2003). Specifically, Wilson and Halperin (2008) assert that the Ugandan response influenced the personalization of risk that resulted in community mobilization for behaviour change and managed to change societal behaviour norms, such as partner reduction for adult men whose sexual networks caused HIV transmission in high prevalence countries.

The key changes that were reported to have occurred in 1988-2000 that suggested HIV and AIDS prevention success were: increased delay in sexual debut that probably contributed to more stable and monogamous partnerships and higher levels of condom-use (Singh *et al.*, 2003; Cohen, 2003). Although Cohen (2003: 132) concedes that the key changes between 1988-1995 may have been due to fewer Ugandans having sex at younger ages, increased monogamy levels and condom usage especially among sexually-active single men and women, she contends that more research is required to probe deeply into the relevance of the ABC approach for the prevention of other sexually transmitted diseases (STDs) in sub-Saharan Africa and other parts of the world. She also refutes the “assertions of social conservatives that Uganda is proof that an undiluted ‘abstinence-only’ message is what makes the difference” as evidence is lacking to prove that abstinence-only education messages were key to HIV infection rate reduction between 1988 and 1995 (Cohen, 2003: 133).

## **PEPFAR and ABC**

The Presidential Emergency Plan for AIDS Relief (PEPFAR) was introduced by one of the former presidents of the USA, George Bush<sup>8</sup> in 2003. ABC was adopted by PEPFAR as its primary prevention strategy against HIV sexual transmission. This was a five-year plan aimed at assisting nations that were severely affected by the HIV and AIDS pandemic with funds. The multi-billion dollar initiative was to address the impact of HIV and AIDS on individuals,

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<sup>8</sup> President’s Emergency Plan For Aids Relief: US Five Year Plan for Global HIV/AIDS Strategy, Office of the US Global AIDS Coordinator, February 2004.

communities and nations globally<sup>9</sup>. The first five years, 2003-2008, provided an emergency response to the pandemic by rapidly scaling up treatment efforts<sup>10</sup>.

The funding was specifically meant for campaigns that advocated the ABC approach. PEPFAR'S meaning of ABC is: **A**bstinence for youth, including the delay of sex and abstinence until marriage; **B**eing tested for HIV and being faithful in marriage and monogamous relationships; **C**orrect and **C**onsistent use of condoms, for those who practice high risk behaviours<sup>11</sup> to one partner or by reducing the number of sexual partners<sup>12</sup> (see Chapter 3 for further discussion).

PEPFAR's plan imposed restrictions on how the funds should be used. The 2003 directive instructed that PEPFAR funds should only be spent on abstinence and fidelity programmes and those funds may be used for programmes delivering age-appropriate ABC information only if they target certain high-risk young people on condition that such information includes condom failure rates (PEPFAR, 2005: 2).

Regarding condom-use, the emergency plan categorically dictated conditions against the promotion of condoms that restricted the use of funds for: the physical distribution of and provision of condoms in schools; or marketing of condoms to youth; or to be used in contexts that target youth and encourage condom-use as the primary intervention for HIV prevention (*ibid.*: 6). Upon realising that the abstinence-only condition imposed on PEPFAR funding was receiving criticism, the abstinence directive was removed and embraced a more comprehensive and evidence-informed HIV prevention strategy in 2008.<sup>13</sup>

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<sup>9</sup> President's Emergency Plan For Aids Relief: US Five Year Plan for Global HIV/AIDS Strategy, Office of the US Global AIDS Coordinator, February 2004.

<sup>10</sup> [http://www.avert.org/hiv\\_prevention\\_strategies.htm](http://www.avert.org/hiv_prevention_strategies.htm)

<sup>11</sup> High risk behaviour populations are defined as prostitutes, sexually active discordant couples in which one partner is known to be HIV positive, substance abusers, promiscuous people and those in jobs that require them to travel a lot like truck drivers (this is relevant to Africa south of the Sahara). However, the Kaiser Family Foundation, the Australian Federation of AIDS Organizations, the Voice of America and the African Women's Media Center advocate that there is no such thing as risk group as no segmented population, be it social, religious, racial, cultural or sub-cultural more at risk for HIV disease than any other group. The emphasis is not on specific group but a risky behaviour.

<sup>12</sup> PEPFAR ABC Guidance 1(Abstinence, Be faithful and Correct and Consistent condom-use) <http://www.state.gov/docs/org/57241.pdf>

<sup>13</sup> <http://www.pepfar.gov/about/strategy/index/>

In sub-Saharan Africa, criticism has been levelled at PEPFAR's ABC approach, particularly regarding its policy on non-promotion of condoms to young people and promoting abstinence-only until marriage (Cohen, 2003: 135). Van Kampen (2006) supports Cohen (2003) by arguing that ABC messages are not realistic as abstinence is not an option for many, especially poor women; being faithful is not proved as protection against AIDS infection since in Africa many young people engage in serial monogamy; and that condom-use may not be seen as a viable option by those who lack self-control.

Other researchers contend that focusing on the individual as an agent for sexual behaviour change may not be viable for communities that believe in collective effort (Airhihenbuwa and Obregon, 2000; National Cancer Institute, 2005; Swanepoel, P., 2005). The argument raised by these researchers is that individual-centred approaches leave out critical macro-level factors: social, cultural and economic that may inhibit the individual to make decisions at the micro-level. Yet others assert that individual-centred approaches could be effective in changing an individual's knowledge, attitudes, and beliefs regarding HIV and AIDS (Yzer, 1999; Finnegan, 2002; Swanepoel, E., 2005).

### **ABC in HIV communication and prevention campaigns on campuses**

The incorporation of the ABC approach in HIV and AIDS prevention campaigns at UKZN, DUT and UniZulu universities was not a formalised and composite endeavour. The HIV and AIDS prevention campaigns were motivated by Higher Education South Africa (HESA) through HEAIDS to design awareness programmes through an intensive and clearly sequenced campaign to prevent HIV infection and mitigate its impact (HEAIDS, 2008: 10). The recommendations alluded to the ABC approach, especially to the B (though relatively) and C in the wording:

... increased knowledge of sexual risk behaviours particularly those involving high turn-over of sexual partners and overlapping sexual partnerships with further emphasis on staying negative throughout university study; the risks of inconsistent condom-use must be emphasized with the goal of 100% use in all relationships where there is the possibility of sero-discordance; condom-promotion should be strongly promoted in all new casual relationships where condom-use uptake already tends to be greater (*ibid.*).

The CHASU coordinators also indicated that the HIV and AIDS prevention campaigns and strategies rely on government (the Ministry of Health and provincial municipalities in this

context), and the eThekweni municipality<sup>14</sup>, to convey HIV and AIDS prevention messages through materials such as posters, leaflets and brochures. They also indicated that the wider framework of the ABC approach is followed and not necessarily isolated. Hence CHASUs assume the role of distributors of some of the ABC HIV and AIDS prevention material. Also ABC and VCT are incorporated in promotional events that are at times linked to international HIV and AIDS prevention activities, such as the annual World AIDS day on the 1<sup>st</sup> of December and the candlelight memorials (see previous section). CHASUs also offer comprehensive student-tailored awareness campaigns that are specific to campuses. Such awareness campaigns on UKZN campuses were conducted in 2004 and 2005 according to CHASU coordinators. The purposively selected texts in this study were remnants of such campaigns at UKZN. The posters that were placed on campus notice boards were not from a formalised and isolated ABC campaign but a broader HIV and AIDS prevention campaign that addressed various issues of prevention including Voluntary Counselling and Testing (VCT). The AIDS posters were small media put up on strategic notice boards on UKZN campuses.

At DUT, some posters placed on CHASU notice boards were similar (those sourced from Khomanani and the eThekweni municipality) to those at UKZN campuses. Other HIV and AIDS awareness posters were from the billboard print portfolio from the *Break the Silence* project and these addressed the A, B and C; and the stigma associated with HIV infection. The billboard portfolio prints that were placed on the walls facing the Berea road were part of the *Break the Silence* Billboard and print portfolio.

UniZulu campaigns, displayed various images and murals, which interestingly were painted by some unidentified students<sup>15</sup>, that targeted the A, B and C frameworks and seemed to emulate messages from Khomanani, and eThekweni Municipality. The murals were motivated by the Beyond Awareness Campaign AIDS Mural Project (BAC2), and were painted on the Student Centre walls facing the main road on campus.

This study confined itself to the campaigns that covertly and overtly alluded to the A, B and C as motivated by the JHHESA concept proposal, for which the rationale and motivation is described below.

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<sup>14</sup> eThekweni municipality is the name for the KwaZulu-Natal Municipality

<sup>15</sup> The information about the originators of the murals was not readily available, but the DramAidE department there linked the images to the Beyond Awareness II Campaign project.

## **Rationale for the JHHESA funding of related ABC research**

This study was part of a broader ABC study carried out at three universities in KwaZulu-Natal: University of KwaZulu-Natal (UKZN), University of Zululand (UniZulu) and Durban University of Technology (DUT, Steve Biko campus). The study was conducted in conjunction with Johns Hopkins Health and Education South Africa (JHHESA), with funding from United States Agency for International Development (USAID). The broader ABC study aimed to undertake an analysis of the specific context in which ABC prevention approaches are offered at KwaZulu-Natal universities.

This research is a case study of HIV and AIDS advocacy programmes in all the campuses of the three universities. A concept paper submitted to and accepted by Johns Hopkins University motivated the research. The overall aim of the research proposal for JHHESA was to work in partnership with various NGOs and graduate students to understand the efficacy of the ABC approach in the South African context and develop an advocacy strategy that would influence policy and programmes and create strategic alliances to develop meaningful prevention interventions with special reference to university students in KwaZulu-Natal (KZN). The paper is entitled: 'Understanding responses to the ABC strategy in the Higher Education Sector in South Africa; towards an advocacy framework to influence policy and practice for the prevention of infection with HIV among university students' and was prepared and submitted by Lynn Dalrymple and Keyan Tomaselli, March 2006.

The project was to undertake an analysis of the ABC approach as it was currently presented and the students' response to this approach. The aim was to gather accurate information and an in-depth understanding of the problem, the people involved, the policies and the implementation or non-implementation of those policies in the higher education sector in KZN. This research was to be presented as a case study. The overall aims of the project were to:

- Develop a research team including academics and graduate students from the Centre for Communication, and Media and Society (CCMS);
- Develop a study design that includes both quantitative and qualitative methods of data collection and that is generally applicable;
- Undertake a communication analysis as the foundation of the study;
- Identify which areas of the study will be undertaken by each of the participants;
- Supervise student's research work and data collection;

- Hold meetings and seminars to collate and analyse data; and
- Produce a first draft communication analysis of ABC approaches and students' responses.

(Dalrymple and Tomaselli, 2006)

The key activities proposed by the study were:

- Identification and defining of KZN university communities;
- Selection of campuses and audience segments;
- Evaluation of students' knowledge, beliefs, hopes and practices in their lives and in relation to HIV/AIDS issues through ethnographic type research;
- a discourse analysis of AIDS-related discourse among students in order to find out how messages are interpreted by students; and
- a review of University HIV/AIDS Policy relating to communication by evaluating university departments and units producing A, AB and ABC communication interventions in targeted campuses.

The project, which was to take the form of a case study, was to be conducted in two phases: The first phase involved data collection from an overall ABC omnibus survey which was completed in February 2008 and an SPSS preliminary analysis of 1400 questionnaires was done.

Phase Two was to be completed in 2007/8, the ultimate goal of the project being to develop an advocacy plan and tool kit based on the 'A' frame for advocacy developed by the Center for Communication Programs at Johns Hopkins University (Dalrymple and Tomaselli, 2006). Following the omnibus survey, the students then were to branch into their various studies, hence this particular study. The case study universities for the project were: UKZN, DUT (Steve Biko campus) and UniZulu.

### **Related research conducted on ABC communication**

Related research by other postgraduate students from the Centre for Communication, Media and Society (CCMS) has been conducted on HIV and AIDS communication including the ABC prevention approach and the VCT strategy on KwaZulu-Natal campuses. The studies were conducted by one Master's and three PhD students during the period 2006-2011. The studies responded to a significant quantitative analysis from which this research evolved, which was an

ABC omnibus survey. Conducted in conjunction with Johns Hopkins Health and Education South Africa (JHHESA), with funding from United States Agency for International Development (USAID), the omnibus survey was a sponsored project, involving four graduate students (who each moved to his/her own specific study) that undertook an analysis of the specific context in which ABC prevention approaches are offered in the three KwaZulu-Natal universities. The ABC omnibus survey, which was the first phase for the project that investigated the sexual behaviour of the students of the three universities, was followed by a second phase in which one PhD student was involved (see section on study contexts for the full description of the concept paper informing the various researches).

The following studies were part of the four studies undertaken in the first phase of the omnibus survey to analyse the specific context in which ABC prevention approaches were offered in the three KwaZulu-Natal universities.

John Kunda's PhD (2009) studied how students talk about the key constructs ABC and an in-depth examination of the students' construction of discourses of ABC in their daily interactions is undertaken entitled, 'They have ears but they cannot hear — Listening and talking as HIV prevention; A new approach to HIV' over the period 2006-2008. Using a focused ethnography as well as interpretive analysis through listening and discourse analysis, the study aimed to understand sexuality and the behaviour of university students within the ABC context. The key research questions were: (1) what and how are discourses of ABC constructed in students' daily interactions? (2) How are students talking about the key constructs of the ABC approach? The study examined perceptions, interpretations, attitudes and practices of sexuality and HIV and AIDS by students at UKZN campuses, DUT and UniZulu. The key findings of the study are: that students seemed to classify male/female partnership within a dominant power relationship in which ideological constructions of womanhood and manhood is hegemonic where males are perceived as unable to control themselves. Also revealed was a relaxed attitude towards cohabitation. Sex was also depicted as an uncontrollable biological drive; females are responsible for safe sex practices; strong scripts elevate male prowess and show disdain for female affirmative sexualities. Regarding sexual health and talking about HIV and AIDS, students seemed to be quite reluctant to talk about HIV and the discourse at play when such occurs is that of humour, ridicule and mockery to cover up the silence on the subject (Kunda, 2009). Of particular relevance to the present study was the use of a focused hermeneutical

ethnographic enquiry backed by discourse analysis to evaluating meaning-making of sexualities and discourse constructions of sexualities by the students.

Eliza Moodley's MA (2007) studied students' perceptions of the ABC strategy by interrogating students' responses to the pandemic. The study was entitled 'An assessment of student's perceptions of ABC prevention strategy: Toward a students' participation in HIV and AIDS message design at the University of KwaZulu-Natal' over the period 2006-2007. Engaging Everett Rogers's (1969, 1976) diffusion of innovations theory and Paulo Freire's (1983) critical consciousness she explores the role of dialogue for collective action when students discuss their sexual practices. Using a quantitative method (responses from the omnibus survey) and qualitative data from convenience sampling of focus groups the study sought to assess whether the ABC strategy reflects and/or influences their choice of sexual practices. The key question for the study was: How do understandings of the ABC prevention campaign influence their interpretation of HIV messages? The key findings were that students recognized the ABC message as appropriate, but it still needed to be reflexive and engage the students in the design and implementation of the prevention messages' process. Other key findings were that the ABC approach was not so effective for several reasons: government policy on child grants encouraged unprotected sex; long term relationships were tested in terms of trust between couples; the be faithful component problematic as one could not be certain of a partner's fidelity.

Abraham Mulwo's PhD (2009) studied how students interpreted and made sense of the cultural meanings offered by the HIV prevention messages entitled: 'An analysis of Students' Responses to ABC and VCT messages at the three universities in KwaZulu-Natal Province, South Africa' over the period 2006-2009. Using hermeneutics, reception theory, social constructionism theory, and a multi-method approach through a questionnaire survey, in-depth interviews (sampled students and CHASU coordinators) and non-participant observations, the study specifically investigated the processes and structures that influence students' constructions of sex and HIV and AIDS and how they interpreted the impact of HIV prevention texts. The key questions were: How do students at UKZN, UniZulu and DUT access HIV and AIDS communication campaigns? What campaign strategies have UKZN, UniZulu and DUT put in place to promote HIV prevention among students? What impact do prevailing discourses on HIV and AIDS have on meaning formations with regard to sex and HIV prevention among the students at UKZN, UniZulu and DUT? How do students' constructions of sex influence their interpretation of ABC

and VCT messages? How do students at UKZN, UniZulu and DUT interpret the cultural meanings offered by HIV-prevention texts such as ABC and know your status (VCT)?

Mulwo's key findings were that despite the positive perception of students to HIV prevention options, students' perceptions were more influenced by the social constructions of sex and HIV and AIDS rather than HIV prevention communication. Also students were more receptive to the mass media campaigns, particularly EE television programmes, as these were more useful in accessing HIV prevention communication campaigns. On the other hand, communication strategies developed by the universities were found to be both inadequate and less appealing to students. Regarding the students' frames of reference regarding sex, HIV and AIDS, and HIV prevention notions of ABC and VCT, the responses reflected the influence the daily experiences within their social groups had on meaning-formation that indicated a complex process. The complexity of such demonstrated a totality of competing discourses, ideologies, structures and social norms within the students' social networks (Mulwo, 2009: 235). Students' interpretations of the ABC and VCT messages were often contrary to the connotative meanings that are intended in the campaigns. Further, though dominant readings were observed students often interpreted these meanings from alternative frameworks that resulted in negotiated meanings and in some instances, oppositional ones. Of particular relevance to this is the unpacking of underlying meanings derived from the students' reception and interpretation of prevention messages. The use of reception theory to evaluate meaning-making and constructions of sex and HIV and AIDS; the analysis of meaning negotiation; negotiated meaning; and oppositional and dominant readings is particularly relevant to this study as it also evaluates reader's positions when decoding texts.

Given Mutinta's (2011) PhD thesis was not part of the first phase of the JHESSA project but the second phase. Mutinta explored the students' protective sexual behaviour and examined students' sexual risk behaviour in relation to their response to EE prevention programmes over the period 2008-2011. The study's topic was 'Investigating students' sexual risk behaviour, risk and protective factors and their responses to the SCRUTINIZE campus campaign at universities in KwaZulu-Natal.' He engages the reception theory and social cognitive theory to explore students' risky sexual practices; factors influencing the practices; their risk and protective factors; the relationship between students' risky practices; evaluates the *SCRUTINIZE* campus campaign messages and their responses to same. The key questions were: what risky practices or behaviour do students at UKZN universities engage in? Why do KZN students engage (risk

factors) in sexual-risk behaviour? Why do KZN students not engage protective factors in sexual-risk behaviour? What are the messages communicated by the *SCRUTINIZE* campus campaign prevention programme? The key findings of the study are that several domains influence students' risky behaviours: environmental/ social/ behavioural, personality and biological factors are interrelational and difficult to separate. Further findings note that the KZN universities' students engage in many risky sexual practices including: unprotected sex, transactional sex, age-disparate sex, multiple and concurrent sexual partnerships, toying (a discourse label attached to a sexual behaviour where students engage in spontaneous sexual acts with those they are not romantically involved] (Mutinta, 2011), open sexual relationships and cohabitation. The overall conclusion points to the view that the *SCRUTINIZE* campus campaign was popular amongst students since the messages were found to promote the efficacy and effectiveness of condoms.

### **Contextualizing HIV and AIDS prevention campaigns**

HIV and AIDS prevention campaigns are situated within the realm of public health communication (see Chapter 4). Public health communication encompasses different strategies to produce effects on the knowledge, attitudes and behaviour of large populations for [positive] health outcomes (Rice and Atkin 2001). A campaign can encompass various media that intend to reach a specific or generic audience and these can include mass media, online/interactive media and may often be augmented by interpersonal support. A comprehensive set of different media or just a single mode can be utilised in a campaign. Rogers and Storey (1987: 817) define communication campaigns as “purposeful attempts to inform, persuade or motivate behaviour changes in a relatively well-defined and large audience, generally for the benefits of the individual and/or society at large, typically within a given time period, by means of organised communication activities involving mass media and often complemented by interpersonal support”. In South Africa, various media activities and events are used in HIV and AIDS prevention. A wide range of national and sub-national HIV and AIDS communication programmes exist in South Africa and these are conducted by government and NGOs; programmes within schools, universities and workplaces; provincial government programmes; sub-national including programmes led by NGOs and interactive communication including community level campaigns such as door-to door activities, community theatre and events (HSRC, 2008: 5).

Four national-level HIV communication programmes utilising media and interactive components have been run over a number of years in South Africa, including the period of the 2008-2009 national survey. The survey was designed to investigate overall HIV prevalence and incidence and HIV-related behaviour and communication. The programmes are the department of Health's Khomanani Campaign, Soul City, Soul Buddyz and loveLife. They all utilise mass media and interactive approaches. Soul Buddyz and loveLife focus on young people whilst Soul Buddyz is oriented towards teenagers (HSRC, 2009: 5).

On campuses, multi-channel HIV and AIDS prevention campaigns have attempted to educate the students about risk factors associated with the spread of HIV and AIDS. These campaigns at times seem to invoke commercial consumerism (particularly those advocating condom-use) together with promoting sexual behaviour change (a dual strategy that may subvert the promotion of safer sex), whilst others realise the need for a specific type of advertising aimed at encouraging behaviour change to curb the spread of the HIV and AIDS pandemic<sup>16</sup> (Parker, Dalrymple and Durden 2000; Kelly and Stein *et al.*, 2001; Moodley, 2007; Delate, 2007 Kunda; 2008). Some campaigns that were running on campuses during the period of study, 2006-2009, were: the *SCRUTINIZE* campaign; campus poster competitions; and national annual events like the World's AIDS day. It is imperative to distinguish between general HIV communication and campaigns: the former involves the design and distribution of messages on issues pertaining to the epidemic, for example reports and statistics derived from research; HIV and AIDS policies and campaigns use strategies and various media to persuade target audiences to act in specific ways and this involves the use of various media, for example: billboards; leaflets; brochures; murals; graffiti, drama, song and dance.

#### HIV communication at UKZN

HIV communication on UKZN campuses involves peer education programmes that are overseen and monitored by CHASU coordinators. The peer education programme embarks on several communication activities.

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<sup>16</sup> Introduction to HIV and AIDS Education. <http://www.Avert.org/aids-hiv.education.htm>

### *Peer education programmes*

At UKZN campuses, communication on HIV and AIDS is chiefly done through CHASU, using peer education programmes. These peer programmes are aimed at assisting students to educate their peers in a structured manner (HEAIDS, 2010; Dalrymple and Durden, 2007). Under HEAIDS guidance, peer education programmes are more standardised in all South African higher education institutions that have an HIV and AIDS policy (*ibid.*). The structured programmes use Rutanang<sup>17</sup> documents prepared by HEAIDS. The objectives of peer programmes are based on establishing appropriate activities that are specific to the cultural and social environment on campuses by promoting social norms and providing support for the adoption of healthy lifestyles, attitudes and behaviour (HEAIDS, 2010). Peer educators are tasked with educating others on risk-taking behaviour because they have more credibility as members of the student body, and working with other members of the same group is perceived as beneficial to effecting change (*ibid.*).

Peer education is drawn from a number of behavioural change theories: social learning theory (Bandura, 1986); theory of reasoned action (Fishbein and Ajzen, 1975) and the diffusion of innovation theory (Rogers, 1993; HEAIDS, 2010). This is like Michel Foucault's governmentality of self-evaluation and self-introspection through involving a group (see Chapter 3) and Paulo Freire's (1970) critical consciousness through participation education. Drawing on the theories of behaviour change, the peer education programmes hoped to encourage participatory activities for reinforcement of positive healthy life style choices such as abstaining from sex rather than changing behaviour (HEAIDS, 2010). Peer educators are in this instance seen as influencing risk-taking behaviour as they are often able to establish rapport with other students more than adults (*ibid.*).

### *Communication media*

This study established through interviews with CHASU coordinators<sup>18</sup> that communication events at UKZN campuses involved candlelight memorial services; a poster design competition that sought to educate students on the Abstinence, Be Faithful and Condom-use approach (ABC) and Voluntary Counselling and Testing (VCT); and discussions and debates. The poster design

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<sup>17</sup> <http://www.hesa.org.za>

<sup>18</sup> Interviews with CHASU coordinators at Pietermaritzburg, Edgewood and Westville campuses

competition took place in 2005 and the idea was to encourage students to participate and be involved in designing their own messages. The competition was geared towards the students' residences and each of the residences had to design posters. The design of posters was meant to promote participatory approaches and ownership by the target readers, university students<sup>19</sup>. However, some of the posters seen on campus notice boards, and even CHASU notice boards and campus clinics, were sourced from other stakeholders: Khomanani and Population Services International (PSI) and the Department of Health (see analysis chapters). Khomanani, PSI and Department of Health posters were used to further promote the HIV and AIDS prevention strategies, especially regarding A, B and C and VCT. Regarding these posters, CHASU and Campus clinics only served as points of distribution for the information to students. The producers, Khomanani, were not directly in contact with the students, but through CHASU, who were also merely distributors. Campus clinics did not specifically embark on aggressive campaigns such as CHASU did, since they were generally concerned with all aspects of health on campuses<sup>20</sup>.

Although some HIV and AIDS information was put up on DramAidE notice boards located within UKZN campuses, the organization was not actively involved with the HIV and AIDS activities of the universities<sup>21</sup>. Rather, DramAidE is actively involved with participatory action-oriented media in rural and urban communities and high schools (Dalrymple and Durden, 2007).

### HIV communication at DUT

DUT manages its HIV and AIDS communication through the HIV and AIDS Centre. The activities of the centre are managed by an HIV and AIDS coordinator, who is assisted by a Health Promoter<sup>22</sup>. As with UKZN's CHASU, the HIV and AIDS Centre runs a peer education programme for the students aiming at promoting awareness and prevention activities<sup>23</sup>. Through the peer education programme, students are educated by their peers on HIV and AIDS issues, lifestyle and wellness concerns. The peer education programme activities include basic

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<sup>19</sup> Interviews with CHASU coordinators

<sup>20</sup> Interview with Pietermaritzburg Campus nursing sister

<sup>21</sup> Interview with DramAidE manager at Howard College

<sup>22</sup> <http://www.dut.ac.za/site/awdep.asp?depnum=22445>

<sup>23</sup> [http://www.dut.ac.za/support\\_services/student\\_services\\_and\\_development/student\\_counselling](http://www.dut.ac.za/support_services/student_services_and_development/student_counselling)

information on HIV and AIDS, safe sex education, gender, life skills, relationship communication, and especially Multiple Concurrent Partners (MCP) and community outreach<sup>24</sup>.

### *Communication media*

Media used to impart information about HIV and AIDS include candlelight memorial services, drama, posters and banners. The study established through an interview with the HIV and AIDS coordinator that the HIV and AIDS Centre mostly uses posters from the Department of Health to convey HIV and AIDS information to the students. The centre thus acts as a distribution point for the Department of Health by putting up the posters on notice boards, for students to read and hopefully act on the messages. However, the centre was embarking on an exercise to design a VCT poster that featured two students as faces of VCT to encourage students to test for HIV voluntarily. At DUT, DramAidE, through a health promoter, also plays an important role in communicating HIV and AIDS issues by using drama, which is one of the participatory approaches the organization employs<sup>25</sup>.

### *Break the Silence billboard print portfolio<sup>26</sup> on DUT wall*

This was commissioned by the Art for Humanity organization, which was motivated by the outcome of the 13<sup>th</sup> International Conference in Durban in July 2000. An HIV and AIDS billboard and print portfolio, under the theme “*Break the Silence*” was formulated (Jordaan and Nanackchand, 2001: 7). The aim of the billboard programme was “to produce a catalogue of the billboard and print portfolio arising from an exhibition of graphic prints by South African and International artists, each of whom were invited to present an edition of 25 original prints based on their interpretation of the scourge of HIV and AIDS” (Jordaan and Nanackchand, 2001: 7). Out of the portfolio prints, three were blown up to billboard size and were displayed on the DUT campus wall facing Berea road in April 2006. The billboard portfolio prints do not form part of

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<sup>24</sup> [http://www.dut.ac.za/support\\_services/student\\_services\\_and\\_development/student\\_counselling](http://www.dut.ac.za/support_services/student_services_and_development/student_counselling)

<sup>25</sup> <http://www.dut.ac.za/site/awdep.asp?depnun=22445>

<sup>26</sup> The 13<sup>th</sup> International AIDS Conference in Durban in July 2000 recommended important strategies in combating HIV and AIDS. This arose from overwhelming evidence on the causal links between irresponsible sexual behaviour and HIV and AIDS. The outcome was a strong appeal to the global community to “Break the Silence” and stop denial about the disease. The objectives were to create an awareness of the HIV and AIDS pandemic; “Breaking the Silence” by stopping the denial and removing the stigma attached to HIV and AIDS; inculcating a sense of dignity amongst those afflicted by HIV and AIDS and a billboard programme through a catalogue of the billboard and print portfolio (Jordaan and Nanackchand, 2001: 7)

the DUT HIV and AIDS Centre communication activities but have contributed to discussions and debates among some DUT students on HIV and AIDS issues<sup>27</sup>.

### HIV and AIDS communication at UniZulu

HIV and AIDS communication at UniZulu was done through an HIV and AIDS Centre whose objectives were: to strengthen the peer education programme by ensuring that it is behaviour change focused; to offer complementary services to HIV Counselling and Testing thus ensuring a comprehensive package for prevention treatment and care; to promote production of tacit knowledge on issues related to HIV and AIDS through translational research; to ensure that graduates produced by the UniZulu are competent to manage issues of HIV and AIDS within their disciplines; to embark on mass communication campaigns; and to develop material that could be used during these campaigns<sup>28</sup>.

The HIV and AIDS Programme was launched in 2003 through TELP (Tertiary Education Linkages Programme) funding<sup>29</sup>. The United States Agency for Institutional Development (USAID) had made a call for proposals for institution-wide projects on HIV and AIDS<sup>30</sup>. The aim was to offer support to institutions of higher learning aimed at mitigating the spread of HIV and AIDS on campuses. The University of Zululand was one of the seven institutions of higher learning that were successful in securing the funding; hence the Project Implementation Letter (PIL 165) was awarded<sup>31</sup>.

Responding to the challenges posed by HIV and AIDS and with the efforts driven by The Department of Higher Education and Training (DHET), UniZulu, just like other South African higher education institutions has responded to the causes and consequences of the HIV and AIDS pandemic. UniZulu has committed itself to embark on an HIV and AIDS programme that aims to provide information and assistance to both staff and students and the whole society<sup>32</sup>. One of the most worthwhile projects at UINZULU was the DramAidE project; a component of the Department of Health's Beyond Awareness Campaign, which was hosted at the university

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<sup>27</sup> DUT Focus Group Discussion.

<sup>28</sup> <http://www.uzulu.ac.za/history16.aspx>

<sup>29</sup> <http://www.uzulu.ac.za/history16.aspx>

<sup>30</sup> <http://www.uzulu.ac.za/history16.aspx>

<sup>31</sup> <http://www.uzulu.ac.za/history16.aspx>

<sup>32</sup> <http://www.uzulu.ac.za/history16.aspx>

(Chetty, 2000: 29). Also, the HIV counselling and testing site was established with the support of the Department of Health. The Department of Health provides test kits and has since provided two HIV and AIDS counsellors who are on secondment<sup>33</sup>.

At UniZulu, a striking feature of a communication medium used to convey information about HIV and AIDS and prevention strategies were murals on campus walls. The murals were motivated by the Beyond Awareness 2 Campaign AIDS Murals Project, a project of the HIV and AIDS and STD Directorate of the National Department of Health and the National Communication Forum and which was to run from 1998-2000 (Bourgault, 1999: 4). The murals were designed to promote interpersonal dialogue and group discussion that focused on the AIDS crisis as foundations for action (*ibid.*). Bourgault argues that murals “present culturally challenging images or deliberately ambiguous icons to stretch the interpretative powers of the viewer and engage him or her in a discourse of meaning” (1999: 2). Although the murals at UniZulu, just like other murals in the Beyond Awareness 2 Campaign were about participatory meaning-making they incorporated the A, B and C as options which the students could choose to curb the spread of HIV infection (see analysis Chapter 7). The murals were painted by the students with guidance from the UniZulu Student Union Centre<sup>34</sup> Bourgault (1999) highlights the potential problem areas that faced mural painting in the various contexts during the course of the project that included: the confusion of some over mural painters over the meaning of the AIDS red ribbon and the recreation of such themes as gender stereotyping (p2). The same could apply to the UniZulu murals that seem to impose the ABC concepts.

The HIV and AIDS prevention policies on campuses provided the bases for the development of HIV and AIDS prevention communication through the various media to convey safer sex practices to students.

## **Situating the problem**

UNAIDS (2008) describes South Africa as being at the epicentre of the epidemic, as in 2007 approximately 35% of HIV infections were reported in the sub-region. It was estimated that 5.7 million (4.9 million-6.6 million) South Africans were living with HIV in 2007, thus making this

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<sup>33</sup> <http://www.uzulu.ac.za/history16.aspx>

<sup>34</sup> Informal briefing with one of the members of the DramAidE personnel

largest HIV epidemic in the world (UNAIDS, 2008: 40). South Africa has borne the brunt of HIV and AIDS over the past three decades as is evidenced by the UNAIDS' reports and the country's various reports; HEAIDS (2010b) and HRSC (2009), on the epidemic.

In a bid to tackle the HIV epidemic at HEIs, SAUVCA initiated a National HIV control programme, HEAIDS. The programme, supported by EC since 2004, was granted 20 million Euros and the project was completed at the time of the HEAIDS 2010a report. Realizing that the HIV epidemic in South Africa continues to affect the society severely and still poses a serious threat to society, the multi-sectoral National HIV and AIDS and STI Strategic Plan for South Africa (NSP) 2007-2011, prioritised prevention and specifically targeted the youth, particularly students at HEIs. The NSP also planned a budget for huge sums to support robust HIV prevention efforts and strategies.

A number of HIV and AIDS communication programmes and campaigns have been undertaken, some vigorously and intensively, to avert further HIV infection spread. Khomanani; loveLife, Soul City, Campus HIV and AIDS support materials, DramAidE education material, and *Break the Silence Portfolio* messages are continuously being designed and distributed. However, studies conducted on billboard campaigns in South Africa question their effectiveness in changing behaviour (AIDS foundation South Africa, 2000; Kelly and Parker, 2000; Yun, Govender and Mody, 2001; Delate 2001; Coulson, 2002; Swanepoel, 2003; Swanepoel, 2005; Parker, 2004). As campaigns are designed to achieve desired goals of their originators, through the use of the AIDA formula (Attention, Interest, Desire, Action), they might tend to encourage consumerism rather than induce behaviour change. Delate's research (2001) found discursive strategies used in the design of loveLife selected billboards lacked meaningful messaging and resulted in polysemic interpretations by the youth, some of which showed a lack of understanding of the intended meaning. Parker's (2004) study reveals how campaign producers (specifically loveLife) use discourses to impose power and manipulate (overtly and covertly) consumers, thus underplaying the reality of HIV and AIDS.

Theories of behaviour change have been used in constructing HIV/AIDS campaigns. These campaigns are usually constructed using different models of behaviour change. The Health Belief Model (HBM), (Becker 1974), presumes that an individual will take reasonable action and necessary steps in changing behaviour. The Reasoned Action Theory (Fishbein and Ajzen 1975) assumes that individuals are responsible beings, capable of taking reasonable steps to change behaviour. The diffusion of innovation (Rogers 1983), stipulates communication

processes by which a new idea or product becomes known and used by people. This is an ultimate form of a linear approach to communication campaigns. The Social Marketing theory is based on the Four Ps of social marketing (Product, Price, Place, and Promotion) that tend to promote persuasive strategies in order to compete with others in the market. These theories, linear in approach, presuppose a passive recipient of messages. Some studies have assessed the effectiveness of behaviour change models and have revealed their shortcomings regarding effective prevention of new HIV infections (Kelly and Parker 2000; Delate 2001; Yun, Govender and Mody 2001; Swanepoel 2003; Parker 2004 and Swanepoel 2005). The social psychology theories emphasise individualism, whereas collective knowledge could be beneficial to behaviour change.

Previous studies aiming to address HIV and AIDS issues at UKZN suggest that a needs analysis for the development of effective promotional messages and campaigns needed to be done (Morrison 2005). Also, campaigns across all UKZN campuses were aimed at dealing with negativity regarding HIV as a death sentence (Mitchell 2004a).

Given the huge funds spent mitigating the spread of HIV infection through prevention campaigns, there are still indications that these fail in their endeavour to influence behaviour change among university students. It is from such recognition that this study analyses the print-based media used to communicate HIV and AIDS/ABC messages in order to unpack how meaning is generated in the campaign material and how students comprehend the messages.

### **This study's contribution**

The research contributes to the growing literature that explores how issues of HIV and AIDS prevention relating to university students can be best addressed in order to achieve the desired goals that sexual behaviour campaigns set themselves. The study does this by employing an eclectic framework and inter-disciplinary approaches; critical linguistics; cultural studies that combine conceptual frameworks within the poststructuralist paradigm aiming to inform the methodological framework. Poststructural approaches privilege different concepts, for example, ideology and discourse, from which representations of phenomena ensue. Poststructuralist understandings inform Critical Discourse Analysis (CDA) which is augmented by Social Semiotics, the approach that this thesis employs to investigate and theorise the role language plays in the construction and reproduction of print-based HIV and AIDS print prevention

messages meant to persuade safer sex practices. The interrogation of texts requires a framing that looks at representations, how they are made in context and how people engage with them.

## **Theoretical and methodological positioning of the research**

An eclectic approach which draws from the wider social constructionism paradigm that includes critical linguistics and cultural studies is used to address the analysis of print-based HIV and AIDS prevention campaigns advocating the ABC advocacy approach. The centrality of language in the construction of knowledge is the focus of social constructionism. The paradigm's focus is on meaning and power and accounts for the ways in which phenomena are socially constructed and developed from ideological and political interests. Of significance to this study is ideological positioning underlying the print-based text HIV and AIDS prevention texts. Hence poststructuralism, which is grounded in social constructionism, is the theory informing the conceptual framework.

Poststructuralist theory focuses on representation, knowledge, power and culture and emphasizes the historical origin of language elements and views context as important as well as agents using the language. In certain strands of poststructuralism, there is a shift from ideology to those of discourse, the main concern relating to textuality and discursivity. Post-structuralism assumes an expanded notion of texts to incorporate the range of signifying systems and marks the exploration beyond linguistic systems to multi-modal ones and does so in relation to historical context, cultural systems and underlying relations of power that influence production, distribution and reception of texts. Post-structural thought thus denotes that meaning is not only confined to the linguistic system but also to other signifying systems. Critical linguistics draws from post-structuralism, which informs CDA, the overarching approach informing the textual analysis of HIV and AIDS print prevention texts. Cultural studies, also a poststructuralist approach, are relevant specifically through the 'circuit of culture', which marks the move from a focus on political economy and production to consider the ideological framing of texts. Hence CDA augmented by Social Semiotics, located within post-structuralism and forms the analytical tool used in this study to critically analyse representations of HIV and AIDS in purposively selected printed prevention texts.

The critical analysis of printed HIV and AIDS prevention texts (their production by originators and their consumption by consumers) would thus give insights into representations that are

embedded, which are crucial to identify, in order to suggest effective measures that may form the guideline for the design of print-based HIV and AIDS prevention campaigns meant for UKZN, DUT (Steve Biko) and UniZulu students. In this regard, Fairclough's three-dimensional framework is used to undertake an in-depth investigation of HIV and AIDS print prevention texts. The framework offers the examination of discourse practice, textuality and intertextuality and social practices (institutional, local, and societal) that influence discourse formation (Fairclough, 1992; 1995). Institutional practice in particular is evaluated through Foucault's concept of governmentality, which describes how target audiences are persuaded to be responsible for their own health through discourse that ascribe to self-surveillance and self-governmentality. Since texts are designed, distributed and interpreted within contexts and discourses, the evaluation of denotative and symbolic meanings — and enquiry of what and how strategies are used to formulate posters, billboard print portfolios and murals that are meant to change the sexual behaviour of students — is crucial to undertake. Central to this study is the concept of discourse as social practice, discourse being understood here as any form of act, whether realised in words, images or events, that produces meaning including what Fairclough refers to as discursive and non-discursive (non-linguistic features that include context) acts.

Fiske's (1986: 14) assertion that a "text is the site of struggles for meaning that produce the conflicts of interest between the producers and consumers of the cultural commodity" stimulates a will to study discourses that operate in print media to find out how students reproduce these texts. Thus a reception analysis through FGDs is incorporated into the framework.

The section has positioned the conceptual framework that informs the study and the next section describes the methods and direction of investigation.

## **Methods and direction of investigation**

This study brings together various qualitative methodological frameworks in order to investigate a rather complex subject: analysing print-based HIV and AIDS prevention campaigns, particularly those advocating A, B and C. The study draws on critical linguistics and to some extent Social Semiotics, analyses of texts, and reception analysis of focus groups — including in-depth one-one interviews with CHASU coordinators. Since this study aims to unpack what and how discourse strategies are used in print-based HIV and AIDS prevention campaigns meant for the ABC advocacy approach, a conceptual framework adopted and adapted from CDA and

Social Semiotics (where necessary) guides the investigation on how meaning is negotiated by producers and consumers of texts.

This multi-method approach involves several stages. The first stage involved collection of print prevention materials (posters, Billboard print portfolios and murals), which was started in June 2006, became a continuing process and was formally completed in November 2009. Some of the print-based HIV and AIDS prevention campaigns were mainly sourced by the researcher from Campus HIV and AIDS Units (CHASU) coordinators of UKZN and DUT<sup>35</sup>. Other material was photographed by the researcher from the walls of DUT and the students' sports centre of UniZulu. Yet other material was sourced by the researcher from the coordinator of Art for Humanity, artist advocacy involved in a project '*Break the Silence Portfolio*' aimed at informing the general population and students about the HIV and AIDS pandemic. The texts analysed were purposively selected and cover a range of sources from: government, specifically KwaZulu-Natal municipality; UNAIDS; Khomanani and students' designs coordinated by CHASU; and student-designed murals at UniZulu. The second stage involved data collection from focus group discussions (FGDs) and interviews with Campus HIV Unit managers (CHASU), (distributors of messages) and the project coordinator of Art for Humanity advocating '*Break the Silence Portfolio*' through the work of local and international artists. The third stage involved analysis of purposively selected HIV and AIDS prevention campaign posters, banners and murals from the three universities.

The focus group discussion (FGD) participants were purposively selected through the convenience snowballing method, whilst the key informant interview participants were selected by virtue of their positions as CHASU coordinators and one who is the coordinator of the *Break the Silence Portfolio* (discussed in detail in Chapter 6).

## **Research aims and key questions**

The aim of the research is to textually analyse the representations of print-based HIV and AIDS prevention campaigns on UKZN, DUT (Steve Biko) and UniZulu campuses. The key question is "What representations are depicted in print-based HIV and AIDS prevention campaigns on the

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<sup>35</sup> CHASU distributes and publishes material on campuses. The units are also responsible for coordinating HIV/AIDS prevention campaigns on campuses.

three campuses?” The research specifically focuses on posters, billboard print portfolios and murals. The research investigates discursive strategies and themes used to address students regarding sexual health behaviour. It further examines how meanings are negotiated in different places by students.

In order to address how HIV and AIDS are represented and received in print prevention campaigns at the three universities, the research:

1. Analyses the linguistic and visual features of print-based HIV and AIDS prevention campaigns from Campus HIV/AIDS Support Units (CHASU); Khomanani; Campus Clinics; and DramAidE, through the investigation of strategies (linguistic and visual) that are used in campuses to encourage safer sex practices.
2. Evaluates discursive strategies used to construct these campaigns. In particular, how and what discourses (risk, blame and empowerment) and ideologies are reflected in the campaigns and to explore how images and language address gender differences regarding empowerment to enable both males and females to be equally responsible in engaging in safer sex practices.
3. Examines elements of interdiscursivity (the subscription of one or several discourses in the linguistic sense) or intertextuality (that may allude to traces of other texts, ideologies and stereotypes).
4. Examines how UKZN, DUT (Steve Biko campus), and UniZulu students interpret and respond to HIV and AIDS messages and meanings embedded in the purposively selected posters, banners and murals.
5. Explore what influences the design and distribution of campaigns on the three campuses.

The analysis breaks down barriers of textual difference to get possible interpretations of HIV and AIDS/ABC print campaigns in order to unpack paradoxical and diverse messages. Further, textual tolerance of some purposefully selected texts by UKZN, DUT and UniZulu students is revealed through focus group discussion data. The meaning intended by designers (where possible) and distributors of messages, is unpacked through interview data. CDA and Social Semiotics, which are embedded in poststructuralism and social constructionism, are analytic tools used to interpret the functional use of language and visuals to encourage sexual behaviour change. The quest therefore is to uncover meanings embedded in texts that invoke poetic, literal, legal, religious and traditional ideologies, themes, systems, rules and cultural norms, and thus create representations of HIV and AIDS in the selected print prevention campaigns.

The texts that were purposively selected for analysis are:

**Table 1.1 Purposively selected texts for analysis**

Descriptive title	Originators of the work	Campus/Year selected
Fig 7.1: 'I will not share my partner'; Interrogating representations of femininity	Khomanani: Department of Health	Howard College MTB notice board, Edgewood, PMB and Nelson Mandela School of Medicine. September, 2006
Fig. 8.1: 'Fear Me I am a Killer' Poster: Personification of AIDS through apocalyptic imagery	KZN Department of Health: eThekweni District	Westville Campus Notice Board CHASU notice board, March 2007
Fig. 8.2: 'Yekani Iskoon' UniZULU Mural: Collapse and dissolution	Beyond Awareness 2 Mural project campaign (1998-2000)	UniZULU Student Building wall, April, 2007
Fig. 8.3: Woodcut print billboard print portfolio: De-stigmatization of HIV/AIDS through caricature	<i>Break the Silence!</i> print Billboard Portfolio project (2001)	DUT (Steve Biko Campus) Wall facing Berea Main Road, March, 2007
Fig. 9.1: 'Prevent AIDS Use a Condom' poster: Correct use of condoms	Beyond Awareness Campaign (Circulated, 1999/2000)	PMB CHASU Notice Board, July 2007
Fig. 9.2: 'Get Wise, Condomise': Regulation of normative sexual practices	Beyond Awareness Campaign (Circulated, 1999/2000)	Howard College Campus, MTB Building, August 2008
Fig. 9.3: 'You wouldn't go out without your cloths would you?: Erotizing the condom	Howard College students for the CHASU HIV and AIDS ABC advocacy of 2004-2006.	Howard College CHASU notice board, May 2007
Fig.9.4: 'Lovers Plus Condom' Poster: Self-regulation	Population Services Poster [PSI]	DramAidE notice board at Howard College campus, May, 2007.
Fig. 9.5: 'Let us be there 2010' UniZulu mural: The mischievous and malleable condom	Beyond Awareness 2 Mural project campaign (1998-2000)	UniZulu wall, Student Building, April, 2007

This chapter provided the background and context of HIV and AIDS in sub-Saharan Africa and South Africa; HIV and AIDS prevalence prevention strategies at South African university campuses; it presented the case study universities and their context, and HIV and AIDS prevention policies on campuses. It traced the origin of the ABC approach to HIV prevention and how that influenced the subsequent formulation of the PEPFAR funding. It introduced the Abstinence, Be faithful and Condom-use (ABC) concept as incorporated in HIV communication and prevention campaigns on campuses. It contextualized HIV and AIDS prevention campaigns and situated the ABC prevalence prevention strategies at university campuses, and explores related research from previous studies and conclusions conducted on ABC communication at UKZN. Finally the chapter situated the problem as well as the theoretical and methodological positioning of the research. Below is an outline of the thesis structure.

## **Structure of the thesis**

**Chapter 1** contextualizes the study.

**Chapter 2** theorises sexuality and discusses gender issues, since any consideration or analysis of ABC campaigns — including print-based HIV and AIDS prevention campaigns — needs to factor in issues of sexuality. This is crucial because the exploration of human sexuality is necessary to evaluate print-based ABC prevention campaigns. An examination of sexuality facilitates and contextualizes the evaluation of print-based HIV and AIDS prevention campaigns. In this section, categories of sexuality are unpacked.

**Chapter 3** explores major theoretical perspectives of risk and behaviour change persuasion strategies that invariably allude to the risk concept. ABC and what it entails is described and the ideological contestations emanating from the promotion or lack of the tripartite ABC approach are teased out. This is done to place the notions of ABC in a wider context of a rather complex phenomenon, the aim being to unpack what each category entails regarding sexuality issues. The discussion of the ABC approach briefly explores examples drawn from various historical, religious, and cultural practices to build a case for a critical reflection on ideologies underpinning preventive measures. The exploration enables an understanding and setting of the context for the textual examination of print-based HIV and AIDS prevention messages advocating the ABC approach.

**Chapter 4** presents development communication discusses Behaviour Change theories and models. These include The Health Belief Model; The Reasoned Action Theory; Social Learning/Social Cognitive Theory; The Diffusion of Innovation; Social Marketing and Practice; AIDS Risk Reduction Model; and Stages of Change Theory. The enquiry generally reviews selected global, regional and local concerns of HIV and AIDS campaigns. However, it must be stated at the outset that, given the polemical nature of the issues as well as their breadth in terms of on-going discourses surrounding HIV and AIDS issues, the chapter cannot possibly do justice to all facets of the debate.

**Chapter 5** presents the theoretical framework that informs methodology and methods (Chapter 6) that are used to analyse print-based HIV and AIDS prevention campaigns. The theoretical framework considers issues of discourse, ideology, identity, and power, particularly in relation to sexuality. Further, the different approaches to CDA are briefly explored, in particular Teun van Dijk (1993a; 1993c) Ruth Wodak (1995;1997) and Fairclough (1989; 1992a; 1992b) to justify the choice of framework employed. Media is not only representational but also creates sites for the discursive construction of knowledge, beliefs, values, social relations and social identities (Fairclough 1985, 1989). Print-based HIV and AIDS prevention campaigns are a type of media through which the pandemic is constructed. Social representations of HIV and AIDS are constructed when individuals interact with each other and with cultural ideologies to form negotiated understandings of this socially constructed reality as suggested by Social Representations Theory (SRT) (Moscovici, 1984). The chapter explores theoretical underpinnings that inform the methodology and methods of analysis of print-based HIV and AIDS prevention campaigns. There are two sets of theory that this chapter addresses: Critical Linguistics and Cultural Studies.

**Chapter 6** begins with epistemological considerations. It includes interpretive epistemology and reflexivity and it situates my role as researcher. It discusses the multi-method model employed in the research, the quantitative approach, qualitative methodology, CDA, collection of texts, analysis, focus group discussion, in-depth interviews, interpretation, and three-dimensional framework (text: discourse as text; discourse as discursive practice; discourse as social practice). It discusses Social Semiotics as CDA's complementary tool; FGDs' selection of participants; recruitment procedure; conduct of focus group discussion and in-depth interviews; data transcription; ethical considerations, and provides a summary and conclusion.

A holistic approach that primarily incorporates Fairclough's (1989, 1995) three-dimensional CDA framework for textual analysis and reception analysis is used to investigate representations of HIV and AIDS in print prevention campaigns. Additionally, Serge Moscovici's (1961/1984) social representation theory is used where necessary to augment textual analysis and analysis of representations that students make of HIV and AIDS verbal messages and images as they negotiate and make meaning arising out of this. Thompson's (1990) critical modes of operation of ideology are used where applicable, to delve deeper into textual analysis to draw out ideologies inherent in linguistic strategies used in the design of messages.

Chapters 7, 8 and 9 present the findings that were categorised under three main themes: representations of femininity; risk as discursive metaphor used to influence the adoption of safer sex practices and representations of condoms as malleable and mischievous. Because representations of HIV and AIDS involve the use of multi-modal codes to achieve meaning-making by producers of messages, various codes and symbols were chosen by producers to represent ideas that were conveyed to students who in turn attempted to make sense of and interpret the messages conveyed.

**Chapter 7**, the first analysis chapter, interrogates representations of femininity to establish one of the strategies used to encourage safer sex practices through the use of a counter discourse that aims to empower females to take control of their sexuality and sexual decisions. The message may be attacking the current unequal relationship of sexual power between males and females that prevails in South Africa. The discourse of modality is used to achieve a relationship between the female represented participant (who is acting on behalf of Khomanani to pass the message to fellow females) and the interactive participant who presumably is a female through textual identity.

**Chapter 8** examines risk metaphors as discursive strategy in HIV and AIDS prevention campaigns. Some HIV and AIDS campaigns use strategies, which suggest that sexual intercourse could be a risky endeavour. Prevention campaigns often blame individuals by using risk discourse alluding to messages engendering sexual safety and responsibility ethics. Three purposively selected print-based HIV and AIDS prevention campaigns from the seven campuses were analysed. Fig. 8.1 a poster from eThekweni District, 'Fear Me I am a Killer,' which was displayed at Westville campus, (one of the UKZN campuses), Fig. 8.2. a Mural at UniZulu and Fig. 8.3, a banner from *Break the Silence Portfolio*, displayed at DUT (Steve Biko campus). Emanating from analysis of printed HIV and AIDS-prevention material selected from university

campuses, the chapter demonstrates how risk discourse forms a rhetorical context to promote HIV and AIDS prevention. The campaigns seem to engage in a psycho-sexual realm of attacks on deviant sexual behaviours, multiple concurrent partners, sex indulgence, engaging in sex without protection, and alludes to these as “at risk” behaviours. Invariably the body is under scrutiny, relating to sexuality, and invokes the will to be responsible and empowered to make informed sexual choices.

**Chapter 9**, the third and last analysis chapter, investigates how condom-use messages are deployed to persuade safer sex practices. Five purposively selected print-based HIV and AIDS prevention campaigns from the seven campuses were analysed. Fig. 7.1 is a UNAIDS poster displayed at several UKZN campuses and DUT (Steve Biko campus), Fig. 7.2, a government Department of Health poster, which was part of the Beyond Awareness Campaign, displayed at UKZN campuses and DUT (Steve Biko) campuses, Fig. 7.3, a poster designed by one of the students at Howard College and displayed at Howard College campus; Fig. 7.4, A Ministry of Health poster displayed at Howard College; and finally, Fig. 7.5, a mural on a UniZulu wall.

**Chapter 10**, the conclusion chapter, aims to tie together the research findings and implications emanating from the results and briefly makes recommendations that could inform the design of print-based HIV and AIDS prevention campaigns.

## **Chapter 2: Theorizing Sexuality and HIV and AIDS prevention**

Chapter One introduced the background and context of HIV and AIDS in sub-Saharan Africa, South Africa and presented the university campuses' contexts including HIV and AIDS prevention strategies together with how HIV and AIDS communication is conducted at the study campuses. The chapter then presented the theoretical and methodological positioning of the study, together with research aims, objectives, key questions and the thesis chapter outline.

This chapter offers a theoretical framework for sexuality and HIV. It begins by surveying sexuality and gender; it explores social and western constructions of masculinity, discourses of masculinity in Africa and South Africa, KwaZulu-Natal; changing masculinities; constructions of femininity; binary discourses of masculinity and femininity; identifies the link between sexuality and HIV and AIDS and finally explores sexuality and the link with risk and HIV and AIDS.

In order to reduce the impact of the pandemic on humanity various theories and models of health communication and behaviour change have been developed. These models have mostly emphasized change in sexual practices because HIV and AIDS is a disease that is largely linked with sexual practice particularly in sub-Saharan African, with South Africa not being an exception.

As part of its contribution to our understanding of the discourses of HIV and AIDS prevention campaigns, specifically print campaigns, this study embarks on a textual analysis of purposively selected print-based HIV and AIDS prevention campaigns at UKZN (five campuses), UniZulu and DUT (Steve Biko) campuses. As has been already mentioned, campaign strategies focus on or emphasize change in sexual behaviour since HIV and AIDS is a condition linked to sexual practice(s). Since a link between sexuality and HIV has been identified, any study of sexual behaviour change campaigns must include analysis of: sexuality; sex and gender issues; risk theories and selected theories and models of behaviour change within the broad field of development communication and health communication.

### **Sexuality**

The last two centuries have been defined by growing social anxiety ranging from childhood sexuality, prostitution, homosexuality, public decency, sexually transmitted diseases and

pornography (Weeks, 1985: 44). Sexuality is a complex phenomenon as its meaning is influenced by various aspects ranging from: historical periods, societal and cultural contexts, i.e. communities, race, religion, politics, occupations, gender and age (Weeks, 1985; 2003; Foucault, 1978; Ortner and Whitehead, 1989; Jackson and Scott, 2000; Silberschmidt, 2004; Sanders, 2006; Jackson, 2006). Sexuality is thus a historically and contextually constructed concept as espoused by the scholars cited above (Weeks, 1985; 1991; 2003; Jackson and Scott, 2000; Jackson and Scott, 2004; Jackson, 2006).

Since sexuality is a complex concept, several definitions have however been advanced by a range of scholars and theorists. In order to arrive at a working definition that is considered relevant to the study, a few are presented here. Sexuality has been defined as referring to “all erotically significant aspects of social life and social being such as desires, practices, relationships and identities [...] what is sexual (erotic) is not fixed, but depends on what is socially defined as such ...” (Jackson, 2006: 106). Several concepts that form the primary notions of sexuality are outlined as “social nature of identity, the criteria for sexual choice, the meaning of pleasure and consent and the relations between sexuality and power” (Weeks, 1985: 56). Michel Foucault, himself defines sexuality as an entire span of discourses and practices. Drawing from the various perspectives of what accounts for sexuality, the definition that informs this study pertains to expressions of: identity (both verbal and non-verbal).

In his theorization of sexuality, Jeffrey Weeks (1985) highlights the complexity of sexuality in western societies when he writes:

... sexuality is to a certain degree a contested zone. It is more than a source of intensive pleasure or acute anxiety; it has become a moral and political battlefield. Behind the contending forces — liberals and radicals, libertarians and the resurgent forces of social purity, the activists and the apathetic — lie contrary to beliefs and languages about the nature of sex; sex as pleasure; sex as sacrament; sex as a source of fulfilment; sex as fear and loathing (p 4).

Foucault in particular has greatly influenced views of sex and sexuality. Foucault’s theorization of sexuality as a historical construct is presented in his three volumes of the history of sexuality: *The Will to Knowledge* (Volume 1; 1978/79): *The Use of Pleasure* (Volume 2; 1985) and *The Care of the Self* (Volume 3; 1986). Foucault traces how the perceptions of sex and sexuality in western societies have changed throughout history. His contribution to our understanding of sexuality is briefly explored here as some of its strands have a bearing on the textual analysis of print-based HIV and AIDS prevention campaigns at UKZN, DUT and UniZulu campuses.

Foucault's work on sexuality suggests that there are many types of varying class and gender sexualities (Foucault, 1978: 120-121). The variation results from diverse social contexts and historical factors. In his theorization of discourses of sexuality, Foucault (1978) contends that discursive systems that prevailed in western culture in Victorian societies and institutions influenced the perceptions and meanings of sexualities. The discourses and practices created and controlled objects of knowledge that shaped sexualities and their categorizations (*ibid.*: 121-22). For his part, regarding meanings that are inherently subsumed in sexuality, Weeks (1985) observes the implication of "binaries: source of: pleasure/pain; anxiety/affirmation; identity crisis/stability of self "(p3). The discursive meanings and implications associated with sexuality account for it having become an extremely contested zone; not only has it increasingly become a basis for great or acute pleasure, but has also become a moral and political subject (*ibid.*: 4).

In terms of the above accounts of sexuality, it can be deduced that discourses constructing sexuality depend on the perceptions of different historical periods, societies and cultures. Thus each historical era, context and culture may perceive sexuality according to the set period and contextual factors. Given the contextual nature of the meanings of sexuality the meanings are likely to change over time and perceived differently in different cultures. Having given an overview and history of sexuality, it is perhaps necessary to explore the link between gender and sexuality.

## **Gender and sexuality**

Gender and sexual identity are inherently linked (Weeks, 2003: 36). Gender is a concept that is used to socially construct masculinity and femininity that involve hierarchical divisions between women and men stemming from social, political and economic practices and institutions (Woodward, 2002: 109). Some feminist scholars have attempted to differentiate sex from gender. The former is viewed as a purely biological and anatomical phenomenon, whilst the latter's meaning is a socially constructed phenomenon (Butler, 1990; Jackson, 2006; Jackson and Scott, 2006). Significations of sex centre on gendered standards of behaviour and identity (Hopkins, 1996).

Gender is a term used to distinguish between binary categories, characteristics and identities of women and men, female and male embodied through membership of each (Jackson, 2006: 106).

Gender defines social categories of women and men and locates them differently in all spheres of life, including the sexual (Jackson 2006: 106). The essence of its meaning is influenced by “daily actions, interactions and subjective interpretations through which it is lived and this varies historically and culturally and may be the product of class and ethnicity also (enmeshed) through local exigencies of individual and socially located biographies” (*ibid.*: 106). Categories of gender affect sexual practices (Hopkins, 1996: 97). In some cultures, norms and beliefs regarding decisions pertaining to condom-use negotiation restrict females from suggesting safer sex practice, since females who attempt to be assertive may be perceived as promiscuous. (Langen, 2005: 188). In such cultures, risk-taking by men that condones multiple-partnership is associated with masculinity (*ibid.*). These gender categories based on what males and females can do regarding sexual practices tend to be unfair and pose a sexual health risk to both males and females.

Cultures determine characteristics that identify man and woman and relate them to masculinity and femininity. Any form of deviation from gendered categories is deemed to be “gender treachery,” a term which is conveniently used by Hopkins (1996: 98), who reveals that he borrowed it from Margaret Atwood’s novel, *The Handmaids’ Tale*. Members of a culture are thus expected to conform to the regulated binary sex/gender system. Non-conformity may render one a gender traitor (*ibid.*: 98). Thus homosexuals, bisexuals, transvestites and feminist activists may be labelled gender traitors. Beliefs of what constitutes masculinity are embedded in socio-cultural contexts of communities thereby creating an unequal balance of power between males and females (Langen, 2005; ICASO, 2007).

## **Constructions of Masculinity**

Several researchers have established that masculinity is socially and culturally constructed and thus is a fluid term that is diversely defined across different times and contexts, it being influenced by factors such as socio-economic position, race, religion, age and geographic context (Mac an Ghail 1994; Connell 2002; Kimmel, 2004, Ampofo and Boateng 2007).

Whitehead and Barnett, (2001: 15-16) define masculinities (the plural noun is derived from the several factors that influence the concept) as “behaviours, languages and practices existing in specific cultural and organizational locations, which are commonly associated with males and thus culturally defined as not feminine”. Masculinity is regularly constructed against denial of

'femininity' or feminine qualities (Seidler, 1991). Globally, masculinity is constructed as: virility, sexuality, potency, fertility and male 'honour' (Cornwall and Lindesfarne, 1994; Lindsey, 1994; Connell, 1995; Silberschmidt, 2005). Thus for most cultures masculinity signals strength and power. The descriptions connote physical strength and authority over the opposite sex. A real male is perceived as one who never lets his masculinity falter, be it physically, emotionally and sexually. Societies have constructed masculinity along a framework based on the gender divide from which expectations of how males should behave emerges. This type of masculinity is termed hegemonic masculinity (Connell, 1995).

### **Hegemonic masculinity**

Hegemonic masculinity is masculinity that is aligned to physical and emotional strength' (Carrigan *et al.*, 1985). The roles and behaviours that men are expected to adopt and adhere to fit into cultural norms that attend to social practices, role expectations and inner psychological processes and are aligned to hegemonic masculinity (Connell and Messerschmidt, 2005). Hegemonic masculinity is a dominant form of masculinity in a given social context and is central to the reproduction of patriarchal power relations (Wyrod, 2011: 445) that men measure themselves against and are measured against by others (Connell, 1987). This form of masculinity creates a hierarchy of masculine identities that not only naturalizes the subordination of women to men but also the dominant position of some men over other men (*ibid.*). This type is usually associated with authoritative, aggressive, heterosexual, physical bravery, sport and competitiveness trends (Connell, 1995; Mac an Ghail, 1994, 1996; Salisbury and Jackson, 1996; Gilbert and Gilbert, 1998; Lesko, 2000; Frosh *et al.*, 2002; and Bhana, 2005).

Deviance from power and physical strength is viewed as non-hegemonic (Bhana, 2005: 207). The social constructions of manhood around strength and power still prevail in contemporary times despite the ever-changing sexual behaviour and lifestyles that have altered some of these constructs. Sexual performance is one of the crucial domains in which masculinity is socially constructed and enacted. Thus, males are expected to be more dominating, knowledgeable and experienced sexually, failing which they may be subject to ridicule and would be viewed as lacking the innate quality that is the essence of manhood (Kimmel, 1987; ICASO, 2007; Covey, 2003). This is true for most cultures as masculinity is attached to penile performance and sexual prowess.

Since notions of sexuality are fluid and determined culturally, it would be important to contrast notions of African sexuality as perceived by the western world and within the context of sub-Saharan Africa and particularly within that of South Africa as knowledge of such is relevant to the analysis of print-based HIV and AIDS prevention campaigns. Thus the following sections explore western constructions of sexualities followed by constructions of masculinity and femininity by western and within the African and South African contexts.

### **Under western eyes: western constructions of African sexualities**

Perceptions and attitudes towards sexuality are said to have changed particularly in the British society since the 1960s, the outlook described as more liberal and more transparent towards pre-marital heterosexual sexual relations and homosexuality among younger generations (Harding, 1988; Heath and McMahon, 1991; Jackson and Scott, 2006). Work on sexualities in Africa suggests that in the past, “sexual systems were built on complex sexual norms, values and moral codes” (Silberschmidt, 2001: 666). Constructions of sexuality were influenced by what was deemed to be African masculinity, which was hyper-sexualized to re-awaken racist colonial versions of African male concupiscence (McClintock, 1995) where women are often seen as passive recipients of sex and sexuality (Bhana, *et al.*, 2007: 133).

Western constructions of African sexualities are based on discourses which portray African males as sexually irresponsible with high libidos. Hunter (2005: 391) cites Vaughan (1991) and McClintock (1995) assertions that “popular discourse tends to portray Africans as inherently ‘diseased’ and promiscuous’, making it imperative to problematic representations of static African masculinities (on racialised colonial representations of ‘promiscuous’ Africa. These notions have been exacerbated by the advent of HIV and AIDS, especially regarding sub-Saharan African. Some literature has portrayed an image of African sexuality as licentiousness and that the sub-continent is rife with disease, hunger, poverty, sexual promiscuity and death (Downing, 2005). Kevin Meyers (2008) concurs by asserting that while countries are investing heavily in aid programmes, Africans are reproducing exponentially and in so doing offer nothing but AIDS. These assertions may be deeply rooted in 16<sup>th</sup> century European image of black Africans that “alluded to cultural understandings of black Africans as the very embodiment of dirt and disorder, their moral affliction all of a piece with their physical degradation and their pestiferous surroundings” (Comaroff, 1993: 306). Rushton and Bogaert (1989) compared sexual

behaviour between ‘Mongoloids’, ‘Caucasoids’ and ‘Negroids’ which seemingly had racist undertones. The population of African ancestry was purported to be:

... more inclined to a greater to a greater frequency of uninhibited disorders such as rape and unintended pregnancy and to more sexually transmitted diseases including AIDS, while populations of Asian ancestry are inclined to a greater frequency of inhibitory disorders such as how sexual excitement and premature ejaculatory disorders such as how sexually transmitted diseases including AIDS ... [Africans lacked] ‘sexual restraint’ as a lowered allocation of bodily energy to sexual functioning (p1211-113).

Such allusion portrayed “black Africans as sexually aggressive, uninhibited and primitive, of Asians as overly sexually constrained and inhibited and Europeans as ‘normal’ (Petersen and Lupton, 1996: 57). The racist assumptions of many early AIDS-related discourses were clear in startling statements about African sexuality and were typical during the early years of the epidemic (UNAIDS, 2002: 9). Interestingly, western constructions of African sexuality are also echoed in a study conducted by Marit Petersen (2009), in which she examines and compares the interpretation of sexuality and risk among adolescents in two different communities in Cape Town (one predominantly black and the other white and coloured). The study revealed that the white respondents argued that black peoples’ cultural beliefs and practices, such as polygamy; associated female subordination and male promiscuity predisposed African blacks to HIV infection (Petersen, M. 2009: 111). UNAIDS (2002: 9) also observes that the xenophobic and racist undertones not only shape dominant images and cultural constructions of the epidemic but have been reproduced within it thus marginalizing people from racial and ethnic minorities who are perceived as the causes of their misfortune and in turn are blamed for it. African sexuality is thus perceived to be deviant, reckless and lacking in personal discipline and thus HIV infection and AIDS could be some kind of retribution for seemingly uncontrollable urges as seen by western eyes.

### **Discourses of masculinity in Africa and South Africa**

In Africa, researchers note how dominant masculinities are associated with hegemonic masculinities built on cultural expectations that demand that a man should be a provider for the home (Hunter, 2005; Wyrod, 2011) and that require men to deny weakness and vulnerability (Wyrod, 2011: 445). Within hegemonic masculinities, certain “signifiers of masculinity’ are used by men to negotiate social power and status and these are: independence, self-reliance, physical strength, toughness, risk-taking and emotional detachment (Courtenay, 2000: 1385). Scholars distinguish between masculinity as a singular noun and masculinities in the plural. The

distinctions are motivated by the suggestion that masculinity is dynamic and socially constructed (Courtenay, 2000) giving rise to a variety of variety of masculinities that reflect factors like: poverty, wealth and inequality, ethnicity and sexualities, race, age, religious affiliation and geographical location (Morrell, 2001; Ratele, 2006). This distinction is no different from the definition of hegemonic masculinity suggested by Cornell (1987), which delineates the factors associated with such. However, the plurality of the masculinity suggested does explicitly bring forth the different aspects and tangents of masculinity. Brown, Sorrell and Raffaelli (2005), although in agreement with the pluralistic notion of masculinity contend that not all masculinities are equal and differ according to specific cultural notions of masculinity (p586).

Literature on African male sexuality notes that some definitions of masculinity “equate multiple partners with sexual prowess” (Bhana, Morrell, Hearn and Moletsane, 2007: 131). In some African societies, discourses of masculinity carry ‘positive’ connotations of what it means to be manly or masculine. Masculinity according to some African societies is associated with engaging in extra-marital relationships with casual partners or “small houses” for boosting self-esteem and feeling power over women (Silberschmidt, 2005: 197-198).

Past research in sub-Saharan Africa has revealed the link between notions of masculinity and sexuality. Price and Hawkins (2002) cited in Brown *et al.*, (2005: 587) report that young men in Zambia regarded sexual relationships as being central to their self-esteem and social status and that in a Xhosa township in South Africa, one should have multiple girlfriends as this gives one the status of being a man. In Tanzania, men build their self-esteem and masculinity through sexual exploits (Silberschmidt, 2005: 197-198). More examples of discourses of masculinities that were culturally constructed as ‘positive’ connotations that reinforce male multiple sexual practices in some African cultures are reported by Onyewadume (2003: 102): **Bemba, Zambia**: ‘*Umwaume tatobela moto umowine*’: A man does not eat the same soup; ‘*Ubuchende bwawaume tabonaula ichupo*’: An adulterous man does not spoil the marriage; ‘**Akan, Ghana**’: ‘*Umwo efua tro*’: If a man has a farm, he could have a garden also; **Botswana**: ‘*Monna ke poo*’: A man is a bull; ‘*Monna ke phafana*’: A man is a calabash; ‘*Monna ke selepe*’: A man is an axe; ‘*Monna ke terena*’: A man is a train; ‘*Monna ga botswe kwa o tswang*’: A man should not be asked where he is coming from. These are just a few examples of discourse of that reinforce culturally constructed ‘positive’ connotations of multiple sexual partners in some African societies. Multi-partnerships’ patterns are reported to prevail within the African society and embedded within the social structure (Caldwell *et al.*, 1989: 187).

In South Africa a study by Juanita Meyer (2013) reveals that young men equate masculinity with sexual prowess. She cites one of the young male participants as stating, during an interview she conducted, that “they see women as sexual objects, and define them to the degree that they could satisfy their sexual desires and urges” (p12). Juanita Meyer (2013: 13) further states that this form of power control is enshrined in patriarchal South Africa; to control women [...], that sexuality is the domain of the male, and he has to do as he pleases; thus sexuality becomes a form of power. Jewkes *et al.*, (2010) also report the somewhat ingrained belief of sexual entitlement of men over men, the idea built on gender hierarchy that is rooted in an African ideal of manhood.

In order to foreground the textual analysis of print-based HIV and AIDS prevention materials, the following section specifically explores masculinities in KwaZulu-Natal.

### **Discourses of Masculinities in KwaZulu -Natal**

In South Africa, researchers report how dominant masculinities can shape men’s sometimes violent control over women, demand for “flesh to flesh” sex and celebration of multiple partners (Campbell, 1997; Wood and Jewkes; 2001; Leclerc-Madlala, 2001; Hunter, 2002; Hunter, 2005). As evidenced earlier with reference to other southern-African societies, multi-partnership is “positioned as one element of distinct and internally coherent African system of sexuality” (Hunter, 2005: 390). Hunter’s study reveals how “sexual networks have emerged and changed overtime and demonstrates how men’s “tradition” of having multiple partners both result from and shape male power” (*ibid.*) and this concept is known as ‘*isoka*’.

Hegemonic masculinity is subsumed in Zulu traditional notions of manhood in that historically, men were expected to fulfil several roles to prove their masculinity as expected by custom. Hunter (2005) traces the Zulu concept of masculinity from the 1940s and 1950s through to the post-apartheid and era of democracy and suggests contesting ideologies of masculinities. Expectations included getting married, building and providing for the household and at the same time have several partners and be a respected *umnumzana* (Hunter, 2005: 394). Whilst the ‘*isoka*’ was initially meant to fulfil the ideals of hegemonic masculinities, which were based on sexual conquests (Leclerc-Madlala, 2002; Hunter, 2005) and came with significant gender privileges (Wyrod, 2011: 445), this practice came with responsibilities as the expectations were: men had to be productive; self-sufficient, earn money, have children and support a family (Hunter, 2005; Wyrod, 2011). Furthermore, the ‘*isoka*’ practice “had its restrictions for other

paths to manhood that were ultimately valued; that the man engages in thigh sex, ‘*ukosoma*’ with several partners” (Hunter, 2005: 394). Adhering to this rendered respect for the man.

### **Changing masculinities**

During the colonial and apartheid years, discourses about African men’s masculinities (South Africans and including those from other southern African countries, who sought employment in South Africa) changed where at work, they were called ‘boys’ which relegated them to an inferior status and was humiliating (Hunter, 2005: 395). Nowadays, African masculinities face other challenges of men having difficulty in marrying, setting up a home and maintaining it and having to compete for employment with women (*ibid.*). In the 21<sup>st</sup> century, hegemonic masculinity faces challenges of men not being in total control of women as the latter’s roles are being shifted towards women empowerment by the changing socio-economic landscape (though also with its own contestation).

Regarding ‘*isoka*’, the positive connotations connected with the practice changed to negative discourses where women disapprove of men with multiple partners (Hunter, 2005). The discourse of ‘*isoka*’ was changed to ‘*lamanyala*’, especially to label a man who cheats on his girlfriend, with her best friend or a man who spreads HIV (*ibid.*: 395). In these instances where males had too many girlfriends, this was frowned upon and perceived as uncontrollable and thus would earn the label, ‘*isoka lamanyala*, meaning dirt or a disgraceful act (*ibid.*: 394). Alternative urban masculinities similar to changing notions of ‘*isoka*’, attest to the assertion that masculinities are socially constructed and that sexuality is a fluid term, the meaning of which changes over time. In the South African society, differences in racial, wealth and poverty and health statuses account for the changing masculinities. HIV and AIDS are also factors that may have changed notions of hegemonic masculinity to some extent as they may contribute to the risk of infection. The next section explores constructions of femininity.

### **Constructions of femininity**

Over the centuries, the perception and representation of female sexuality has varied (Weeks, 2003: 37). In the eighteenth century, western female sexuality was regarded as insatiable. Then in the nineteenth century, the females who were courageous enough to define their sexuality were perceived as disreputable (*ibid.*). The late twentieth century witnessed an evolving trend that prompted female sexuality to aid all forms of consumerism (*ibid.*).

### Reconstructions of femininity

Sexuality that was gradually being constructed for western women by society (encouraged by hegemonic masculinity) in the 19<sup>th</sup> century bred new discourses that were influenced by the Marilyn Monroe and the Brigitte Bardot figures which described women's sexuality as "sex kitten", "sex bombshell" (Weeks, 1989: 2). These labels introduced connotations whose meanings represented the women as daring, independent and sexually empowered. The reconstructions of female sexuality were reinforced by popular magazines like *Woman*, which was more sexually explicit in the 1960s than in the 1940s and *Cosmopolitan* which continued reflecting the heterosexual norm though it alluded to a range of possible popular meanings (*ibid.*). In South Africa, the reconstruction of female sexuality in magazines like *Cosmopolitan*, *Drum* and *Bona* has followed the western trend. The representations of female sexuality show a similar trend to that of the Western world. Female sexuality is represented as bold, daring; the assertiveness that brings out the "Diva"<sup>36</sup> in especially career and educated women (Donnelly, 2001: 29). Leclerc-Madlala (2003: 223) concurs by citing the South African economy as influencing glamorous lifestyles that women emulate, these being portrayed through local and foreign soap operas, billboard displays, radio, T.V and magazines.

Dominant notions of female sexuality that are deeply embedded in traditional customs as described by Meyer, (2013) that prescribe different norms for men and women: multiple sex partners for men, male control over barrier methods and women's financial and social dependence on men are now increasingly challenged by the 'modern' woman. Women are now increasingly asserting themselves in terms of their sexuality. Transactional sex is perceived as an accentuation of female sexuality, financial and social independence. These motivators for transactional sex have been aptly discussed and described by Leclerc-Madlala's (2003) study entitled: *'Transactional sex and the pursuit of modernity'* which she conducted at an urban township of Durban. She suggests that the motivators by young women in the urban, rural and peri-urban areas for engaging in transactional sex are basically driven by consumption purposes rather than survival or escape from poverty as it was in the past. Leclerc-Madlala's (2003) study suggests discourses relating to a 'continuum of needs' and categorizes them thus:

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<sup>36</sup> Popular culture expression used to describe self-empowered and assertive women.

**Fig. 2. 1: Discourses relating to a ‘continuum of needs’**

<b>NEEDS</b>	<b>WANTS</b>
<ul style="list-style-type: none"> <li>• <b>Food</b></li> <li>• <b>Rent/services</b></li> <li>• <b>Essential clothing</b></li> <li>• <b>School fees</b></li> <li>• <b>Basic transportation</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Cellular phone/jewellery</b></li> <li>• <b>Entertainment/travel</b></li> <li>• <b>Fashion clothing</b></li> <li>• <b>Tertiary education fees</b></li> <li>• <b>Luxury transportation</b></li> </ul>

**Source: Leclerc-Madlala (2003: 224)**

Material necessity, sexual exchange for material gain and means to pursue images and ideals largely created by the media and the globalization are underlying discourses that largely prevail in the local socio-cultural context (*ibid.*).

The rapidly changing socio-economic context due to the effects of globalization, heterosexual dynamics (change from previous notions of what hetero-sexual normativity means) and abstract narratives of modernity contribute to reconstructions of female sexuality. The changing socio – economic context has also influenced discourses of multi-partnering amongst especially the urban and peri-urban women. According to the findings of Leclerc-Madlala (2003), assertions drawn from the participants reveal that women empower themselves by ‘doing what men do’. Assertions such as “its women time to enjoy any number of concurrent partners” (*ibid.*, 221) and also females taking turns to exploit men as it is a “two way-process” (*ibid.*) are indications of women assuming some kind of power and agency over sexual relationships. ‘Sex for consumption’ as opposed to ‘sex for survival’ reflects a growing tendency to exploit relationships that are influenced by new ‘needs’ arising from commodity of modernity (*ibid.*). The discourse of ‘sex for consumption’ also indicate changing notions regarding the fluidity of heterosexual dynamics especially in terms of women’s sexual practices (*ibid.*, 224). However, Hunter, in his research (2002 and 2005) maintains that women engage in transactional sex, often with multiple men as most are unemployed or poorly paid, thus sex for survival prevails in such contexts. He argues furthermore that in rural Zululand some women engaged in extramarital relations due their men being away in migrant labour. The women thus engaged in ‘sex for survival’. Various discourses arose from such sexual practices as recounted in the section on binary discourses arising out of masculinities and femininities.

The new notions of women's transactional sex do not just apply to South Africa as this phenomenon also prevails elsewhere in the sub-continent. For example, in Botswana, sexual materiality is evidenced in women especially young tertiary students who pursue to engage with men for material comforts. Having 'five ministers'<sup>37</sup> is an endeavour of female students at the University of Botswana: Minister of Transport (for transportation), Minister of Communications (provides cell phone and airtime), Minister of Home Affairs (supposedly a steady boyfriend), Minister of Finance (for monetary purposes) and Minister of Entertainment.

Despite the reconstructions of female sexuality in South Africa, unequal power between males and females regarding control over various aspects of their lives still abounds. Females still have challenges regarding ability to negotiate when to engage in sex, where it should take place and whether to use protection (Langen, 2005; ICASO, 2007). Female sexuality is constructed, defined and categorized around hegemonic masculinity; male power (Weeks, 2003: 36). Thus women are expected to be non-sexual, while men are defined by their sexuality and dominance over women, both sexually and socially (J. Meyer, 2013: 14). The expectations of women to be non-sexual are paradoxical since men rape and coerce women into having sexual intercourse or expect consensual sex from a sexually attracted partner (*ibid.*). Hunter (2005: 394) concurs by arguing that control of women and control of women's sexuality still prevails and these are due to patriarchal traditions and blending of Christianity and Zulu values. Cornell, Read and Walker (2003: 26) reiterate further that "masculinity among men in South Africa is largely defined by exercising control over women and engaging in coercive sex" they however concede that cannot be a generalization of all men in South Africa.

#### Binary discourses: masculinity v/s femininity

This section traces discourses of masculinity and femininity and their associated binary connotations in South Africa. Leclerc-Madlala's (2003) assertion that heterosexuality is fluid as evidenced by women's multi-partnering practices brings forth contesting discourses for both masculinities and femininity. Whilst multi-partnering is generally celebrated in men, it is shunned if practised by women. In South Africa's townships and rural areas, women seeking education and other opportunities through multi partnering are scorned and even at times

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<sup>37</sup> This assertion was gathered from informal discussions with the female students of the University of Botswana in 2005 and this still prevails today.

disciplined as they are regarded as rebellious, thus affirming the normativity of heterosexual masculinities (Hunter, 2005: 398).

Contesting discourses of multiple-partners for masculinities and femininity are often negative for females and positive for males. Women who engage in multiple sexual partnerships earn labels like *'izifebe'* in Zulu (Hunter, 2005) and *'lebelele'* in Tswana, these translate to a loose woman. The labelling ascribes to the traditional norm of female sexuality being constructed around purity, self-restraint and the denial of sexual pleasure (*ibid.*). Women thus “earn the insult *'izifebe'* for challenging gendered roles in the home and elsewhere” (*ibid.*: 398). Hunter (2005) continues to argue that contestations over sexuality are influenced by the cultural politics of multi-partners that are inherently subsumed in parallel contestations over the roles and duties of women society (*ibid.*: 395). In his account of the sexual subjugation of women, Hunter (2005) describes in detail how certain sexuality practices are frowned upon:

In the eyes of many men, the *'ihlazo'* (disgrace) of having a child before marriage or being seen as *'izifebe'* positioned women as lacking *'inhlonipho'* (respect) and therefore undesirable to marry — condemned to a low status in society or forced to escape derision by moving towns — Young girls' chaste living was further supervised by *'amaqhikiza'* (girls who had already selected a boyfriend and older women who periodically tested the girls' virginity (p395).

The above account is an indication of how the traditional patriarchal society strictly governs the sexuality of women reflecting Foucault's (1976/1980) notion of sexuality surveillance of constant scrutiny and gaze (see Chapter 3). Juanita Meyer's (2013) study further reiterates that whilst a girl's femininity is dependent on their morality and powerless position maintained in the community men are likely to succumb to temptations through females (p 15).

Men's masculinity is celebrated through multi-partnerships as mentioned earlier and unlike women, positive connotations of such are more likely to be acceptable. The *'isoka'* is an indication of the ideals of masculinity (Wyrod, 2011; Hunter, 2005) and carries a sense of admiration for the man who is able to secure and satisfy several partners. Also, the multiple sexual partners that often prevail mark the man's rite of passage; one has to be seen to engage in these practices to be perceived as a man; whilst the woman is subjected to virginity testing (Leclerc-Madlala, 2002). The underlying positive discourses mark the man as a 'bull', 'dog', the western version of 'Don Juan' and 'Casanova'. “Femininity carries sexual purity whilst to be masculine is to be sexually promiscuous; masculinity being dependent on man's biology and sense of power, whilst a girl's femininity is dependent on their morality and powerless position

maintained in the community” (Meyer, 2013: 15). Harvey and Kehler (2005: 3) are in agreement as they assert that the “concept of manhood in South Africa is largely defined by sexual promiscuity, while girls and women are expected to stay pure and maintain their virginity. However, as mentioned earlier, since sexualities are fluid, changing masculinities due to varying and changing socio-cultural contexts have influenced emerging discourses that challenge and critique men’s multi-partnering tendencies.

Reconstructions of male and female sexualities, “generated cultural fears of sexually transmitted diseases and the dread of casual transmission in the 20<sup>th</sup> century” (Brandt, 1988: 422). In the 21<sup>st</sup> century, HIV is a threat to sexuality and raises concerns about morality, social behaviour and patterns of mortality which are still a challenge to society at large. Sexuality, and HIV and AIDS have been increasingly in the public sphere; as such they have come to be recognized as necessary and critical to understand (Barolsky, 2003: 36).

### **Sexuality and HIV and AIDS**

Since the first case of HIV and AIDS was reported in the 1980s, focus has been increasingly directed on sexual behaviour, attitudes, sexual inclination and sexual health more than at any other time in history. The 21<sup>st</sup> century is very much preoccupied with sexual issues and controversies as the 20<sup>th</sup> century was. Weeks’s extensive research on AIDS and sexuality has revealed that certain sexual practices have been linked to the cause of disease and that certain types of sex like homosexuality are not only linked to AIDS but are labelled as sexual deviance (Weeks; 1985, 1989, 1991 and 2003). Since AIDS’s main cause is enabled through sexual activity, it was subject to moral panic for multitudes of people and a major health issue for the general community (Weeks, 1985; 1989). The moral panics of HIV and AIDS were a result of a proliferation of discourses of risk that seemed to aim at regulating sex and sexuality through sexual health campaigns that persuaded safer sex practices among the populace (Weeks, 1985: 16). The advent of HIV and AIDS fuelled moral panics because of the link between sex and disease, “disease becoming a metaphor of dirt, disorder and decay” (Weeks, 2003: 102).

The first AIDS’ case reported in the USA in the 1980s associated the infection with gay communities. The disease was at first labelled gay cancer or gay plague, then earned the acronym, GRID (Gay-related immunodeficiency; which later became AIDS (Acquired Immune Deficiency Syndrome) (Weeks, 1985, 1991). The latter label resulted from two aspects: the first being increased knowledge and understanding of the disease due to scientific research; the

second came with the realization that the disease was not only confined to homosexuals but heterosexuals were also subject to infection. The disease had evidently transgressed boundaries to other “vulnerable groups”: intravenous drug users, haemophiliacs, Haitian immigrants into USA” (Weeks, 1985: 46).

In the 1990s, in the western countries, AIDS was perceived as the disease of “the other”, select segments of the population, the promiscuous homosexual, the intravenous drug addict, and the unfaithful husband (Clatts, 1994: 94). This perception blamed multi-partnering, drug use or specific sexual inclination for the cause of HIV transmission. Multi-partnering, drug use or specific sexual inclination may contribute to the risk of contracting HIV. However, unprotected sex constitutes more of the risk of HIV transmission (*ibid.*). In the 21<sup>st</sup> century, focus has shifted from homosexuals as it has been realised that the disease does not discriminate and is not confined to a specific sexual orientation. The disease is however deemed to be the result of high risk behaviour which is associated with promiscuity, infidelity and unprotected sexual intercourse (*ibid.*).

In Sub-Saharan Africa, the AIDS epidemic has thrust sexuality, sexual practices and sexual behaviour into the spotlight as a major public health issue (Silberschmidt, 2004). The need for a wider understanding of the dynamics of HIV transmission, sexuality and sexual behaviour as a direct consequence of the escalating HIV and AIDS epidemic in a Sub-Saharan context, became even more increasingly crucial towards the end of the 20<sup>th</sup> century (McFadden, 1992; UNAIDS, 1999).

In Africa and specifically in sub-Saharan Africa, HIV and AIDS infection occurs mainly through sexual intercourse. Sex and gender and their relationship to sexuality and risk have increasingly become subjects of discussion. Unequal power relations between males and females influence their control and ability to negotiate safer sex practice. The vulnerability to HIV, especially regarding females ensue from females being relegated to positions of sexual passivity; where they cannot negotiate safe sex practices; having limited ability to access information relating to sexual risk and being expected to succumb to the sexual wishes and whims of males (Langen, 2005 and ICASO, 2007). Other factors influencing female vulnerability to HIV infection are biological and social. Social factors include sex that involves material gain; intergenerational sex and violence against women. Issues regarding gender-power balance encroach upon gender-relations and safer sex negotiation (Walsh and Mitchell, 2006; ICASO, 2007). In South Africa,

HIV and AIDS has also proven to be a challenge that is faced by many South Africans due to the link to sexuality (Meyer, 2013: 13).

Although, in the past, HIV and AIDS were associated with witchcraft and other cultural beliefs in Africa (Barrett *et al.*, 2005; Scott, 2009), the proliferation of education campaigns has provided more knowledge about HIV and AIDS transmission so that gradually HIV and AIDS myths are being demystified. The subject of sex had always been a taboo in the past and confined to private spaces. However, with the advent of HIV and AIDS and consequently an increase in prevention campaign education through various media: magazines, radio and TV drama, the public has been opening up to the subject. In South Africa, soap operas like *Soul City*, *Intersexions* and *Tsha Tsha* specifically address sex, sexuality, gender and sexual health issues in a bid to curb the spread of HIV and AIDS. HIV and AIDS have thus brought sex, sexuality and sexualities, genderized sexuality, adult sexuality, adolescent sexuality, transgender, trans-generational, heterosexuality and homosexuality to the fore.

Since HIV and AIDS infection in Africa – and specifically in sub-Saharan Africa and in this instance, KwaZulu-Natal universities – is transmitted through sexual intercourse, it is crucial to explore notions of sexuality and risk to place them in the context of representations of HIV and AIDS in print prevention campaigns.

### **Sexuality, risk and HIV and AIDS**

Male and female sexuality may contribute to the risk of HIV infection. Risk taking is often gendered, young males engage in activities deemed ‘risky’ to perform dominant masculinities (Collison, 1996; Lupton, 1999a). In southern Africa, the link between HIV and gender power inequalities in heterosexual relationships has been established (Bhana, Morrell, Hearn and Moletsane (2007); Sathiparsad, Taylor and De Vries 2010). Masculinity and masculine identity have been identified as having a bearing on the promotion and sustenance of gender inequalities which play a role in HIV infection (*ibid.*).

In South Africa, there has been extensive research that probes how gender dynamics as well as violence against women within sexual relationships are linked to HIV risk (Wood & Jewkes, 1997b; 1998; 2001; Leclerc-Madlala, 2002a; O Sullivan *et al.*, 2006). Studies reveal that generally, in most African communities, masculinity requires that men be sexual risk takers and condones multiple-concurrent partnerships, which without adequate protection increases their

vulnerability to HIV (ICASO, 2007; Langen, 2005, Jewkes and Abrahams, 2000; HRSC 2002; Bhana *et al.*, 2009). Gender inequality is thus a factor that contributes to male dominance and female subjugation in sexual relationships (Leclerc-Madlala *et al.*, 2009) and these inequalities cause “serious implications the ability of women to make choices and provide a supportive backdrop for gender-based violence” (*ibid.*).

Research on gender-based violence and its association with HIV infection and spread has documented how women are often placed in vulnerable situations in which they are unable to decide with whom, when and how sexual intercourse takes place (Jewkes and Abrahams, 2000, Pettifor *et al.* 2004; Wood, Lambert, Jewkes, 2007) and how women are often coerced into sexual relationships (MacPhail, 1998; Jewkes and Abrahams, 2000; Wood, Lambert, Jewkes, 2007; Birungi, Nambembezi, Kiwanuka, Ybarra & Bull, 2011). Sexual coercion places individuals at increased risk of acquiring HIV can be perpetrated in a number of ways: threats, intimidation, trickery or some other form of pressure or force (Farris, Treat, Viken & Mc Fall, 2008: 48). Several studies give an account of how both adolescent girls and adult women in KwaZulu-Natal constructed discourses of love and male power in a similar way. In the studies, women stated that negotiating safer sex practices could cast aspersions that they either do not trust the male partner or were themselves unfaithful or promiscuous (Shakila Reddy, 2003; Hoosen and Collins, 2004). Also, lack of condom-use was perceived by women as an indication of love and trust (*ibid.*). The discourses that arise from these perceptions and behaviours are; love; sex being perceived as devotion; sex as a duty and men positioned to control women’s lives (*ibid.*).

The studies on gender inequalities suggest that risk is entrenched in the hegemonic notion of masculinity that influences men to prove their sexual prowess, the ability to woo women and boast sexual conquests (for younger males) or multiple-concurrent relations (for older men). The practices associated with hegemonic masculinity have grave consequences for both men and women’s health (Wyrod, 2011: 445).

However, males themselves may have problems in revealing uncertainty around sexuality (Walsh and Mitchell, 2006: 64). In their study of HIV, masculinity and desire in urban South Africa, Walsh and Mitchell (2006), report that boys showed their vulnerability and uncertainties around sex; male youth respondents expressed concern regarding condom-use as it could suggest pressurizing a girl into engaging in sex.

The chapter theorized sexuality and HIV and AIDS prevention. It began by surveying sexuality and gender; it explored: social and western constructions of masculinity; discourses of masculinity in Africa and South Africa KwaZulu-Natal; changing masculinities; constructions of femininity; binary discourses of masculinity and femininity; identifies the link between sexuality and HIV and AIDS. The next chapter theorizes risk and public health communication.

## **Chapter 3: Theorizing risk and Public Health Communication**

The previous chapter theorized sexuality and HIV and AIDS prevention. It began by surveying sexuality and gender; it explored: social and western constructions of masculinity; discourses of masculinity in Africa and South Africa KwaZulu-Natal; changing masculinities; constructions of femininity; binary discourses of masculinity and femininity; identifies the link between sexuality and HIV and AIDS.

This chapter theorizes risk and public health communication in order to situate risk within public health communication, particularly regarding its representations in print-based HIV and AIDS campaigns meant to advocate safer sex practices among UKZN, UniZulu and DUT (Steve Biko) campuses. It traces the historical and global meaning of risk. It does this because the promotion of safer sex practices advocate self-care and in so doing risk discourses may be used to raise awareness as the dangers of contracting infection are associated with risky sexual lifestyles. Public health promotion is thus concerned with “adherence to strict codes of conduct and close scrutiny of all one’s desires and pleasures that they may harbour forth for one’s self and for others” (Petersen, 1996: 44). Regulatory and surveillance methods/ frameworks thus use risk discourse to blame, warn and advise against non-compliant behaviour (Lupton, 1995; Sanders, 2006). In this regard, the exploration of major theoretical perspectives of risk is crucial as this together with the main theoretical framework, CDA used in the thesis, provides a conceptual basis for the textual analysis of print-based HIV and AIDS materials of the three Universities.

### **Risk**

The notion of risk has evolved over time and has been used differently in various contexts (Lupton, 1993; 1999; Nath, 2006). The meaning emerged and altered according to different eras, contexts and issues in western history (Lupton, 1993, 1999). In the 17<sup>th</sup> century, the era dubbed Pre-Modernity; the meaning of risk was deemed neutral and was devoid of positive or negative connotations (Fox, 1999; O’Malley, 2000). In the Post-Feudalism era in Europe the meaning of risk was influenced by establishments of institutions and behaviour types (Lupton, 1999a). Deborah Lupton 1999 (a) explores the notion of risk and suggests that it is inherently associated with danger and other forms of peril:

Risk has often been used interchangeably with danger or hazard and strongly associated with the ideal of the ‘civilized’ body, an increasing desire to take control over one’s life,

to rationalize and regulate the self and the body, to avoid the vicissitudes of fate. To take unnecessary risks is commonly seen as foolhardy, careless, irresponsible, and even 'deviant', evidence of an individual's ignorance or lack of ability to regulate the self.

(Lupton, 1999a: 152)

The meanings above are regarded as dominant discourses of risk. Counter-discourses present risk-taking more positively by deeming it an escape from all forms of control and regulation by pursuing the pleasures that life could offer (*ibid.*). Risk is thus individualized and alludes to certain practices that one may adopt, for example, nowadays individuals are increasingly warned against adopting habits that may be detrimental to their health: poor diet, lack of exercise, smoking, excessive alcohol, promiscuity and unprotected sex.

The major theoretical perspectives of risk are explored briefly here to anchor the nature of risk and position it within the study. The next section explores major theoretical perspectives of risk identified by Lupton (1999a, 1999b) from sociological enquiries of risk. The three approaches to risk have specific ways of representing risk and how society responds to it (Lupton, 2006: 12).

### **Major theoretical perspectives of risk**

Three key sociological theories of risk that address its nature are categorized as: Risk Society; Cultural/Symbolic and Governmentality perspectives (Lupton, 1999a, 1999b, 2006). Risk society draws largely upon Ulrich Beck (1992) and to a lesser degree on Anthony Giddens (1990, 1991). Giddens and Beck share similar notions of risk that are associated with hazards and dangers that have evolved from simple environmental influences to human actions (Lupton 1999a, 2006). Cultural/Symbolic is derived from Mary Douglas's (1966, 1986 and 1992) notions that risk is part of shared cultural practice grounded on social expectations and responsibilities. The Governmentality perspective draws on the writings of the French philosopher; Michel Foucault's (1991) conceptualization of managing (or governing) modern society to elicit self-directed involvement and surveillance from their citizens.

### **Risk society**

The core concept in the risk society perspective is that individuals in contemporary Western societies are in a transitional period where wealth production is riddled with risks which result from modernization and individuals are increasingly becoming aware of these risks (Beck, 1994: 45). The risk society perspective is founded on the notion that all societies have endured threats and dangers such as infectious diseases, famine and natural disasters and thus reflexive

awareness and concern of what pertains to risk, including lifestyle dangers has developed (Lupton, 1999a: 106; 2006: 12). Beck, (1994: 2) views reflexive modernization as ‘self-confrontation’ in which modernity self-examines and critiques itself (Lupton, 1999a: 66). Through self-scrutiny the risk society assesses and contemplates the type of interventions to put in place in order to combat risks associated with hazards. The evolution of Western societies is described as an economy and culture shaped by industrialization, globalization and urbanization through two eras, namely early modernity and late modernity (Lupton, 2006: 12). African societies are no exception to having experienced the transition from agrarian societies to urbanized, although at a slower pace than the western world. Technology advancements have not only influenced the globalization process of the western countries but also of that of the African states. Contemporary societies increasingly recognize the dangers of certain lifestyles and are now preoccupied with intervention strategies to curb and alleviate the ills caused by modernization, though they ascribe to it (Lupton, 2006: 18).

Campaigns against lifestyle risks involve the public, private and political spheres and engage debates about risks (*ibid.*). Just as Western societies have been inundated with risks as a result of modernization, southern African urban and peri-urban centres are experiencing lifestyle risks that come with urbanization. South Africa with its changing socio-economic and political context has had its fair share of experiencing life style risks due to modernization. The impact of urbanization and therefore migration of men and women from rural areas to urban in search of employment has influenced rapid socio-cultural changes and the erosion of prevailing community norms that render reckless sexual behaviour practices. Regarding HIV, “efforts to stem its spread are increasingly focused on understanding how culturally constructed norms of gender and sexuality shape and constrain individuals’ behaviour as they negotiate changing social and economic realities” (Brown, Sorrell and Raffaelli, 2005: 586).

The dangers of certain lifestyles are being recognized, and governments embark on health communication campaigns (discussed in a later section) to alleviate the ills that engulf the communities. Whilst governments ensure that institutional structures are put in place to enable the dispensation of health services that societies and communities require, individuals in turn are expected to engage in self-scrutiny to assess their risky practices and to take necessary prevention measures to allay the health risks. Governments’ responsibility and focus lie in the management of public health care, disease management and social welfare (Robins, 2006: 320).

To this end, governments approach to the new public health is to produce “responsibilized citizens” (Robins, 2006: 313 [see section on public health for further discussion]).

Governments and NGOs may forge partnerships, where the former is obliged to provide infrastructure that ensures that essential services and laws that protect the citizens’ well-being are provided. Whilst governments may increase their bid to provide essential health care services to citizens, these may face challenges of unequal and inadequate health care provisions (Robins 2006: 313). Government’s expectations of ‘responsibilized citizens’ often appear to adopt “an authoritative voice [...], answerable to no particular constituency and often highly bureaucratic and yet [have] power to make and execute decisions, determining policy priorities and ‘appropriate’ interventions and fix the level of funding” (Seidel, 1993: 176). Since governments operate from medical and scientific bases, particularly with HIV and AIDS, medical discourse tends to be:

“ ... concerned with symptoms, with depersonalised ‘seropositives’, these are seen to be typically ‘prostitutes’ or promiscuous people’, members of so-called ‘high risk groups’, or ‘core transmitters’, or ‘control populations’, all epidemiological equivalents, linked to ‘reservoirs of infection” (*ibid.*).

NGOs step in to uphold the rights of citizens to free health treatment (*ibid.*) and to avert stigma and marginalization of those deemed and labelled to be ‘at risk’. Most NGOs in various countries are formed by support groups of people infected or affected by HIV and AIDS and thus tend to involve the communities, the affected and infected and those deemed to be vulnerable to risk. Thus the approach used by NGOs is much more collective and open-ended and less prescriptive as those of governments tend to be (see section on Development communication that discusses how NGOs develop a different approach and construct HIV discourses).

### Public health risk discourse

Lupton (1993) divides public health discourse about risk into two distinct types: (a) environmental risk, this includes: nuclear waste, pollution and other hazards which are perceived as external and beyond the control of individuals and (b) risk as a consequence of ‘lifestyle choices’ made by individuals the need for self-control (Gabe, 1995: 17). The transmission of HIV and AIDS through sexual intercourse, which is deemed a lifestyle danger, has invited the need to assess intervention strategies to curb the risks associated with the epidemic. Gabe (1995: 18) cites “gay men being identified as having a higher risk of getting AIDS compared with

heterosexual men because of gay ‘life style’ practices such as anal intercourse and multiple sexual partners.”

## **Cultural/Symbolic**

The cultural/symbolic perspective is influenced by social and cultural structures and systems that maintain the social order and status quo by dealing with “deviance” or divergence from accepted norms and social roles concerning behaviour (Lupton, 1999: 36). Cultural/symbolic theory emphasizes the role played by social and cultural processes in identifying the nature of risk.

The cultural/symbolic approach stems from the sociological perspective that risk is inextricably linked with social and cultural norms, concepts and habits. Cultural/symbolic theory of risk (Douglas, 1992) is grounded on structural notions that aim to uncover cultural hierarchies prevalent in defining risk behaviour. Douglas explores socio-cultural reasons for adopting risk as a method of separating the self and the other (Sanders, 2006: 97-98). The individual’s thoughts on managing risk stem from shared understandings emerging from membership and acculturation (*ibid.*).

Cultural understandings of risk may augment perceptions of risk or obscure them. Phenomena regarded to be ‘risks’ are the results of certain kinds of value judgments and decision-making (*ibid.*). Knowledge of risk is dynamic, as new risks emerge all the time, some imprinting themselves in people’s consciousness or replaced by others. Effectively this amounts to societies identifying what they deem to be risks by relating to behaviours and habits they perceive as non-compliant to values and norms set by the specific group membership. Regarding sexual behaviour, individuals or groups who enact behaviours that deviate from what is constructed as normative cultural behaviour are labelled risk populations and are stigmatized and stereotyped . For example, in the case of sexual relationships, it took centuries for the Western world to condone same sex relationships. In Africa, some governments are slowly coming to grips with homosexuality (South Africa), whilst others are totally against it (Malawi, Zimbabwe, Namibia) and others are silent on the issue (Botswana). Similarly, sex workers are shunned and some countries even attempt to criminalise sex work (Botswana) in a bid to ‘minimise’ the risk of Sexually Transmitted Infections (STIs) and HIV among mainstream populations.

The cultural/symbolic perspective notion suggests that risk beliefs and practices are communities’ ways of ensuring social unity, stability and order as these enable communities to

deal with what is considered to be deviant (Lupton, 2006: 13). In this regard, the cultural/symbolic perspective selects what are considered threats and emphasize the need to protect the community against those deemed to be “responsible” for risk and are thus subject to categorization (*ibid.*). The categorization introduces the notion of the “other” (*ibid.*). The categorized are often marginalized groups perceived as deviant to moral principles as is the case with the example of HIV threat below. Thus those acting outside the parameters of a community’s perception of morality are often stigmatized and morally judged. Emphasis is on people’s own responsibility to heed risk warnings and comply accordingly. In Western countries, certain sexual groups such as gay men, intravenous drug users and promiscuous heterosexuals were considered to be deviant and were marginalized and stereotyped as ‘risk carriers’ (Lupton, 1993: 325; 1994b). Similarly in sub-Saharan Africa countries like Uganda and Zimbabwe have openly criticized gay people and even attempted to draft legislation criminalizing the sexuality (Uganda, fortunately the legislation document was later withdrawn). In Botswana, a draft document on ‘prevention strategies to curb the spread of HIV and AIDS among key populations’ has been drawn and awaiting further process.

Theorists, who subscribe to ideas about risk being applied to certain sexual practices and identities of sexuality in order to minimize deviant, non-normative identities and secure a heterosexual society, are classified as functional structuralists (Lupton, 1999: 26; 2006). Functional structuralists adopt a cultural construction of sexuality that defines particular sexual activities and groups as ‘risky’ and views behaviours that do not conform to “biological perspective” unnatural (Weeks 2003: 4). The following are several of many examples of cultural constructions of risk. Social ordering of sexuality privileges, heterosexuality and marginalization of lesbian and gay sexualities is one example of cultural construction of the “other” (Jackson and Scott, 2000: 168). Another example of constructing the “other” and defining them as risky, particularly with HIV and AIDS is based on what may be culturally understood as sexual “purity” and sexually dangerous that stems from “social class, ethnicity and sexual preference” (Lupton, 1999: 121). Yet another example prevails in the

“stigmatization of bisexuals as carriers of AIDS without regard to particular sexual histories or sexual practices. Along with gay men, intravenous drug users, and prostitutes, bisexuals were singled out as a risk group. In some sense, bisexuals represented a different sort of threat because they transgressed the boundary between “safe” heterosexuality and “unsafe” homosexuality. Traversing this boundary meant that bisexuals could “contaminate” heterosexuals”

(McLaren, 2002: 141)

Effectively this amounts to labelling other racial, socio-economic and sexual practices as “clean” or “dirty” (*ibid.*). For example, globally, from time immemorial, heterosexual sex and marital sex have been granted a prominent status over homosexual, pre-marital sex and sex outside marriage by religious and even at times political groups (Jackson and Scott, 2000; Jackson and Scott, 2004a; Jackson and Scott, 2004b).

### **Governmentality perspective and risk**

Foucault conceptualized governmentality, an approach emphasizing self-regulation of modern societies by focusing on limited control over individuals by encouraging self-discipline and self-surveillance (Lupton, 1999a: 88). Foucault’s governmentality thesis is about disciplinary power instilled in individuals that aims to empower them to adopt certain practices voluntarily (Lupton, 2006: 14). Disciplinary power is instilled in individuals through risk discourses that are used in the governmentality framework to encourage self-discipline and self-regulation (*ibid.*). The governmentality framework perceives governments as transferring the “responsibility for protection against risks [to] individuals” (*ibid.*). Governments only encourage citizens to adopt certain practices voluntarily, as ‘good citizens’ and in pursuit of their own interests. External government of citizens is thereby internalized to become self-government” (*ibid.*). For example, with regard to HIV and AIDS, governments, NGOs and donor agencies encourage citizens to practice safer sex by using condoms through print media: brochures, leaflets and billboards and other mass media like radios and Television (TV) that spell out advantages of using such. It is then left to individuals to take necessary steps that they consider appropriate for themselves.

Governmentality strategies use discourses to position individuals as agent subjects, in which they are persuaded to regulate and control themselves by empowering themselves to search for self-improvement and selfhood (Lupton, 1999a: 88). Together with other “agencies and institutions such as the mass media, governments use strategies to encourage the regulation and discipline of citizens” to inculcate autonomy and self-regulation (*ibid.*). Risk discourses subscribe to selfhood or subjectivity and are part of an array of ‘technologies of the self’ (Foucault, 1988; Lupton, 1999a: 88) Foucault views ‘technologies of the self’ as practices through which individuals “attempt to transform themselves in order to attain a state of happiness, purity, wisdom, perfection, or immortality’ (Foucault, 1988: 18). The notion of technologies of the self is explored in greater detail in chapter 5.

Foucault's insights on governmentality and ethical self have influenced studies to investigate risk in the context of surveillance, discipline and regulation of populations (Castel, 1991; Ewald, 1991; Dean, 1997; 1999; Sanders, 2006). These studies explore how concepts of risk construct and regulate certain norms of behaviour and the role risk discourse plays in regulating modern societies. Their studies investigated the role individuals could play if accorded autonomy on how to conduct themselves especially regarding behaviours such as eating a healthy diet to avoid the risk of poor health (Lupton, 1993; 1999a).

The Foucauldian perspective emphasizes that discourses, strategies, practices and institutions construct the notion of risk (Lupton, 1999a: 84-85). The governmentality perspective emphasizes ways in which risk discourses and strategies are used to construct what counts as social disorder in order to 'discipline' community members. This approach unpacks how events are constructed as risks through discourse (*ibid.*).

The Foucauldian concept of governmentality is based on the poststructural perspective's emphasis on the significance of discourses in constructing notions of realities, meanings and understandings (Lupton, 1999a: 84-85). Discourses enable presentation of certain forms of knowledge and hinder the construction of others. It is through discourses that behaviour is regulated and disciplined by generating "truths" about society, which become internalized by individuals (Foucault 1978; 1980). Risk discourses used together with awareness-raising on individual's responsibility to one's health, have proliferated public health promotion (Lupton, 1993: 1995). Campaigners thus use risk discourse in a bid to raise awareness among particular population groups about the dangers of not taking proper charge of one's sexual behaviour. The risk discourse embedded in the campaigns is a medium of surveillance and control of specific behaviours to control community members (Lupton, 2006: 14).

In public health communication, risk discourse dominates the public sphere and is intertwined with danger (Lupton, 1999a; 1994). In HIV and AIDS campaigns, risk suggests peril and doom and the implications of the circumstances are negative. HIV and AIDS prevention campaigns aim to problematize certain behaviours as risky and use various strategies to persuade individuals to guard themselves against the risk of HIV infection or, if already infected, to avoid the risk of re-infection. The HIV and AIDS era has thus influenced the growth of risk-related discourses on HIV and AIDS that are constructed by WHO, UNAIDS, PEPFAR, governments and NGOs. The messages are directed at how individuals should regulate their bodies; their sexual practices and their lifestyles in general. The discourses that surround communities

advocate that it is the individual's responsibility to ensure care for own health. Governmental discourses thus position individuals as active rather than passive subjects of governance, which is some form of surveillance that requires them to regulate and control themselves (Lupton, 1999a: 88). Some HIV and AIDS prevention campaigns use technologies of selfhood or subjectivity (*ibid.*) to persuade individuals to adapt safer sex practices for their own good.

One of the notions explored through the risk governmentality approach is how expert discourses of risk provide frameworks of appropriate action, serving as implements of regulation and surveillance (Foucault, 1991). Expert discourses allude to languages in specific disciplines such as medicine and science. For example, an illness may be represented in medical terms that seek to scare the general public or warn them of the seriousness of the disease. The governmentality perspective emphasizes ways in which risk discourses and strategies are used to construct what counts as social disorder in order to discipline community members. This approach unpacks how events are constructed as risks through discourse. AIDS discourse in the Australian press in the 20<sup>th</sup> century formulated existing concepts of blame and sin, of risks as moral concept, labelling those who became infected sexually or by injecting drugs as villains who did not deserve sympathy because of their irresponsibility (Lupton, 1993). Mathebe (2005) conducted a study on how the South African print media reported HIV and AIDS between 1981 and 2000 and found that in the South African context, in the late 20<sup>th</sup> and early 21<sup>st</sup> centuries, media reports constructed AIDS as retribution and apportioned blame on sexually reckless individuals.

Macleod and Durrheim 2002), informed by Foucault's governmentality concept, explored adolescent sexual and reproductive health at a regional hospital in South Africa and describe how:

... centres, clinics and services represent the collective's insurance against risk of teenagers contributing to social problems and demographic disaster through early reproduction. The health service provider becomes the insurer of the physical, emotional and social well-being of the adolescent and her child, as well as the protector of the common good. The management of risk is achieved not only by the collective's investment in institutions of health and welfare, however, but also by installing risk management at the individual level. The health service providers employ a variety of governmental techniques (including disciplinary surveillance, the incitement to technologies of the self, pastoral power, liberal individualisation and the provision of the confessional space) to render the adolescent and her family responsible for overseeing their own conduct and the associated risk (p 47).

Lupton's (1994; 1999; 2006) extensive work, also informed by Foucault's idea of governmentality, has theorized how discourses of risk, through expert knowledge and

technologies have been used to regulate populations. Governmentality strategies employed in the West in late modernity encompassed coercive strategies to regulate populations through expert knowledge arising from data collected on diverse risks that would have been analysed by various professional bodies including the medical, legal and epidemiologists etc. Also, some less direct strategies that depend on an individual's willingness to submit to the interests and needs of the state were used. The strategy that is considered critical to governmentality is one aimed at encouraging the development of an autonomous and self-regulated individual (Lupton, 1999). Some strategies applied by some HIV and AIDS prevention campaigns use subtle means of persuading individuals to reflect on their sexual behaviour and monitor their own selves regarding the choices they make.

In her study on sexuality and risk, Sanders (2006: 96-110) discusses how Foucault's theory of governmentality is useful for understanding how sexuality is regulated and controlled through risk discourse. The framework enables the examination of how power relations are mediated through risk discourses enacting surveillance, discipline and the regulation of groups and their behaviour. The main thrust of the approach is the examination of power relations that determine the nature of risk and confines of acceptable sexual activity. Foucault himself (1979: 77) submits that "the very act of identifying certain groups as 'risky' is a mechanism of regulation and control". The process of defining a group as 'risky' is a system of power and control, of inclusion and exclusion (*ibid.*). Public health campaigns may be directly used as regulatory measures of the state through medical institutions and expertise, especially if those groups are targeted through screening and involuntary testing as in the case of HIV and AIDS (Sanders, 2006: 98)..

Lupton (1999a: 26) outlines several notions of risk regarding Western societies that are central to the three major sociological risk approaches. First, risk is culturally and politically used to organize, monitor and regulate individuals and groups. Second, risk has become increasingly prevalent in Western societies and its awareness and understanding is influenced by societies' outlook. Third, risk can be controlled by human intervention and the notions of choice, responsibility and blame are associated with societies and individuals' conduct. The risk notions outlined above apply to southern Africa and South Africa as well (as already illustrated above).

Discourses are embedded in how knowledge, practices and power are given meaning. Discourses of risk may influence the way university students perceive, construct understanding and respond to risk phenomena. This can be done through particular ways of presenting what is considered to

be risk through the selection of certain words and images. The risk governmentality perspective thus enables the examination of how surveillance, discipline and regulation of certain sexual practices and groups are represented through risk discourse in print-based HIV and AIDS prevention campaigns. In attempting to textually analyse print-based HIV and AIDS prevention materials that were meant for UKZN, UniZulu and DUT students, unpacking discourses of risk becomes useful.

## **Risk and Health Communication**

Risk is central to public health communication and a body of literature has grown to determine risk factors associated with HIV and AIDS and to explore the development of health communication strategies widely used to alleviate the spread of the epidemic. It is worthwhile to unpack the meanings of public health and communication and subsequently health communication and moderation of health risk. HIV prevention campaigns are often geared towards changing a person's behavioural or social characteristics related to risk by influencing attitudes, intention, skills, normative perceptions or other mediators (Kelly and Kalichman, 2002: 630).

Kelly and Kalichman (2002: 630) describe two types of intervention strategies: namely structural and environmental. The structural strategies influence risk behaviour by promoting change in laws, policies and operational procedures. Regarding environmental intervention strategies they cite Sweat and Denison (1995) who describe environmental interventions as those aiming to improve living conditions, resources or societal opportunities related to risk or safety. Thailand's government's initiative of persuading condom use in brothels dubbed "100% Condom Program" is cited as a structural and environmental intervention approach (Kelly and Kalichman, 2002: 630). They reveal that the approach requires commercial sex workers and their clients to always use condoms and brothels stipulated to enforce the policy. They further report that the monitoring of condom use in brothels and regular checks of Sexually Transmitted Diseases (STD) rates among sex workers is done, as well as sanctioning brothel owners for failing to comply (*ibid.*).

In order to minimise the risk of contracting HIV, many countries, both in developing and developed countries embark on ensuring condom accessibility through health prevention policies that aim to distribute inexpensive or free condoms (*ibid.*). In sub-Saharan Africa, governments and some NGOs attempt to provide free or generally affordable condoms. For example, in South

Africa, the government distributes 'Choice' condoms for free. However, the brand became unpopular in 2005 after media reports of some defects in the condoms which resulted in them being recalled from the distributing points which ultimately caused panic among the general population and rendering them low popularity. Population Studies International (PSI), an NGO, further assists the South African government in providing less expensive condoms whose brand label is 'Lovers Plus' and these are more popular as the packaging and the quality relatively competes with commercially marketed ones.

Public health has been a domain that has gained central importance to societies and has evolved over the years as illustrated by the definitions suggested by different scholars. Petersen and Lupton (1996) trace the history of public health and the nature of what 'good health' constitutes. They liken good health to education which they argue is an obligation and right of citizens, as the latter enables citizens to be productive in their employment and that similarly, good health enhances this productivity as "ill health removes individuals from the workforce and other responsibilities, and places an economic burden on others" (Petersen and Lupton, 1996: 65). Poor health arising out of HIV infection has rendered individuals, families, communities, societies and governments a huge financial burden. This arises out of periodical absence from work; low productivity due to ill health and the costs of providing anti-retrovirals (ARVs) to citizens (*ibid*). The repercussions of HIV and AIDS are felt at several levels:

When an adult is affected by AIDS, household tasks are generally left to the children, whose time for school-related activities and learning is substantially reduced (the same situation applies, on a possibly more ugly scale, to orphans). It follows that poor parental health seriously affects the future supply of skilled labour and human capital accumulation. In light of the fact that in high prevalence areas the epidemic is rapidly reducing the number of teachers, without any practical possibility of replacing those who die, the school system in several local rural communities has already collapsed.... HIV/AIDS has a grave impact on insurance and financial markets as well. As far as the private health insurance and financial market is concerned, we can immediately note that the HIV epidemic worsens the adverse selection problems typical of this industry. In fact the risk of individual sexual behaviour, which could have a major impact on future medical care costs, is practically impossible for insurers to control.

(Gaffeo, 2003: 34)

Petersen and Lupton (1996) further conceptualize the notion of the 'right to health', whose meaning has been historically constructed differently. In the past it was conceived "to be related to enhancing the access of all citizens to health care services for the better treatment of ill health (*ibid.*, 65). They cite various scholars on the evolution of the discourse of the 'right to health'. Two such scholars are Herzlich and Pierret (1987) who suggest that in modern times, 'the right

to health' has been reconceptualised to individuals taking responsibility of their own health by embracing the directives on the maintenance and protection of good health that are issued by governments and other health-related agencies. One other scholar is further cited as describing the 'right to health' as "the duty to stay well' thus incorporating the understanding of health as a domain of individual appropriation through rational choice" (Greco, 1993: 357). Yet another scholar who is quoted by Petersen and Lupton (1996) links individual responsibility to health with risk: "managing their own relationship to risk has become an important means by which individuals can express their ethical selves and fulfil their responsibilities and obligations as 'good citizens'" (Scott and Williams, 1991: 3). The notion of individuals being obliged to be responsible for their health has been labelled 'responsibilized citizen' (Barry, Osborne and Rose, 1996). Colvin, Robins and Leavens (2010: 1180) cite an example from their research entitled '*Grounding 'Responsibilization Talk' Masculinities, Citizenship and HIV in Cape Town, South Africa*' of how people on anti-retroviral treatment (ART) were obliged to take individual responsibility for their own health by following a regimen that requires them to religiously eat a healthy diet, regularly exercise and lead responsible lives. The right to health is thus a shared responsibility by both the government and the citizen on ART; however the onus is upon the individual to ensure their 'right to health' (see the governmentality perspective and risk above)

### **From 'old public health' to 'new public health'**

Petersen and Lupton (1996) trace public health from the 19<sup>th</sup> century in western contexts, which was mostly concerned with infectious diseases that caused high mortality rates due to industrialization and urbanization (p2). The move to addressing non-contagious diseases became the primary focus towards the end of the 20<sup>th</sup> century (*ibid.*). The evolution of 'old public health' to 'new public health' was occasioned by an array of "scientific or technical 'breakthroughs': sanitary reforms that arose from the discovery of the contaminants of the physical environment; the rules of hygiene that came about due to the discovery of micro-organisms; and (more recently) 'lifestyle' prescriptions and environmental and social changes are suggested by emerging knowledge of the personal and social risk factors" (*ibid.*, p2). Thus the new public health can be viewed as the most recent of a series of power and knowledge that are geared towards the regulation and surveillance of individual bodies and the social body as a whole (*ibid.*, p3).

The new discipline of public health encompasses a host of professionals and institutions that are responsible for measuring, monitoring, regulating and improving the public's health. Professionals and institutions in this regard include medical workers, health promoters, epidemiologists, health economists and bureaucrats working in state-sponsored organizations such as public health units. Other professionals engaged in public health include academics whose research on public health issues aims to influence public health policy by recommending reforms and offer training of public health workers for state institutions (*ibid.*, p 6). Public health issues that include information about risks factors of diseases, diseases' prevention and management and public health policy need to be communicated to the public and hence communication becomes an integral part of public health.

#### Communication as an integral part of public health

Communication was initially theorized as a simple one-way transmission of messages from a source to a receiver in order to elicit some action (Rodgers, 1973; Melkote and Steeves, 2001). The intended effect of communication was usually limited to creating awareness of some point of view, new product or course of action (Piotrow *et al.*, 1997; Melkote and Steeves, 2001). This constraint had several disadvantages: (1) the social process of communication and influence of communication on behaviour was left out; (2) attention was only given to materials' production rather than content and technical quality, ignoring how different audience members would interpret the meaning of the content within their particular social context (Melkote and Steeves, 2001). The argument was based on family planning communication programmes that were embarked on before the 1980s.

Since the 1990s, the conceptual framework for communication expanded to include elements of strategic communication: audience participation, recognition of behaviour change as both a social and individual process, use of mass media and development of communication for educational purposes (*ibid.*). Strategies used to inform and consequently persuade individuals to change risky behaviour or sexual practices that predispose them to HIV infection are employed within the realm of health communication.

## **The growth of Health Communication**

Health communication is defined as:

a multifaceted and multidisciplinary approach to reach different audiences and share health-related information with the goal of influencing, engaging and supporting individuals, communities, health professionals, special groups, policy makers and the public to champion, introduce, adopt or sustain a behaviour, practice or policy that will ultimately improve health outcomes.

(Schiavo, 2007: 7)

The above definition indicates that a network of various stake holders is vital for the success of any health communication endeavour. Yet another definition of health communication that is offered augments the importance of health communication by emphasizing the interconnectedness of the discipline at various levels:

Health communication efforts often are designed to improve lifestyle behaviours, reduce risk factors for disease, increase compliance with a medication or treatment plan, better self-manage a condition, provide social support or provide help with making decisions about health.

(Suggs, 2006: 62)

Rensburg and Krige's (2011: 78), comment on the above definition that it indicates the interactional and transactional nature of the health communication process is also on point. Maibach, Abrams, Marosits (2007) further illuminate by offering yet another succinct outlook on health communication and assert that it "involves the production and exchange of information to inform, influence or motivate individual, institutional and public audiences about health issues" (p 5). Thus health communication as a discipline encompasses concepts and strategies to promote and enhance the health of citizens. Petersen and Lupton (1996) aptly detail public health processes form a classical modernist approach, that could be linked to and form the basis of a health communication strategy:

a progressive activity, drawing on the available expert knowledges, technologies and means of calculation to further the good members of the public by improving their health status. It relies upon the setting of goals and objectives and the measurement of 'outcomes' and 'efficacy' (as the current jargon has it). Public health as a modernist enterprise depends upon enumeration and surveillance as a means of countering the fear engendered by illness, disease and death, seeking to establish and maintain order in the face of the disorder of ill bodies (p 6).

Communication has been rapidly recognized as a core function in public health (Maibach, et al. 2007: 1).The use of several communication methods to provide stakeholders with important

health information has been a part of public health practice (*ibid*: 4) and has developed steadily and impressively over the past three decades (Rensburg and Krige, 2011: 83). Drawing from Kreps (1998), Rensburg and Krige (2011: 83-85) outline key events that account for the development of health communication as a discipline in the United States and argue that similar evolution has taken place in other parts of the developed and developing countries. The evolution of health communication as outlined by Rensburg and Krige (2011) is summarised here to trace the history and highlights of health communication globally.

### Evolution and highlights of health communication

The evolution of health communication is traced from the mid-1970s to the 21<sup>st</sup> century, heralding the formation of various associations globally, each with its specific objectives, which are just summarised here. The objectives of the health communication associations and programmes generally covered the:

- promotion of research; education and professional standards health care
  - promotion of the role of health communication in public health promotion
  - promotion the prevention and control of chronic diseases
  - conduct of surveys in health information in a bid to seek the acquisition, evaluation of corner communication and guide health communication intervention
- (Rensburg and Krige, 2011: 83-85).

The highlights of the growth of health communication as a discipline are evidenced in the following:

- the announcement of the National Cancer Institute of the establishment of four national Centres of Excellence in Cancer Communication (CECCR) programmes
- the establishment of Bloomsberg School for Public Health
- the provision of a five-year funding in research centres at four selected universities in the United States, a programme that was designed to make major advances in health
- the establishment of the Coalition for Health Communication (CHC), an inter-organizational task force meant to strengthen the identity and advance the field of communication
- the re-issuing of the of CECCR programme by the National Cancer Institute to continue to advance health communication research and application and the training of the next generation of health communication scholars
- the establishment of the National Centre for Health Marketing in order to promote and conduct health marketing and communication research to support national health promotion efforts by the Centre for Disease Control and Prevention

- the establishment of serious efforts by Home Controls' Health Communication systems to educate consumers regarding affordable, unobtrusive home technology for the elderly
- the establishment of the Society for Participating Medicine (SPM) to promote participatory medicine by and among patients, caregivers and their medical teams to promote clinical transparency among patients, caregivers and their physicians through information exchange via conferences and the distribution of correspondence and other written materials.

(Rensburg and Krige, 2011: 83-85).

Other developments include the creation of textbooks and international journals of health communication (*ibid.*). The Johns Hopkins Bloomberg School of Public Health Centre for Communication Programs also ensures the growth of health communication and has affiliated institutions like Johns Hopkins Health and Education in South Africa (JHHESA). JHHESA funds research in health communication and through various projects that aim to collect data that will assist in developing best practices for the prevention of HIV and AIDS. This study is an example of a study that was initiated by JHHESA.

#### Moderation of health risks in South Africa

Since there is no cure for AIDS, governments, international donors and NGOs direct funds into prevention efforts to curb the spread of the epidemic. In South Africa, international agencies, NGOs and government bodies initiate campaigns to educate the public about the realities of HIV, its modes of transmission, and methods of prevention (Johnny and Mitchell, 2006: 755). Social and behavioural communication interventions are a critical component of HIV and AIDS prevention (Johnson *et al.*, 2010) and numerous communication campaigns have been implemented throughout the country through the government's initiatives and those of NGOs over the past decade (Shisana *et al.*, 2009; Johnson *et al.*, 2010; Peltzer *et al.*, 2012). The communication programmes are designed to curb and alleviate the spread of HIV and AIDS by increasing and enhancing the knowledge about modes of transmission, risk perceptions, changing sexual behaviour, evaluating harmful social norms and promoting resources and services that support prevention (Johnson *et al.*, 2010; Do., Kincaid, and Figueroa, 2012). Health persuasion strategies are thus designed through convenient media to warn people about health risks (Beattie, 1991), assuming that equipping them with knowledge about the dangers of certain lifestyle activities will result in their avoidance (Lupton, 1994).

In the 1980s when gay men were identified as having a higher risk of contracting AIDS compared with heterosexual men because of their sexual practices; anal sex and multiple sexual

partners, western governments' health material concentrated on informing the general public that AIDS was a gay problem (Glick Schiller, Crystal and Lewellen, 1994). The South African apartheid regime was no exception and as such there were few HIV and AIDS awareness and education programmes in South Africa during the 1980s (Avert, 2010a). The new African National Congress (ANC) albeit slowly, embarked on some HIV and AIDS prevention initiatives during the early 1990s (Avert, 2010a). The early initiatives of HIV and AIDS prevention campaigns employed were modelled against Rogers' (1969) diffusion of innovation theory (see next section on development communication and theories of behaviour change) (Govender, 2011: 68). Central to the innovation theory is the notion that individuals are likely to 'adopt' certain behaviour if adequate information is relayed about the pandemic (*ibid.*). Thus HIV and AIDS prevention campaigns initial endeavour was to persuade individuals to 'adopt' through awareness of the repercussions of the pandemic (*ibid.*). The government and NGOs of South Africa have played a role in creating awareness and trying to influence behaviour change amongst their audiences and continued to introduce further strategies that aimed at HIV and AIDS prevention beyond the 1990s.

### Beyond Awareness Campaign

The South African government introduced a community approach to HIV and AIDS, the Beyond Awareness Campaign (BAC) in the 1990s (Govender, 2011: 70). The campaign was a project of the HIV and AIDS and STD Directorate of the Department of Health. The BAC involved two phases, the first phase involved the production of '*Communicating Beyond AIDS Awareness: A Manual for South Africa*', as part of the 1997/98 as part of the campaign (Parker, Dalrymple and Durden, 2000; Durden and Tomaselli, 2012). The main focus of the campaign was "to provide and promote access to communication tools and resources that could be used in support of local level HIV and AIDS prevention care and support activities and initiatives (Durdén and Tomaselli, 2012: 90). The manual utilizes case studies to provide guidelines on best practices for implementing strategies for HIV and AIDS awareness campaigns at the local level (*ibid.*: 91).

The second phase was an attempt to move beyond the focus on awareness and individual behaviour change favoured by most HIV and AIDS communication programmes in South Africa (Soul Beat Africa, 2003; Tomaselli *et al.*, 2002). BAC was a two year campaign that ended in October, 2000 (Coulson, 2002). BAC's core overall approach is to support behaviour change at

national, provincial and local level through the promotion of key prevention/care messages that link individuals to resources and action.<sup>38</sup> The BAC project was supervised and guided by the National HIV and AIDS Communication Forum (NCF) and this had representatives from the Directorate, all nine provinces, selected NGOs and international organizations.<sup>39</sup>

A multi-media approach that encouraged social action as opposed to just relying on the media to stimulate individual change was employed as a bid to enhance positive results (Parker, 2000). A range of communication activities that supported action around HIV and AIDS included:

- Research into understanding the epidemic and the impact of HIV and AIDS communication during the campaign period
- Advertising on radio, television, print and outdoor media focusing on promoting the toll-free AIDS Helpline (0800-012-322), the red ribbon, condoms and rights related to gender issues
- AIDS Action Projects to promote and support a shift from awareness to social mobilisation around HIV and AIDS (Parker, 2000).

The AIDS Action Projects involved quite a number of initiatives:

### ***An AIDS Action Office***

The office distributed multilingual leaflets, posters, stickers, information booklets and red ribbon badges (*ibid.*).

### ***The AIDS Memorial Quilt***

Since the BAC's approach main aim was to involve stakeholders, the AIDS Memorial Quilt campaign project was initiated and it involved communities to encourage collective action by engaging communities in the creation of quilts (Govender, 2011: 70). The project's aims were to address and reduce stigma surrounding AIDS and to promote further dialogue regarding the campaign and to pay tribute to those who had died of AIDS (*ibid.*).

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<sup>38</sup> Beyond Awareness HIV/AIDS Campaign; November 1998-October 1999

<sup>39</sup> *ibid.*

### *A Tertiary Institutions Campaign*

The project aim was to encourage collaboration with youth at universities, colleges and technikons by promoting action on campuses and in surrounding communities. The activities also included participation by members of the National Association of People living with HIV/AIDS (NAPWA) (Parker, 2000).

### *An AIDS Mural Project*

The AIDS Mural project introduced at tertiary institutions was a follow up to of the ‘Seven-city mural project that was commissioned by the Department of Health to raise awareness of AIDS. The BAC’s aim was to fund and promote mural projects with students at tertiary institutions<sup>40</sup>. Some of these murals were painted on UniZulu student centre wall. At the time of the present study, the mural project had been completed, but the murals were still visible and sending messages about the epidemic and challenging “the interpretative powers of the viewer” (Bourgault, 1999: 2)

Other activities involved were a Radio Training Project that trained the community and other radio producers in developing HIV and AIDS programming; a Media workers Project, that aimed to work with journalists, photographers and broadcast producers to promote wider coverage of HIV and AIDS issues and a website that promotes campaign activities and resources<sup>41</sup>.

In order to ensure the effectiveness of HIV and AIDS campaigns the BAC approach not only used a collective approach that involved a network of various stakeholders, but also took local contexts into consideration (Govender, 2011: 70).

### *Khomanani (Caring together)*

Khomanani (Caring together) is an HIV and AIDS awareness campaign is directly run by the Department of Health (DoH), although it is planned and implemented through private sector agencies, which are contracted through the state tender process (Collinge, 2005: 207). Khomanani uses mass media to broadcast its messages aimed at raising awareness on risk factors

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<sup>40</sup> Beyond Awareness Campaign: AIDS Mural Project: HIV/AIDS and STD Directorate: Department of Health

<sup>41</sup> *ibid*

in order to increase risk perception as a means towards behaviour change. Khomanani also seeks to influence positive social norms and values as well as advocating safe sexual practices (*ibid.*). The campaign was initially commissioned to run from September 2001 to March 2004 (Johnson, et al.). It involved 6 targeted programmes that addressed: youth prevention, support for orphans and vulnerable children, promoting awareness and treatment of TB and STIs, motivating health workers to improve the care of people living with AIDS and promoting the government's ARV roll-out programme (*ibid.*). The Khomanani messages are based on research and the communication channels include a mix of conventional advertising, public service announcements, social mobilisation activities and unconventional advertising (*ibid.*). Khomanani has also developed a wide range of small media (*ibid.*). Khomanani also developed various forms of social mobilisation and face to face communication (Collinge, 2005: 207).

Some of the additional activities conducted by Khomanani included:

- the printing of a large range of information leaflets and booklets in a range of languages, some of which were collaboratively produced with Soul City.
- Operation of the Red Ribbon Resource Center which distributed millions of pamphlets, booklets, posters and promotional media free of charge to the user
- Promotion of the toll-free AIDS Helpline
- The creation of 32 community teams, trained to carry out local level campaigns consistent with Khomanani and, particularly, to use the community radio
- A public relations programme of national events and associated media coverage <sup>42</sup>

Other HIV prevention themes have included 'Take your relationship to the next level' (see Appendix G) which focused on Voluntary Counselling and Testing (VCT) promotion including HIV testing for campuses; advertising campaigns to promote free public sector Choice condoms (Parker et al, 2007: 53).

In 2007, Khomanani was re-launched and its campaign focused on accelerated HIV and AIDS prevention, though in 2010 it was reported to have financial discrepancies that led to the termination of government funding and the campaign seems to be faltering (Benghu, 2010).

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<sup>42</sup> Department of Health Dialogue for action...dialogue for life — Khomanani campaign on HIV/AIDS and TB 2001-2004. Pretoria: Department of Health ; 2004

### ***Soul City and Soul Buddyz***

Soul city and Soul Buddyz use a multi-media approach and featured in a TV and radio series. The programmes cover a range of themes that include a regular focus on HIV and AIDS (Parker *et al.*, 2007: 53). The Soul City series have been broadcast for since the mid- 1990s and Soul Buddyz since 2001. Print media such as booklets and posters covering various themes that include HIV-related topics, Anti-Retroviral Treatment (ARVs) and living positively with HIV are other media used to augment the TV series (*ibid*).

### **Municipalities response to HIV and AIDS**

In 2007, a manual to develop HIV and AIDS strategies and local coordinating structures was produced by the Education and Training Unit (ETU) to assist municipalities address the pandemic.<sup>43</sup> The endeavour was motivated by the realization that municipalities are better placed to ensure that all planning and implementation takes place at local level.<sup>44</sup> Other motivators mentioned in the manual are: that AIDS can affect anyone, but those mostly vulnerable are those who live in poverty and lack access to education, basic health care for all nutrition clean water; young people and women being the most vulnerable; women being powerless to insist on safe sex and easily become infected by HIV positive partners.<sup>45</sup> The manual refers to the HIV and AIDS Strategic Plan for South AFRICA, 2007-11. The prevention strategies are generally divided into two: prevention that involved educating people on how to prevent infection and changing social attitudes that mainly related to gender inequalities.

### **NGOs response to HIV and AIDS prevention**

There are quite a number of NGOs in South Africa that also play a significant role in HIV and AIDS prevention communication. Only two are mentioned here as examples of major national-level HIV and AIDS communication programmes that use innovative approaches and other communication channels.

Some of the NGOs in South Africa use Entertainment-education programmes, which are relatively new approaches to the HIV and AIDS response strategy in South Africa. One such

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<sup>43</sup> HIV and AIDS and Municipalities: [www.etu.org.za](http://www.etu.org.za)

<sup>44</sup> *ibid*

<sup>45</sup> *ibid*

NGO uses participatory theatre that employs Freirean-inspired method of forum theatre, DramAidE [Drama in AIDS Education] (Govender, 2011: 73).

### *DramAidE*

Drama for AIDS Education (DramAidE was established in 1992 and uses an eclectic participatory approach that involves: storytelling, drama and theatre to create awareness on HIV and AIDS issues and engage young people to communicate effectively about issues relating to sex sexuality and HIV and AIDS (Dalrymple, 2005; Durden and Tomaselli, 2012: 83-84). A project, which is basically a two-step process conducted in schools is the DramAidE Act-Alive programme conducted in schools. It involves facilitation of participatory workshops on HIV and AIDS issues and the training of young people in ‘action media’ by DramAidE staff as step one (*ibid.*). One other major project is the Health Promoter’s Project that involves young people living openly and positively with HIV; they are recruited and trained to conduct interactive workshops and campaigns on prevention of HIV issues that relate to living openly and testing for HIV (Dalrymple, 2005).

The second step involves young people in the creation of their own plays, posters, poems, songs and dances, thereafter they present to their peers and more broadly to their peers (Dalrymple, 2005; Durden and Tomaselli, 2012: 84). The methodology of using drama in HIV and AIDS prevention and evaluation has been found to be useful in raising young people’s consciousness about HIV and AIDS and has a significant impact on both the social and physical school environments (Dalrymple, 2005). The community forum theatre based method hence enables young people to critically appraise sexuality issues and their link to HIV and AIDS spread.

DramAidE uses a participatory dialogue- oriented approach and Entertainment Education (EE) to challenge the stigma and misconceptions attached to HIV positive people. An integrated approach that embraces aspects associated with prevention techniques is used to address the youth (Myers, Kelly and Motuba, .2012: 17).

In 2002, DramAidE formally established a Health Promoters (HP) programme for university students, which aimed to address HIV prevention and to provide care and support to HIV positive students and staff. (*ibid.*) The project further initiated the development of Campus HIV and AIDS programmes including peer education (*ibid.*) The programme partners with 14 universities, UKZN, DUT and UniZulu being among these. Some of the aims of the DramAidE

are to ease the spread of HIV and AIDS by reducing new infections, promoting HIV testing and healthy decision-making and using prevention approaches appropriate to university students and staff (*ibid*, 18). DramAidE worked with UKZN, Howard College CHASU and peer educators on the SCRUTINZE campaign sponsored by the USAID, through JHHESA<sup>46</sup>. DramAidE is also affiliated to the centre for Communication, Media and Society (CCMS) at UKZN (Howard College Campus) (*ibid*).

### *LoveLife*

One of the most criticized (see Parker (2004, Delate, 2001; Tomaselli, 2011; Govender, 2011) HIV and AIDS prevention campaigns is the loveLife billboard campaign which was launched in 1999 and whose goal was to reduce HIV infection among 15-20 year olds by 50% in five years (Govender, 2011: 69). It was established by a conglomerate of NGOs dealing with adolescent reproductive health in South Africa (Parker, 2002). LoveLife describes itself as a “national initiative of unprecedented scale, combining a sustained multi-media awareness and education campaigns with comprehensive youth-friendly sexual health services ...and countrywide outreach and support programmes.”<sup>47</sup> LoveLife combines mass media communication, interactive communication opportunities, personalised information services (ref: 207). LoveLife attempts to present a lifestyle which it advocates as a ‘brand’ to attract youth to its messages. “The primary communication challenge is to get young South Africans hooked on the idea of loveLifestyle (sic) as the new popular culture and to shape that lifestyle according to the basic premises of the loveLife campaign.”<sup>48</sup> LoveLife is thus tailored to address various youth’s sexuality and other sexual health issues. One of the objectives of the campaign is to encourage public talk about HIV and AIDS issues in order to confront the pandemic (Parker, 2002).

loveLife has been criticized as an expensive endeavour: “a hugely expensive public-relations-oriented self-branding exercise, it promised what it could not deliver — a halving of HIV prevalence among youth in five years” (Tomaselli, 2011: 39). Tomaselli (2011) further contends that its campaigns are “associated with promoting consumption, embourgeoisification, titillating, sexualised imagery and the freeing up of restrictive discourses about sex [...] evident in the loveLife lifestyle magazine *thethaNathi*” (*ibid.*). The campaign is criticized for encouraging

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<sup>46</sup> <http://enewsletter.ukzn.ac.za>. 27 September 2010, Vol 4 Issue 20

<sup>47</sup> loveLife 2003. Summary report on activities and progress during 2003. Johannesburg: loveLife, 2005.

<sup>48</sup> *ibid*

consumerism (Parker, 2005a) and the normalisation of sexualised Western imagery (Tomaselli, 2011: 39). The campaign also seems to be biased towards urban youth's contexts thus excluding the rural youth. Whilst the campaign has its many flaws regarding content and audience reach, it does seem to have achieved one of its objectives, which is to open dialogue, the various criticisms are a form of dialogue.

### Global partners

The spread of the HIV and AIDS pandemic in South Africa necessitated a joint response by government, NGOS and international agencies to the crisis. The PEPFAR fund and the German Federal Ministry for Economic Cooperation and Development (GIZ) are some of the international donor agencies that formed partnership with the South African government and NGOs to mitigate the spread of the pandemic. A brief overview of each partnership is presented in the following sections.

#### **GIZ**

GIZ has formed partnership with the Ministry of Health, which is the leading executing agency and other partners: national, provincial and community AIDS councils, NGOs and businesses to execute a campaign programme entitled the Multi-sector HIV and AIDS Prevention Programme (MHIVP)<sup>49</sup>. The partnership term is to last 14 years from 2011-2025. The objectives of the campaign are to expand HIV and AIDS prevention and to embark on a multi-level approach to continue efforts in alleviating the spread of the pandemic<sup>50</sup>. The programme uses a multi-layered approach with the intention of strengthening the competence and effectiveness of governmental and non-governmental partner organizations; involves interdisciplinary outreach to youth together with health promotion in the workplace<sup>51</sup>. Emphasis is placed on providing training for the AIDS councils at the national, provincial and local levels to enable them to execute their central coordination tasks effectively<sup>52</sup>. GIZ has also been working with loveLife since 2008 to support the campaign's efforts in communication, evaluation and programme implementation.

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<sup>49</sup> Fighting HIV and AIDS at all levels; <http://www.giz.de/en/worldwide/17594html>

<sup>50</sup> *ibid*

<sup>51</sup> *ibid*

<sup>52</sup> *ibid*

GIZ's achievements have been notable as they have enhanced AIDS Council's communication and capacities between various stakeholders, institutions and organizations. Other positive outputs realised by GIZ are their positive contribution to the improvement of loveLife's internal and external communication and assisting businesses with the establishment of HIV prevention programmes and a GIZ Youth Development Football project through which an HIV and AIDS prevention manual for coaches was developed<sup>53</sup>.

## ***PEPFAR***

PEPFAR continues to be one of the formidable partners in HIV and AIDS prevention South Africa since it was launched in 2003 (see Chapter 1 and Chapter 2).

The South African government, NGOs and global partners have played a key role in their continued efforts to control the spread and prevent new infections of HIV and AIDS through the introduction of comprehensive approaches and strategies.

The chapter theorized risk and public health communication in order to situate risk within public health communication, particularly regarding its representations in print-based HIV and AIDS campaigns meant to advocate safer sex practices among UKZN, UniZulu and DUT (Steve Biko) campuses. It traced the historical and global meaning of risk. It does this because the promotion of safer sex practices advocate self-care and in so doing risk discourses may be used to raise awareness as the dangers of contracting infection are associated with risky sexual lifestyles. In this regard, the exploration of major theoretical perspectives of risk is crucial as this together with the main theoretical framework; CDA used in the thesis, provides a conceptual basis for the textual analysis of print-based HIV and AIDS campaigns of the three Universities.

## **Conclusion**

This chapter theorized risk and public health communication in order to situate risk within public health communication, particularly regarding its representations in print-based HIV and AIDS campaigns meant to advocate safer sex practices among UKZN, UniZulu and DUT (Steve Biko) campuses. It traced the historical and global meaning of risk. It does this because the promotion of safer sex practices advocate self-care and in so doing risk discourses may be used to raise

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<sup>53</sup> *ibid*

awareness as the dangers of contracting infection are associated with risky sexual lifestyles. Public health communication is linked to theories of behaviour change and these have been especially influenced HIV and AIDS advocacy strategies.

The next chapter explores Development Communication and theories of behaviour change.

## **Chapter 4: Development Communication and theories of behaviour change**

This chapter presents development communication, discusses Behaviour Change theories and models: The Health Belief Model; The Reasoned Action Theory; Social Learning/ Social Cognitive Theory; The Diffusion of Innovation; Social Marketing and Practice; AIDS Risk Reduction Model; Stages of Change Theory. The enquiry generally reviews selected global, regional and local concerns of HIV and AIDS campaigns. However, it must be stated at the outset that, given the polemical nature of the issues as well as their breadth in terms of ongoing discourses surrounding HIV and AIDS issues, the chapter cannot possibly do justice to all facets of the debate.

Development communication is linked to health communication theories of behaviour change. Health communication theories of behaviour are influenced by the strategic nature of development communication in its bid to persuade people to change and improve development processes (Tuftte and Mefalopoulos, 2009; Govender 2011). Central to development communication are advanced strategies that are geared towards self-reflexive communication that aims to transform development in societies through empowerment processes (Melkote and Steeves, 2001: 21, 37, 38). The aim of development communication is broadly to enhance the quality of life and empower so-called marginalized or underdeveloped societies (Melkote and Steeves, 2001: 38-39; Stiglitz 1998: 3). Developing and educating communities to manage their health, lifestyles or health problems is effectively connecting development communication with health communication (*ibid.*).

Melkote and Steeves (2001: 38-39) indicate that development communication is a complete process involving a number of activities. First it identifies and assesses target audience needs as knowing the target audience situation is a crucial element for planning effective communication programmes. Secondly, specific communication strategies are selected then messages are produced, disseminated, and received by the target audience who in turn should give feedback to the producers. Active participation is ensured and encouraged between peers, which aims to promote interpersonal discussion and relationships aimed at empowerment of the people. Development communication approaches discourage one-way, direct, communicator-to passive-receiver activity and aim to promote vigorous exchange of ideas (Rogers, 1976a; 1976b; 1986; Rogers and Kincaid, 1981; Melkote and Steeves: 2001).

Over time, development communication approaches have expanded from modernization approaches, to include community partnerships that involve participatory approaches. The progression of development communication saw the advance of participatory approaches such as community for social change and communication for participatory development (Govender, 2011; 51). There are four distinct paradigms of development communication: modernization, support dependency, development support communication and another development (Servaes 1995; 1999; see also Dyll-Myklebust 2011: 12-18 in Tomaselli 2011).

Modernization refers to an approach to development, often described as the 'dominant paradigm' (Govender, 2011: 55). This emerged after World War 2 in Europe and subsequently this approach was proposed by US President Harry Truman as appropriate to alleviate poverty in Third World countries (Melkote and Steeves, 2001: 51) and had a strong emphasis on industrialization and technology. The assumption was that technology and industrialization that were used in developing First World countries would be appropriate for third world contexts (*ibid.*).

The difficulty with frameworks from foreign cultures that are imported to other cultures is the assumption that societies follow similar transition phases. Since communication is a complex process that involves interrelated detailed systems of purposes, interpretations, social relationships, power structures, standards and values, the modernization approach may not be appropriate for HIV and AIDS prevention campaigns (Dalrymple, 1997). HIV and AIDS campaigns need to recognize the complex social context in which individuals make choices regarding their health related activities (*ibid.*). Such theories of development communication have been criticized for adopting a linear approach that presupposes a passive recipient of messages, particularly in HIV and AIDS prevention campaigns. The approach is criticized as top-down and linear that trivialized cultural meanings and social contexts of host societies (Melkote and Steeves, 2001).

The dependency paradigm of development is an improvement of the modernization paradigm. The main argument of the dependency paradigm is that development in First World countries impoverishes third world countries. That is, while third world countries have rich raw materials, they lack technology to exploit and manufacture them and First World countries have the technology to develop these raw materials. Thus a relationship of dependency exists between the Third and First World as the former depends on the latter for technology, resources and financial assistance (Ferraro, 1996: 59). Dependency theory stipulates that lack of progress of the Third

World is attributed to exploitation by the developed countries (Smith, 1979: 226). This theory also suggests that development methods applied to First World countries are not necessarily applicable to them as social contexts are different. The dependency theory empowers people through education to ultimately control economic and national development (Govender, 2011: 58). The state provides education and enables people to occupy leadership positions in government that controls economic development (*ibid.*). The dependency theory has however been criticized for being authoritarian as it vests power on the state, though community involvement, participation and collective decision-making are perceived as crucial in development (Santos, 1971: 235).

Development support communication later emerged to build on the dependency critique. The communication process within the paradigm aimed to involve communities in addressing their problems. In this paradigm, donor agencies aid the process of development rather than control how problems should be addressed (Melkote and Steeves 2001: 349-359). Development support communication adopted a more participatory approach to modernization, where communities are regarded as active participants in the development process (*ibid.*).

‘Another development’ advanced the notion of participatory development. Participatory communication offers reciprocal interaction between participants and mediators of information aiming to involve target audiences in development processes (Nair and White, 1987: 37). Participatory communication encompasses some elements of Brazilian, Paulo Freire’s (2002) critical pedagogy that seeks to facilitate critical thinking and critical consciousness. The paradigm encourages critical dialogue and active democratic participation. Freire’s *Pedagogy of the Oppressed* was concerned with developing principles to inform adult education or development but his critical consciousness and active participation have been adopted by human development advocates. ‘Another development’ is dialogic and participatory by nature.

Development communication has influenced communication strategies designed for various health communication programmes, particularly HIV and AIDS prevention campaigns, through various behaviour change theories that have been employed to alleviate health problems and diseases (see Tomaselli and Chasi 2011; Durden and Govender 2001). The next section explores how development communication has been incorporated by some NGOs in South Africa.

## **Development communication and HIV communication in South Africa**

In South Africa, some HIV and AIDS prevention campaigns by some NGOs have incorporated a development communication orientation to their approach. The approaches used have a participatory orientation. NGOs adopt human rights approaches to HIV and AIDS prevention in order to empower marginalized individuals “to evaluate, analyse and act according to their situation. The communication around them enables them to adopt new information availed to them or adapts it according to their context” (Chopra and Ford, 2005: 386). Bottom-up approaches, which are participatory by nature, are used by NGOs. The Freirean, pedagogy of the oppressed is utilized to facilitate dialogue and to enable negotiation of knowledge and awareness to awaken critical consciousness that ultimately shapes their own development and prevention priorities more effectively (*ibid.*).

In South Africa, the Treatment Action Campaign (TAC), which was formed in 1998, embarked on a strategy to destigmatize HIV and AIDS by designing a T-shirt with the phrase ‘HIV-positive’ which was printed on its front (Robins, 2005: 312). Robins (2005) conducted research on the moral politics of HIV and AIDS activism in South Africa. The research aimed to evaluate: (a) AIDS activism and its contribution to new forms of citizenship that was concerned with both rights-based struggles and with creating collectively shared meanings of the extreme experiences of illness and stigmatization of HIV and AIDS sufferers, (b) how it contrasts with HIV and AIDS treatment in the public sector and TAC. He observes that treatment in the public sector is shaped by the conventional doctor-patient dyad and highly technicist and depoliticised modes of biomedical interventions in the private spaces of doctors consulting rooms (Robins, 2005: 312-314).

Burchardt (2013) describes how faith-based organizations in South Africa have stepped up efforts to mitigate the spread of HIV and AIDS infection by encouraging open discussions about sexuality. She provides an ethnographic account of how the Anglican Church diocese of Cape Town pioneered a peer-education programme named ‘Agents of Change’ for young people aged between 15 and 18 years of age. Through role play and simulation games the young people are encouraged to openly discuss issues of sex and sexuality. The open discussions about intimate relationships and sexuality have “become normalised in many parts of the developing world through governmental or charitable programmes in family planning, reproductive health, disease prevention and human rights’ promotion (Burchardt, 2013: S496). Burchardt (2013) further argues that faith-based organizations (FBOs) develop discourses from public health but also

emphasize “religious idioms; these concepts were promoted in diverse bureaucratic arenas and allowed for the dissemination of new vocabularies of sex in which counselling is construed as a key mechanism (p S497). FBOs thus utilize counselling as a framework for prompting sexual openness and the disclosure of an HIV diagnosis (*ibid*: S499).

FBOs that depend on funding have also been subjected to conditions that come with such projects. Burchardt (2013) states how the PEPFAR programme, which propelled some of the FBOs initiatives on sexual openness, gave precedence to projects that encouraged abstinence and being faithful. Also the churches were expected to “become agencies of sexual pedagogy and this came with requirements that all levels of the church hierarchy should speak openly about sex and to acquire greater command of the language and vocabularies of sexual education” (Burchardt, 2013: S 505). PEPFAR’s support of sexual openness is quite valuable for the development of adolescent sexuality and sexual health. However, the requirement that restricts sexual talk to abstinence and being faithful defeats the purpose of mitigating HIV and AIDS at all levels especially with regard to the youth who may have already been engaging in penetrative sex.

Although the Cape Town Anglican church was faced with challenges of promoting sexual openness such as the church leaders and synod being reluctant to such an endeavour during the initiation period, Burchardt’s (2013) ethnographic study reveals that eventually a project, the ‘Fikelela’ was formed. The project was involved in mobilization and activism to dispel HIV and AIDS stigma and sexual openness through a number of activities: distribution of posters, information leaflets, engaging in international HIV and AIDS prevention events like candlelight memorials (p S502). The NGOs and FBOs approach to HIV and AIDS prevention communication is thus geared towards the promotion of discourses of emancipation and community mobilization (*ibid.*).

The next section discusses the theories of behaviour change that are used in health communication, specifically in HIV and AIDS prevention campaigns to persuade adoption of safer sex behaviour. Some HIV and AIDS prevention campaigns that employ some of these models have been criticized for failing to change behaviour. Some of the literature is briefly explored here.

## **Theories of Behaviour Change and intervention strategies**

Health communication interventions “are often designed to improve lifestyle behaviours, reduce risk factors for disease, increase compliance with medication or treatment plan, better self-manage a condition, provide social support or provide help with making decisions about health” (Suggs, 2006: 62). The interventions incorporate crucial activities with which human beings engage themselves. Theories of behaviour change have been adopted by health communication models and approaches that have been developed and adapted in various contexts to deal with specific health problems or with particular audiences to alleviate the situation.

The development of theories of behaviour change in relation to HIV was influenced by the absence of conclusive pharmacological, immunological and medical interventions for the HIV and AIDS prevention and cure. It was thus recognized that behaviour change interventions would be worthwhile to pursue (Melkote and Stevens 2001, Edgar et al. 1992, Freimuth et al. 1990, Maibach et al. 1993, WHO 1988). Accordingly, theories of behaviour change have informed the construction of HIV and AIDS prevention campaigns. As the transmission of HIV is driven by behavioural factors, theories of behaviour change focusing on individuals form the basis for most HIV prevention efforts worldwide (Auerbach, 1994). Behaviour change models attempt to thwart risky sexual behaviour and social stigma through persuasive information campaigns.

The models of behaviour change that have particularly informed and influenced HIV and AIDS prevention programmes are reviewed below. These models include the following: Health Belief Model (HBM); Theory of Reasoned Action; Social Learning/ Cognitive theory; The Diffusion of Innovation; Social Marketing and Practice and AIDS Risk Reduction Model (ARRM). These theories are based on psychological theories (Denison, 1980; Melkote *et al.*, 2000; Gurung, 2010).

Some of these theories, influenced by psychosocial models of behavioural risk variously predict risk behaviour; predict behavioural change and predict maintenance of safe behaviour (Gurung, 2010; Denison, 1980). The theories widely emphasize the stages that individuals pass through while trying to change behaviour (Auerbach, *et al.*, 1994). Kalichman (1997) observes that HIV and AIDS prevention interventions are based on psychological behavioural theory that emphasizes practice of targeted-risk reduction skills. The interventions intend to empower individuals through a process of instruction, modelling, practice and feedback.

Social cognitive models of health behaviour were developed in a bid “to explain, predict and influence health behaviours and outcomes” (Berry, 2007: 30). The basis of their development was upon the premise that people’s choice of health behaviour was dependent on their beliefs (*ibid*; Melkote and Steeves, 2001). As such, the Theory of Planned Behaviour and Health Belief models are determined by two types of reasoning: (a) that an individual will weigh the chances that a particular action will generate expected results or (b) that individuals will deliberately assess the different alternatives prior to deciding on which health behaviour to partake (*ibid*: 31).

These campaigns draw on different models of behaviour change, which are psychosocially based (Melkote and Steeves, 2001):

Health communication scholars have tried to understand how individuals process information and have identified the factors that contribute to appropriate behaviour change. Some of the theorists have, implicitly or explicitly, assumed that if individuals were provided with the “right” information they would adopt the recommended behaviour. Some others have endorsed the need to provide behavioural skills along with information so that individuals are able to carry out the desired behaviour (*ibid*: 131).

The models aimed at behaviour change were developed to focus on audience and individuals as clients and as customers and on the exchanges between providers and clients. The models were based on theories of communication and behaviour change that emphasize process (Piotrow *et al.*, 1997). This development was based on the notion that behaviour change involves a process that individuals have to go through as they exchange information and as they interpret and react to different messages. The theories of behaviour change identify and explain complex relationships between knowledge, beliefs and perceived social norms. They further “provide guidance on the content of educational programmes to promote behavioural change in a given set of circumstances” (Nutbeam, 2000: 260).

### **The Health Belief Model (HBM)**

The Health Belief Model (HBM) is a psychological model that strives to explain and predict health behaviours by focusing on the attitudes and beliefs of individuals (Denison, 1980; 1996). The model applies to “biomedical, supernatural and holistic health systems” (Luckmann, 1999: 47). Messages in the HBM “are primarily directed towards influencing an array of beliefs regarding the subjective likelihood of each outcome occurring; attitudinal and behavioural responses are contingent upon each individual’s valuation of these outcomes” (Salmon and Atkin, 2003: 455).

Developed in the 1950s, HBM was part of an effort by social psychologists in the United States Public Health Service. It was influenced by attempts to explain the lack of public participation in health screening and prevention programmes. It was initially submitted by Rosenstock (1966) and was enhanced by Becker and Rosenstock (1984) in the 1970s and 1980 (Denison 1980, 1996; Melkote and Stevens, 2001, Berry 2007; Northouse and Northouse, 1998). Social psychology and cognitive and behaviourist views influenced health psychology which consequently formulated the HBM. The model combines learning and cognitive theories that subscribe to concepts that people learn a certain behaviour if it yielded positive and valuable results.

HBM was developed to analyse decisions regarding health behaviours of people. Health behaviour is viewed as a function of individual's socio-demographic characteristics, knowledge and attitudes (UNAIDS 1999). A person must hold several beliefs regarding a health issue in order to change behaviour. The adaptation of the model was done in order to explore a variety of long and short term health behaviours, including sexual risk behaviours and the transmission of HIV and AIDS (Denison, 1980; 1996). The notion of an individual's recognition of threat of a health problem and evaluation of suggested behaviour for averting or controlling it is a crucial element in HBM<sup>54</sup>. The model was developed to offer the individual the latitude to manage his or her own health issues by emphasizing the patient's participation in evaluating his or her own health situation (Rensburg and Krige 2011: 88). The development of the model to predict individual responses to preventative health care, emphasizing the patient's actions renders the model a rational-cognitive approach (Northouse and Northouse, 1998: 13).

There are five key variables of HBM: perceived threat, perceived benefits of action, perceived barriers and cues to action and self-efficacy (Becker 1974, Rosenstock 1966; Strecher and Becker 1994; Denison, 1980; 1996; UNAIDS 1999; Berry 2007). Self-efficacy alludes to a person's belief in one's personal ability to perform behaviour in order to achieve change. An individual has to engage with each element to be able to make a decision regarding specific health behaviour. This assessment highlights that health behaviour decisions are a result of people's opinions on what they regard to be a possible health threat and an appropriate behaviour. Moreover, the model presumes that people are prompted to take action from discerning a potential danger to their health. Threat functions from two perspectives, how severe

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<sup>54</sup> Theory at a glance. A guide for health promotion practice 2<sup>nd</sup> ed. (2005) ([www.nci.nih.gov/theory](http://www.nci.nih.gov/theory))

the specific problem is considered and how vulnerable the individual is to that health problem (Berry 2007: 31). HBM's main objectives are related to how a health problem is perceived as a threat and how the person intends to prevent it given the setbacks met. Thus "appropriate beliefs involve the perceived benefits of taking appropriate action and perceived barriers to taking that action. The final element in the model specifies that behaviour is influenced by internal (bodily symptoms) or external (mass media campaign) cues to action" (*ibid.*: 31).

The following is a brief outline of what constitutes the five variables: Perceived threat, Perceived Benefits, Perceived Barriers, Cues to Action and Self-efficacy adapted from United Nations Programme on HIV and AIDS (UNAIDS 1999).

The first variable, perceived threat has two parts: perceived susceptibility and perceived severity. Perceived susceptibility involves the individual's subjective perception of the risk of contracting a health condition, whilst perceived severity entails feelings concerning the seriousness of contracting an illness or of leaving it untreated. This involves the individual evaluating consequences relating to medical and clinical and those potentially social. The individual would ask himself or herself questions such as: Is there a medical intervention such as treatment or will there ever be a cure? How will my loved ones be affected if I get infected or even die? Is there reprieve for HIV?

The second variable, perceived benefits require an individual believing that interventions planned to reduce the threat of illness are effective. This encompasses an individual's belief in the benefits to be gained when adopting a new behaviour. For example, the individual believing that abstaining from sex or using a condom or restraining himself or herself from having multiple partners would be effective measures to adopt to prevent contracting STIs or HIV infection.

The third variable, perceived barriers demand the individual to evaluate the potential negative consequences emerging from taking specific health actions comprising physical, psychological and financial demands. The individual has to consider possible challenges that may prevent him or her from adopting a specific health action, for example, contemplating the challenges that might arise in persuading a partner to use a condom; or fearing intimate partner violence for suggesting adoption of safer sex practices. This would be true for some females in partnerships that are prone to violence (see section on sexuality and HIV and AIDS). Regarding some females in partnerships that are engaged in commercial sex or "transactional sex" (Leclerc-

Madlala, 2005: 15), proposing condom-use may result in a minimal fee if a sexual partner does not condone using a prophylactic (*ibid.*).

The fourth variable necessitates cues that inspire people to take action. These may be bodily (physical symptoms of a health condition) or environmental (media publicity) factors. Other variables include diverse demographic, socio-psychological and structural variables that affect an individual's perception that indirectly influences health-related behaviour. For example, the individual may ask himself or herself, 'Have I witnessed a loved one suffer from HIV-related illness or has anyone close to me died of AIDS? If so what action should I take to prevent the same from happening? What do the prevention campaigns (print media, TV, radio) show and teach about the HIV and AIDS epidemic or risky sexual behaviour?' (UNAIDS, 1999).

The fifth variable, self-efficacy introduced by Bandura (1977) involves the individual's belief in being able to successfully achieve the behaviour required to produce the desired outcomes. For example, a person may have conviction that if he or she is quite capable of taking certain steps to change his or her sexual behaviour and would succeed in doing so. An individual may realise that engaging in reckless sexual escapades with multiple partners without using condoms exposes him or her to HIV infection and has conviction that he or she could refrain from infidelity and also use the prophylactic and would still enjoy sexual intercourse.

Preventive behaviours depend on people's beliefs regarding their vulnerability to a health problem, their outlook on the seriousness of the health problem and the benefits opposed to the costs of embracing the preventive behaviour, and willingness to act (Janz and Becker, (1984). HBM thus assumes that prevention programmes will be based on a perceived seriousness of an illness by an individual and the perceived health benefits of the health services. Thus it presumes that an individual will take reasonable action and necessary steps in changing a behaviour and is capable of changing the behaviour and has absolute control over it (Becker, 1974; Rosenstock *et al.*, 1994; UNAIDS, 1999; Melkote *et al.*, 2000; Melkote and Stevens, 2001).

Accordingly, in order for an individual to change behaviour, he/she must weigh the benefits against the costs. The benefit/risk perception of the health situation is emphasized and defined by disparate personal variables (Dutta-Bergman, 2003: 103). Moreover, the individual must evaluate the barriers to change. Consequently, change occurs when the benefits are perceived to outweigh the costs (Northouse and Northouse; 1998: 15). HIV interventions thus often target

perceptions of risk and beliefs that AIDS is incurable. These beliefs involve evaluation of how abstinence, condom-use or fidelity is effective in preventing HIV and AIDS.

Examples of health programmes that have applied HBM include smoking, dieting and exercise (Berry, 2007: 31, *cf.* Sheeran and Abraham, 1996). Research has shown that health behaviours like eating a healthy diet and taking regular exercise relate to individual beliefs of severity of a health problem (Harrison *et al.*, 1992). The decision of taking such action is influenced by an individual weighing the odds against the benefits. In HIV and AIDS research, Rosenstock *et al.*, (1994) used the model to evaluate the nature of sexual risk behaviours. The study targeted a varied population involving a general public, homosexual men, adolescents and pregnant women.

### **The Reasoned Action Theory/Theory of Planned Behaviour (TRAT/TPB)**

The Theory of Reasoned Action (TRAT) was developed in the mid-1960s by Fishbein and Ajzen (1975). The model is concerned with attitudes to behaviour and motivation to conform to the behaviour. The theory proposes that plans that are formulated on the basis of the individuals' intention to act on specific behaviour goals should be carefully formed (Berry, 2007: 32). TRAT (Fishbein and Ajzen, 1975, Ajzen, 1985) evolved into the Theory of Planned Behaviour (Ajzen, 1985, 1988; Gurung, 2006; Berry, 2007), which endeavours to directly link health beliefs to behaviour. The theory focuses on the individual predicting behaviour "by studying attitudes, beliefs, behavioural intentions and observed expressed acts" (Airhihenbuwa and Obregon (2000: 7). The theory identifies two important elements, namely attitude toward a specific behaviour and subjective norms stemming from social influence (Fishbein *et al.*, 2001; Gurung, 2006). The main tenets of the theory are:

intentions should be conceptualized and turned into plans of action. (b) intentions result from three factors or beliefs: (i) attitudes towards the behaviour (ii) subjective norms (including social norms and pressures) (iii) perceived behavioural control/self-efficacy. The model is based on the assumption that presumes that the three factors discussed above predict behavioural intentions, which are linked to behaviour. However, the model also acknowledges that perceived behavioural control or self-efficacy can have a direct effect on behaviour itself.

(Berry, 2007: 32).

TRAT which is perceived as an extension of the Health Belief Model, (Fishbein and Ajzen, 1975; Kashima and Gallois, 1993; Melkote and Steeves, 2001) is based on the assumption that there is a linear progression from attitude to action and that a given action will be determined by

an individual's intention. Just like the HBM, the TRAT focuses on perceived susceptibility and perceived benefits and constraints to changing behaviour (UNAIDS, 1999).

The underlying thought of The Reasoned Action Theory is that individual behaviour is determined by the attitudes and beliefs of an individual (Fishbein and Ajzen, 1979; Berry, 2007). This means that a person's behaviour is likely to be influenced by how he or she perceives the consequences of such. Furthermore, a person's behaviour is influenced by his or her beliefs about whether the results of such action will benefit him/her (Gurung, 2010; Berry, 2007; Airhihenbuwa and Obregon, 2000). The individual's behaviour would be determined by his or her attitude. An additional presumption is that at the core of the individual's mindset is an outlook of what constitutes positive and negative behaviour (Gurung, 2010). Thus, an individual is invariably influenced by his or her intention (*ibid.*). Adoption of behaviour is a function of intent, which is determined by a person's attitude (beliefs and expected values toward performing the behaviour and by perceived social norms (importance and perception that others expect of the behaviour) (Fishbein and Ajzen, 1975; Berry, 2007; Gurung, 2010).

The theory is based on the assumption that individuals are responsible beings, capable of taking reasonable steps to change behaviour (Airhihenbuwa and Obregon, 2000; Melkote *et al.*, 2000; Melkote and Stevens, 2001; Gurung, 2010). This effectively means individuals are rational and they would systematically use information available to them. The model thus focuses on attitudes relating to risk reduction, social norms response and behavioural intentions by way of channelling interventions (UNAIDS, 1999; Melkote and Steeves, 2001).

An additional component to this model involves normative beliefs. This includes individuals evaluating normative beliefs about the behaviour and deciding whether to conform or to flout them (UNAIDS, 1999; Melkote and Steeves, 2001; Gurung, 2010). For example, regarding the choice of prevention methods among the youth, an individual may assess the benefits of abstaining and may also consider what the perceived norms among his or her peers are about the behaviour. The choice would be whether to conform to the perceived norm or to rebel against it. Normative beliefs play a central role in the theory and generally focus on what an individual believes other people, especially those influential to him or her would expect him or her to do (UNAIDS, 1999; Melkote and Steeves, 2001; Gurung, 2010). Subjective norms or normative beliefs could be based on the notion that their peers are abstaining and that they would expect the person to do likewise (*ibid.*). Subjective norms are the result of perceived assessment of beliefs about inclination to behaviours of those close to him or her. These beliefs would

considerably influence the person's motivation to comply with their wishes. Hence TRAT specifically focuses on the role of personal intention in determining whether behaviour will occur (*ibid.*). The theory guides interventions by focusing on attitudes towards risk reduction, response to social norms and behavioural intentions (UNAIDS, 1999: 7).

Regarding HIV and AIDS, The Theory of Planned Behaviour was used in a study by Montano *et al.*, (2001) to establish its measures that best predicted condom use among African/ American, Latina and European American women (Gurung, 2006). They used questionnaire data that had a series of questions about condom-use, beliefs, intentions and consequences among others.

### **Social learning/Social Cognitive Theory (SCT)**

Social Learning Theory (SLT), also known as Social Cognitive Theory (SCT), was developed by Bandura (1977b). Social Learning suggests that behaviour outcome depends on an individual's assumptions and motivations (Rosenstock *et al.*, 1988). Individuals behave in a certain way because of their belief in a certain result (Bandura, 1977b). The theory deals with cognitive, emotional and behavioural aspects of understanding behaviour change (Bandura, 1977a). However, a crucial aspect that Bandura emphasizes is that "to achieve self-directed change, people should not only be given the reason to alter risky habits but also the behavioural means, resources and social support to do so, which requires certain skills in self-motivation and self-guidance" (Bandura, 1994: 25). Two aspects are thus emphasized in the behaviour change model: the individual's rationality that may have a bearing on his or her intrinsic motivation and external factors that would enhance his or her capability and willingness to take appropriate action.

The SLT explains behaviour through a dynamic reciprocal theory in which personal factors, environmental influences, and behaviour continually interact (US Department of Health and Human Services, 2005).

Gurung defines SCT as a

... comprehensive theory of behaviour change that posits that health behaviour must be understood in the context of reciprocal determinism or the idea that characteristics of a person, one's environment and the behaviour itself all interact and determine whether behaviour is performed. The model considers attitudes, beliefs and the surrounding in examining behaviour.

(Gurung, 2006: 198)

The key concept of SCT is about human motivation and action that are widely controlled by forethought. This is based on three types of expectancies (a) situation-outcome expectancies, for which results are dependent on environmental events not personal action; (b) action-outcome expectancies, these are dependent on personal action; and (c) perceived self-efficacy, that is an individual's beliefs about his or her capabilities to perform a specific action that will influence a desired outcome (Bandura, 1977b).

One of the central tenets of Social learning theory is self-efficacy (for example, believing in oneself that one can insist on using condoms with partner) and outcome expectancies (believing that using condoms correctly will prevent HIV infection). The Social Learning/Cognitive emphasizes that self-efficacy and social modelling could influence the behaviour of a person (Melkote and Steeves, 2001: 133). As already mentioned self-efficacy is related to a person's belief in one's personal ability to perform behaviour in order to achieve change. This belief directs course of action the individual will choose and this is influenced by sustainability and resilience to overcome any challenges that may arise (*ibid*: 133). The person must recognize an incentive that will yield positive outcomes of performing that action. Also, recognizing one's ability to perform an action that will yield positive results will be enhanced by valuing the outcomes that he or she believes will occur resulting from performing a specific behaviour or action. These outcomes may have immediate or long-term benefits (*ibid.*).

Perceived self-efficacy involves a certain amount of outcome expectancies as individuals believe they are capable of choosing a desired behaviour through their own sustained efforts, especially when faced with challenges. Taking appropriate action involves not only having knowledge and skills, but also self-efficacy which is arguably the key to managing situations effectively (Bandura, 1986 and 1989). Perceived self-efficacy encompasses the belief one has about changing risky health behaviours through his or her own action by employing one's skills to resist temptation. Efficacy beliefs affect the intention to change risky behaviour and behaviour change is perceived as dependent on one's perceived capability to cope with challenges including health, environmental and psychological problems (Bandura, 1977). Thus efficacy beliefs affect a person's resilience in achieving the desired health goals and overcoming obstacles that may impede his or her efforts.

Social modelling refers to the notion that individuals learn from emulating others by watching others' actions. The underlying concept of modelling is that people are more likely to evaluate how others whom they regard as similar to them deal with certain situations. If these situations

are overcome they would more likely positively reinforce their own beliefs about their own capabilities. Social modelling's effectiveness will depend on whether the model displays positive attributes that the person can emulate (Bandura 1977: 22).

Self-efficacy and modelling have been used extensively to inform HIV and AIDS prevention campaigns as their holistic approach provides knowledge, skill and confidence to undertake prevention measures against AIDS (Melkote and Stevens, 2001). Models based on self-efficacy and modelling may work in some contexts where support services and socio-economic circumstances are conducive for self-improvement.

### **The Diffusion of Innovation**

The Diffusion of Innovation theory was first developed by Bryan and Gross in 1943. This model delineates the process by which a new idea or practice is communicated through certain channels over time among members of a social system (Piotrow *et al.*, 1997). The model describes the factors that influence people's thoughts and actions and the process of adopting a new technology or idea (Rogers, 1962; 1983; Ryan and Gross, 1943; 1950; Valente, 1995; Piotrow *et al.*, 1997).

Stipulated in the Diffusion of Innovation (Rogers, 1983), are communication processes through which a new idea or product becomes known and used by people. The model outlines four essential elements: (a) the innovation (b) communication of the innovation (c) the social system (d) temporal. The postulation is that people's exposure to a new idea, which is within a social network or through the media, will influence the adoption rate of the new behaviour by different people (UNAIDS, 1999). The main thrust of the theory is that the chances of most people adopting a new behaviour would be driven by appropriate assessment of the idea that had been imparted to them by influential members (Kegeles, 1996). The application of the model to AIDS risk reduction is done through key opinion leaders, who in turn may influence others. Subsequently, the new norm would be spread broadly within peer networks. Individual's behaviours are more likely to be influenced by perceived social norms regarding beneficial prevention beliefs that have been regarded as broadly embraced within one's immediate social network (Kelly, 1995).

## **Social Marketing and practice**

Social marketing is defined as a programme-planning process that applies commercial marketing concepts and techniques to promote voluntary behaviour change (Kotler *et al.*, 2002, Andreasen, 2003). In public health, social marketing contributed to its growth internationally, through the promotion of condom-use as its first application (Harvey, 1999). Social Marketing evolved as a technique for influencing social norms and behaviours in populations over the years to benefit public health (Andreasen, 1995 and 1999). Additionally, evolution of social marketing was realised through diffusing strategies (Hastings and Saren, 2003). This diffusion involves public health integrating advertising and other promotional techniques plus consumer research to enable evidence-based decisions.

The Social Marketing theory is based on the P's of Social Marketing: Product, Price, Place and Promotion (Airhihenbuwa and Obregon, 2000: 5). These are factors that influence persuasive and promotional strategies in order to compete with others in the market. Social marketing is a concept developed from commerce and advertising and was initiated by Kotler and Zaltman in 1971 (Piotrow *et al.*, 1997). The theory is defined as “the design, implementation, and control of programs calculated to influence the acceptability of social ideas and involving considerations of product, planning, pricing, communication, distribution and market research” (Kotler and Zaltman, 1971: 5). This model emphasizes promotion of commodities in order to persuade consumers to buy them. The model involves a process in which the emphasis is on influencing consumer behaviour. Condoms are an example of such commodities for which the model was used (Altman and Piotrow, 1980).

Social Marketing theory also extended to promotion of a practice or behaviour. In the case of HIV and AIDS, social marketing could extend from condom promotion and selling to persuasive promotion of safer sex behaviour. Thus product in social marketing could be a tangible commodity or an idea meant to persuade health practice or behaviour. Price would be based on the assumption that a reasonable fee would cognitively work to persuade individuals to adopt a practice that others disapprove ; Place could refer to distribution channels meant to reach the intended consumer and Promotion could range from place of purchase information in pharmacies to billboards, mass media or any form of advertising and even community entertainment events (Kotler and Roberto, 1989; Lefebvre and Flora, 1988; Manoff, 1985, Piotrow *et al.*, 1997).

In developing countries, Social Marketing has become a useful strategy especially in dealing with HIV and AIDS. The strategy was used to sell condoms to males who could not be reached by clinical and field services ((Kotler and Roberto, 1989; Lefebre and Flora, 1988; Manoff, 1985, Piotrow et al., 1997). In addition, social marketing programmes expanded to many developing countries, dispensing contraceptive protection to couples within the reproductive age (*ibid.*). This model was deemed beneficial as it involved commercial communication professionals such as market research firms, advertising agencies and public relations organizations which inspired the innovation of health communication (*ibid.*).

Some of the disadvantages noted were that some services such as condom distribution were costly for some customers, although prices were subsidized. Moreover some people were more likely to prefer commercial brands, whilst some would need advice and counselling from health professionals (*ibid.*). These limitations brought forth the need to develop behaviour change models that focused on health behaviour change (*ibid.*).

### **AIDS Risk Reduction Model (ARRM)**

AIDS Risk Reduction Model was introduced by Catania *et al.*, 1990. The model adapts elements from the Health Belief Model, Social Cognitive Theory and the Diffusion of Innovation theory to describe and explain the process individuals and groups go through when changing behaviour regarding HIV and AIDS risk (UNAIDS, 1999: 8). The variables incorporated from these behaviour change theories are efficacy theory, emotional influences and interpersonal processes (Catania *et al.*, 1990). The model encompasses three stages: individual's recognition and labelling, individual's commitment to change, and action-taking.

Stage one, which entails an individual recognizing and labelling one's behaviour as a high risk. This recognition and labelling would stem from knowledge of sexual activities associated with HIV transmission (UNAIDS, 1999). These sexual activities could pertain to engaging in unprotected sex and having multiple partners. In this regard, the individual has to believe that he or she can contract HIV (Catania *et al.*, 1990). This belief involves accepting that sexually active people are not immune to being infected with HIV. Also, one has to believe that having AIDS is undesirable. Finally, social norms and networking do play a role in recognizing and labelling that one's sexual behaviour is a high risk (Catania *et al.*, 1990).

Stage two involves the individual making a commitment to change the risky behaviour he or she has identified. The commitment should lead to the individual increasing low-risk activities. There are several processes that the individual has to transcend in order to commit change. Firstly, the individual has to weigh costs and benefits; secondly he or she has to determine whether the change will affect enjoyment of sexual activity; thirdly, he or she should consider whether the change will reduce the risk of HIV infection (response efficacy) and finally he or she has to assess when he or she believes she will be able to control and maintain the changed behaviour (self-efficacy) (*ibid.*). Overall commitment to changing sexual behaviour deals with the individual realizing the health value of such an act; acknowledging that sexual enjoyment will prevail despite restraint from promiscuity or using a prophylactic; and considering social factors pertaining to group and social norms that influence the individual's belief of costs, benefits and self-efficacy (Dennison, 1980; 1996).

Stage three involves taking action through information seeking, obtaining remedies and enacting solutions. There are several influences that motivate an individual to take action. These are social networks and problem-solving choices that involve self-help; informal and formal help; prior experiences with problems and solutions; level of self-esteem; resource needs for assistance; ability to express oneself with sexual partner and the latter's beliefs and behaviours<sup>55</sup>. There is also existence of other internal and external factors that may motivate individual's progression across stages exist (Denison, 1980, 1986: USAID, The AIDS Control and Prevention (AIDSCAP)). Internal factors typify temperamental conditions that may be influenced by extreme worry over an ailment or intake of drug-related substances that may quell temperamental conditions, which may foster or hamper the labelling of one's behaviour (Denison, 1980, 1986: USAID, The AIDS Control and Prevention (AIDSCAP)). External factors include public education campaigns that may play a significant role in encouraging individuals to progress across stages, for example, information regarding statistics of people that have died from AIDS related illnesses or pictures of people in the last stage of AIDS (Denison, 1980, 1986: USAID, The AIDS Control and Prevention (AIDSCAP)). These factors may induce people to change their risky sexual activities. Moreover, other factors like informal support groups may influence people's sexual behaviours (Denison, 1980, 1986: USAID, The AIDS Control and Prevention (AIDSCAP)).

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<sup>55</sup> USAID, The AIDS Control and Prevention (AIDSCAP) Project. [http://pdf.usaid.gov/pdf\\_docs/PNABZ712.pdf](http://pdf.usaid.gov/pdf_docs/PNABZ712.pdf)

## ARRM Application

Programmes that use ARRM focus on assessing clients' risk; influencing decisions to reduce risk through perceptions of enjoyment or self-efficacy and supporting access to them (UNAIDS, 1999: 8). In the US, studies examined a diverse variety of populations including people going for HIV testing at clinics, gay and bisexual men, single white and black men and Hispanic heterosexuals and adolescent females attending family planning centres (unpublished studies described in Catania *et al.*, 1990). A study conducted in Zaire for urban and rural women revealed how the women had difficult experiences due to their behaviour labelled as problematic. Furthermore, only 1/3 of the participants were said to feel personally at risk for contracting HIV and AIDS (Bertrand *et al.*, 1992).

## **Critiques of theories of behaviour change**

Criticism is levelled at behaviour change models for their emphasis on individual behaviour change processes with little attention to socio-cultural and physical environmental influences on behaviour<sup>56</sup>. In their critical assessment of theories or models used in health communication for HIV and AIDS, Airhihenbuwa and Obregon (2000) critique the models of behaviour change for being too individually focused rather than pluralistic or collective. In addition, these models are questioned for adopting Western approaches that are centred on the individual rather than on the community.

The theories and models used in health communication and promotion especially those advocating HIV and AIDS prevention are derived from assumptions of individual rationality that are compliant with an established linear path from awareness to attitude to action (Airhihenbuwa and Obregon 2000; Dalrymple, 1977). The assumption is that individuals are rational beings who act strictly according to pre-determined programmes. However, external factors may hinder what would be deemed to be appropriate behaviour. In especially African cultures, external factors like family, social or peer groups play an important part in shaping individuals' behaviour or decision-making (Airhihenbuwa and Obregon, 2000). The Westernized approach is individual-centred, unlike Asia, Africa, Latin America and the Caribbean, where family and

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<sup>56</sup> Grizzell, J. Behaviour change theories and models (<http://www.csupomona.edu/~jvgrizzell/best-practices/bctheory.html>)

community play an important role in the construction of the health and well-being of everyone, but still recognizing the importance of the individual in the cultural context (*ibid.*).

The HBM is criticized by Airhihenbuwa and Obregon (2000; 10) for focusing on the rational and cognitive individual. The HBM is individual-based and disregards other factors such as social, cultural, religion and age that may interfere with rational decision-making. In some communities, health decisions are not purely left to the individual, the community usually has a major role to play (Airhihenbuwa and Obregon 2000; Auerbach *et al.*, 2000; Melkote et al; 2000).

The Social Learning/ Cognitive Theory concepts of self-efficacy and modelling may have limitations. Modelling is usually derived from using role models, who may be opinion leaders, for example, politicians, academics or church leaders, with the hope that their positive behaviour would be imitated (Melkote *et al.*, 2000: 19). However, negative behaviour of the role model may be emulated by the individual as imitation of behaviour is dependent on an individual's self-assessment of good behaviour (*ibid.*). Self-efficacy is dependent on one's perceived ability to adopt a recommended behaviour (*ibid.*).

Another criticism of these models is that self-efficacy as an instrument used to measure health behaviour is often presented on a "continuum of two extremes (strongly agree to strongly disagree) in cultures where such measures are not only irrelevant but could be considered offensive" (Airhihenbuwa and Obregon, 2000: 9). This comment is based on their observation that some cultures of Asia, Africa, Latin America, and the Caribbean are self-effacing and are not always used to expressing their attitudes and beliefs by using extreme descriptors. In addition, how the individual feels is determined by the state of well-being of family and community. This seems to suggest what Kunda and Tomaselli (2009a) and Kunda, (2009a) have stated regarding communication interventions embracing knowledge, attitudes and practices of people of target audience's cultures for them to be successful.

Social Marketing has received its fair share of criticism especially regarding the promotion of condom-use in HIV and AIDS prevention advocacy. The major criticism of Social Marketing is its reliance on strategies aimed at changing individual behaviour and disregarding contextual factors (Grier and Bryant, 2005). In addition, Grier and Bryant (2005) drawing on Wallack's (2002) criticism of social marketing, challenge the preoccupation of Social Marketing with "trying to rescue people from drowning "downstream", when the important work lies

“upstream”, combating the environmental and social structural factors that create the health problems” (Grier and Bryant 2005: 330). Instead, social marketing practitioners must recognize the power of integrating all elements of the marketing mix rather than depending mostly on advertising. Social Marketing is further critiqued for its tendency to place blame on victims and to concentrate on individual behaviour leaving out contextual factors. In addition, Social Marketing is questioned for its military metaphorical approach that is viewed as coercive by third world public health professionals.

The HBM model is critiqued as a top-down approach to communication that is also manipulative. Parker (1994) argues that it is an approach that focuses more on the sender than the recipient, disregarding that communication is “not necessarily linear, but is a deeper multifaceted process, where messages are shaped by subjective responses” (*ibid.*, 37). Furthermore, the model is critiqued for using fear appeals in health campaigns, especially those advocating HIV and AIDS through promotion of condoms (Guttman, 1977b). The criticism is directed towards ethical concerns since fear strategies are perceived as manipulative (*ibid.*). Yet another criticism directed at the promotion of condom-use and distribution to curb the spread of HIV and AIDS points to the relatively simple and short term solution for a complex problem which could be tackled by addressing social conditions that in fact contribute to the spread of HIV (Freimuth, 1992). In addition, Social Marketing is critiqued for concentrating on ‘product marketing’ instead of behaviour when it could benefit HIV research and protection of PLWAs through policy social marketing (Smith, 1998).

One critic of social marketing proposes that to dispel the claim that marketing is manipulative, social marketers need to focus less on communication to inform people about public health products but need to place greater emphasis on developing affordable, accessible products that allow people to solve their problems (McDermott, 2003). He further suggests that people need to realise their aspirations that matter most in their lives and should be able to modify the environment to make it conducive for adopting healthy behaviour. He argues that goal setting, participatory research and strategy are strategies that would enable partnership (*ibid.*) that is much needed in public health.

Diffusion of innovation (Rogers, 1983) focuses on the communication process by which a new idea or product becomes known and used by people in a given population. Widely used in HIV and AIDS campaigns, the Diffusion of innovation aims to create awareness of HIV by using modelling strategies through engaging opinion leaders to influence attitudes and behaviours

(Freimuth, 1992; Rogers, 1983; 1985). The model has been criticized for being too linear and widening gaps between those already knowledgeable and those lacking knowledge of HIV and AIDS issues (Airhihenbuwa and Obregon, 2000: 8).

Kelly *et al.*, (2001) have criticized some HIV and AIDS prevention campaigns that have used some behaviour change models in South Africa. Their contention regarding socio-cognitive models is that individuals do not necessarily make cognitive assessments and are not necessarily rational when deciding on HIV and AIDS precautions. They decry that models presume that adopting protective behaviour such as condom use comes naturally to any individual. Kelly *et al.*, (2001) suggest an integrated model that incorporates information-based messages and action oriented goals that involve systematic and sustained community development efforts that would influence practices that are to be appropriate behaviour. In especially African cultures, external factors like family, social or peer groups play an important part in shaping individuals' behaviour or decision-making (Airhihenbuwa and Obregon, 2000). The Westernized approach is individual-centred, unlike Asia, Africa, Latin America and the Caribbean, where family and community play an important role in the construction of the health and well-being of everyone, but still recognizing the importance of the individual in the cultural context (*ibid.*).

The Social Learning/ Cognitive Theory concepts of self-efficacy and modelling may have limitations. Modelling is usually derived from using role models, who may be opinion leaders, for example, politicians, academics or church leaders, with the hope that their positive behaviour would be imitated (Melkote *et al.*, 2000: 19). However, negative behaviour of the role model may be emulated by the individual, as imitation of behaviour is dependent on an individual's self-assessment of good behaviour (*ibid.*). Self-efficacy is dependent on one's perceived ability to adopt a recommended behaviour (*ibid.*).

Another criticism of these models is levelled at self-efficacy being perceived as an instrument to measure health behaviour and is often presented on a "continuum of two extremes (strongly agree to strongly disagree) in cultures where such measures are not only irrelevant but could be considered offensive" (Airhihenbuwa and Obregon, 2000: 9). This comment is based on their observation that some cultures of Asia, Africa, Latin America, and the Caribbean are self-effacing and are not always used to expressing their attitudes and beliefs by using extreme descriptors. In addition, how the individual feels is determined by the state of well-being of family and community.

The ABC approach is advocated through some health communication theories of behaviour that are informed by paradigms of development communication. That being so, the next section explores the ABC approach, the ideological concept underlying the framework and the various criticisms that have been levelled against the approach particularly regarding the ideological attachments that underlie the funded programmes. The description of what ABC entails and the ideological contestations emanating from the promotion or lack of the tripartite ABC approach is teased out. This is done to place the notions of ABC in a wider context of the rather complex phenomenon, the aim being to unpack what each category entails regarding sexuality issues. The discussion of the ABC approach briefly explores examples drawn from various historical, religious, and cultural practices to build a case for a critical reflection on ideologies underpinning prevention measures. The exploration enables an understanding and setting of the context for the textual analysis of HIV and AIDS print prevention messages advocating the ABC approach.

### **ABC approach**

Although the ABC approach advocates individual sexual behaviour responsibility, it has been defined variously by different sexual health advocacy groups. There are slight variations in the meanings used by PEPFAR<sup>57</sup> and UNAIDS. PEPFAR was introduced by one of the former presidents of the USA, George Bush<sup>58</sup> (see Chapter 1). This five year plan aimed to assist nations that were severely affected by the HIV and AIDS epidemic with funds. The funding was specifically meant for campaigns that advocated the ABC approach. PEPFAR'S meaning of ABC is: Abstinence for youth, including the delay of sex and abstinence until marriage; Being tested for HIV and being faithful in marriage and monogamous relationships; Correct and Consistent use of condoms, for those who practice high risk behaviours<sup>59</sup> to one partner or by

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<sup>57</sup> President's Emergency Plan For Aids Relief: US Five Year Plan for Global HIV/AIDS Strategy, Office of the US Global AIDS Coordinator, February 2004.

<sup>58</sup> President's Emergency Plan For Aids Relief: US Five Year Plan for Global HIV/AIDS Strategy, Office of the US Global AIDS Coordinator, February 2004.

<sup>59</sup> High risk behaviour populations are defined as prostitutes, sexually active discordant couples in which one partner is known to be HIV positive, substance abusers, promiscuous people and those in jobs that require them to travel a lot like truck drivers (this is relevant to Africa south of the Sahara). However, the Kaiser Family Foundation, the Australian Federation of AIDS Organizations, the Voice of America and the African Women's Media Center advocate that there is no such thing as risk group as no segmented population, be it social, religious, racial, cultural or sub-cultural more at risk for HIV disease than any other group. The emphasis is not on specific group but a risky behaviour.

reducing the number of sexual partners. The UNAIDS ABC meaning is: Abstinence: delaying first sex; B: Being safer by being faithful to one partner or by reducing the number of sexual partners and C: Correct and Consistent use of condoms for sexually active young people, couples in which one partner is HIV positive, sex workers and their clients, and anyone engaging in sexual activity with partners who may have been at risk of HIV exposure.<sup>60</sup>

The slight difference between the two meanings is that PEPFAR's outlook of ABC<sup>61</sup> is specifically relevant to population groups by age and level of risk, with funds restricted to abstinence-only messages and limiting the funds where condom-promotion and distribution was concerned whilst UNAIDS<sup>62</sup> emphasized promotion, distribution and marketing of condoms for young people. Similarly, USAID emphasized the promotion and social marketing of free condoms together with embracing abstinence and faithfulness/ partner reduction, "zero-grazing" in Uganda<sup>63</sup>.

PEPFAR has been a formidable global partner in the fight against HIV prevention, but has received much criticism from various researchers regarding the ideological attachment to the funded ABC programmes in sub-Saharan Africa (Gordon and Mwale, 2006; McClelland and Fine, 2008; Nauta, 2010; Oliver 2012). The PEPFAR ABC approach discourages pre-marital sex; advocates fidelity in sexual relationships including marriage to reduce exposure to HIV; emphasizes condom-use to those who practise risky sexual relationships such as sex workers and restricts condom promotion and marketing in schools to youths aged 10-14 (PEPFAR, 2004). PEPFAR imposed restrictions on the funded ABC prevention programmes (Oliver, 2012: 233). Oliver cites the mandatory clause by the Office of the Global AIDS Co-ordinator (OGAC 2005b) that "required that 66% of sexual prevention resources be used for abstinence and fidelity programmes thereby restricting the funds available for condoms and other safe-sex activities" (Oliver, 2012: 233). She submits that PEPFAR categorically declared "that abstinence and condom-use are not equally viable, alternative choices for youth and as such strict rules are

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<sup>60</sup> "ABC" Fight Against HIV/AIDS should go to "Z", Dr. Stella Talisuna, The Monitor (Kampala), 28 March 2005, [allafrica.com](http://allafrica.com)(<http://allafrica.com/>)

<sup>61</sup> *ibid*

<sup>62</sup> UN Office for the Coordination of Humanitarian Affairs (2005) "HIV/AIDS not as easy as ABC", PlusNews, <http://www.plusnews.org/AIDSreport.asp?ReportID=2648&SELECTREGION=Southern> Africa

<sup>63</sup> The "ABCs" of HIV prevention. Report of a USAID Technical meeting on Behaviour Change Approaches to Primary Prevention of HIV/AIDS, "ABC" Experts Technical Meeting, Washington D.C, September, 17, 2002 USAID

provided for the implementing ‘partners’ about the marketing and distribution of condoms” (*ibid.*). Gordon and Mwale (2006: 68) also report that PEPFAR funding across HIV prevalence countries mandated the promotion of abstinence-only before marriage and a mutually monogamous marriage. This policy was to be implemented by many community-based organizations, international NGOs, government services and policy makers across HIV prevalence countries (*ibid.*).

Zambia is given as an example of how PEPFAR funding is conducted and this is similar to other countries in the sub Saharan region. The PEPFAR programmes are entitled “Abstinence, Behaviour Change, Youth” [ABY] (Gordon and Mwale, 2006: 68). The ABY stressed abstinence and behaviour change and only addressed condoms with young people who are already sexually active and required 33% of all prevention funding (not just reduction of sexual transmission) be used for activities promoting abstinence (*ibid* : 69). As with all other PEPFAR ABC programmes, condom promotion was restricted and was not a priority. Gordon and Mwale (2006) criticize the guidelines for audience segmentation and fuelling of stigma on sexually active young people. They further critique the ABC programme for introducing discourses that had underlying messages that alluded to condoms being only appropriate for high risk people and ‘high risk groups’ being ‘immoral’ and unable to abstain or be faithful and adopt unacceptable sexual behaviour (p76). Oliver (2012: 234) contends that PEPFAR supports religious orthodoxies through the clear reference to faith-based organizations to bolster the US power and moral political agendas in sub-Saharan Africa.

Further criticism ascribes to the PEPFAR funding conditions imposing a standardised set of rules and practices on all organizations receiving funding without considering their cultural contexts and disregarding other structural factors like economic and social conditions that influence women’s needs and sexual decision-making (Oliver, 2012: 233). Also, the fund is criticized for coercing certain civil society organizations to preach morality and “become the vehicles for “morally” sound HIV and AIDS interventions, endeavouring to change “African sexuality” and “African culture” (Nauta, 2010: 371).

Having explored the ABC attachment to funding, it is worthwhile to survey the three elements in order to situate them within the study context.

## The A of ABC: Abstinence

Abstinence introduces the notions of chastity and celibacy. This section traces the notions of abstinence, celibacy and chastity and how these have evolved over the years. As a prevention measure against the spread of HIV and AIDS, abstinence may not be an easy choice to make as generally people and particularly youth, often confuse what it means to be chaste or celibate.

### *Chastity and celibacy*

Chastity and celibacy are linked but have different meanings. The religious meaning of chastity is the “confinement of deliberate genital restriction to that shared by husband and wife” (Riley, 2000: 7). Yet chastity is perceived in various ways by individuals and by societies in which they live. For example, people who engage in non-penetrative sex, oral sex and anal sex may consider themselves chaste. While abstinence is often associated with virginity, studies identify how young women engage in alternative sexual activity, notably anal sex, to preserve their intact hymen (Weiss, Whelan and Gupta 2000: 237). Heterosexual connotations underlying “virginity”, specifically regarding preservation of an intact hymen invite questions on the meaning regarding homosexual practice.

Celibacy is restricted to vocation coupled with complete renunciation of sexual intercourse, which is an invocation of austerity, whereas chastity may offer choice to delay sexual debut or restrict genital activity to one partner (Riley, 2000: 7-8). Chastity demands

“two basic biological drives, one designed to preserve the self, the other the species, it has classically been considered under the heading of temperance. There as a virtue governing the marriage bed, it shares honours with moderation at table. The latter virtue is in the classical scheme divided into abstinence (from excess food) and sobriety [in drink].

(Riley, 2000: 8)

To be chaste accordingly requires self-restraint and control of one’s sexual urges. If one decides to be chaste then he/she should be able to periodically or temporarily suspend sexual intercourse if we go by Riley’s (2000) definition. Celibacy then would require absolute abstention from sexual intercourse, and psychological preparation of “developing one’s sexuality” (O’Connor’1968: 25), which demands a lot of effort. HIV and AIDS prevention campaigns that promote abstinence to youth should thus include these processes in their promotions since “it would be futile to persuade youth to abstain from sex when they are ceaselessly subjected to sexual imagery [...] Correct comportment in sexual matters is

possible only through inner discipline, which can scarcely be expected of anyone — least of all the young in a sex saturated culture” (Ripley, 2000: 8).

Historically, celibacy and fidelity were enshrined in Christian moral values. The Abstinence message adopted in HIV and AIDS intervention strategies nowadays seems to be echoing Christian moral values (Seneka *et al.*, 2007). One of the issues in this thesis is to explore how HIV and AIDS is represented and whether the intervention strategies tend to be moralistic in posters, billboard portfolio prints and murals produced for and distributed to the campuses.

Lupton (1994) argues that media’s strategy of instilling fear, which was so often inherent in press articles, was influenced by the notion that it would result in the return to “Old values” or to sexual and moral conservation evoking the Victorian era. She alludes to the “Grim Reaper” campaign, which she argues was motivated by the Abstinence message. She quotes an article from an Australian newspaper: of 9 April 1987, “... the 1990s could become the decade of mass celibacy; a sexual revolution which began in the 60s, which gained momentum in the '70s and continued into the 80s could die a sudden death” (Lupton, 1994: 319). This allusion to Abstinence reflects fundamental moral views of sex that are based on the assumption that the renunciation of sexual intercourse would return the society to old values which are commensurate with religious ideology.

Critics of the Abstinence-only approach fault it for its potentially ambiguous messages that may not only promote negativity towards pre-marital sex but are also biased towards heterosexuality (McClelland and Fine, 2008). This argument suggests that the approach is not as simple as it is sometimes put across. The Abstinence-Only approach could be feasible if it acknowledges other related factors to ‘safer sex’ practices, a critical and much informed approach that acknowledges 21<sup>st</sup> century challenges.

### The B of ABC: Being Faithful

Being faithful, offers the second imperative of the ABC prevention approach. Fidelity in relationships has been advocated widely in history and in different contexts and cultures. Examples can be drawn from religion. For instance, the Catholic Church views fidelity as a virtue. The Church’s stance on sexual intercourse is based on an assumption of the virtue of conjugal love. Extra-marital sex is considered as irresponsible, immoral and impure (Trujillo and Clowes, 2003). Fidelity is viewed in binary opposition to promiscuity. Promiscuity and

excessive sex (as the Catholic Church views sexual intercourse should be preserved for procreation) is denounced. Furthermore, media and political structures are blamed as chief perpetrators of infidelity (*ibid.*).

Polygamy complicates notions of fidelity. In a polygamous marriage, a husband has multi-partners. In some African societies where polygamy is still practised the husband may be deemed to be faithful to his wives. In this network, the term 'faithful' becomes rather relative as the meanings attached to the term faithful are likely to differ between husband and wives. Committing only to the wives may be deemed faithful. Being faithful thus becomes a complex issue. However, the 'Be faithful' advocacy messages are literally translated to mean 'stick to one partner', 'Be faithful to one partner' or 'to one whom one is sexually intimate with,' which some messages explicitly state in the 'Be faithful' frame.

While traditional values and practices may hinder the understanding of the "B" frame in societies where polygamy and multi-partnering are perceived as the norm and thus are condoned, economic factors coupled with peer pressure may also contribute to the understanding of fidelity. Young women and men may be driven to acquire financial freedom and social status by engaging in inter-generational sexual relationships. Proof of masculinity may be another factor that may drive males to multi-partnering. In some sub-Saharan African tertiary institutions, young male students are pushed by peer pressure to prove their masculinity, which may result in multi-partnering (Seneka *et al.*, 2007). In a Durban township, young women engage in multi-concurrent relationships to assert themselves economically and socially (Leclerc-Madlala, 2003). Infidelity may be culturally represented as socially prohibited in some cultures but may be deemed exciting by some as it is associated with guilt, fear or anxiety (Cohen and Taylor, 1992). Some adults and some youth in particular may engage in multiple concurrent relationships for the sake of thrill seeking.

### The C of ABC: Condom-use

The C aspect of ABC stands for correct and consistent use of condoms. However, the emphasis on condoms may seem to encourage sexual intercourse rather than abstinence or encourage promiscuity not faithfulness. Although the campaign for condom use has been criticized (Trujillo and Clowes, 2003) for promoting sex among the youth, the male condom has gained prominence and credence over other safer sex practices (Lupton, 1994; Elovich, 1999; Gamson, 1990). The prominent status of the male condom may account for its dual function as a

prophylactic (protection against infection or the spread of Sexually Transmitted Infections (STIs) and HIV and AIDS) and as protection against pregnancy. This double function may account for some debates around HIV prevention, especially the clash of ideas surrounding condom-use (Elovich, 1999).

The male condom has indeed transcended boundaries amidst moral criticisms. For example, in the late 20<sup>th</sup> century, in the USA, the male condom was lauded with praise over other contraceptives but has brought forth, legal, linguistic, social, ethical and moral debates (Gamson, 1990: 263). Multi-partnering in polygamous marriages is condoned in some cultures in sub-Saharan Africa. This makes the consideration of the male condom inevitable.

The report of the first HIV case in the early 1980s was followed by a sense of urgency, which saw the collapse of gay communities in the USA. This urgency demanded sense-making, information-sharing on self and other's protection (Elovich, 1999). At that time, information was lacking regarding condoms as safer sex devices, thus a safer sex responsible for the most rapid and profound community response to a health threat was formed. Many gay males made fundamental changes in their sex practices, from "scared –sexless abstinence" to using condoms (*ibid*: 88). The period thus marked the beginning of an era that fetishized the male condom, though in some instances it invites manipulation of one partner over another. In Australia in the 1990s, the male condom was "fetishized in public health discourse as the answer to AIDS and was regarded as a magical talisman against the plague" (Lupton, 1994: 317).

The advent of HIV and AIDS has influenced the aggressive marketing of condoms where distributors play a dual function of promoting and branding the product through their advertising agencies. The dual function involves persuading consumers to buy the product and also to use it to prevent STIs and HIV. Examples of some commercial brands advertised in the market are: 'Durex,' 'Contempo,' 'Moods,' 'Lovers Plus' and 'Trust.' In South Africa, Choice is promoted by government agencies and non-governmental organizations (NGOs) specifically for encouraging safer sex behaviour. The male condom has improved in material thinness, texture; has different sizes, shape and colours<sup>64</sup>.

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<sup>64</sup> Over the years, the condom has undergone changes in appearance, image and use. These changes can be traced from ancient and medieval times, when it was used as a contraceptive to being a prophylactic against STIs; to being a 95% assurance prophylactic against STIs and HIV; from the first male condom to the various brands (see

## Critiques of HIV and AIDS prevention campaigns

Health communication uses various strategies to disseminate information to target audiences. The various strategies usually employed are intended to be persuasive in nature as they are meant to motivate and instil action in people.

Regarding the Abstinence-only messages, criticism has been directed at the seemingly underlain notion of abstinence and sex in marriage being absolutely safe (McClelland and Fine, 2008: 61). A further argument they bring forth regards the infusion of ideological binaries that are sometimes inherent within safer sex campaigns, for example, unmarried sex / risk and danger and married sex/ safety (*ibid.*). McClelland and Fine, 2008: 61 further comment that abstinence-only education information has a tendency to represent the abstinence-only approach positively without regard for encouraging condom-use as a safer sex option for youth who indulge in sex. These criticisms clearly advocate a holistic approach to safer sex education. These safer sex messages are criticized for being against the norms of heterosexual sex existing in many cultures; reflect male sexual desire for penetration, orgasm and a variety of sexual partners and having double standards about sexuality as they seem to promote male promiscuity whilst condemning female promiscuity (Gordon and Kanstrup, 1992: 32).

The US PEPFAR advocacy which is an initiative of President's Bush administration and is perceived to be influenced by Religious Right aims to advocate the need for increased moral guidance for teens (and adults) when making the "right" decisions about their sexual lives.<sup>65</sup> Arsenault (2001) criticizes this initiative as a conservative religious ideology that has had a great influence on the design of public policies that are meant to guide individual behaviour.

Critiques of sexual health campaigns emphasize the need to draw on specific communication strategies that adhere to the immediate contexts of the target audience. Parker et al., (2000) advocate a dialogic, participatory and integrated approach as opposed to one way, top-down transmission of messages. The criticism has been that in most cases health education campaigns supported by governments use positivistic persuasion models drawn from health psychology that aim to change youth's individual sexual behaviour. Contention is based on the argument that the

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Appendix A) now on the market, health institutions and some NGOs advocating health prevention; to the relatively new female condom, which is slowly gaining acceptance, internationally and locally.

<sup>65</sup> G.W. Bush quoted in Arsenault, S. (2001). Values and Virtue: The politics of abstinence-only sex education. *American Review of Public Administration*. 31 (4), 436-454

models rely on social science assumption to promote safer sex practices and that the models tend to be paternalistic, moralistic and are prone to risk blaming (*ibid.*).

## **Conclusion**

The chapter has explored the general background of the ABC approach to HIV and AIDS in order to foreground the discussion of sexuality issues. In considering sexuality and brief history of Chastity and Abstinence, Fidelity and Condom-use, the aim was to forge an understanding of these measures within a wider context of sexuality. Understanding of ABC within a wider context of sexuality is crucial to form the basis for the evaluation of representations of HIV and AIDS in print prevention materials which is the subject of this thesis.

Abstinence from sexual intercourse is linked to moral and religious ideologies that create debates amongst many societies. Abstaining from sexual intercourse, either through being celibate or chaste is challenged by some as unrealistic. On the other hand, Abstinence as an option could simply mean being responsible by not engaging in risky sex, where risk prevails, for example, when there are no condoms and a “would be” sexual partner is fairly unknown or is met in an environment that is deemed to be infiltrated with drugs and other societal ills that might prove to be risk threatening. Abstinence could be a viable option to youth so they do not engage in pre-marital sex. This is an option advocated by PEPFAR, UNAIDS, Governments’ and Non-Governmental agencies worldwide, and religious groups. Being Faithful to those who cannot Abstain or do not condone condom use would be a viable option; however, it is acknowledged that it could pose a challenge to today’s society, where economic mobility is high and partners may be forced to stay apart for prolonged periods of time and may not stay faithful to their partners. Condom-use which plays a dual role of preventing STIs and pregnancy may be considered the best option, especially in this era of HIV and AIDS and high economic mobility.

The next chapter presents the theoretical framework this thesis employs.

## Chapter 5: Theoretical framework

Chapter 4 explored theories of behaviour change and strategies used to inform the public about health issues. As an approach to HIV and AIDS prevention the ABC approach to HIV and AIDS prevention was discussed and its limitations critiqued. This chapter discusses the theoretical constructs which are useful for textually analysing the representations of print-based HIV and AIDS prevention materials. These materials are a type of media. Media plays a significant role in the construction of knowledge, beliefs, social identity and subjectivities, values, social relations (Fairclough, 1985 and 1989). Media facilitates constructions of representations of HIV and AIDS and how individuals are positioned in the discourse. HIV and AIDS is not just a medical phenomenon but also a socially and politically constructed disease. In addition, HIV and AIDS is a gendered disease. Because of the differential positions in society, women often lack access to representation.

There are two sets of theory on which this thesis draws: critical linguistics and cultural studies. The textual analysis of print-based HIV and AIDS prevention campaigns is placed within a wider framework of poststructuralism, representations, Social Representation Theory and CDA. The framework adopts an eclectic approach, which draws from the wider Social Constructionism paradigm. The approaches are similar in that they envisage representation as constituting things and culture being the principal process that shapes social subjects and historical events (Hall, 1997: 19-61) and different in the way they treat language, discourse, subject and ideology. (These concepts are fleshed out in the various sections of this chapter.) An eclectic approach is adopted as no single method can effectively address issues involved in the textual analysis of representations of print-based HIV and AIDS prevention materials and responses by students to such. Also, no single formula exists for how a discourse analysis should be carried out (Cheek, 2004: 1145).

First, Structuralism is explored as it influenced the evolution of poststructuralism, as the latter is the underlying theory that informs understandings of representations and consumption. Second, an overview of the circuit of culture: how representation is conceived is presented. The circuit of culture model is a useful concept for understanding the different moments in cultural production from which meanings are produced (du Gay, Hall *et al.*, 1997). The circuit of culture and Hall's encoding and decoding (Hall 1980) model are particularly useful to reception analysis. The circuit of culture invokes aspects of production, representation, identity, consumption and

regulation in relation to questions of power and control and the historical and political contexts in which texts are produced, received and consumed. Aspects that are particularly relevant to reception analysis of my study are issues of power and control that may be subsumed in HIV and AIDS prevention messages and the reception of such by target readers, in this case, UKZN, DUT and UniZulu students. The aspects of power and control in print-based HIV and AIDS prevention messages relate to how subjects are placed in positions of power and agency to make informed sexual choice decisions and how messages employ strategies that persuade the subjects to identify with HIV and AIDS prevention measures.

Third, Moscovici's (1961/1976) Social Representation Theory is explored since it provides the basis for analysing relations between social and cognitive phenomena, communication and thought. The theory is grounded in the discipline of social psychology. It is a social constructivist as well as a discursively oriented approach (Wagner, 1996 and 1998a: 304). Social Representation Theory and ideology are discussed as they are consistent with other poststructural approaches such as critical linguistics and offer a useful framework for the critical textual analysis of the print-based HIV and AIDS prevention messages.

Fourth, the chapter presents how ideology is conceptualised by Thompson. Thompson's (1990) concept of ideology is useful as it informs the CDA of print-based HIV and AIDS prevention materials. His approach investigates intersections, symbolic forms and relations of power as they are used in language.

Finally CDA as the overarching framework is explored. This includes: the development of CDA: a brief exploration of different approaches to CDA, in particular, van Dijk, Wodak and Fairclough, to justify the choice of framework employed. Fairclough's (1992, 1995, and 2003) three –dimensional framework, discussion of CDA and Social Semiotics (Kress and van Leeuwen, 1996) and how the two are inherently linked; the latter augmenting the former by focusing on visual analysis, which is the primary theory informing my thesis.

The key concepts addressed by the theoretical framework are: discourse, ideology, identity, power and gender, particularly in relation to sexuality.

## Structuralism

Some of the key theorists in structuralism apart from Ferdinand de Saussure (1960/1974) are Noam Chomsky (1966), a linguist, Claude Levi-Strauss (1972), an anthropologist, Jean Piaget (1968) a psychologist. Levi-Strauss borrowed de Saussure's concepts and influenced structuralism's spread in the Humanities, specifically, Literary Studies in the 1960s and 1970s (Brady, 2000: 950). Generally, structuralists use structural linguistics thereby examining language structures: grammar, prosodic, phonetics and semantics (Sarup, 1988: 1-3). The tenets of structuralism feature the arbitrariness of signs, focus only on linguistic structures, thus confining meaning to sentence level and emphasize text stability in textual meaning (Sarup, 1988; Hall, 1997). Saussure (1960/1974) is given special mention here as he influenced structuralism through his *Course in General Linguistics* that gave rise to critical reflections on textual meaning and language structure, thus ushering in poststructuralism.

Structuralist' thought views all signs as arbitrary. There is no natural relationship between the sign and its meaning or concept (Hall, 1997: 31). The code fixes the meaning not the sign itself. Signs themselves cannot fix meaning as meaning depends on the relation between a sign and a concept, which is fixed by a code (Hall, 1997; Kress and van Leeuwen, 1996). Saussure views the sign as having no semblance to external reality and language being an arbitrarily culturally determined system of signs (Hall, 1997: 31).

Saussure proposed that a sign has two elements: the signifier and the signified. The signifier is the sound, image or its equivalent in writing. The signified is the mental concept or idea associated with objects, the way in which these forms are used to realise meanings (Kress and van Leeuwen, 1996; Hall, 1997). The process of signification binds the signifier and signified together resulting in a sign (Barthes, 1973b). Saussure's justification of this concept is that there is no natural connection or resemblance between the signifier and signified; that the code may just be labelled by any code, since the label does not look or sound like the concept it refers (Hall, 1997: 31). This implies that the relationship between a word and a concept is arbitrary in terms of its origin, due to historical and cultural conventions, but the link does not apply to its use (*ibid.*). This assertion implies that the historical convention of a signifier and its signified cannot be changed as it might cause confusion among the users of the sign (*ibid.*).

The argument for the arbitrariness of the sign is that if there were a natural relationship between a particular word and the actual object, the word would be used in every other language (Hall,

1997: 21). For example, in English, the word condom refers to a latex, phallic shaped item, used to prevent sexually transmitted diseases (STIs) and pregnancy and the English also refer to it as a French letter. The condom can still be referred to by another word or label; for example: capote anglaise, pryservatif (French), condom, kapotje, preservatief (Dutch), kondom (German), kondoom (Afrikaans) kondom (Swedish), raincoat in some subcultures (some university communities, particularly in Botswana) or any other label that may suit a specific culture. The relationship between the label and the object does not necessarily and aptly relate to the item, thus is arbitrary. But of course, the audiences from the cultures in which these labels are used would presumably infer meaning once the words are used. The example demonstrates the structuralist view that there is no natural relationship between the signifier and signified. Agreement between users of the sign make it approximately precise, though codification makes the sign more precise (Guirard, 1975).

Saussure's assertion of the arbitrariness of the sign is influenced by his interest in the structure of language and not its use. Thus his investigation was on the formal structure of language (*langue*) and not how it is used (*parole*) (Hall, 1997: 33). Saussure's interest was thus anchored in structural linguistics which viewed the sign as deriving meaning from its difference from other signs (*ibid.*: 31).

### Limits of Structuralism

Saussure's work has been critiqued for de-contextualizing language, confining it to the linguistic level thereby excluding the wider cultural level (Hall, 1997: 35). The meaning of the sign was confined to the descriptive level leaving out the contextual, where meaning was deemed to be derived from the combination of signifier and signified (*ibid.*). Realising the gap left by the narrow descriptive level of confining language to structure only, Barthes' work developed Saussure's "linguistic" model by applying it to a much wider field of signs and representation. This included advertising, photography, popular culture, fashion and travel (*ibid.*: 41-42). The alteration of the concept developed a language model that emphasized the link between individual words (viewed as signs in language) and broader set of cultural practices (*ibid.*).

Denotation and connotation interpret signs within wider scopes of social ideology — the general beliefs, conceptual frameworks and value systems of society (Barthes, 1967: 38). His assertion is that meaning of the sign is derived from two levels. The first level of description is denotation.

This level involves simply deriving meaning from the sign. This meaning is agreed upon by users of a code indicating the relation (*ibid.*) between the word and the actual thing (*ibid.*). Connotation, which is the second level of signification, refers to meaning which may be derived by association, similarity or common usage (*ibid.*). Connotation is deemed more general, global, and diffuse and deals with parts of an ideology (*ibid.*). “The signifieds express communication through culture, knowledge, history and the environmental world of the culture invades the representation system” (Barthes, 1967: 91-2). Connotation regards cultural themes, concepts and meanings. In this way, Barthes moved from just exploring language as a system of rules and laws (limiting this to syntax only; syntagmatic) to investigating meaning at a deeper level across texts (paradigmatic) (Hall, 1997: 39).

Another limit to structuralism is the assumption that textual meanings are stable and never changing. This concept of stability in textual meaning is challenged in poststructuralism. Jacques Derrida’s (1977) work on textual meaning centred on critiquing Saussure’s work and conversely structuralism (Sarup, 1988; 3, 34-62, Hall, 1997). The work has been particularly useful and has helped develop poststructural thought regarding the instability and ever changing meanings in text (Sarup, 1988; Hall, 1997). Derrida draws the notion of Difference from Saussure (Derrida, 1977). Difference refers to the diversity of meaning. Whilst Saussure’s difference treats forms of signification as presences, Derrida’s *differance* treats signification through traces in meaning (Giddens, 1987). *Differance* is an extension of Saussure’s difference through the introduction of the temporal element. In this sense the temporal aspect lies in meaning being delayed or postponed and thus deferred (Sarup, 1988: 48). *Differance* is a notion that demonstrates how textual meaning is unstable and indeterminate and always delayed and deferred or suspended in an endless chain of signifiers (Locke, 2004: 35). *Differance* refers to diversity of meaning and deconstruction is a technique Derrida introduced within poststructuralism for uncovering multiple interpretations of texts and how the texts structure our interpretation of the world (Derrida, 1977; Sarup, 1998). Furthermore, language or “texts” are not a natural reflection of the world but structure our interpretation of the world. This meaning-making process is influenced by language, which shapes our thoughts and the text just creates a way for understanding what could be deemed as reality (Jones, 1998). Meaning is thus forever elusive and incomplete as language can never perfectly convey meaning contained in texts (Agger, 1998).

Derrida’s deconstruction technique puts emphasis on meaning as contextual (Derrida, 1977). Since the text is multi-layered, there is a possibility of diversity of meaning (*ibid.*). Because

society is subjected to a linguistic universe, there is a potential dilemma in the production and consumption of information for intended audience. The linguistic diversity of meaning is aptly captured by Barthes in his assertion that “every semiological system has its linguistic admixture, where there is a visual substance, for example, the meaning is confirmed by being duplicated in a linguistic message [...] so that at least part of the iconic message is, in terms of structural relationship, either redundant or taken up by the linguistic system (Barthes, 1967: 10). Hence the choice of linguistic or semiotic codes used in print-based HIV and AIDS prevention materials meant for UKZN, DUT (Steve Biko) and UniZulu students may invite diverse ways of interpreting a message. The linguistic admixture might introduce conflict in meaning interpretation.

Related to the notion of instability of meaning/s is Derrida’s work on binary positioning. Meaning is inherently present in binary positions from which “rigid boundaries are often drawn between what is acceptable of unacceptable: self/ non-self; truth/falsity; sense/non-sense; central/marginal; reason/madness; surface/ depth (Sarup, 1988: 41). Derrida’s work on binary positioning suggests that some positions may be culturally defined hierarchically, for example, male/female, self/other, active/passive, reason/emotion, the second term being seen as a corruption of the first, infused in positions of inequality (Jones, 1998; Baxter, 2003). This difference seems to construct opposition and implicitly delineates positivity of the first and negativity on the second (Baxter 2003). Moreover, the hierarchical definition may subtly indicate the second as subordinate and that it is dependent on the former for its continued existence. Investigating binary oppositions enables one to unpack how one influences the other in constructing meaning (Sarup: 1988, 41). Thus for Derrida, all texts contain a legacy of plural assumptions, hence they could be re-interpreted with an awareness of power hierarchies implicit in language (Hall, 1997). He argues that if a text is interrogated bearing in mind that a text may have a double meaning, paradoxical meaning, problems and tensions may be revealed (*ibid.*). For Derrida, that poses an endless process of interpretation and contestation of meaning. Influenced by Heidegger and Nietzsche, Derrida suggests that all texts are ambiguous and thus do not have a final and complete interpretation (Sarup, 1988; 1993). The same text may appear in several contexts and thus “Meaning is never identified with itself; because a sign appears in different contexts, it is never absolutely the same from context to context, to various chains of signifiers in which it is entangled” (Sarup, 1988: 36). The chains of signifiers that differ from context to context introduce diverse ways of interpreting meaning.

Meaning is constantly evolving into new interpretations and may be deemed to be temporary as it is prone to change. The perpetual slippage or *differance* of the slippage is continuous (Derrida, 1977). All texts exhibit *differance* and thus are subject to multiple interpretations, where meaning is diffuse and not settled (Jones, 1998). *Differance* suggests uncertainty in textual analysis as there may be many competing interpretations. In Derrida's argument, these shifts in interpretation are called 'traces'. Thus words and signs produce chains of meaning across different contexts. Slippage in meaning results in meaning differing according to different contexts as the signified will be altered by the various chains of signifiers from which it is entangled (Sarup, 1988: 36). Texts are thus continuously transformed and form links across contexts resulting in an interwoven mix of language and sign systems that are inherently influenced networks of discourses and prior texts (Lye, 1997).

Texts introduce different ways of interpreting them, due to influences underlying the formulation and ultimately the production of messages. Thus as textual meaning becomes multiple it becomes indeterminate (Locke 2004: 35). Consequently, texts produced for a specific audience tend to be interpreted in diverse ways depending on the background, knowledge and life experiences of the recipients. Also, the polysemic interpretation may be due to the linguistic background and relativity of the audience. On the other hand, an audience (intended or unintended) cannot be absolutely homogenous as demographic factors such as age, gender, race and religion can influence text interpretation (*ibid.*).

Although at a basic level, several strands of structuralism have contributed to the emergence of poststructuralism, Barthes and Derrida's works are cited above as two examples showing a link between structuralism and poststructuralism.

## **Poststructuralism**

Poststructuralist thought is an extension and critique of structuralism, especially in critical textual analysis (Sarup, 1988: 4). Poststructuralist theory focuses on representation, knowledge, power, culture as structuralism is, but different in that it emphasizes historical origins of language elements, views context as well as agents using the language as important (*ibid.*). The focus of poststructural thought is "not only on how signs are related to other signs, but [also] on how the human subject always apprehends signs in the plural, in chains of discourse" (Cobley, 2001: 240).

Poststructuralist thought is driven by the view that modern social theory, including critical social theory has neglected language and the semiotic, and the cultural aspects of social life (Chouliaraki and Fairclough 1999: 28). Chouliaraki and Fairclough (1999) refer to Foucault's (1972, 1977, 1980) discourse theory that transcended the boundaries of disciplines and embedded itself in humanities and social sciences but caution against theorizing discourse for its own sake (Chouliaraki and Fairclough 1999: 28). The theorising of discourse should treat it in all aspects, thus poststructuralists focus on centrality of language, text, context and discourse. The focus on language study in the social sciences (Chouliaraki and Fairclough, 1999) is referred to as the "linguistic turn" (Locke, 2004: 11, 31). Locke (2004) explains further that the 'linguistics turn' situates language or discourse as merely expressing meanings from "pre-exist[ing] linguistic constructions [but] to a system that constitutes meaningfulness in its own terms" (*ibid*: 31).

Drawing upon the linguistic theories of Ferdinand de Saussure, the anthropology of Claude Levi-Strauss and the deconstructionist theories of Jacques Derrida, poststructuralist thought views language as not just a linguistic system for merely expressing meanings, but constituting meaningfulness in its own right (Locke, 2004: 11). This is a shift in approach to considerations of how language works in constructing representation of meaning. In other words, language is no longer simply a reflection of reality but as constituting it (Fairclough, 1989; 1992a; 1995a, 1995b; 2001; 2003).

CDA, which is central to the analysis of the texts under survey, is situated within poststructuralist paradigm. CDA's interconnectedness with poststructuralism is reflected in the focus on textuality and discursivity (Fairclough, 1989, 1992, 1995a, b, 2003). Textuality is the focus on language as a source of meaning, which is embedded in the text. Discursivity deals with how language is used in both the text and context (*ibid.*). Poststructural thought thus denotes that meaning is not only confined to the linguistic system but also to other signifying systems (*ibid.*). Within the paradigm, the survey of the text goes beyond the linguistic system to a focus on examination of the verbal and visual together, including historical context, cultural systems and underlying ideologies that influence production, distribution and reception of texts (*ibid.*).

Poststructuralist thought considers the multi-layered nature of texts in that within a text, there may be several hidden assumptions that are waiting to be revealed and deconstructed (Sarup, 1988; 2). Furthermore, within the paradigm, the idea of shifts on author intended meanings by the reader is an important factor. The signified is constructed by the individual from a signifier.

This leads to multiple interpretation of text and decentring or destabilizing the author (*ibid.*). Since there are multiple meanings, there can never be a single totalizing meaning (*ibid.*). As already stated, the poststructuralist view is that there is an active relationship between a text and its reader. Reading is thus viewed as an active process in which the reader interacts with the text.

Reading practices in poststructuralism acknowledge historical contexts of text, gaps in textual coherence, indeterminacy of textual meaning and ways in which texts capture versions of reality (Locke, 2004, 35-36). Also, within poststructuralism, plurality and deferral of meaning is emphasized, whilst structuralist thought insists on signs working through their binary opposition (Sarup, 1988; Locke, 2004). Structuralism separates the signifier from the signified. Thus having a binary relationship implies separation (Sarup; 1988; 41, 56). In direct contrast, poststructuralism views the signifier and signified as inseparable although not united (*ibid.*).

Poststructural approaches privilege different concepts, for example ideology and/or discourse. Poststructuralist understandings inform CDA, the approach that this thesis employs to investigate and theorise the role language plays in the construction and reception of print-based HIV and AIDS prevention messages meant to change sexual behaviour and persuade adoption of safer sex practices. The interrogation of texts requires a framing that looks at representations, how they are made in context and how people engage with them. The thesis textually analyses representations in print-based HIV and AIDS prevention texts and how they are interpreted by UKZN, DUT (Steve Biko) and UniZulu students, thereby it is imperative to explore the circuit of culture as it demonstrates the process of representation within the communication process where meanings are produced at several different sites and circulated through five major cultural practices: representation, identity, production, consumption and regulation (du Gay *et al.*, 1997: 3).

## **The circuit of culture**

The circuit of culture (du Gay *et al.*, 1997) contrasts with Hall's (1980) model of sender-message-receiver, the encoding and decoding model. The 1997 circuit of culture model is an updated version of the 1980 version. The circuit demonstrates the process of representation within the communication process, where meanings are produced at several different sites and circulated through five different practices referred to as moments: production, identity, consumption and regulation (du Gay, 1997: 3). This process explains the cyclical nature of how

messages are produced and what the messages present. The circuit of culture further expounds how different people in the same social space receive, negotiate, interpret and consume messages. Also, the circuit describes how messages are regulated and how messages are interpreted and consumed within a community. This model seeks to demonstrate that communication is non-linear and circular. Within this circuit with its cross connections, there is constant negotiation and re-negotiation of meaning (du Gay, *et al.*, 1997: 3). Further, it demonstrates that meaning is not final; meaning generates changed meanings and there is a constant recycling of cultural symbols that is never ending (*ibid.*). This is consistent with Derrida's notion of *differance* that stipulates that meaning is never final but is always in a constant flux of endless chains.

Representation is the first moment in the circuit of culture and "is a crucial aspect of production and exchange of meaning between members of a culture" (Hall, 1997: 15). It is at this moment that meaning is constructed through signs and language use to represent phenomena and it is through these media that meaning is realised (du Gay, 1997: 24; Hall, 1997: 15). Hence representation is one of the central practices that produce culture (shared meanings) (*ibid.*).

The identity moment demonstrates how representations play a role in identity construction. Critical linguists view representation as a resource that people draw on in the process of constructing their own identities and ways of doing things. Cultural practices give meaning to people, objects and events. Thus representations draw, albeit (often) selectively on people's lived experiences and their ordinary talk about it (Cameron and Kulick 2003). Media are not simply representational but also serve as sites for discursive construction of knowledge, beliefs, values, social relations and social identities (Fairclough, 1985, 1989). In this thesis, print-based HIV and AIDS prevention materials are viewed as cultural commodities in which meaning is created and negotiated by the students they target, both female and male. The print-based HIV and AIDS prevention materials can be viewed as sites from which students' constructs of own sexualities, identity, knowledge and beliefs about HIV and AIDS are challenged and possibly constructed and redefined.

The production moment involves meaning-making by producers of messages in the representation process (du Gay, *et al.*, 1997: 4). Producers choose codes and symbols and organise them into symbols and signs. These signs represent ideas that are conveyed to the readers of texts, who in turn make sense of them in order to interpret the message. The interaction between encoder and decoder is made possible by language use. Language is

responsible for sense making, which is achieved through production and exchange (*ibid.*). Both the sender and decoder negotiate meaning through shared cultural codes and symbols that represent specific values and beliefs about a particular phenomenon (du Gay *et al.*, 1997: 25-39). The investigation of production of meaning is done through the analysis of discursive strategies used by producers of print-based HIV and AIDS prevention messages. Fairclough's analysis of discursive practice is used to investigate the production moment of the campaigns.

The consumption moment is about audience interpretation and sense-making of cultural processes and practices of the world around them. Culture in cultural studies and the sociology of culture is understood to be the production and exchange of meanings between members of a society or group (du Gay, 1997: 5). The methodological approach explores how students interpret and make sense of the print-based HIV and AIDS prevention campaigns. Issues of how the print-based prevention texts position the students in terms of power and agency are investigated through textual analysis and Focus Group Discussions (FGDs). Hall's (1980) reception analysis (see next section) is employed in this regard.

The regulation phase involves regulation of social conduct through meanings. Meanings help to set rules, norms and conventions that order and govern social life (du Gay, 1997: 112-114). It is at this moment that those who wish to govern and regulate the conduct and ideas of others structure messages to achieve their goal.

The production and circulation of messages is driven by language rules (*langue*) and actual practice of discourse (*parole*). Circulation of practices and distribution of the product is conveyed in its discursive form, influenced by the institutional practices at the production stage to different audiences (Hall, 1997: 44). This process is a circulation of translation, transformation, comprehension and reception of a message. At each stage of the circuit of culture there is an underlying intricate form of institutional power relations (Hall, 1997).

Hall (1980; 1997) goes on to add that although the stages are linked, they are somewhat independent of one another as far as transparent control of reception of messages is concerned. In other words, there is an inherent but opaque control of reception of messages at each stage that has its determining limits and possibilities. This relative autonomy introduces the concept of polysemy that is interpreted according to the context and culture of receivers. Texts introduce ways of representing them, due to influences underlying the formulation and ultimately the consumption of messages (du Gay, 1997). The circuit of culture accounts for the way in which

media texts go through the process of production, regulation and eventually received by societies and in doing so try to make sense of meaning that is subsumed within the texts. The reception and consumption stage of the circuit is important because this where sense-making of messages takes place, thus the next section explores how media texts can be received. The moments in the circuit of culture are dealt with in Fairclough's (1989) three-dimensional framework (which is the overarching methodology framework), which also deals with the production of the text, the text itself and its reception, elements in processes of meaning making (Fairclough, 2003: 10).

### **Stuart Hall's Reception Analysis**

Hall's reception theory, within the cultural studies framework, together with CDA's, particularly socio-cultural practice level and discourse practice level are useful for analysing students' responses to representations of print-based HIV and AIDS prevention materials.

The thrust of the reception theory is how the receiver of a message positions himself/herself when decoding a text. Three positions that a viewer, reader or receiver can adopt are suggested: dominant or preferred reading, oppositional reading and negotiated reading. "Dominant or preferred reading, hegemonic position" (Hall, 1999: 515) involves the influence of the producer on viewer's reaction to text. In oppositional reading, the reader rejects preferred reading and creates his or her own meaning from the text. The reader thus critically views the text by adopting his or her own position or alternative frame (*ibid.*). The third position is where the reader may adopt a negotiated reading, through which compromise may be struck between dominant and oppositional readings (*ibid.*). The reader may accept some of the producer's views and own views. Readers might resist and modify texts' code in ways which reflect own position, experiences or interests, whilst considering the author's views as well (*ibid.*). Hall's reception theory thus emphasizes the active audience, i.e. the receiver is not a passive subject but engages several factors in the process of interpreting the text. These factors could be cultural background and life experiences that in turn influence the adoption of a particular position (*ibid.*).

The audience receives the message and processes it in order to interpret its meaning, thereby transforming it as a message that is meaningful. Transformation of message is based on the discursive repertoire (the discourses or discursive systems that are available) of the audience. That is, the audience also considers the message, transforms it according to discursive frameworks they have available that are influenced by codes operating within social relations of

the communication process (Hall, 1980). Polysemy is a concept referring to a text's possibility of being read in multiple ways. Texts are decoded by viewers, but different viewers will decode the text in different ways, perhaps not in the way the producer intended (*ibid.*).

The mixture of discourses in different contexts may invite competition in text interpretation. Texts are influenced by prior texts or draw from other discourses in their production (intertextuality and interdiscursivity). This intertextuality and interdiscursivity (concepts which are discussed in detail under Fairclough's CDA), results in text hybridity, text blending which may result in polysemic interpretations. Intertextuality lends itself to polysemic interpretation as audiences apply their own specific knowledge and social situations (Karithi 2010: 381).

Having discussed the circuit of culture and Hall's reception theory and representation being at the centre of meaning-making and the thesis explores representations in print-based HIV and AIDS prevention texts and how they are interpreted by students it is appropriate to explore issues of representations in order to foreground Social Representation, Ideology and CDA.

## **Issues of representation**

Representation refers to the production and consumption of meaning between members of a culture that involves the use of language, signs and images to represent things (Hall, 1997). A whole variety of practices and texts that constitute discourse including culture and language systems are forms of representation (Woodward, 2002: 100). Social practices are mediated in various ways through discourse, which is "a practice not just of representing the world, but of signifying the world, constituting and constructing the world in meaning" (Fairclough, 1992a: 64). Discourse is realised through various signifying systems that include language, images, manner of speaking through which knowledge is disseminated. It is through discursive frameworks that representation is realised (Hall, 1997, Fairclough, 1992a; 2003). Exploration of discourse is done in detail in the subsequent sections.

Hall (1997: 17) identifies two systems of representation that are central to meaning-making, namely conceptual maps and language systems. The conceptual system refers to mental representations that enable people to make sense of the world by drawing on correspondences or a chain of equivalents between people from own experiences with other people, objects, events and abstract ideas which basically form their conceptual maps or systems of concepts (*ibid* : 19).

The second system of representation is through the language system. This system is a set of signs arranged or organised to make concrete systems and to represent abstract ideas (*ibid.*).

The constructionist approach is one of the theories that explore how language is used to produce, construct and interpret meaning (*ibid.*: 25). Constructionists argue that it is through signs and various kinds of language that meaningful communication between people occurs (Hall, 1997: 25; Hall, 2003). The constructionist approach recognizes that the language and sound system determine ways of representing concepts. It emphasizes symbolic function, that a word or sound would stand for, symbolize or represent a concept (*ibid.*: 26). Central to representation is that meaning is produced through language and that culture is the key repository of cultural values and meanings (*ibid.*). In this regard, the constructionist approach recognizes that meaning is constructed through representational systems, which are concepts and signs (*ibid.*). The constructionist perspective is useful as it significantly influences the analysis of representations by exploring how language and other semiotic resources are used to construct meaning, which is the concern of this thesis.

There are two models that inform the constructionist approach: the semiotic and discursive approaches (influenced by Saussure and Foucault respectively) (*ibid.*: 15). The semiotic approach advances the notion that meaning is constructed through signifying practices and these refer to the production and consumption of meaning through signs (*ibid.*). Saussure's work on signs and signification has influenced the semiotic approach and is briefly discussed under structuralism in the preceding sections. The discursive approach is explored through Foucault's strands of discourse, power and discipline.

### **Foucault's discourse, power and discipline**

Foucault's concepts of discourse, power and discipline are useful to the textual analysis of representations of print-based HIV and AIDS prevention materials. A foucauldian perspective of discourse and power allows for the examination of how prevention texts are constructed as discourses and how subjects are positioned in specific relations of power. Foucault views "discourses as practices that systematically form the objects about which they speak" (Foucault, 1972: 47) and as producing power, and "it is in discourse that power and knowledge are joined together" (Foucault, 1978: 100). Discourse "transmits and produces power; it reinforces it but also undermines and exposes it, it renders it fragile and makes it possible to thwart it" (*ibid.*:

101). It is through discourse that knowledge and power are used to create representations of any phenomenon that might be the subject of scrutiny.

At the centre of Foucault's approach is the notion that discourse is a system of representation and that it is through discourse and not language that meaning is produced (Foucault, 1978). For Foucault, discourse encompasses a group of statements that provide and produce knowledge and meaning (*ibid.*). Foucault's use of representation is confined to production of knowledge through discourse at a specific time in history. This discursive approach attends to how the various and particular discourses influence power, regulate conduct, create and construct identities and subjectivities to define the way phenomena are represented and dealt with (*ibid.*).

The foucauldian perspective stipulates that it is through discourse that power operates to make possible different ways of being and making sense of the world (Burns and Gavey, 2004: 553). Discourses can be used tactically as agents of control and discipline. "Discourses are tactical elements or blocks operating in the field of force relations; there can exist different and even contradictory discourses within the same strategy; they can on the contrary, circulate without changing their form from one strategy to another opposing strategy (Foucault, 1978: 102). Furthermore, "multiple discursive elements can come to play in various strategies" (Foucault, 1972: 100). There are thus multiple discourses that are at the disposal of those seeking to impart knowledge and conversely available to those who are being addressed thus giving rise to numerous "discursive fields" (*ibid.*). Discursive fields are "competing ways of giving meaning to the world and of organizing social institutions and processes" which in turn influence discursive practices (Weedon, 1997: 34). Discursive practices are the way people actively produce social and psychological realities,"<sup>66</sup> and this is done through discourses. For example, the discourse of sexuality may inform and shape the sexual identity of homosexuality; thus influencing the way gays and lesbians may act out and behave in ways that have been socially constructed. By so doing, they would be naturally embracing what is deemed to be the norm in that particular social practice.

Foucault theorizes the concept of subjectivity in Phase 3 of his works: *The History of sexuality, Vol.2, The Use of Pleasure* (1984) and *Vol.3: The Care of the Self* (1988) and 'some essays and

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<sup>66</sup> Positioning Discourse production of selves. Davies, B. and Harre, R. <http://www.massey.ac.nz/~alock/position.htm>

interviews' (McLaren 2002: 3-4). In this phase, the concept of subjectivity as historically embodied, constituted and manifesting itself through practices is established (*ibid.*). The concept of the self and the body is developed in this phase and proposes that power works through discourses, institutions and practices to work on the body influenced by particular practices (*ibid.*). The care of the self-explores notions of power, sexuality and identity as they are imbued through discursive practices and "techniques of power" (McLaren, 2002; McNay, 1992). The self is constituted as the subject of knowledge and operates through governed rules within discursive practices. It is through these practices that the notion of self-discipline, self-regulation and self-control are conceptualized (McLaren, 2002; McNay, 1992); subjectivity acquired through self-surveillance (Fox, 1994; McLaren, 2002; Johns and Johns, 2000). Those who are in possession of knowledge are positioned as subjects holding "truth" as they are backed by their professional ethics and therefore command authority (Prinsloo, 2009; Fairclough, 2003). The genealogy and ethical spheres indicate Foucault's development of the notion of governmentality [elaborated in the preceding chapter] (Davidson 1986, Dean 1994, Prinsloo, 2009; McLaren, 2002; McNay, 1992).

Foucault's genealogy and the care of the self-offer a useful framework for describing how print-based HIV and AIDS prevention texts construct the pandemic, the subjects they address, and in this instance, university students' sexual lifestyles. Furthermore, it is useful for illustrating how students are positioned in relations of power and knowledge or as change agents. Power not "only weighs upon us a force that says no but traverses and produces things, it induces pleasure, forms knowledge, produces discourse" (Foucault, 1980: 119).

### The self, power and surveillance

Influenced by Nietzsche (1974), Foucault's focus shifted from language and the constitution of the subject in discourse (linguistic determination) to the view that individuals are constituted by power relations. Foucault's thought explored shifting patterns of power within society and the ways in which power relates to the self. In his search for the meaning of "power", Foucault "sees the body and especially sexuality as a major site of power relations" (Burr, 1995: 65). In the past, the practice of scrutinizing the population's sexual behaviour and of encouraging people to confess their sexual "sins" developed into a powerful form of social control. People were encouraged to scrutinise their own behaviour, to ask questions about their own "normality" and to adjust their own behaviour accordingly (*ibid.*: 66). Self-scrutiny was a form of power that was

seen as a new system of control that departed from the traditional notions of authority, where society was under surveillance from those who were deemed to possess power over them (*ibid.*). The power of self-scrutiny rather than being repressive promoted self-empowerment and inculcated the ethic of care for the self as a practice of freedom and introduced techniques of the self (McLaren, 2002; Foucault, 1988). Through technologies of the self “an individual attempts to transform [himself or herself] in order to attain a state of happiness, purity, wisdom, perfection or immortalities” (Foucault, 1988: 18). Techniques of the self are concerned with the self-active and self-constitution that is realised through linguistic practices and discursive formations which in turn constitute subjectivity (McLaren, 2002: 4, 145,146).

Self-mastery of the care of the care of the self can be achieved through writing, truth-telling and self-examination, these being three examples of techniques of (McLaren, 2002: 4). The “central focus of these social practices” (McLaren, 2002: 3) is on achieving self-discipline, self-regulation and self-control that is focused on the body. Foucault thus developed techniques of the self, which focused on the formation of subjectivity (Macleod & Durrheim, 2002; McLaren, 2002). The empowering sense of self-surveillance prevails even today. This is often reflected in persuasive health promotion campaigns that focus on individual responsibility rather than the collective. This gives rise to our search for identity. Self-identity is thus derived from a process that goes through comparing ourselves with others; recognizing who we are; excluding behaviour that we may consider inappropriate and inventing and re-inventing ourselves (McLaren, 2002: 72). Our self-identity is thus derived from a range of contextual experiences that are influenced and defined by language and infused in power relations (Foucault, 1977).

### Surveillance and the care of the self

The concept of surveillance evolved from the concept of the panopticon (Johns and Johns, 2000: 27) and “operates through hierarchical observation and normalising judgement ... as an integral part of the production and control of disciplinary technology” (Macleod & Durrheim, 2002: 46). The panopticon is described in *Discipline and Punish*, Foucault’s (1978) work, which is part of his genealogical work. Foucault use of the panopticon is aptly presented by Sarup (1988) as follows:

an architectural device advocated by Jeremy Bentham towards the end of the eighteenth century. In this circular building of cells no prisoner can be certain of not being observed from the central watch-tower, and so the prisoners gradually begin to police their own behaviour.

(Sarup, 1988: 74)

The panopticon “is a form of architecture, of course, but it is above all a form of government. It is a way for mind to exercise power over mind” (Foucault, 1994: 437) and is thus used as a metaphor of surveillance (Wood, 2003; Johns and Johns, 2000). Foucault (1980) extends the metaphor of the panopticon to another analogy, ‘gaze’ to represent the power of self –scrutiny and describes it thus:

There is no need for arms, physical violence, material constraints. Just a gaze. An inspecting gaze, a gaze which each individual under its weight will end up interiorising to the point that he is his own overseer, each individual thus exercising surveillance over, and against himself

(Foucault, 1980c: 155).

Surveillance represents an invisible gaze over an individual inducing self-scrutiny of one’s behaviour, the “gaze, resulting in perpetual spirals of power and pleasure” (Foucault, 1976: 45). In this way, surveillance may extend to self-reflection and self-consciousness (Macleod & Durrheim, 2002) that may engender “self-regulation as the person subjects him/herself to an internalised surveillance” (*ibid.*, 47). This self-regulation culminates into some self-care that is akin to governmentality (see preceding chapter’s discussion on risk and governmentality) “a discipline of the self that reflects on being a particular type of person who engages in a specific discursive practice [... which is] a form of liberal governance” (Johns and Johns, 2000: 11). Moreover, this type of governmentality has “[...] no discernible state behind policy, but a much more disseminated set of discursive agents” (Fox, 1994: 34). Governmentality may co-exist with health promotion material that advises, educates and persuades the best health practices, for example, print-based HIV and AIDS prevention materials, used as discursive agents to control behaviour, may act as an authoritative gaze over UKZN, DUT and UniZulu students. Similarly, health magazines like ‘*Men’s Health*, ‘*Woman’s Health*’ and ‘*Living and Loving*’ may act as the invisible gaze that subliminally generate self-care of “the elaboration of certain techniques for the conduct of one’s relation with oneself” (Rose, 1996: 135).

In relation to specifically HIV and AIDS, health facilities in their bid to provide sexual health services as with other health contexts have set up certain procedures that are followed in the execution of these services and these are tantamount to governmentality or can be likened to the

panopticon (Pryce, 2001: 155). The following section describes the techniques and framework and practices (with examples from various sources) that govern the execution of some sexual health practices.

### Governmentality and HIV communication production

Procedures and protocols followed in health contexts like hospitals and clinics to regulate sexual diseases: STIs and HIV infection through prevention and treatment are techniques of governmentality. Pryce (2001) elaborates how the “duties’ of STI clinics have defined and mark a paradigmatic statement of the panoptic role of medicine in the mapping of the social and psychological spaces between individuals” (p51). He describes the duties of the STI clinic from his discursive analysis of a poster produced in the twentieth-century, by drawing from Foucault’s (1978) “notion of the *ars erotica* (embodied pleasure) and *scientia sexualis* (scientific disciplinary knowledge (s) and praxes of medicine) and links this to Armstrong’s (1993) rendition of the recruitment of the self-observing *active patient*” Pryce, 2001: 151& 154). The active patient being the consequence “of the deployment of disciplinary power to the actor, resulting in individuals who endlessly examine themselves, self –care and self –improvement being core practices of the self” (*ibid.*, 151).

The duties of the STI clinic that (Pryce, 2001) identified in the figure below are given as an “example of how health promotion and AIDS campaigns have signalled a shift from the notions of the duty to and by the state and has placed greater emphasis on individual responsibility: to a more sophisticated identification of sexual diversity as lifestyle but also to a deeper level of governmentality where the duty lies not in restraint but the self-monitoring of the actor’s ‘informed’ practice” (*ibid.*, 152). The techniques of governmentality delineated below describe how state apparatuses formalise protocols that dictate how the health provider should monitor and control the health of citizens and ensure that the latter should in turn monitor own health having been empowered to do so through the health information provided by the state.

**Fig. 5.1: Techniques of governmentality**

<b>The medical duties of the clinic</b>	<b>The clinic as panopticon</b>
<i>Reporting</i>	The routine penetration of bodies and collecting of data and their translation into the statistical epidemiological drawing of populations but also at the capillary level through disclosure and confession
<i>Laboratories</i>	The exposition of the power of disciplinary knowledge where the collected data, specimens are <i>visualised</i> , constructed as images of disease processes and representations of a <i>dissolved</i> body.
<i>Clinics</i>	The location where the doctor-patient relationship is central to the subjugated knowledge and practices of the self and the inter-relation of the institutional and localised power (Lupton, 1997). The expert, the doctor, nurse or health adviser is the instrument of normalising judgement and abiter of deviance.
<i>Follow-up</i>	Surveillance through the contact tracing illustrating the mapping of the social domain for the locus of illness (Armstrong, 1993) and networks of sexual relationships in the community.
<i>Education</i>	The recruiting of the individual to monitor their own bodies and their transformation into active patient. Governmentality and increased self-monitoring through penetration of sexual sites, spaces and praxis by medicine, social science and <i>askesis</i> .

**Source: Pryce (2001: 155)**

The “development of the dispensary as the later manifestation of the panopticon and the outpatient STI clinic and the practices display characteristics of surveillance medicine par excellence (*ibid*: 151).

In Australia, Petersen and Lupton (1996: 58) narrate how a newspaper, the ‘*Sydney Morning Herald*’ reported how in the 1990s, one Sydney Hospital tagged HIV positive and Hepatitis C patients were made to wear colour-coded wristbands for identification purposes. The tagging was to identify the patients who posed a risk to other patients and their health care workers. The motivation behind this tagging was kept a secret from the patients but compromised the way they were treated as patients (*ibid.*). This procedure not only censured “moral prohibitions in

relation to sex [...], practical control of sexual practice [... but also served] as meticulous surveillance” (Burchardt, 2013: S503) of sexual health. The colour coding not only served as a technique of governmentality but also marginalized and introduced prejudice by health care workers against patients who were deemed to be ‘at risk’. It also had the potential for the stigmatizing those perceived to be ‘at risk’ by other patients. Governmentality was instituted by the state apparatus and the Foucauldian notion of the panopticon, a form of control of disciplinary technology through a ‘clinical gaze’ (Foucault, 1980).

The clinic and hospital are not the only sites of technologies of governmentality for sexual health. Burchardt (2013) describes how the Anglican Church in South Africa persuaded and trained its clergy to encourage sexual openness amongst members of the congregation through HIV disclosure and discussions relating to sexuality issues in order to mitigate the spread of the pandemic and to address stigma levelled at those affected or infected with the virus. The procedures and strategies used to address sex and other sexuality issues are technologies that advocate how people should tackle their sexual lives. Thus the “discursivization of things sexual becomes a key mechanism within the governmentality of sexuality; involving the process of making sexualities transparent and allowing people to articulate their desires and sexual identities with pedagogical concepts of ‘sexual responsibility’” (*ibid*: S503). Thus the church utilized strategies of government normally associated with pastoral care: guidance and counselling. These became powerful tools for

... technical procedure associated with certain practical difficulties and to be carried out with painstaking care by the meticulous observance of practical injunctions—indeed sex was depicted as a skilful accomplishment requiring knowledge and expertise. It is a health-related technology, placed in and defined through a frame of skilled individual capability in which the concern with disease prevention silently surpasses the limitations hitherto placed on sexual discourse

(*ibid.*, S505).

The techniques of governmentality can be enacted in other spheres of sexual health. Colvin, Robins and Leavens (2010) report how the South African state attempts to address HIV and poverty through the provision of anti-retroviral treatment (ART). Their report is based on a study they conducted in Cape Town, with members of Khululeka, a support group for HIV-positive men. Just like the duties of the STI Clinic described by Pryce (2010), there are certain procedures: interviews, checklists, inspections and examinations that are conducted by the health staff before the individuals can be enrolled into the programme (Colvin *et al.*, 2010: 1179). These procedures are state-operated techniques of governmentality; individuals being subjected

to surveillance by those in authority (Burr, 1995) and with expert health care and medical knowledge.

Within all spheres of sexual health, sexuality is framed within the “discourses of governmentality: ‘responsibilized citizens’ through the enactment of engaging in ‘responsible relationships’, responsible choices’ that have been adopted from public health discourse... (Burchardt, 2013: S497).

The interrogation of how discourses play a role in constructing phenomena can further be done through the use of social representation theory which is discussed in the next section.

### **Moscovici’s Social Representation Theory**

It is necessary to define what a social representation is before exploring the Social Representations Theory. A social representation is a construction of phenomena by the community for the “purpose of behaving and communicating: (Moscovici, 1973: xiv). Constructing a social representation involves individuals familiarizing themselves with “their material world and social world in order to [understand] it to enable communication [...] by providing a code for social aim” (Wagner, 1998: 299). Communities are constantly confronted with objects or phenomena and thus have to interrogate these social entities for comprehension and communication.

Social Representations Theory (SRT) is an approach to social psychological phenomena (Wagner *et al.*, 1996: 331). SRT is grounded in social psychology. It is a social constructivist as well as discursively oriented approach (Wagner *et al.*, 1996, 1988a). Serge Moscovici (1961/1976) published his thesis on the SRT of psycho-analysis in 1961 (Jahoda, 1988). The theory is social constructivist as it accounts for the ways in which phenomena are socially constructed (Wagner, 1998: 219). Thus SRT features in the realm of constructionism since social representations are “conceived as negotiated constructs of social groups” (Jodelet, 1993; Wagner, 1994). These negotiated constructs are shared through symbols that are discourse oriented where meaning is derived from human interaction (Wagner, 1988: 304).

The theory provides the basis for analysing relations between social and cognitive phenomena, communication and thought. The theory inclines towards representing the world in categories or in concepts, values, stereotypes and images (Moscovici 1973: xiv). SRT influenced social

psychology by providing an analytic framework grounded in social constructivist and discourse oriented epistemology (Wagner, 1998: 303-304).

Social representations is a “cognitive, symbolic, iconic and affectively laden mental construct with a structure of its own; it is a way of concerted thinking which is shared by members of reflexive groups” (Wagner *et al.*, 1996: 331). Wagner *et al.*, (1996) describe processes leading to a representation that includes the functioning of any existing representation that is influenced by both experiences and preferences of the socially determined individual plus institutional structures. Once a social representation includes particular patterns of thinking, action and interaction it constructs a social object (Moscovici, 1963; Wagner, 1994d).

SRT contributes to the interrogation of a social phenomenon that may deem to be a threat to a social group. This involves the classification and naming of unfamiliar objects by comparing them to what already exists. Within the SRT two processes are involved through which groups interrogate phenomena: anchoring and objectification, which operate to make the unfamiliar, familiar (Moscovici, 1984b: 28).

Anchoring is the first process that involves symbolic coping, where events and phenomena perceived to disrupt the life course of social groups are threatening and frequently unfamiliar (Moscovici, 1984b: 47). Invariably, when social groups get confronted with such phenomena, they have to cope materially or symbolically (Moscovici, 1976; Elejabarrieta, 1996). Symbolic coping is central to SRT (Wagner *et al.*, 1999: 96). Symbolic coping is achieved through social discourse on an interpersonal level and the level of mass media communication (Moscovici, 1984; a 64). Symbolic coping is also achieved at the collective level, generating a system of beliefs, images, metaphors, evaluations and explanations aiming to make the unfamiliar, familiar (Wagner *et al.*, 1996: 332). This is done collectively by a group of people sharing similar cultural values. Through symbolic coping, a social representation emerges when a community’s identity is confronted with a new phenomenon and confusion reigns (Moscovici, 1976: 171). Through symbolic coping the community adopts ways of understanding the new phenomenon and this can be done by associating it with already existing systems of labelling, to make it familiar.

Anchoring of representations is done through two processes of classifying and naming unfamiliar objects or social stimuli by comparing them with already existing cultural categories (Moscovici, 1984b; Jodelet, 1984; Billig, 1993; Augustinos and Walker, 1995). The process of

anchoring became useful in the late 1980s for research in HIV and AIDS, when a number of investigations applied it to identify metaphoric anchors that served to characterise AIDS. The disease and its victims were identified with: death, plague, evil, cancer, punishment, sexually transmitted diseases, homosexuality, war, crime, urban woes, contamination, victim and perpetrators and status of the other (Schoeneman *et al.*, 2002: 2).

The second process, objectification, involves the “classification and naming of unfamiliar objects or social stimuli by comparing them with an already existing stock of familiar and culturally accessible categories” (Augustinos and Walker, 1995: 138). Objectification like anchoring is a process that aims to make the unfamiliar familiar (Billig, 1993: 50) by saturating “the idea of unfamiliarity with reality turns it into the very essence of reality” (Moscovici, 1984b: 51). Unlike anchoring, objectification reconstructs phenomenon in a more concrete way. Objectivity thus operates through three sub-processes to transform abstract notions of a phenomenon to more concrete realization: figuration, personification and ontologizing (Moscovici 1984b; Billig, 1993; Jodelet, 1984; Moscovici, 2000).

Figuration transforms concepts such as AIDS into metaphorical images and these anchors can be turned into vivid images (Schoeneman *et al.*, 2002: 2). Schoeneman *et al.*, 2002 refer to a study conducted on disease and representation on image of madness and AIDS in mainstream news media by Gilman (1988) that revealed that AIDS campaigns which showed an AIDS patient depicted stigma, degeneracy, sexual transgression, pollution, plague, isolation, suffering, victimization, collapse and dissolution (Schoeneman *et al.*, 2002: 2).

Personification associates a concept or phenomenon with a person and gives a label accordingly, for example, associating AIDS with the wrath of God (*ibid.*), whilst ontologizing makes the concept into something real, something imbued with physical properties. The process results in ontological metaphors (*ibid.*). Ontologizing helps to make people understand a complex phenomenon, especially one that may be difficult to comprehend. This is particularly important in the medical field, where informative literature about an ailment uses expressions or metaphors that may describe the phenomenon much more vividly. For example, the AIDS virus’ cell ontologized under a microscope, to show how it mutates, transforms it into a physical object (*ibid.*).

Illnesses such as AIDS and cancer, which have been socially constructed as dread diseases depict a “move from the demonization of an illness to the attribution of fault to the patient”

(Sontag, 1990: 99). The conceptualization of blame is a reinforcement of anchoring of disease in terms of concepts such as otherness and victimization (Schoeneman *et al.*, 2002: 14).

SRT enables the exploration of the nature of discourses and tropes and their effects on messaging and meaning, particularly regarding print-based HIV and AIDS prevention materials is important. Tropes such as metaphor, analogy and irony are used to present information in an indirect manner in order to persuade and instil deeper sense of meaning to what is represented (Kirmayer, 1992: 335).

The basic questions underlying the discussion on metaphors and metonymy are to theorize the messages captured in print-based HIV and AIDS prevention materials through the use of metaphor types to accomplish persuasion in order to induce behaviour change; to capture the experience or possible experience of those being persuaded. Unlike explicit tropes like irony, concepts may be implicit or unintentional and used without awareness or concern with the metaphoric and literal distinction (Kirmayer, 1992: 332). This connotative nature of metaphors is inexhaustible as they are constantly modified to shape something new (*ibid*: 335). Metaphor essentially creates meaning even when meaning is static and conventional, thus in the process of interaction, there is a blurring of meaning between topic and vehicle (Kirmayer, 1992, Sternberg and Nigro, 1983). Kirmayer (1992: 332) gives two examples, “surgeons are butchers” and “butchers are surgeons”. He argues that these assertions may influence the way we think about both occupations. Quite a number of examples could be drawn from print-based HIV and AIDS prevention materials where ‘blurring of meaning’ is highly probable. Language as metaphoric reinforcer of HIV and AIDS shows the way language behaves in cultural constructions and ultimately in normative conduct. Thus metaphors may not only change the way we view a specific topic, but can restructure a whole domain (Kelly and Keil, 1984: 36).

These processes of classification are useful for the understanding of representations that are depicted in HIV and AIDS billboard portfolio prints, murals and posters. Used together with Thompson’s critical concept of symbolic forms that influence power relations and how subjects are ideologically positioned, the approach investigates HIV and AIDS representations in the texts under analysis. Also the framework is useful in categorizing students’ responses to the representations of HIV and AIDS in print prevention materials.

## **Ideological concepts**

There are various definitions of ideology proposed by various theorists. Only those ideological concepts that inform the study are presented here. Van Dijk (1995: 248) views ideologies as specific to social groups as they are mental representations shared by members of a social group (*ibid.*). Thus according to van Dijk (1995), ideologies influence how a specific social group evaluates a phenomenon with respect to the values and beliefs of the group. In contrast, Billig *et al.*, (1988) deem ideology as not central to specific social groups but allows discussion on contentious issues. Ideology is thus viewed as a transparent way in which themes can be discussed and debated which of course may result in tensions ensuing from the parties involved in the altercation. Subjects are capable of acting creatively and independently to construct their own connections (Fairclough 2001; 1989). Fairclough further posits that “operation of ideology can be seen in terms of ways of constructing texts which constantly and cumulatively “impose assumptions” upon text interpreters and text producers, typically without being aware of it” (Fairclough, 1989: 69). Fairclough (1995: 114) postulates further that ideology is “meaning in the service of power as ideology is embossed in discursive practices”. van Dijk (1995) elaborates further and relates ideologies to schema, social practices and group identity. He submits:

Ideologies are basic frameworks of social cognition, shared by members of social groups, constituted by relevant selections of socio-cultural values and organized by an ideological schema that represents self-definition of a group. Besides their social function of sustaining the interests of groups, ideologies have the cognitive function of organizing the social representations (attitudes, knowledge of the group) and thus indirectly monitor the group-related social practices; also the text and talk of its members

(van Dijk, 1995: 248).

For J.B. Thompson, “ideology is a way in which meaning (symbolic forms) serves to establish and sustain relations of domination. Symbolic forms include: actions, utterances, images and texts, which are produced by subjects and recognized by them and others as meaningful constructs” (Thompson 1990: 56).

Thompson (1990) emphasizes how symbolic forms influence power relations. Thompson’s critical theory of ideology invites analysis of media texts with regard to how subjects are ideologically positioned. Whilst Thompson’s notion of power is viewed as influenced by symbolic forms that establish and sustain relations of domination (Thompson, 1990: 56). Foucault’s (1976/1978, 1980) genealogical work is concerned with how discourse statements and frameworks position subjects to establish knowledge and power. This is seen in his work

that is concerned with knowledge, through discursive practices, constructing particular kinds of subjects. He gives an example of what he refers to as “four objects of knowledge [that were constructed by the western nineteenth century society] : the hysterical woman, the masturbating child, the Malthusian couple and the perverse child” (Foucault, 1976/1978: 105-106). Fairclough’s view of discourse power and positioning is consistent with Foucault as he sees power and knowledge as shaping and creating meaning to form identities and practices that are historically and specifically influenced.

The ideological framework this thesis proposes is largely informed by Fairclough’s (1989, 1992, 1995, 2001 and 2003) framework on discourse power and subject positioning, Thompson’s emphasis on symbolic forms and Foucault’s concept of power, power-knowledge, discourse and technologies of the self. These ideological frameworks are employed to shed light on (a) the multiple discursive constructions that form representations of HIV and AIDS on prevention materials and (b) how UKZN, DUT and UniZulu students are positioned and how they make sense of the various discourses presented before them.

### Thompson’s critical modes of operation of ideology

Thompson (1990) employs social theory to describe how language does social work, since the work of linguistics may not express clearly how language does social work (Janks, 1998: 197).

The critical theory of ideology is used to investigate intersections of power, symbolic forms and relations of power used in language (Thompson, 1990). In order to augment the theory of power that influences this study’s framework (Foucault’s discursive thesis) to reveal power relations that may be embedded in print-based HIV and AIDS prevention texts. Thompson’s (1990) critical concept of ideology in which symbolic forms including language may link relations of domination is borrowed. The aim of using Thompson’s (1990) critical modes of operation ideology is to reveal how subjects are positioned and classified in power relations. Thompson’s critical modes of operation of ideology describe processes by which relations of domination are concealed or obscured (Thompson, 1990: 56). He proposes the critical conceptualization of ideology as an analysis of ideology primarily concerned with the ways in which symbolic forms are linked with relations of power (Janks, 1998: 98).

Foucault’s concept of discourse (much of which influences the critical assessment of power relations in CDA analysis of print-based HIV and AIDS prevention materials), conceives

subjects as not necessarily positioned in relegated positions but are given the latitude to resist domination. In contrast, Thompson's critical conception of ideology counters critical neutral conceptions of ideology where the term encompasses all "systems of belief or symbolic forms and practices" (Thompson, 1990: 55). He argues for the retention of the negative meaning of "ideology" as he believes that "symbolic forms may operate by concealing or masking social relations, by obscuring or misrepresenting situations; but these are contingent possibilities, not necessary characteristics of ideology as such" (*ibid*: 56).

Five general modes of operation through which ideology can operate are distinguished (Thompson 1990). These involve: dissimulation, unification, fragmentation, reification and legitimation. Within these five general modes of operation, Thompson (1990) further identifies different kinds of symbolic construction specifically associated with each of the five general modes. These are used to identify linguistic and non-linguistic symbols, which are constantly used to obtain ideological effects (Janks, 1998: 199).

Dissimulation conceals or obscures relations of domination involving the use of euphemisms, displacement of tropes and use of figurative language. Euphemistic phrases are mild, vague and indirect and are often used to substitute harsh or blunt expressions. These are used especially to refer to unpleasant actions, events or social relations. This is done for the purpose of courtesy. Examples are 'immune compromised' for HIV positive individuals and the 'HIV affected', a label used for close family members. Displacement is used in an ironic way to transfer positive or negative values from one to the other (*ibid*: 199). This is done through use of figurative and metaphorical use of language, "which is the third powerful means of obfuscation (*ibid*: 199).

Unification and Fragmentation processes are related modes of ideology, whilst the former seeks to unite and establish 'us' the latter manifests 'othering' unclear. Unification establishes a collective identity, uniting people despite their differences while fragmentation aims to split people despite their similarities to forge the divide and rule resulting in constructs of othering that aims to establish differences between 'us' and 'them' (Janks, 1998: 199). Examples of unifying linguistic symbols that are often used in AIDS messages are: 'together we can' and the 'future is in our hands. An example of a non-linguistic symbol in AIDS messages seen in written texts is the red ribbon and an example in cancer messages is the pink ribbon. Linguistic examples of fragmentation include reference to "aliens", "foreigners", "the diseased" and "the ill", metaphors used to categorize and stigmatize those who are HIV positive (Gilman, 1988).

The metaphor of otherness offers comfort to those who use it as it implies one is spared harm and responsibility (Ross, 1986: 18).

Reification is encoded using verbs that aim to turn a process into a thing or an event. The verb is turned into a noun, converting the active voice into a passive voice in a bid to make the object natural. The processes obscure actors and agency and transform the notion that is thematized in the sentence (Janks, 1999: 200).

Legitimation as a persuasive mode of operation employs rationalization, universalization and narrativization to validate argument for action (*ibid.*, 199). Rationalization is built on chains of reasoning and focuses on showing the cause and effect of a situation to establish a need for action, for example health messages often focus on risks involved in pursuing a particular bad habit and its likely result. The argument brought forth by the one proposing action would be constructed such that it would appear to be legitimate and as such should anchor support (Thompson, 1990: 61). Some HIV and AIDS campaigns focus on the causes of HIV and AIDS and the results of being infected in order to persuade people to adopt safer sex practices. This rationalization mode aims to persuade target audiences to be cautious of their actions.

Within the legitimation process, universalization and narrativization symbolic constructions, deemed as discursive strategies, are used to persuade and position subjects in relations of power. Universalization puts some in positions of authority in order for them to persuade others to act in ways that supposedly serve the interests of all. For example, in print-based HIV and AIDS prevention materials, a pro-sexual health campaign may appeal to women to take responsibility in ensuring condom-use, or may appeal to women to persuade their partners to opt for circumcision in order reduce the chances of being infected with HIV. Thus intervention would be legitimated over those who may be deemed to influence the behaviour of others. Such a strategy may put responsibility over those sectors of the community to control the deviant sexual behaviour of others. In the process of positioning subjects in relations of power, universalization specifically generalizes values of a particular society in order to strike the moral cord of an individual; whilst narrativization uses stories or tradition for example, biblical echoes in texts to give arguments authority and legitimate them (Janks 1999: 199). Also, health campaigns may apportion blame on risk taking and negligence often adopted by the general public regarding health or environmental hazards.

Thompson's (1990) critical modes of operation are useful for this textual analysis of representations in print-based HIV and AIDS print materials as it entails a schematic investigation of how the different modes of operation of ideology and their symbolic forms create representations of HIV and AIDS among UKZN, UniZulu and DUT. The critical modes of operation concept is useful since it can be situated within the CDA three dimensional framework of text analysis to allow investigation of the complex structure of print-based HIV and AIDS prevention materials. Within the framework, Thompson's model will be useful for the three elements: socio-cultural practice, discourse practice and text (to be discussed in subsequent sections). Understanding symbolic forms and ideological work of domination of power will provide a useful analytical framework for unpacking the discursive strategies used to persuade safer sex practices.

### Ideological struggle

Meaning is realised through semantic fields that situate ideological chains which signify specific historical periods (Hall, 1985). These "leave traces of their connections long after the social to which they referred have disappeared" (*ibid*: 111). Hall (1985) gives an example of the trace of religious thinking in a world that believes itself to be secular and which invests the "sacred" in secular ideas (*ibid.*). He argues that although the logic of the religious interpretation of terms has been broken, the religious repertoire continues to trail through history, usable in a variety of new contexts, reinforcing more apparently underpinning "modern" ideas. Gramsci (1971) is reported to refer to these traces as "ideology without an inventory" (*ibid*: 111).

Ideological chains can become sites of struggle due to people introducing new labels, being an alternative to the usual; this could be seen as displacement or contestation of meaning (*ibid*: 112). Additionally, the site for struggle of ideological chains can be influenced by interruption in the ideological field where transformation of meaning could be a re-articulation or change of its associations, for example, from the negative to the positive. Hall (1985: 112) goes on to assert that "ideological struggle consists of attempting to win some new set of meanings for an existing term or category of dis-articulating it from its place in a signifying structure" (*ibid*: 112). For example, print-based HIV and AIDS prevention materials have over the last decade attempted to de-stigmatise HIV and AIDS. Where certain connotations were associated with death, shame, repudiation and AIDS being the disease of the other, (Schoeneman, *et al.*, 2002, Ross, 1986,

Sontag, 1990, Weiner, *et al.*, 1988), campaigns have now been striving to transform the meaning and “re-articulate its associations from negative to positive” (Hall, 1985: 112).

Various researchers, for example, Schoeneman (*et al.*, 2002), Ross (1986), Sontag (1980), and Lupton, (1994) have written extensively on the struggle for meaning in HIV and AIDS discourses emanating from the historical development of the disease. Hall (1985) exhaustively offers an example of various connotations associated with the colour “Black” over an extensive historical period to date, He gives this example as “it has profound resonance for a whole society, one around which the whole direction of social struggle and political movement has changed in the history of our own life times” (Hall, 1985: 113). HIV and AIDS discourses have had an equal share of ideological struggle (Sontag, 1990, Lupton, 1994).

## **Critical Discourse Analysis**

This section describes and discusses Critical Discourse Analysis (CDA) as an overarching theory and method of discourse analysis used in the thesis. First it defines CDA, second, it discusses the critical nature of CDA, third, it outlines the development of CDA fourth, it discusses different approaches to CDA, fifth, Fairclough’s approach to CDA, ideology, power, discourse, intertextuality are examined as these inform the study to a large extent and finally Social Semiotics and CDA and some concepts of Kress and van Leeuwen’s are briefly explored to establish their usefulness in the CDA methodological framework.

CDA is defined in various ways by its various practitioners. It is the use of an ensemble of techniques for the study of textual practices and language use in social and cultural practices (Fairclough, 1992b). van Dijk (1996: 84) describes it as a type of discourse analytical research, whose principal aim is to study how power relations are enacted in different contexts. The approach avails theories and methods that empirically study the relations between discourses, social and cultural events in different social contexts (Jorgensen and Phillips, 2002: 60). The key issues that CDA explores concern the relationship between language use and social practice and how discursive practice maintains social order and influences social change (*ibid*: 70). Fairclough’s description that is particularly of interest and has a bearing on this study as it encompasses texts, discursive practices, ideologies and social practice:

CDA aims to systematically explore often opaque relationships of causality and determination between (a) discursive practices, events, texts and (b) wider social and

cultural structures, relations and processes; to investigate how such practices, events and texts arise out of and are ideologically shaped by relations of power and society itself a factor securing power; and to explore how the opacity of these relationships between discourse and society itself a factor securing power and hegemony.

(Fairclough, 1995: 132-3)

There are different approaches to CDA. The approaches briefly described are Teun van Dijk's socio-cognitive model which focuses on discourse, cognition and society and Ruth Wodak's cognitive approach that searches for meaning of representation in specific linguistic analysis (Blommaert and Bulcaen, 2000: 451-2). Fairclough's approach is discussed at length since it informs the study. Fairclough's CDA approach consists of a set of philosophical premises, theoretical methods, methodological guidelines and specific techniques for linguistic analysis (Jorgensen and Phillips, 2002: 60-62). It also assigns a Foucauldian view of power as a means that creates subjects and agents (as mentioned in a previous section) and at the same time diverges from Foucault to engage the concept of ideology to theorise subjugation of one social group over others (*ibid.*). Foucault's approach adopts a social theory of discourse, in which he incorporates linguistically oriented discourse analysis, and social and political thought relevant to discourse and language (Fairclough, 1989; Fairclough, 1992a; Fairclough, 1995; Chouliaraki and Fairclough, 1999; Fairclough, 2003). Since Fairclough's approach informs this study to a large extent, concepts and strands employed within his approach are discussed fully in a later section.

The various approaches focus on the role that discursive practices construct representations of the world; social subjects and power relations and how these contribute to furthering the interests of particular social groups (Jorgensen and Phillips, 2002: 67). The investigation of how language is used to construct, reproduce, sustain and challenge unequal power relations between individuals and groups of people is central to the various approaches (*ibid.*).

CDA is distinguished from conversation analysis, which is critiqued for concerning itself with the "micro" textual organization of discourse and thus ignoring "macro" influences of social practices in discourse construction, whereas the former concerns itself with both textual and social practices of discourse" (Fairclough, 2001: 9). Although CDA mediates between pure linguistic analysis which is similar to conversation analysis, it is different from the latter in that it employs post-structuralist studies of discourse as well (Smith, 2007: 61). However, post-structuralist discourse has been criticized for its inability to adequately evaluate and illustrate the ways that texts operate to produce meaning (Jorgensen and Phillips, 2002: 6-7). Laclau and

Mouffe's (1985) post-structuralist approach to discourse is particularly cited as neglecting the actual text and discourse practices involved in a specific discursive event, although it focuses on the importance of discourse in meaning-making and construction of the social world (Jorgensen and Phillips, 6-7, 62-92; Baxter, 2003: 42, Threadgold, 2003: 31, Smith, 2007: 61).

### Critical nature of CDA

CDA is a "critical approach that describes discursive practices; (it) shows how discourse is shaped by relations of power and ideologies and shows the constructive effects discourse has upon social identities, social systems of knowledge and belief" (Fairclough, 1992b: 12). Critical theorists' outlook on the word "critical" "signals a focus on the role played by discourse in establishing and maintaining relations of domination" (Janks, 1998: 195). For example, the approach can be used to show how print-based HIV and AIDS prevention messages positively or negatively affect how the messages may allow ambiguity in the way people think about A, B and C (as in campaign posters that seem to impart gender biased messages where women and not men are addressed on ensuring consistent condom use or being faithful to their partners).

The critical nature of the approach addresses interpretations of meanings of texts rather than quantifying textual features by examining the nature of language and the relationship it has with other elements (Fairclough, 1992a; Fairclough, 1992b; Fairclough, 1995; Wodak, 1996; Fairclough and Wodak, 1997; Chouliaraki and Fairclough, 1999; Fairclough, 2001; Locke, 2004). The critical approach reflects Jurgen Habermas' (1989) concept of critical consciousness in reading of texts. This concept is about that the critical stance that readers should adopt; to analyse and engage with what they read as this would enable them to take an informed position if need be (Richardson, 2007). The analysis of "opaque as well as transparent structural relationships of dominance, discrimination, power and control manifested in language" (Wodak, 1995: 204), makes the approach critical. The critical stance of CDA is realised through the investigation of how language influences power relations in various social contexts and how language is used to construct identities and how these are negotiated by different social actors. Fairclough illuminates on the critical nature of discourse when he posits:

It seeks to discern connections between language and other elements in social life, which are often opaque. These include how language figures within social relations of power and domination; how language works ideologically; the negotiation of personal and social identities (pervasively problematized through changes in social life) in its linguistic and semiotic aspect.

(Fairclough, 2001: 230).

The approach addresses ideologies that are embedded in discursive practices and become somewhat naturalized and eventually perceived as common sense and accepted as natural features of discourse (Fairclough, 1992a; Gee, 2004: 32; Teo, 2002: 12). CDA explores how social structures or more generally power, create and effect the operation of discourse (Teo, 2000; Weiss and Wodak, 2003; Gee, 2004). Discourse is central to the functioning of power in social processes (van Dijk, 1992; Fairclough, 2001). Thus the approach strives to investigate “processes of power and how these processes use discourse in subtle and yet controlling ways” (Fairclough, 2001: 229). Language is thus perceived as potentially powerful as it may be used in ways that may influence re-production of power in some social situations (van Dijk, 1993).

### Development of CDA

CDA originated from Critical Linguistics (CL) in the late 1980s (Blommaert and Bulcaen, 2000; Wodak and Meyer, 2009; Teo, 2000). While CL emphasized language only, CDA shifted focus to language and discourse (Wodak and Meyer, 2009: 1). The origins of the approach can be traced back to rhetoric, text linguistics, anthropology, philosophy, socio-psychology, cognitive science, literary studies and socio-linguistics as well as applied linguistics and pragmatics (*ibid.*). Wodak and Meyer (2009) further submit that it can be argued that CDA may have been conceived between the mid-1960s and early 1970s from a recognition that some new and closely related disciplines that were emerging in the humanities and the social sciences all dealt with discourse and had several common aspects (*ibid.*: 1). The concepts are cited as new linguistic paradigms and sub-disciplines of semiotics, pragmatics, psycho-linguistics and sociolinguistics, ethnography of speaking, conversation analysis and discourse (*ibid.*). Located within critical social sciences, its further development was influenced by critical social theory (Chouliaraki and Fairclough, 1999; Threadgold, 2003; Smith, 2007). The approaches’ analysis thus links social practice and the linguistic (Chouliaraki and Fairclough, 1999: 16-17). The pioneers of this network: Teun van Dijk, Norman Fairclough, Gunther Kress, Theo van Leeuwen and Ruth Wodak perceive CDA as a paradigm that views all approaches as problem-oriented and thus inevitably interdisciplinary and eclectic (Wodak and Meyer, 2009: 3).

In his genealogy of CDA, Luke (2002: 1040) traces its trends and situates it within poststructuralism. Concerning its emergence, Luke describes how CDA developed from the “linguistic turn” in the social sciences to another epistemological and political level; an understanding of the centrality of language, text and discourse in the constitution of not just human subjectivity and social relations, but also social control and surveillance, modes of domination and nation state and attendant pleasure (Luke, 2002: 99). The ‘linguistic turn’ denotes a period in the twentieth century in which the view on language as merely structural shifted to language being perceived as constructing and constituting social reality (Locke, 2004; Phillips and Hardy, 2002).

Drawing on poststructuralist discourse theory, which examines how written texts and discourses construct phenomena, shape identities and practices of human subjects, and critical linguistics, CDA focuses on how social relations, identity, knowledge and power are constructed through written and spoken texts in communities, schools and classrooms. Thus discourse is approached as a circular process in which social practices influence texts through shaping the context and mode in which they are produced. In turn, texts influence society through shaping the viewpoints of those who read or otherwise consume them (Richardson, 2007: 37). The nature of language and its relationship with other elements of social processes is examined by CDA (Fairclough, 1992; Fairclough, 1995; Wodak 1996; Fairclough and Wodak 1997; Chouliaraki and Fairclough, 1999; Fairclough, 2001; Locke 2004).

The tenets of CDA as delineated by Fairclough and Wodak, (1997) to which CDA practitioners align themselves : “address social problems; explore discursive practices in asserting power relations; investigate how discourse constitutes society and culture; perform ideological work; link text and society; scrutinize the interpretative and explanatory nature of discourse; emphasize the historicity of discourse and study how discourse is a form of action” (Fairclough and Wodak, 1997: 271-80).

CDA practitioners have positioned themselves according to various theoretical and ideological fields. Although approaches used in CDA may differ according to how social phenomena are analysed, there are several common areas the different approaches subscribe to. These similarities are fore-grounded by poststructuralist theory. The similarities are influenced by an interest in the properties of ‘naturally occurring’ language used by real language users (instead of abstract language systems and invented examples) (van Dijk, 2007a and Wodak, 2008a). The common areas shared by CDA practitioners focus on instances of discourses or communicative

events beyond the sentence by considering the context from which they are situated. This includes the functionality of language, focus on the dynamic socio-cognitive strategies and various aspects of text and discourse (van Dijk, 2007a and Wodak, 2008a).

Some CDA practitioners ascribe to a Foucauldian view of power as a source that creates subjects and agents. Within this approach, power is productive and is not restricted to some specific individuals to exert over others (Jorgensen and Phillips, 2002: 91-92). However, the practitioners diverge from Foucault by engaging ideology to theorise the subjugation of one social group over others (*ibid*; 91-93).

The approach is constitutive and interdisciplinary focusing mainly on investigating social phenomena which may be complex and thus require a multi-dimensional approach (Wodak and Meyer, 2001: 2). CDA is not necessarily concerned with “negative or exceptionally ‘serious’ social or political experiences or events but any social phenomenon that requires critical investigation, to be challenged and not taken for granted” (*ibid*: 21). This is an important note to consider as CDA is often misunderstood to be concerned with negative political experiences or events (*ibid*.). Taking the cue from the critical stance of CDA, the research considers discursive practices constructing representations of HIV and AIDS the role these discursive practices play in advancing strategies that persuade safer sex practices.

### CDA approaches

Although the various theorists of CDA have relatively common interests and agenda in their theories, they have adopted different approaches to their various researches and two of these, van Dijk and Wodak are briefly presented in the following sections, whilst the third, Fairclough’s (1992, 1995, 2003) approach is explored in detail as it directs the methodological approach employed in the thesis.

#### ***Teun van Dijk’s Socio-cognitive approach***

The socio-cognitive approach aims to link texts to contexts in a bid to reveal how social relationships and processes are realised. van Dijk’s (1997) interest lies in the notion that “action is controlled by our minds; this ability to influence people’s minds, for example, their knowledge or opinions, we indirectly may control (some of) their actions, as we know from persuasion and manipulation” (van Dijk: 2008: 355). This approach is geared towards investigating how ideologies are used to control certain populations and coerce them into adopting certain actions.

In so doing the approach explores how some groups are dominated by elite institutions or groups to subjugate and control them.

The socio-cognitive model draws on the “ethnography of communication, Marxist’s theories of ideology, schema theoretical models of cognitive processing and speech act theory” (Luke, 2002: 101). van Dijk’s (1997) approach analyses how participants of texts rely on cultural and social resources and experiences in text construction and comprehension (*ibid.*). These stored experiences and event models are also referred to as schema, from which social actors tap to deconstruct texts. van Dijk, (2001) also refers to these schema as “mental models that people constitute the persona, episodic memory of individual people” (van Dijk 2001: 16). Schema may influence discourse structures in that they may be used to persuade and manipulate action. Specific contexts, particular meanings and forms have the potential to shape and control people’s minds more than others, as the concept of persuasion and many years of rhetoric practice show (van Dijk, 2008). van Dijk (1993b: 258) theorizes cognition as “schematically organized complexes of representations and attitudes with regard to certain aspects of the social world, e.g. the schema [...] whites have about blacks.” Wodak and Meyer (2009: 25) intimate that van Dijk’s focus is inclined to discourse, cognition and society. They further point out that his approach is geared:

towards the socio-psychological angle of CDA. He views “discourse as a communicative event, including conversational interaction, written text, as well as associated gestures, face-work, typographical layout, images and any other ‘semiotic’ or multi-media dimension of signification. His main argument is that CDA should be based on a sound theory of context (*ibid.*).

This approach is in line with Moscovici’s social representation theory as it espouses that social actors engaged in discourse rely on their individual and group or collective experiences and perceptions to decipher social phenomena (*ibid.*).

### ***Ruth Wodak’s approach***

Wodak, a socio-linguist, adopts a cognitive approach to CDA to search for meaning of representation in specific linguistic analysis. Her model is based on “sociolinguistics in the Bernstein’s tradition, and on the ideas of the Frankfurt School, especially those of Jurgen Habermas” (Wodak, 1995: 209).

Wodak focuses on revealing overt as well as covert structural relationships of dominance, discrimination, power and control that are inherent in language use (Wodak, 1995). She has worked collaboratively with van Dijk, (Wodak and van Dijk, 2000) and with Martin Reisgl (Reisgl and Wodak, 2001). The Reisgl and Wodak research provided insights into argumentative patterns of justification and legitimization of exclusion of many and inclusion of some (*ibid.*).

Her relatively recent research is centred on mediation between discourse and society and argues for integration of socio-cognitive theories within CDA (Wodak, 2006: 179). She used mental representations and models to seek understanding of how people comprehend and deconstruct information. She links gender and social class to text production and text comprehension. In her study that investigated the effect of therapeutic communication on behavioural changes of suicidal patients she discovered and concluded that male and female patients elaborated problems differently: the former giving impersonal accounts, while the latter gave narrative accounts (Wodak, 2006: 183).

She further conducted a similar study with participants of different social backgrounds: working class and more educated, the results being the former giving scenic experiences and the latter's accounts being well-structured stories. These findings indicate that experiences and mental representations influence the way people describe and account for them (*ibid.*).

### ***Norman Fairclough's approach***

Norman Fairclough is a British linguist who emerges from a linguistic background and more recently demonstrates an interest in Media Studies (Jorgensen and Phillips, 2002: 61). Fairclough draws on Michael Halliday's (1975) multi-functional approach to language. Halliday's three meta-functions of language involve identity function, relational function and ideational function (Richardson, 2007; Locke, 2004; Jorgensen and Phillips, 2002; Fairclough, 1995). Identity function involves the interpersonal that defines the process of social interaction which is occurring (Locke, 2004: 45). Relational function attends to textual structure that denotes the interplay and relationship of linguistic elements that give the text its coherence (*ibid.*: 46). Ideational function is both experiential and logical; meaning is derived from our experience and the relationship between one process and another or one participant and another and is defined by logic (*ibid.*: 45).

Influenced by Foucault's notion of both text and context, Fairclough's approach involves a detailed analysis of text to investigate how discursive (manner in which existing discourses are

used in a text) processes operate linguistically in specific texts. Fairclough's (1992a) concept of "discourse practice" is influenced by Foucault, who described discourse as a "system of anonymous historical rules which guide a particular form of text production" (Locke, 2004: 57). Text analysis, therefore, undergoes examination of the text's history and practices influencing its textual medium (Smith, 2007: 63). Fairclough's approach thus attends to three aspects of text analysis: texts' context referred to as social practice; textual features that include both linguistic and non-linguistic aspects and text's reception that is how the text is consumed and interpreted (Fairclough, 1995; 2003: 10). As previously mentioned in the section on the circuit of culture, the three dimensional framework covers the moments in the circuit of culture. Halliday's multi-functional and Foucault's notion of text and context enable studying specific communicative events or discursive practices and also considering broader orders of discourses and the collection of the many types of discourses defined by an institution or domain such as education, politics or the media (Fairclough, 1995: 66). The concepts of multi-functionality and foucauldian notion of text and context are underlain in Fairclough's three dimension framework and as such provide the basis for the textual analysis of print-based HIV and AIDS prevention material.

Fairclough (1989, 1992a, 1995 and 2003) also draws on the ideas of Louis Althusser (1971) and to a greater extent on Antonio Gramsci (1971). Fairclough's approach is consistent with critical cultural studies stance that people are not just passive ideological subjects but that the meaning of texts is partly created in the process of interpretation. Critical cultural studies views people as active recipients of texts because they interact with texts in the process of meaning-making. The critical interaction of readers with texts involves the exchange of roles thereby resulting in text reproduction by the readers. The process becomes cyclical, that of negotiating meaning, making sense of it and reproducing it (yet again evoking the circuit of culture). This process entails that texts are inherently polysemic; they have several meaning potentials that may contradict one another and are subject to multiple different interpretations (Fiske, 1986, 1990; White 2006, 2002).

Subjects are ideologically positioned, but are also capable of acting creatively to make their own connections between the diverse practices and ideologies to which they are exposed, and to restructure practices and structures (Fairclough, 1992b; 1995). Initially, the approach was identified as a study of "critical language study" (Fairclough, 1989, 1992a and 1995c) He reviewed approaches including linguistics, socio-linguistics, pragmatics, socio-cognitive psychology, artificial intelligence, conversation analysis and discourse analysis (Henderson,

2005: 3). Fairclough's approach attends to language shift and discursive practices in the media that constitute social and cultural change (Fairclough, 1989, 1992a, 1992b, 1995c). Attention is given to how language functions in the exchange of messages between communicators and receivers. This close analysis of language contributes to understandings of power relations and ideology in discourse (*ibid.*).

The approach emphasizes that language is socially constitutive and socially formed (Fairclough (1989, 1995, and 2003). It also focuses on the inter-textual and inter-discursive analyses of texts through patterns of discourse and genres (Fairclough 1989, 1995, 2003; Locke 2004), including a detailed analysis of language and texture, which is complemented by a detailed analysis of visual images. The approach offers a flexible and useful method for analysing media texts in search of meaning that is embedded in the texts. His approach also views language use as constituting social identities, social relations and systems of knowledge and belief (van Dijk, 1998). Hence for Fairclough, CDA attempts to analyse relationships between concrete language use and the wider social structures.

Fairclough's (2003: 5-6) approach has evolved into what he refers as a dialectical-theoretical theory in which he proposes a trans-disciplinary approach through the interchange of theoretical positions with other disciplines that address contemporary processes of social change. The move to trans-disciplinary research is an attempt to provide an opportunity for disciplines to augment each other's approaches and achieve a realist effort in issues of social transformations. This move to interdisciplinary research also signals his recognition that CDA alone cannot do justice to the analysis of texts.

Related to the realist and dialectical theory of discourse is the idea of the multi-modality of text (Wodak and Meyer 2009: 27). According to this theory, contemporary texts tend to be increasingly multimodal with respect to semiotic systems and thus analysis of texts should include linguistic analysis and semiotic analysis of images (Kress and van Leeuwen 2006). Regarding the multimodal textual analysis, Theo van Leeuwen (2006: 292) himself asserts that:

Critical discourse analysis has [...] moved beyond language, taking on board that discourses are often multimodally realised, not only through text and talk, but also through other modes of communication such as images...Overall, then, critical discourse analysis has moved towards more explicit dialogue between social theory and practice, richer contextualization, greater interdisciplinarity and greater attention to the multimodality of discourse.

In order to do justice to the analysis of print-based HIV and AIDS prevention materials of this study, an eclectic approach that combines Fairclough's (1989; 1992) framework and Teun Kress and van Leeuwen (1996, 2006) is employed in order to consider the multi-modality of texts.

### *Fairclough's Discourse, Ideology and Hegemony*

Discourse as used by Fairclough embraces Foucault's concept of discourse in social theory and analysis that establishes different ways of structuring areas of knowledge and social practice (Fairclough 1992; 1995a; Jorgensen and Phillips, 2002). Central to Fairclough's CDA is the notion that discourse is both constitutive and constituted (Jorgensen and Phillips, 2002). Discourse is conceptualized in three different ways. First language is viewed as social practice (his central notion that discourse is constitutive and constituted). Second, discourse is a kind of language used within a specific field: political, scientific, legal and medical. Third, discourse is a way of speaking, giving meaning to experiences from a particular perspective (feminist discourse, sexist, neo-liberal, Marxist, consumer, environmentalist) (Fairclough, 1993; 1995a; Phillips and Jorgensen, 2002).

One of his observations is that discourse is often used in linguistics to extended samples of spoken dialogue in contrast with written texts. Drawing on Foucault, he views discourse as "a practice not just of representing the world, but of signifying the world constituting it and constructing the world in meaning" (1992a: 64). He also submits that "discourse signals the particular view of language in use as an element of social life which is closely connected with other elements (Fairclough, 2003: 3). Additionally, he adheres to Thompson's (1990) view that discourses are in this sense manifested in certain ways of using language and other symbolic forms such as visual images.

Discourse is viewed as constitutive. In other words, "discourses do not just reflect or represent social entities and relations, they construct or constitute them; different discourses constitute key entities ['be they mental illness', 'citizenship' or 'literacy' in different ways and position people in different ways as social subjects e.g. as doctors or patients], and it is these social effects of discourse that are emphasized in discourse analysis" (Fairclough, 1992a: 3). Consistent with poststructuralism, he recognizes the instability of discourses and that their being is historically contingent. This he attributes to how different discourses combine under particular social conditions to produce a new complex discourse. An example of such discourses given is the

social construction of AIDS, in which various discourses, for example, “discourses of venereology, of cultural invasion of ‘aliens’, of pollution are combined to constitute a new discourse of AIDS” (*ibid.*). Sontag (1990) has also described how terminal illnesses like cancer as well as HIV and AIDS have been socially constructed through discourses of war which consequently stigmatised some sections of the ailing population. HIV and AIDS discourses depict the way society regards and reacts to the pandemic. HIV and AIDS discourses have made people aware of the pandemic and opened up new ways of thinking about sex and sexuality (Harrison 2000). Discourse, according to Fairclough (1992b: 93), contributes to three entities: social identities (identity function); social relations (relational function) and systems of knowledge (ideational function). It is thus through discourse and the way language is used in various contexts that identity, relations and ideologies are constructed. Key concepts of discourse are delineated as: “language as social practice (discourse being constitutive and constituted); kind of language used in a specific field (political, scientific, legal, and medical); way of speaking that gives meaning to experiences from a particular perspective: feminist, sexist, neo-liberal, Marxist, consumer and environmental discourses” (Fairclough, 1993: 138).

Fairclough’s approach attributes three dimensions to every discursive event. The three-dimensional framework enables analysis of text, discursive practices and social practice. The first dimension of the framework is drawn from cultural ethnography and sociology, the second is a hybridization of all academic traditions and the third, which is a linguistic description of the text, is drawn from critical linguistics (Locke, 2004: 44). The analysis of social practice looks at ideological effects and hegemonic processes; analysis of discursive practice considers the production, consumption, circulation and distribution in society and textual analysis involves the investigation of linguistic features and the organisation of concrete instances of discourses (Fairclough, 1992; Jorgensen and Phillips, 2002; Janks, 1998).

A detailed scrutiny of features that are considered in the analysis of print-based HIV and AIDS texts that have been purposively selected for the study are illustrated in the methodology chapter (Chapter 6). CDA conceptual issues that inform the study of representations in HIV and AIDS materials in UKZN, DUT and UniZulu campuses and how they are negotiated by the students are attended to. These three dimensions are interdependent, showing an interrelated network of textual, social and discursive conditions (Janks, 1998: 197). The connections between the three dimensions suggest that the properties that is, the forms (linguistic or visual or both) of the text (textual nature), may be influenced by and influence production and interpretation processes,

that in turn may be influenced by the conditions of socio-cultural context (Fairclough, 1989; 1995; Janks, 1998). Fairclough's approach to CDA is a text-oriented form of discourse analysis (TOA) that incorporates an elaborate textual analysis that includes linguistics examination and description of text; analysis of discursive functions at play in the text and analysis of practices that influence production and interpretation of texts. The interrelation of the three frames forms a framework to analyse discourse as it functions in all levels.

### *Textual analysis level*

Fairclough defines both the discourse analysis and cultural analysis of text: the former viewing text as either the spoken and written language produced in a discursive event, the latter including any cultural artefact which could be a visual image a building or a music piece (Fairclough, 1995a: 4). He acknowledges that texts have increasingly become multi-semiotic in modern society and thus calls for development of ways of analysing other semiotic features that co-exist with the linguistic in some texts (*ibid.*). At this level text analysis examines how the text is formed and the specific vocabulary and style used to produce meaning. Text analysis attends to formal features (vocabulary, grammar, and syntax and sentence coherence) from which genres are realised linguistically. A genre is a specific use of language that participates in, and constitutes part of, a specific social practice, for example, advertising genre, news genre and interview genre (Fairclough, 1995b: 188).

Text as discursive practice focuses on manner in which a text has been produced. This includes the texts' relationship with similar texts, how it is conveyed and way, in which it is received, read, interpreted and used by human subjects (Jorgensen and Phillips, 2002: 72). This dimension in the framework interrogates how a given text is part of an intertextual chain by being converted into other text types (Jorgen and Phillips, 2002: Fairclough, 1995b). Conversely, within the dimension, the evaluation of how readers respond to a text is important as well.

As structuring of texts involves a series of choices over what to include or not, interpretive and critical textual analysis examines the text for present choices made and accounts for what could have been but is not present (Fairclough, 1995b; Richardson, 2007). Every aspect of textual content is the result of choice. This involves choosing some linguistic and visual codes over others; constructing and structuring grammatical elements, using some ways but not others and selecting some lexical items over others (*ibid.*). Thus text choice, according to Fairclough who was not focussing on multimodal texts in his earlier work, involves vocabulary; semantics;

grammar of sentences and smaller units, sound system (phonology) and writing system (Fairclough, 1995a: 57). It also involves cohesion, organisation of turn-taking in interviews and the overall structure of a newspaper article (*ibid.*).

Fairclough draws from a linguistic starting point in analysing texts, identifies the discourses from which the texts are drawn (interdiscursivity) and how they draw on texts prior to them (intertextuality) (Jorgensen and Phillips, 2002: 82). The linguistic description of the text reveals how discourses are used to influence construction and interpretation of message. The text analysis considers how language figures as an element in social processes and the relationship language has with other elements of social processes (Fairclough, 1992; Fairclough, 1995; Wodak, 1996; Fairclough and Wodak, 1997; Chouliaraki and Fairclough, 1999; Fairclough, 2001). In an interview with Kamler (1997) Threadgold is reported to assert that text analysis “can either be detailed at the semantic level or conducted at a more thematic level, depending on the aim of the research” (Threadgold, 1997: 437-8). This assertion advances the argument that text analysis is non-prescriptive.

### *Discourse practice level*

CDA involves analysis of discursive practice. Discursive practice is consistent with poststructural thought that text linguistics alone is not enough and should include context analysis. Within discursive practice, the focus is on “how authors of texts draw on existing discourses and genres to create a text and how receivers of texts apply available discourses and genres in the consumption and interpretation of the texts” (Jorgensen and Phillips, 2002: 69). The analysis at discourse practice considers how texts are created, the rules governing their language use, their distribution and how they are read and who reads them (Fairclough, 1992: 78).

The discourse practice dimension of the communicative event involves various aspects of the processes of text production and text consumption. Some texts may be influenced by institutional practices (Fairclough, 1995b: 66). Discourse is viewed as part of social activity that constitutes genres. Discourses and genres articulated in the production and consumption of the text are analysed at this level (Fairclough, 1995b: 77).

Order of discourse refers to specific discursive practices through which text and talk are produced, consumed or interpreted (Fairclough, 1995b). The “evolution of individual discourse

practices creates conventions of “orders of discourse”, shaping the nature of the discursive event, privileging particular identities or ideologies and giving them power” (Fairclough, 1995b: 132). Fairclough (1989: 145) defines “orders of discourse” as discourse occurring within discursive spaces where procedures that should be followed are prescribed within such discursive practices. For example, in organizations there are specific procedures that are laid down for conduct in the company or organizational meetings, that specifically guide turn-taking, and the same applies for minutes or report writing. An example given by Fairclough (1989) himself relates to that of a judge delivering judgement in a courtroom or place designated as such, not outside of this space designation. Within the courtroom, certain procedures are followed and are strictly adhered to. Lawyers and their clients are constrained by these procedures and cannot speak out of turn. They have to seek permission to speak (*ibid*: 145). He explains that these ‘orders of discourse’ enable and constrain the participants involved in such a discursive practice (*ibid.*). Other examples of orders of discourse are: government policy documents, media releases or newspaper texts, which are shaped by historically and socially generated conventions that govern their form, content and conventions (Fairclough, 1992: 78; Smith, 2007: 63). Thus in any analysis, two dimensions of discourse are important: the communicative event and order of discourse (Fairclough, 1999b: 66).

Discursive practice is viewed as an angle of hegemonic struggle that subscribes to the reproduction and transformation of the order of discourse for which it is a part of existing power relations (Jorgensen and Phillips, 2002; Fairclough, 1995b: 56; 1992b: 87). Jorgensen and Phillips, (2002) argue further that discursive change takes place when discursive elements are articulated in new ways and propose that the investigation of other coercive discursive influence over a particular social practice should be investigated. Richardson (2007) explains how power operates in transforming power relations by arguing:

Central to discourse processes is power: the power of social processes on production; the power of texts in shaping understandings; the power of consumers of such texts to resist such management; the power of people to reproduce or transform society. Often such transformations are meant to benefit the capitalist elite — the minority of already powerful individuals and groups

(Richardson, 2007: 45).

Thus at this level, analysis draws out ideologies that may operate in texts to maintain or transform power relations.

### *Socio-cultural practice level*

CDA involves an analysis of texts' socio-cultural practice or the social and cultural practices for which the communicative event is part. It may involve its more immediate situational context, the wider context of institutional practices, the event it is embedded within or the yet wider frame of the society and the culture (Fairclough, 1995a). At this level, exploration of how aspects of social practices influence discursive practice since it through the latter that people use language to produce and consume texts (Jorgensen and Phillips, 2002: 69).

The analysis of social practices enables one to determine whether a text is skewed towards a particular contextual situation dominating or relegating certain contexts. The social practice dimension is concerned with the relationship between text and society. This is done by looking at what the text says about the society in which it was produced. Fairclough's examples of social practice are classroom teaching, television news, family meals and medical consultations (Fairclough, 2003). He further explains that every practice involves an articulation of varied social elements within a comparatively fixed structure that always includes discourse (*ibid.*). In addition, social practice considers the influence and impact that the text has on social relations and whether it works to continue or contest social inequalities (Jorgensen and Phillips, 2002: 68; Richardson, 2007).

Social practices' central focus on contextualization emphasizes the relation between discursive context and its order of discourse. It surveys the type of network of discourses the discursive practice belongs to and how the discourses are distributed and regulated across texts (Fairclough, 1992b; 111; 1995b: 60). Inherent in this dimension is the mapping of the partly non-discursive (the non-linguistic but ideological, political and social consequences), social and cultural relations and structures that constitute the wider context of the discursive practice (Fairclough, 1992a). Precisely, Fairclough describes non-discursive as non-linguistic or material aspects embedded in a social practice (Fairclough, 2003: 126). An example of a non-discursive or material aspect in the context of print-based HIV and AIDS prevention materials would be excluding the gay community in free condom distribution by refusing to avail condoms to them.

Discourse analysis needs to integrate other theories like social and cultural theory to reveal institutional and economic conditions of discursive subject (Jorgensen and Phillips, 2002: 60). CDA therefore involves trans-disciplinary research and cross-fertilization of discourse and non-discourse analytical theories by adapting them to one another (Chouliaraki and Fairclough, 1999:

2003). Fairclough has applied other non-discursive theories in his research, one such example is his application of theories of consumer culture and restructuring of the economy from a focus on production to a focus on consumption (Jorgensen and Phillips, 2002: 62).

### *Intertextuality*

Intertextuality as succinctly put by Fairclough (2003) refers to texts drawing upon, incorporating and recontextualizing and dialoguing with other texts before them; assumptions that may be subsumed in texts, presuppositions made by people in speaking and writing contexts, explicit and implicit reference to events (*ibid*: 17). The concept of intertextuality is central to Fairclough's three dimensional framework as he proposes that texts cannot be viewed or studied in isolation since they are not produced or consumed in isolation: all texts exist, and therefore must be understood, in relation to webs of other texts and in relation to social context (Richardson, 2007; Fairclough, 1992b; 1995b; Jorgensen and Phillips, 2002). Intertextuality has been employed in and evolved from structuralism, through to poststructuralism, and has been taken up in semiotic, deconstructive, postcolonial, Marxist, feminist and psychoanalytic theorising (Allen, 2000: 21).

Intertextuality, first coined by Julia Kristeva (1966) in the 1960s, is a concept that has dominated literary and cultural studies (Allen, 2000, 2003). Kristeva derives her notion of intertextuality from Bakhtin's "dialogism" that "all utterances respond to previous utterances and do not occur independently" (Allen, 2000: 21). Bakhtin (1986) himself addresses utterances echoing others before them, which underpin the concept of intertextuality by asserting that:

a speaker himself is a participant to a greater or lesser degree. He is not after all, the first speaker, the one who disturbs the eternal silence of the universe. And he presupposes not only the existence of the language system he is using, but also the existence of preceding utterances — his own and others, already known to the listener with which his given utterance enters into one kind of relation or another/ builds on them or polemicizes with them, or simply presumes that they are. Any utterance is a link in a complexly organized chain of utterances (p 69).

Texts are viewed as not created authentically by authors but "compiled from pre-existing discourses and that a text is a permutation of texts, an intertextuality in the space of a given text, in which several utterances, taken from other texts, intersect and neutralise one another" (Kristeva, 1980: 36). The concept refers to how texts "are referenced to other texts by virtue of the stories (or discourses) embedded in them (Locke, 2004: 9). The notion of intertextuality thus

expresses the never-ending process (Derrida's concept of *differance*, see earlier section on poststructuralism) of construction and re-construction of events, through discourses that have been influenced by history and conversely influence history by their interconnections (Kristeva, 1986).

The utilization of texts to construct others is a continuous process. This is the basis of intertextual chains across texts. Fairclough (1992a: 232-4) defines it as "texts drawing upon and transforming other contemporary and historical prior texts distinguishing between manifest intertextuality (explicit presence of other texts) and manifest inter-discursivity (constitution of a text from a configuration of text types or discourse types)." Intertextuality is the echo of other texts elsewhere that is derived from different genres, frames of references, contexts, media and modes, influenced by cultural, socio-political and socio-economic practices (*ibid.*). Intertextuality and interdiscursivity thus are inherently linked.

Further, he postulates that texts allude to one or more discourses. Thus "meaning circulates in economies of discourse" (Fairclough, 1995a: 35), texts reflecting and referring to several discourses. In this process, meaning is recycled and may be transformed through a prudent use of discourse. On the one hand, genres and discourses acquire a degree of permanence and continuity as (semiotic) parts of the social order (social practices), while on the other hand, they undergo local transformations in texts (Fairclough, 2001; 1992a; 1992b).

A distinction is made between internal and external intertextuality (Richardson, 2002). External intertextuality operates only when complete meaning is revealed and texts fully understood when taken in context by relating them to other texts and other social practices. For example, the current discourse operating in public health campaigns 'Keep the promise' would be understood by relating it to other texts, discourses and social practices that have been operating. The analysis would have to link the texts to the history of HIV and AIDS prevention campaigns. Also the texts would need to be related to cultural practices and allude to what in the African and South African context, abstinence, being faithful and condom-use mean. Abstinence would have to be related to religious and cultural ideologies, that is what they mean in the African context in general and South African context in particular. Likewise, being faithful would have to be linked to the cultural context of multiple-concurrent partnership and polygamy, whilst condom-use would have to be linked to sexual behaviours of youth and married couples. Additionally, consideration would have to be given to how the HIV and AIDS prevention messages have evolved over time by looking into their histories and background.

Intertextuality is also perceived as involving both interrelated texts and social practice that engage socially regulated ways of producing and interpreting discourse (Fairclough, 1992a; 1995b) For example, one would see an HIV and AIDS promotional text displaying a poetic genre or a contractual text, that is, where there is a promise embedded within the text, for example, expressions used in some HIV and AIDS prevention campaigns like, ‘If you condomise, you will stay safe.’ The designers are making an obligation, supposedly ‘in utmost good faith’ and suggesting a contractual obligation for the reader in ‘keeping the promise’ (the famous campaign that influences the design of print-based HIV and AIDS prevention campaigns (See Chapter 1 for the discussion of context applied by print-based HIV and AIDS prevention campaigns), the only absent activity would be the actual signing of the contract, thus legalising the relationship. Taken as historically and culturally specific social actions, genres are dynamic and are continually subject to innovation and reinvention. Genres are ways of acting and interacting linguistically and have specific structures that are prescribed for their formulation, for example, business letters are likely to feature discourses of finance and business and structured according to conventionalized forms of business letter writing (Fairclough, 1995a; 2003). Likewise, tabloid news reports are likely to feature stories of sensationalized crime and sex.

Interdiscursivity can be identified in different promotional discourses that have been articulated together with traditional discourses to create a complete inter-discursive mix (Jorgensen and Phillips, 2002: 72). In promotional discourse, commodity advertising discourses articulated in the headline ‘Make an impact on the next generation’ employs personification of both reader and institution, both addressed as ‘you and we’ (*ibid.*). This personification simulates conversational discourse. Similarly, a health promotional poster persuading an audience to go for voluntary counselling and testing using the words: ‘Take your relationship to the next level’ (See Appendix G) reveals everyday conversational discourse (taken and adapted from their romantic coaxing talk) among youth. Texts are constructed from discourses borrowed from everyday conversational discourse relating to world experience among the target audience (Fairclough, 1992b; 2003).

A distinction is made between high and low levels of interdiscursivity (*ibid.*). A high level of interdiscursivity would reflect change in conventional order while low discursivity would signal reproduction of established order (*ibid.*). This would indicate campaigns being manifestations of wider social change or maintaining traditional discourse order (Jorgensen and Phillips, 2002). In

poststructuralist thought, displacement may be done through interdiscursivity, where feminist discourse may be transferred to political discourse.

Jorgensen and Phillips (2002) argue that society is not controlled by one dominant discourse. Since texts are built and drawn from a variety of orders of discourse, they may result in being hybridized. They posit further that because of this, given certain and several contexts, some discourses may have a stronger impact than others. They give an example using mass media, in which they claim would be more difficult for a wholly discourse to use in the media than it is for a hybrid discourse that combines academic discourse. The hybridity of texts involves a mixture of specialised and public discourses that could result in the text being heterogeneous. This hybridity may be seen in military, strategic and theological discourses that may be inherent in print-based HIV and AIDS prevention materials. By exploring intertextuality, the relationship between a specific text and a genre could be revealed or the relationship between a text and its cultural context could be partially understood, this is important since the analyst may not have the immediate cultural physical context at her disposal.

Intertextuality is relevant to the study as it may reveal discourses and prior texts in print-based HIV and AIDS prevention materials meant for UKZN, DUT and UniZulu students. This is important as this would enable unpacking of how context influences production of these persuasive texts.

### **CDA and Social Semiotics**

Whilst the research intends to reveal messages embedded in linguistic strategies by examining the syntactic and semantic relations subsumed in lexical form and choice, visual strategies are also evaluated.

It is worthwhile to situate Social Semiotics within the framework for the analysis of discourse in CDA, which acknowledge a multimodal dimension of text (this is further explicated in Chapter 4). According to Fairclough and Chouliaraki, “discourse therefore includes language (written and spoken and in combination with other semiotics, for example, with music in singing, non-verbal communication (facial expressions, body movements, gestures etc.) and visual images (for instance photographs, films)” (Fairclough and Chouliaraki, 1999: 38).

Kress and van Leeuwen's (1996: 159-267) grammar of visual design approach concerns itself: with visual structure of representation of participants, conceptual and narrative processes, position of viewers and meaning of composition in modality, salience and framing (details of these elements are discussed in the methodology chapter (Chapter 4). Social Semiotics draws attention to the "multi-semiotic nature of most texts in contemporary society and explores ways of analysing visual images (from press photographs and television images to Renaissance art) and the relationship between language and visual images" (Fairclough, and Wodak, 1997: 164). Such a framework should naturally augment CDA analysis of representations of print-based HIV and AIDS prevention materials.

Social Semiotics concepts of visual representation attend to aspects such as visual configuration. The notion of visual configuration addresses visual form of addresses and image act, (*ibid.*). Also, common semiotic principles operate in and across different modes. These, together with language, other semiotic modalities (such as visual images, layouts and fonts) used to analyse images are analysed in the print-based HIV and AIDS prevention campaigns to reveal underlying ideologies. Social Semiotics complements CDA by identifying strategies relating to assertions made by visual codes to mark metaphors reflecting ideologies, stereotypes and stigmatization reflecting ideologies embedded in message construction. The grammar of visual design approach proposed by Kress and van Leeuwen, (1996) offers a set of explicit concepts that would be useful in exploring how visual and linguistic strategies contribute to meaning-making in texts.

The analysis of text involves how the text is textured: how the text "represents" the ideas it sets itself to; how it relates to implicit and explicit distinctions of social and knowledge relations; the design of fonts, typography, symbols, colour and how gender roles are depicted and presented within the interplay of language and images (Fairclough 1989; Wetherell *et al.*, 2001; van Leeuwen and Jewitt (eds) 2001).

Social Semiotics plays a crucial role in evaluating both denotative and connotative meanings embedded in texts. This involves "identifying the operative principles of various signs together with the different orders of signification; exploring the implications of the codes and conventions inherent in any text and developing some form of ideological analysis of the text role in contemporary public culture" (Deacon *et al.*, 1999: 143).

Kress and van Leeuwen's (1996, 2001) multi-modal theory of communication explicates that promotional material often uses various semiotic resources (linguistic and non-linguistic, particularly visual) to ensure impact in meaning making of the text. This offers an opportunity for analysis to look at the whole text as integrated (Kress and van Leeuwen 1996 and 2001). Whilst Social Semiotics is no different from CDA in the sense that the two approaches attempt to describe and understand how people produce and communicate meanings in specific social settings, be they micro or macro, CDA seems to focus more on linguistic structure of text and Social Semiotics considers both linguistics and visual signs. Analysis of texts must consider special characteristics of visual semiotics and the relationship between language and images. One of the criticisms of CDA is that analysts tend to analyse pictures as if they were linguistic texts (Hodge and Kress, 1988; Kress and van Leeuwen, 1996). Social Semiotics attempts to develop a theory and method for the multi-modal analysis of texts using different semiotic systems such as written language, visual images and/or sound (Jorgensen and Phillips, 2002).

The CDA and Social Semiotics framework enables the evaluation of how language and visual elements are used in the production and consumption of print-based HIV and AIDS prevention materials. Fairclough's three dimension CDA approach and Kress and van Leeuwen's multi-modal approach will be useful in examining print-based HIV and AIDS prevention materials that are at the disposal of UKZN, DUT (Steve Biko) and UniZulu students as it will enable an in depth evaluation of discourses and genres used in producing such material. HIV and AIDS posters, Billboard portfolio prints, and murals that play a dual role of informing (about AIDS issues) and promoting (behaviour change), as such; persuasive strategies (linguistic and visual) are used in their production. Analysing how style and rules govern how belief is shaped through the choice of linguistic and visual codes is made possible by using the CDA and Social Semiotics framework.

## **Conclusion**

This study builds from four broad theoretical orientations:

(a) The poststructuralist's stance that discourse operates laterally across local institutional sites and that texts construct discourses by framing forming and shaping human identities and actions. Within this poststructural stance, using Thompson's concept of how ideologies are shaped by discourses would be worthwhile.

(b) Hall's concept of representation to look at how texts construct HIV/AIDS and gender identities,

(c) Moscovici's Social Representation Theory a constructive approach as discourse analysis is discussed to situate it within the thesis theoretical framework to augment CDA. Whilst discourse analysis constructs phenomena through the use of language, Social Representation Theory constructs phenomenon through objectification, what in linguistic level, construction is done through nominalization (McKinlay *et al.*, 1993)

(d) CDA's central argument that the centrality of discourses is to shape subjects, identities and agency (influence of poststructuralism) and concept of intertextuality being central to CDA and multimodality being the feature of promotional texts.

The next chapter outlines how the theoretical frameworks lend themselves to the research methodology and methods employed in the study. It also discusses the principles of the research design, data collection and data analysis procedures used in the study.

## **Chapter 6: Methodology**

As outlined in Chapter 5, Critical Linguistics and Cultural Studies are the two broad theoretical frameworks that are used in this study. The analysis of print-based HIV and AIDS prevention materials is placed within a wider framework of Poststructuralism, Representations, Social Representation Theory and CDA. The study adopts an eclectic approach that draws from the wider Social Constructionism paradigm. An eclectic approach is adopted as no single approach can effectively address issues involved in the textual analysis of representations of print-based HIV and AIDS prevention materials and responses by students to such.

The aim of this chapter is to establish the conceptual design and methodological framework for this study. The chapter is structured as follows: first the aim, objectives and research questions are presented; second, the conceptual design that informs the methodological context is discussed; third, an explanation and justification for the use of qualitative enquiry is given. The qualitative approach that is used is grounded on interpretative and ethno-methodological enquiry that combines CDA, Focus Group Discussions (FGDs) and key informant interviews. In this regard various qualitative inquiry approaches such as: Interpretative epistemology, Ethno-methodology, phenomenology and Interpretative phenomenology are explored. Self-reflexivity of the analyst is important throughout the data collection and analysis processes (Smith, 2007) and hence it will be discussed. Fourth, the methods, samples and instruments are described. Finally the significance and limitations of the studies are outlined.

### **Aims and objectives**

The study seeks to investigate representations in print-based HIV and AIDS prevention materials consistent with the ABC approach by unravelling discourse strategies used in the texts including seeking answers regarding how KZN students (a) interpret and negotiate meaning from the HIV and AIDS materials and (b) position themselves regarding the messages and underlying ideologies. The ABC advocacy texts under survey include posters, murals and billboard portfolio prints which were purposively selected during 2006-2009.

This research is based on the assumption that texts produced for specific readers are interpreted in diverse ways depending on the background, knowledge and life experiences of the recipients.

Further the study considers that texts are characterised by a surplus of meaning, resulting in polysemic readings by various audiences (Fiske, 1986; Lye, 1997).

Since texts are subject to multiple readings, the key research questions are: What representations are depicted in print-based HIV and AIDS materials at UKZN, DUT and UniZulu campuses? Secondly, how are meanings negotiated in HIV and AIDS materials by students?

The specific objectives of the study are to:

1. Analyses the linguistic and visual features of print-based HIV and AIDS prevention campaigns from Campus HIV/AIDS Support Units (CHASU); Khomanani; Campus Clinics; and DramAidE, through the investigation of strategies (linguistic and visual) that are used in campuses to encourage safer sex practices.
2. Evaluates discursive strategies used to construct these campaigns. In particular, how and what discourses (risk, blame and empowerment) and ideologies are reflected in the campaigns and to explore how images and language address gender differences regarding empowerment to enable both males and females to be equally responsible in engaging in safer sex practices.
3. Examines elements of interdiscursivity (the subscription of one or several discourses in the linguistic sense) or intertextuality (that may allude to traces of other texts, ideologies and stereotypes).
4. Examines how UKZN, DUT (Steve Biko campus), and UniZulu students interpret and respond to HIV and AIDS messages and meanings embedded in the purposively selected posters, banners and murals.
5. Explore what influences the design and distribution of campaigns on the three campuses.

These objectives relate to the 3 dimensions of CDA (dimension 1, socio-cultural practice; dimension 2, discourse practice and textual practice dimension 3). The 3 dimensions are interrelated and overlap. Objectives 1, to 3 relate to textual, discursive and socio-cultural practices (all 3 dimensions), whilst objective 4 relates to conditions that influence the production of circulation (socio-cultural practice) of the ABC advocacy texts.

The idea of reception is captured within Fairclough's second framework that regards discourses as discursive practice. Discourse as discursive practice allows for the analysis of reception and reading and interpretation of texts. The researcher has also used Focus Group Discussions (FGDs) to augment the analysis of how students read and interpret the texts under examination. The FGDs are also used to explore how texts position readers (Fairclough, 1992; Locke, 2004). The exploration of how texts position readers is appropriate as representation, discourse and context are central to CDA.

The following are specific issues the research focuses on:

1. Investigating what strategies (linguistic and visual) are used in texts to encourage safer sex practices.
2. Exploring and establishing how prevention messages address gender stereotypes, particularly gender differences regarding empowerment to enable both males and females to be equally responsible, regarding sexual practices.
3. Exploring how images and language reinforce stereotyped forms of femininity or masculinity.
4. Examining elements of inter-discursivity (the subscription of one or several discourses in the linguistic sense) or inter-textuality (that may allude to traces of other texts, ideologies and stereotypes).

## **Conceptual design**

This section describes how the theoretical framework is applicable to the research methodology and methods used in the study.

The study draws from poststructuralism (see Chapter 5). Poststructuralism places language at the centre of meaning within socio-cultural contexts and conceptualizes discourse as central to social practice (Fairclough, 2003). Discourse is understood here as any form of act, whether realised in words, images or event that produces meaning. This includes what Fairclough (1989; 1995a; 1995b, 2003) refers to as discursive or non-discursive (non-linguistic features that include context) acts.

The study is approached from a holistic qualitative approach that incorporates primarily Fairclough's (1989; 1995) three-dimensional framework for textual analysis. Furthermore, Kress and van Leeuwen's (1996) 'grammar of visual design' is used for the analysis of images to augment Fairclough's (1989; 1995a; 1995b) framework. To substantiate textual and discourse interpretation, FGDs are included to investigate representations of print-based HIV and AIDS prevention materials. The approach taken regarding focus groups may be viewed as ethno-semiotic as the participants were required to read, interpret and respond to messages inherent in the ABC advocacy texts. Also, the inclusion of key informant interviews is consistent with du Gay et al's (1997) "Circuit of culture" that is, the sites within which meanings are produced (production, representation, identity, consumption and regulation). The systematic use of the three dimensions of CDA covers all the bases of the 'circuit of culture' demonstrating that Cultural and Media Studies and Critical Linguistics incorporate the same elements in their approaches.

The conceptual framework adopted and adapted from CDA and Social Semiotics guides the investigation on how meaning is negotiated by producers, distributors and consumers of texts. Stuart Hall's reception theory is also conveniently used and is particularly useful within the framework (including interpretative and ethno-methodology) for analysing students' responses to representations of print-based HIV and AIDS prevention materials. The reception theory guides the identification and explanation of how readers position themselves: be it dominant or preferred reading or oppositional reading or negotiated reading when decoding the texts (Hall, 1980; 1999) [see Chapter 5]. Additionally, Moscovici's social representation theory and Thompson's ideology theory are used to delve deeper into texts' analyses to draw out ideologies inherent in linguistic strategies used in the design of messages to augment discursive practice analysis.

This theoretical foundation forms the basis for this enquiry into how discursive strategies are used to formulate posters, murals and billboard portfolio prints that are meant to persuade the UKZN, DUT (Steve Biko) and UniZulu students to adopt safer sex practices. Also, the theoretical framework informs the investigation of how students' negotiate meaning from the materials.

## **Methodological context**

The methodological approach and principles of the research design, data collection and data analysis procedures used in the study are presented in this section.

The study is an analysis of the specific context in which ABC prevention approaches are offered in KwaZulu-Natal to specifically identify the response of university students to the ABC approach. The study brings together various qualitative methodological frameworks in order to investigate a rather complex subject of analysing representations in print-based HIV and AIDS prevention materials. The thrust of the study is critical linguistics and to some extent, social semiotic analyses of text and ethno-semiotics through focus groups and in-depth one-on-one interviews, with coordinators of the campaigns. The combination of methodological frameworks allows for triangulation and analysis of meaning-making and interpretation of representations of print-based HIV and AIDS prevention materials on the specific campuses from several angles.

The multi-method approach offers different strategies, which were combined to strengthen the research process, to allow data to be collated from different angles, to alleviate bias and give higher credibility and confidence in results (Bromley, 1986, Denscombe, 1998). Since no monolithic approach or theoretical framework can justifiably reveal all underlying strategies, meanings and ideologies in print-based HIV and AIDS prevention messages, the study uses the qualitative approaches: textual analysis, focus group discussions, and key informant interviews.

## **Justification for use of qualitative approach**

Qualitative enquiry was used in this study because it offered the opportunity to not only read, describe and analyse texts but to also engage with Participants' views of such texts to achieve deeper insights of HIV and AIDS representations in the posters, billboard portfolio prints and murals on campuses. Qualitative research offers context-specific analyses based on real social situations by incorporating variables that occur in context (Simmons-Mackie and Damico, 2003; Kegan, 2012). The qualitative enquiry uses both CDA and Focus Group Discussions (FGDs) and key informant interviews for analysing strategies inherent in HIV and AIDS advocacy texts.

## **Interpretive epistemology**

The research design of this study, its approach and methods are influenced by interpretive epistemology, which draws on the social constructivist notion that language plays a

“performative role” and is an interactive process between people. Interpretive epistemology explores how people engage with their social contexts and try to make sense emanating from their interaction (Deacon *et al.*, 1999: 147). As all human action is meaningful it has to be interpreted and understood within social practices contexts (Usher, 1996). The interpretive epistemology proposes a process that guided the interpretation of participants’ views and encouraged mutual understanding among the participants whose interaction was based on common interests and assumptions that formed the basis of their communication (Outhwaite, 1975: 91). The interpretive epistemology was relevant for this study since both the CDA approach and FGDs connect interpretation of texts with contexts and allowed both the researcher and FGD Participants to engage with each other to make sense of the messages embedded in HIV and AIDS ABC advocacy texts.

### Ethno-methodology

Another method which influences the design of this study is ethno-methodology, for which ethnography is an example. Ethnography involves the exploration of a human situation (Agar, 1986) with the intention of unpacking the complexity that is woven in social life and culture (Simmons-Mackie and Damico, 1999). Whilst ethnographic methods rely mostly on participant observation and are frequently employed in anthropological studies (Atkinson and Hammersley, 1994), the method can be applied to written texts to determine how readers receive them (Atkinson, 1988: 454-455). Atkinson (1988) submits that “many ethno-methodologists pay special attention to mundane spoken activity, but there are others who attend to written sources. This is one aspect of ethno-methodology that shares other major areas of social and cultural studies, that is in the study of methods whereby spoken and written accounts of texts are produced and read” (p.455). Focus on how readers receive texts resonates with Hall’s (1980, 1999) reception theory that the meaning in any text is realised in the interactive process between text and reader and not in the texts’ words (Atkinson, 1988). In his review of work involving the use of ethno-methodology in major areas of social and cultural studies, literary theory and linguistics, Atkinson cites several examples of studies based on ethno-methodological enquiry. Of particular interest for this study is Atkinson’s reference to McHoul’s (1978a, b, c, 1980 and 1982) work on how readers use the documentary method to make sense of a randomly scrambled section from a novel. One of the murals (Chapter 9) used to investigate students’ responses resembles puzzles, where readers have to carefully match the words and the accompanying images.

Central to the concept of ethnography is the fact that target audiences are recognized as actively involved in making sense of media messages (von Zoonen, 1994). Thus ethnography as a research tool recognizes that target audiences take active part in the production of meaning by interrogating media texts in daily life in their social contexts (*ibid.*). Since part of the enquiry on representations of print-based HIV and AIDS prevention materials involves target audiences making sense of the messages, ethno-methodology with its focus on target audience's active engagement in the interpretation of messages becomes an important tool to use. This research recognizes that participants, who are the target readership of print-based HIV and AIDS prevention materials (posters, billboard portfolio prints and murals), are active participants not passive recipients of these messages. The researcher was also actively involved by exchanging views about my own experiences regarding HIV and AIDS prevention materials. The whole process involved exchange of experiences between researcher and participants (but the researcher was careful not to influence the students own responses) in search of meaning of the representations in print-based HIV and AIDS prevention campaigns.

### Phenomenology and Interpretative Phenomenology

Phenomenology is yet another qualitative method of inquiry on which the study draws. The main purpose of phenomenology is to explore how Participants make sense of their personal and social worlds (Smith & Osborn, 2003: 53; Keegan, 2012). Phenomenology was proposed by Edmund Husserl in 1936 in a bid to emphasise "lived experiences" in understanding the world. He stressed that empirical science was not fundamental for understanding the world but that "lived experiences" of individuals were crucial instead (Husserl, 1970; Fade, 2004: 648). Evolving from phenomenology is Interpretative Phenomenological Analysis (IPA) (Smith and Osborn 2003). IPA was developed and described and initially used in health psychology by Smith et al. (1995, 1997, and 1999; Fade, 2004: 647).

Consistent with phenomenology, IPA is a qualitative enquiry used to explore how individuals perceive situations they are specifically facing and how those individuals make sense of their personal and social world (Smith and Osborn, 2003: 53). The phenomenological process is dynamic in which the researcher plays an active role in conceptualizing the Participants' personal world through interpretative activity (*ibid.*). The process is referred to as double hermeneutic as it involves a two-stage interpretation process in which the Participants endeavour

to make sense of their world and attempts to understand Participants in the way in which they try to understand their world (*ibid.*).

FGD sessions were semi-structured and used open-ended questions with no pre-determined hypotheses, which conform to phenomenological enquiry. IPA is phenomenological in that it seeks an insider view on the lived experiences of individuals and is interpretative as it acknowledges the researcher's personal beliefs and standpoint and embraces the view that understanding requires interpretation (Fade, 2004: 648).

## **Reflexivity**

Discourse analysis as an investigative tool is reflexive by nature, constantly motivating the researcher to reflect on self, evaluating selected methods of enquiry leading to introspection (Phillips and Hardy, 2002: 83-86). The stance taken is dialogic. The critical engagement with the texts, regards the process as an exchange of knowledge involving meaning negotiation in which the researcher becomes a critical reader while the linguistic/semiotic analytic tool becomes the "lens" through which information is revealed (Gadamer, 1998).

Reflexivity was crucial during the whole process of interpretation of the texts and FGD responses. The interpretation of participants' meaning required self-awareness of the researcher's own prejudices and biases by allowing every participant to voice his or her opinion, for sharing of experiences and insights in a stress free forum. The stress free atmosphere ensured mutual recognition that all points discussed by each member were equally valid and that the researcher's contributions were also subject to debate. Different views were allowed as all contributions are regarded as valid and only perceived as offering diverse ways of looking at the various HIV and AIDS ABC advocacy texts. Participants were given the latitude to reflect on their experiences, personal and biographical traits' tendencies.

Reflexivity is viewed as an optional tool that enables one to conventionally recognize one's "interpretative role, rather than as an essential tool for removing bias" (Fade, 2004: 648). Within philosophical hermeneutics it is an illusion to suggest that one can be totally devoid of subjectivity, but views interpretation as a process continually involving introspection and evaluation of one's prejudices and bias in line with other's beliefs, notions and knowledge (Schwandt, 2000: 195). Phillips and Hardy (2002: 85), motivate that reflexivity "engenders multiple meanings and alternate representations; that discourse analysis is fundamentally

interpretive and discourse analytic techniques aim explicitly at uncovering multiple meanings and representations.” In engaging CDA one has to be aware of potential multiple meanings inherent in textual analysis and that different readers are likely to interpret the text differently and should also acknowledge own subjectivity when analysing texts.

One of the challenges that this study faced was that by it engaging CDA, it had to deal with subjectivity and biases emanating from stereotypic knowledge, language, and some understanding of intended readers of the texts. Prior experiences and own knowledge of language to interpret messages come into play when engaging CDA. However, the possible effects of subjectivity on the researcher’s part are offset by the use of FGDs. Using FGDs substantiated the textual analysis thus acknowledging that the findings are “open to other potentially equally valid readings” (Burr, 1999: 180).

Having justified the qualitative enquiry, the next sections describe the methods used for analysing the texts: CDA, Social Semiotics, Focus Group Discussions and One-on-One interviews. The section starts with describing the context of print texts; selection of print texts, description of the CDA and Social Semiotics methods; Focus Groups Discussions’ selection, description of sample and key informant interviews and limitations of data collection that were experienced.

## **Data collection and analysis procedure of print texts**

Data collection and analysis procedure involved three stages: Stage 1, collection of print texts; Stage 2, recruitment of focus group participants, followed by discussions and Stage 3, key informant interviews.

### Stage 1: Data collection of print texts

Data collection of print texts started in June 2006 and formally completed at the end of November 2009. Data collection involved taking photographs of posters and murals from various notice boards (UKZN and DUT) and walls (UniZulu). Some of the texts, billboard portfolio prints on DUT (Steve Biko) campus wall facing Berea road (main highway going to the Durban City Centre) and Berea Shopping centre (opposite the DUT campus) were too big and far away from a vantage point where a full and clear picture could not be taken by the researcher’s small camera. However, the images were sourced from a ‘*Break the Silence!*’ The

HIV/AIDS Billboard and Print Portfolio produced by Art for Humanity, that was provided by the coordinator of the project, who was one of the key informants of the study.

### Selection of the print-based HIV and AIDS prevention materials

The print-based HIV and AIDS materials include: posters, the billboard portfolio prints and murals were purposively selected from the UKZN (five campuses), UniZulu and DUT (Steve Biko campus). The researcher came across many murals and posters but purposively selected a few for analysis. The purposive selection was influenced by several reasons: (a) the common prevalence of the same posters in the campuses of UKZN and DUT (Steve Biko), additionally at DUT (Steve Biko campus), the billboard portfolio prints on the wall facing Berea Road were selected on the basis of their gigantic size that is seemingly conspicuous to passers' by and the DUT students. Also, the DUT CHASU coordinator<sup>67</sup> found them useful to analyse as they augmented CHASU's HIV and AIDS prevention materials. Various criteria were used in selecting murals. At UniZulu, the selected murals were chosen randomly. Convenience was also a factor in selecting the texts. In addition the texts that were mostly talked about around campus in informal discussions were selected. Finally, texts that were somewhat different and thus interesting and offered potential for discussion of issues that could be crucial to ABC advocacy were included. These images are presented together with data analyses in the three analysis chapters: 7, 8 and 9.

### **Contextualizing print texts' sample**

The sample for analysis consists of 9 HIV and AIDS print prevention texts (5 posters, 1 billboard print and 3 murals) from 5 campuses of UKZN, DUT and UniZulu. Consistent with Fairclough (1995), text is used in this study to refer to a multi-semiotic product that comprises language and other forms like visual images including pictures, and the graphic design features in a page (fonts, organization of language and visual symbols, see section on Kress and van Leeuwen's 1996, *Social Semiotics*). The texts for analysis are presented in the Chapter 1, see Table 1.1.

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<sup>67</sup> Interview with CHASU coordinator (September 2008)

The images are presented in the analysis chapters, 7, 8 and 9 are identified accordingly.

### **Posters, billboard portfolios prints and murals: HIV and AIDS prevention media texts**

By offering information through addressing the UKZN, DUT (Steve Biko) and UniZulu students, the posters, banners and murals employ alternative HIV and AIDS prevention campaigns that augment and reinforce media messages on radio and TV. This section contextualizes and describes the genres: posters, billboard portfolio prints and murals as print-based HIV and AIDS prevention media. Each specific text is further contextualized in the analysis (Chapter 7, 8, and 9) under Fairclough's (1989, 1995a) first dimension framework; socio-cultural practice. The print texts were not part of a systematic composite campaign but were scattered remnants of previous campaigns (BAC I and II, and Art for Humanity Break the Silence Billboard Portfolio.).

#### The posters

Posters under analysis were used in a campaign for a two year period (2006-2009) on campuses to address sexual health issues, specifically to persuade students to adhere to safer sex practices. Some of the posters were sourced from government and some from the government department of health and Khomanani Communication Consortium (KCC) on behalf of the national Department of Health (DOH). A poster competition that involved students in designing posters was also organized at UKZN campuses from which one was selected for analysis on the basis that it was much talked about around campus. The BAC and Khomanani posters were scattered remnants of multi-media multi- faceted campaigns that occurred in the 1998- 2000 period. The posters were subsequently used by CHASUs and were delinked from the Beyond Awareness campaign.

Generally posters are meant to address specific populations and are perceived as a crucial medium of educating and informing target readers on a specific social phenomenon. Posters do not achieve a sense of permanence as murals and Billboards. However, they are effectively used for specific information meant for a specific audience for a specific period. The posters that were on notice boards were placed on strategic notice boards around campuses and on CHASU notice

boards. The poster messages were very short and had catchy slogans to attract the attention of students.

### The billboard portfolio prints

The billboard portfolio prints are ‘*Break the Silence!*’ HIV/AIDS Billboard and Print Portfolio 2001 products that resulted from the 13<sup>th</sup> International AIDS Conference held in Durban in July 2000. These billboard portfolio prints were strategically displayed on DUT walls facing Berea Road the main highway going to the city centre. They assumed a sense of permanency as they are still there to date (June 2013). Their gigantic and imposing size is intended to catch the passers’ by. The location of the billboard prints was deliberately chosen to reach a large and mixed audience, including the DUT (Steve Biko campus) students. The billboard prints were not part of a formalised DUT campaign but contributed immensely to the HIV and AIDS prevention discussions on DUT campus.<sup>68</sup> The billboard portfolio prints are larger than posters and can be spotted from a distance. Whilst posters are confined to notice boards and compete with other print media like notices, they are larger than the notices that are usually placed on notice boards and utilize colour and images to attract attention.

### The murals

Murals are very context specific. Site specificity makes for their contextuality and their theme, style and details are usually informed and influenced by the surrounding context (Sabine Marschall, 2001: 18). Murals offer a permanent constant source of information. Thus the UniZulu murals address HIV and AIDS issues and specifically address the UniZulu students and their design resonate with the predominant aesthetic and cultural Zulu environment of the campus. Also murals are small media used to imitate mass media (Parker, Dalrymple and Durden (2000). They are produced with specific audiences in mind and their distribution less formalised (*ibid.*). Their design is less costly as simpler technology is used and the language used can be specifically tailored to a specific audience, local language and symbolism (*ibid.*).

The mural campaign on UniZulu campus was part of a multi-faceted approach to meeting the communication needs of the epidemic which was commissioned by the Department of Health; BAC II campaign, led by DramAidE (Tomaselli *et al.*, 1999). The murals were motivated by the BAC AIDS Mural Project which funded and promoted mural projects with students as tertiary

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<sup>68</sup> Interview with DUT CHASU Coordinator

institutions (see Chapter 1). However, at the time of the study these murals were on a stand-alone but still created an impression in university community. The murals were designed about 2004-(as evidenced by the date inscription on one the murals) and were painted by students with guidance from the UniZulu Student Union Center walls according to a DramAidE personnel<sup>69</sup>. The strong images, words and slogans provided a medium and context for the negotiation of vulnerability and risk in relation to the university context.

### **Analysis of print texts**

The analysis of representations in print-based HIV and AIDS prevention materials not only goes beyond examining linguistic and semiotic resources but it also includes examining the context from which these are produced, distributed and received (*ibid.*). One of the aims of CDA is to “analyse opaque as well as transparent structural relationships of dominance, discrimination, power and control manifested in language” (Wodak, 1995: 204). Because of its awareness of the relationship between meaning and power and that these are negotiated between social actors, and that subjects can resist subjugation, the CDA framework espoused by Fairclough as a method allowed the unpacking of representations in print-based HIV and AIDS prevention materials in order to uncover issues of power, subject positioning, underlying themes and ideologies subsumed in texts.

Since CDA’s focus is on examining texts for their linguistic and textual structure to reveal how society influences and might be influenced by the production of such, the method is appropriate for this investigation of representations in HIV and AIDS messages that are displayed for the UKZN, DUT (Steve Biko campus) and UniZulu students. As interrelations between discourse and society are complex, it is necessary to analyse societal practices and their influence on the language used to communicate messages meant to persuade students to adopt safer sex practices.

Fairclough’s (1989, 1995a, 1995b) CDA is complemented by Kress and van Leeuwen’s (1996) Social Semiotics to analyse visual images for detailed textual analysis of texts. The inter-textual (transformations of texts across networks of discourse practices) analysis of texts through configurations of discourse and genre (inter-discursivity) are also evaluated.

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<sup>69</sup> Informal briefing with one of the members of the DramAidE personnel

### **Other similar studies' analyses of HIV prevention campaigns**

Similar studies have been undertaken to evaluate HIV prevention and health material. Delate (2001) conducted a study to analyse the interpretations of LoveLife His and Hers Billboard campaign in South Africa. He employed a qualitative method to analyse the selected campaigns. Drawing from Fiske (1990) and Tomaselli (1996) he used a semiotic analysis to elicit the interpretations of FGDs to obtain in-depth responses of participants to the selected material. He conveniently sampled 4 FGDs that involved 4 schools; 1 in Mpumalanga and 3 in Gauteng. The aim of the study was to investigate media access; assess general and LoveLife branding and to review the interpretations of various elements of the billboards. The findings of the study revealed a limited understanding of the brand and thus inhibited the decoding of the meanings of the messages displayed on the LoveLife billboards. The meanings associated with the imagery were reported to be constantly incompatible and resulted in conflicting interpretations of the billboards. The Theta junction as a sub-brand was reportedly confusing, as the participants could not understand the language and the images accompanying the linguistic text. The researcher noted the failure of the campaign in inducing talk amongst them and ascribed it to the LoveLife brand and recommends that the organization should design messages that are clear to the target audience.

Another study was conducted by Bok (2008) to investigate the continuous change in trends of visual texts and images used in HIV prevention campaigns in South Africa. The study particularly focused on selected National LoveLife HIV and AIDS prevention texts. The aim of the study was to evaluate and analyse how the target audience interpreted the LoveLife campaigns in order to assess their effect. Informed by Kress and van Leeuwen (1996/2006) and Martin and Rose (2004) text-based multi-modal approach, the study considered the socio-economic status, literacy levels, language and cultural differences of readers to evaluate the efficacy of LoveLife campaigns in disseminating the HIV and AIDS prevention message. The analysis focused on the choice of images and words to find out whether the image and linguistic text cohered to make messages meaningful. The assessment analysed how the design features: images, colour and words had an effect on the interpretation of the message. Using the multimodal and text-based discourse analyses the researcher's aim was to account for social context, economic, linguistic, cultural and behavioural factors that influenced the audience's interpretation.

Yet another study conducted on LoveLife outdoor campaigns was done by Ojo and Lange (2011). Drawing from McGuire's (1999) communication model and McQuail and Windhall (1993), the study assessed the comprehension of the HIV and AIDS messages in Lesotho. The study evaluated the comprehensibility of selected LoveLife campaign messages and identified messages and images that are easily comprehended and those that caused miscomprehension. The material was also evaluated for self-efficacy and identified participant's imagery—method preferences. The participants' comments were also to determine how the messages were comprehensible and to evaluate the components of the images and the efficacy of and preference for the campaign messages. The findings revealed that the messages were generally comprehended better in urban schools than in rural areas. The study noted that representational and abstract imagery might not be suitable for health communication messages. The researchers recommend that further research be conducted in the development of appropriate imagery of HIV prevention campaigns.

In Zimbabwe a study was conducted by Kahari (2013) to analyse selected male circumcision posters used in the country used a multimodal discourse analysis. The study focused on the various interpretations of multimodal features of Voluntary Male Medical Circumcision (VMMC) posters. Drawing from Kress and van Leeuwen (2006) multimodal discourse analysis, the study describes and interprets the language and visual semiotic elements used in the design of 2 VMMC posters. The researcher adopts Halliday's three meta-functions of ideational, interpersonal and textual social-functional 'needs' of language development. Using these as developed by van Leeuwen (2006) he adopted a grammar to 'read images' using representative, interactive and compositional features that correspond to Halliday's terms. The study evaluates the VMMC posters to explore various interpretations of multimodal aspects of images, colour, text and vectors. The conclusions reached by the study reveal that circumcision messages were not clearly constructed and that they should be designed to achieve such. Recommendations arising out of the study are that circumcision messages should be approached with caution; that the information should be accurate and culturally sensitive and include the limitations of VMMC.

A study analysing the AIDS mural project of the BAC II AIDS mural project in its first phase was conducted by Bourgault, (1999). She describes the process set-up and the execution of the murals; the detail of five murals that she saw and highlights potential areas that include confusion over some of the meaning of AIDS red ribbon and the recreation of gender stereotypes

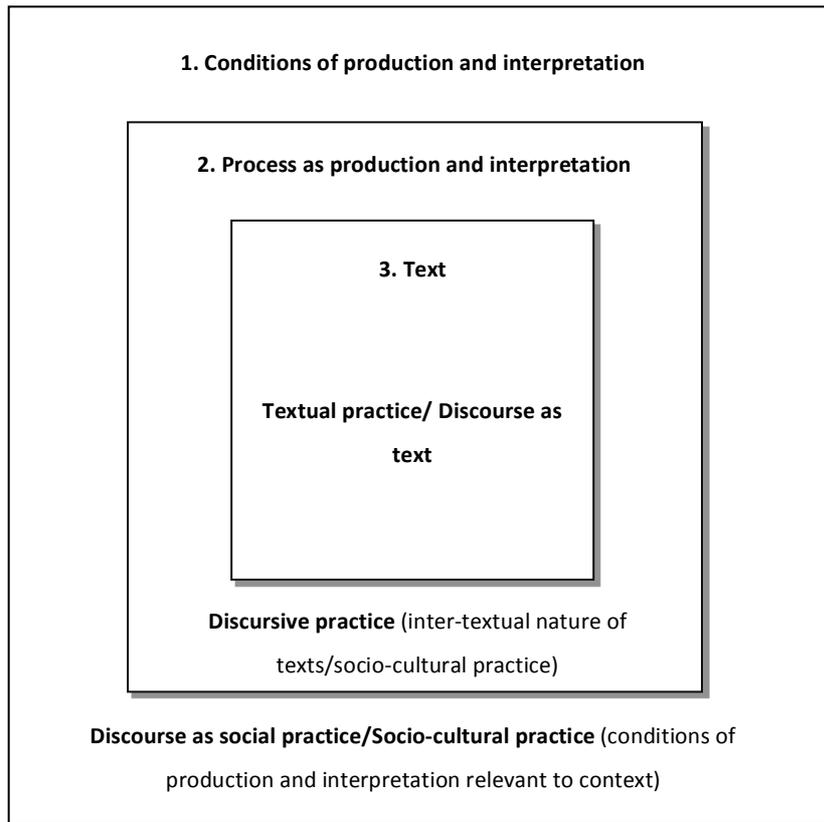
and roles which the campaigns aimed to shift. She argues that “murals present culturally challenging images or deliberately ambiguous icons to stretch the interpretative powers of the viewer and engage him or her in a discourse about their meaning” (Bourgault, 199: 2).

The conceptual and methodological frameworks of the studies are similar to the one adopted by the present study. The studies are informed by semiotics, communication studies, cultural studies and discourse analysis. The multimodal frameworks are generally situated within the same disciplinary framework of discourse analysis. The present study however is informed by several disciplines thus employing a multi-disciplinary approach: cultural studies and critical linguistics to delve deep into the textual analysis to unpack dominant ideologies and discourses that are portrayed in the messages. Furthermore, the use of reception studies by employing FGDs further augments the analysis to investigate how participants interpret and negotiate message meaning.

### **Fairclough’s Three-dimension framework**

Language use in discursive and social practices in the posters, billboard portfolio prints, and murals was examined using Fairclough’s (1989, 1995 and 2001) CDA model. The model consists of three inter-related processes, namely: the analysis of the formal linguistics properties of the text, the interpretation of the text and the elucidation of the social context that influences text production and interpretation (Fairclough, 1995: 97-98). The framework is illustrated in the figure below.

**Fig. 6.1: Fairclough's CDA Three-Dimension Framework**



**Source: Fairclough (1995: 98)**

The analysis of representations in print-based HIV and AIDS prevention messages considers the paradigmatic and syntagmatic levels in the texts. The paradigmatic level involves the investigation of: choices from orders of discourse, of particular genres and discourses, linguistic and semiotic systems. The syntagmatic level giving particular textures to selected words, images, genres or discourses is examined (Fairclough, 2003). The inter-discursive analysis that works both paradigmatically and syntagmatically through genres and discourses (*ibid.*) that are drawn upon in posters, murals and billboard portfolio prints to work together to impart messages are identified. Also, some strands of Kress and van Leeuwen's grammar of visual design are incorporated into Fairclough's three-dimensional frame to augment textual analysis of image, where necessary.

The analyses are done in three steps:

### Step One: Textual analysis (Fairclough's 3<sup>rd</sup> Dimension)

Textual analysis focuses on the linguistic properties of a text using certain tools to illuminate how discourses are used textually to influence specific interpretation (Jorgensen and Phillips, 2002). Linguistic and visual elements of the texts are analysed and described. For each image, the categorical themes are first identified following Schoeneman *et al's* (2010), analysis of Social representations of AIDS: Pictures in Abnormal Textbooks. Thereafter, the textual elements, both verbal and visual are described using Fairclough's CDA and Kress and van Leeuwen (1996) Social Semiotics,

Fairclough proposes several tools for textual analysis: (a) Interactional control, which is concerned with the relationship between speakers, including the question of who sets the conversational agenda (Fairclough, 1992b: 152ff; (b) Ethos, this investigates the construction of identities through language use and aspects of the body (Fairclough, 1992); (c) Metaphors (Fairclough, 1992: 194 ff); (d) Wording Fairclough, 1992b: 1990). (e) Grammar (Fairclough, 1992: 158ff; 169 ff).

The key questions that guide analysis at the level of textual practice level investigate:

1. linguistic and visual strategies used in print-based HIV and AIDS prevention messages to persuade safer sex
2. how ABC is constructed to encourage abstinence, being faithful and condom-use; and
3. how representations of HIV and AIDS are depicted through carefully chosen wording

These questions seek answers on how linguistic and visual codes are used to design messages that are meant to persuade safer sex, in posters, billboard portfolio prints and murals. The constructs of writers and semiotics of design: fonts, typography and symbols are identified. Furthermore, how linguistic strategies construct A, B and C are investigated.

The following linguistic elements were considered in analysing data:

#### ***Vocabulary***

The vocabulary elements considered in the textual analysis of posters, murals and, billboard portfolio prints mainly deal with individual words. These involve word meaning and wording. The elements considered are: metaphor, figurative language, formal and informal use of words. In so doing, the analysis investigates how choice of certain words constructs representations of HIV and AIDS and the reader.

The investigation of word choice seeks to identify expressive and relational value of words. Additionally, vocabulary elements are evaluated to reveal polysemy, perceptions, arbitrariness and conventionality (Eco, 1984). The evaluation thus aims to identify how vocabulary is used persuasively through principles of analogy.

The semantic components consider lexicalization (discursive strategic style), sentence collocation and allusion, as used by HIV and AIDS message designers to persuade the UKZN, DUT (Steve Biko campus) and UniZulu students to heed the ABC prevention messages. The semantic level messages are evaluated to reveal denotative and connotative levels of meaning.

### ***Grammar***

Transitivity and modality are two important grammatical elements for textual analysis that Fairclough (1992a) proposes should be investigated.

Transitivity focuses on types of processes and participants predominating text features. This involves investigation of ideological consequences that different verb forms can have (Jorgensen and Phillips, 2002). Hence active and passive sentences are examined to establish and investigate how and why agency, causality and responsibility are made explicit or implicit (Fairclough, 1992a). Furthermore, relational values of grammatical features by identifying the use of pronouns, ‘we,’ ‘I’ and ‘you’ are investigated to establish how they are used. The investigation of how and why nominalization is used to eliminate both agent and goal (Fairclough, 1992a; Locke, 2004) is done.

Additionally, expressive values through features of expressive modality are explored. Analysis of modality focuses on speaker’s degree to which she/he commits to a certain proposition or statement (Fairclough, 1989, 1995, 2003; Kress and van Leeuwen, 1996; Jorgensen and Phillips, 2002; Locke, 2004). Different types of modality are explored: modality of truth, ‘epistemic’ modality or knowledge exchange, the modality that examines knowledge claims as true and irrefutable and author’s commitment to truth or that elicits other’s commitment to truth and activity exchange (‘deontic’ modality) (Fairclough, 2003: 173). This is done by examining modal verbs, modalized assertions and non-modalized assertions and hypothetical modality and modal adverbs.

### *Text structure*

In this category, how interactional conventions are signified through the use of typefaces, ellipsis and substitution, etc. are investigated.

### Visual modality/multimodality

Visual modality and multimodality used in posters, for example, promise of the quality of the product are investigated. Using established Social Semiotics methods of Kress and van Leeuwen, (1996) the denotative and connotative elements in each visual element, where relevant are also investigated.

This analytic tool, combining both CDA and Social Semiotics reveals some of the “convoluted interplay” between verbal and semiotic codes aimed at the UKZN, UniZulu and DUT (Steve Biko campus) students. Hence, implicit ideologies in texts, revealing underlying ideological prejudices are uncovered (Rahimi and Sahragard, 2006).

### Step Two: Level of discursive practice (Fairclough’s 2<sup>nd</sup> Dimension)

Level of discursive practice focuses on how the text is produced and how it is consumed (Fairclough, 1995b). It involves the analysis of discourses and genres which are articulated in the production and consumption of text. At this level, analysis focuses on how texts draw on other texts, thus tracing intertextual chains of the texts under analysis and other discourse types (interdiscursivity). The ways in which the texts are received and interpreted by the students for whom the texts are meant, are analysed. In doing this, how the students negotiate meaning and construct discourses of and representations in HIV and AIDS are investigated. Here cultural theory, Social Representations Theory and Thompson’s critical modes of operation of ideology are employed to draw out discourses and ideologies that are subsumed in the texts under analysis.

How argumentation is used in texts to manifest authority over readers is examined. Other features considered in the textual analyses include ideological referent systems such as patriarchal discourse, metaphor, colour, shape and texture of semiological codes.

The key questions that guide analysis at the level of discourse practice explore:

1. elements of interdiscursivity (whether they appear to subscribe to one or more discourses (in the linguistic sense) that allude to ideologies and stereotypes

2. whether messages reflect manifest inter-textuality (are other texts utilised in the construction of posters, banners, murals and leaflets)
3. whether texts allude to other discourse types in order to persuade safer sex practices

The interpretation of possible meanings attached to the textual features in posters, murals and billboard portfolio prints is done to unpack discourses at work in context. In order to interpret discourses at work in context, the intended recipients' interpretations of the images is engaged, to substantiate my analysis and to examine how the recipients position themselves regarding the safer sex campaigns. Additionally, where appropriate, Kress and van Leeuwen's (1996) Social Semiotics is applied. Thompson's (1990) critical modes of operation of ideology and Moscovici's (1984) social representation theory are used to unpack ideologies subsumed in the text. Furthermore, intertextual traces of the texts are identified.

#### Step Three: Level of social practice (Fairclough's 1<sup>st</sup> dimension)

At this level, conditions of production that could have influenced the constructions of the posters, murals and billboard portfolio prints are explored. It is at this level that ideologies that could have influenced the constructions of texts are explored. This level explores the relationship between discursive practice and its order of discourse (Fairclough, 1995b). This involves consideration of whether the discursive practice reproduces or restructures existing order of discourse and the consequences for the broader social practice (Jorgensen and Phillips, 2002). It is here that types of discourse networks for which a discursive practice belongs are identified. The following are considered: (a) analysis of whether the text is skewed to a particular contextual situation, (b) analysis of whether discursive practices allude to the dominance or relegation of particular contexts and (c) analysis of hegemonic or other coercive discursive influence over a particular social practice.

The key questions at the level of social practice investigate:

1. whether context specific influences specific use of particular discourses
2. what ideologies reflecting wider social practice are subsumed in posters, billboard portfolio prints and murals.

## **Social Semiotics as CDA's complementary tool**

In addition to researching messages embedded in linguistic strategies by examining the syntactic and semantic relations subsumed in lexical form and choice, the research also evaluates visual strategies.

Social Semiotics has been used before to analyse health promotion material (Jewitt and Oyama, 2001). Social Semiotics analysis identifies how meaning is encoded in the structures of images. The method considers forms of representation: the representation of people, objects, landscape composition, salience, modality and medium (Jewitt 2001).

Kress and van Leeuwen's grammar of visual design is used to analyse the following range of areas:

1. How prevention messages address gender stereotypes, particularly gender differences regarding empowerment to enable both male and female to be equally responsible, regarding sexual practices.
2. How the images reinforce stereotyped forms of femininity or masculinity.
3. How gender roles are depicted in sexual health print messages.

Social Semiotics analysis considers use of interactive resources, visual configuration, frame size and social distance, visual communication modality, salience, information value and framing (Kress and van Leeuwen, 1996). Interactive resources of visual communication analysis involve analysing interactive meaning "to show how the systems of contact, social distance and attitude interact to create more complex and subtle relations between represented and interactive participants" (Kress and van Leeuwen, 1996: 156).

Critical Discourse analysis of materials, using Fairclough's (1992a) three dimension model together with explicit concepts from Social Semiotics are used to identify strategies that draw out meanings from semiotic codes; intertextuality; interdiscursivity; metaphors that reflect ideologies; stereotypes and stigmatisation resulting from message construction was used in this analysis. From this analysis, text features are grouped and categorised under themes (see analysis Chapters 7, 8 and 9) to tease out subtle structures that could be imposed on message construction.

## Stage 2: Recruitment procedure of focus groups

Purposive sampling was used as it is more convenient and offers heterogeneity in the population. The recruitment procedure was achieved by using an intermediary to invite participation. At all campuses, a research assistant, together with assistance sought from coordinators of Campus HIV/AIDS Units (CHASU) was used to initiate the recruitment of FGD participants. Snowball selection where the mediator or CHASU coordinator invited a participant, who in turn invited another and so on (sampling) to facilitate teams was used. Thus the mediators and CHASU coordinators used pre-existing social networks for the recruitment. At PMB and Edgewood campuses, the snowballing resulted in peer educators being mostly selected as they were already involved with HIV and AIDS issues.

### Focus groups

The focus groups somewhat reflect diversity in terms of demographic features: males, females, under/graduates, postgraduates, Indians, whites and blacks. Initially, the intention was to target a more balanced demographic group, representing a variety in terms of ethnicity, religion, age, gender and year of study. Getting an appropriate demography proved difficult since it was not always possible to assemble participants at a common venue and at the same time. Snowballing sampling proved to be the most convenient strategy to form the focus groups. At Howard College campus, focus group participants were all post-graduates from the same department. One of the peers in the department had initiated the process by inviting one participant who in turn invited another and the process continued. This group was more balanced regarding ethnicity as opposed to those from other campuses. At two campuses, Edgewood and PMB, participants were mostly peer educators (who were already involved with HIV and AIDS issues). Peer educators are responsible for educating and organising workshops for students through CHASU to persuade students to adopt safer sex measures and to go for Voluntary Counselling and Testing [VCT]) and in the other campuses, Nelson Mandela Medical School, Westville, DUT and UniZulu, participation was purely voluntary.

Snowballing allowed willingness on participants to join the FGDs. However, it proved necessary to use pre-existing groups at some campuses where students were reluctant to volunteer to participate. At PMB and Edgewood campuses peer coordinators of HIV and AIDS were used. The table below is a summary of the characteristics of FGD participants' sample by campus.

**Table 6.1: Characteristics of focus group discussion participants by campus**

Campus	Age group	Gender & no. of Participants	Program	Participant status (voluntary or peer educator)	Race
DUT (Steve Biko Campus)	18-23	5 males 3 females Total = 8	Undergraduate	1 Peer educator 7 voluntary participants	All Black
Edgewood campus	18-23	7 females	Undergraduate	All peer educators	All Black
Howard College	20-23	3 Males 3 Females Total=6	4 MA students 2 Honours students	All voluntary participants	2 white females 1 Indian female 2 white males 1 black male
Nelson Mandela School of Medicine	18-23	6 females	Undergraduate	All voluntary participants	All Black
PMB	18-23	4 males 4 females Total=8	Undergraduate	5 peer educators 3 voluntary participants	7 Blacks 1 Indian female
Westville	18-23	5 females	Undergraduate	All voluntary participants	All Black
UniZulu	18-23	4 females 3 males Total=7	5 Undergraduate 2 MA	All voluntary	All Black

**Source: Author****Group size**

The group sizes were kept to a minimum. An average of eight (8) members per group was more manageable and easier to facilitate as a small group size enables easier turn-taking of participants' responses. The smaller the number, the more input regarding the students' views on the print-based HIV and AIDS prevention messages' strategies and their general views on Abstinence, Be Faithful and Condom-use and sharing of insights were realised. It is acknowledged that it is possible that the larger the group sample the better for divergent views

and that having eight (8) members in a focus group discussion may not be as representational as one would hope. But the smaller sample offers more intensive discussions that provide more chances of securing high quality data. Furthermore, the smaller the sample the more manageable the data is than an FGD sample that comprises more than 10 members at transcription stage.

### **Conduct of focus group discussions**

Seven focus group discussions were held, one at each campus. The objectives of the study were explained at the start of the discussions. Each session lasted on average one and half (1 ½) hours. Each session was a ‘one off’ for cost-effectiveness since refreshments were offered for every session as an incentive for participation and the costs were borne by the researcher. Refreshments were served to the participants at the end of the discussions as a courtesy gesture. Though refreshments were served at the end of the sessions, the gesture seemed to be a motivation as discussions were fruitful.

Participants were shown the various purposively chosen posters, murals and billboard portfolio prints that had been taken by the researcher’s camera and stored in the researcher’s laptop. The images shown were context specific to each campus: UKZN campuses’ materials were posters, DUT materials were both posters and banners and at UniZulu, murals. The students were given a preliminary 15 minutes to look at the texts. The idea was to give time for the participants to reflect on the texts and elicit what the participants thought of the texts, devoid from a theoretical framework. Invariably, this proved to be an advantage as participants were familiar with the texts shown to them and were somewhat authentically guided by their own schema in their interpretations which added to the quality of the data.

Every group member was assigned a number code to identify themselves for ethical reasons and also since the real names were not required to aid transcription. A focus group guide that elicited issues regarding participants perceptions of the ABC (in general and views on strategies used to persuade students to adopt safer sex practices), was used to aid the discussions (see Appendix C). The questions were not sent in advance to aid spontaneity as the researcher was avoiding rehearsed responses. Furthermore, the questions were not piloted as the focus group guide was just to guide the discussions and were used flexibly by adjusting the questions when necessary. As such the forum was interactive and the research questions were adjusted according to the needs of the participants. The participants’ responses affected how and which questions to ask next. The forum thus allowed for spontaneity and adaptation of the interaction between the

researcher and the participants. The guide was followed at each campus, but when needed, for instance, if the participants did not understand some questions or they offered a different and unexpected line, that was allowed as long as the discussion was in line with the objectives.

### **Justification for use of Focus Group Discussions**

The critical discourse analysis of print-based HIV and AIDS prevention texts through textual analysis alone might be deemed too subjective for it would be influenced by the researcher's lived experiences and knowledge of the world. Thus an investigation of the Participants' reception of representations in print-based HIV and AIDS prevention campaigns at UKZN, DUT and UniZulu was necessary through engaging FGDs. This investigation ideally aimed to explore how meaning is negotiated by the participants, who are the intended recipients of the print-based HIV and AIDS prevention materials. Whilst FGD analysis finds out text-audience relationship and audience interpretation of the texts to assist the revelation and explanation of how participants socially construct meaning; FGDs were also used to substantiate the textual analysis of the print-based HIV and AIDS prevention materials.

The use of focus groups in the study offers perspectives into how participants of HIV and AIDS messages responded to and process underlying meanings. Moreover, focus groups yielded worthwhile data relating to values, needs and expectations of the group, who only form a microcosm of a larger target population of print-based HIV and AIDS prevention messages. Focus groups form "interpretative communities" providing contexts for reception and interpretation of messages put before them (Allen, 1987). Focus groups offered a collectivist approach that focused on the multi-vocality of participants' attitudes, experiences and beliefs (Madriz 2000).

FGDs offered the opportunity to access students' perspectives regarding print-based HIV and AIDS prevention messages and interpretation of such, relating to ABC advocacy. This is a form of ethno-semiotics, which links the reading of texts with daily experiences of readers (Fiske, 1987). Thus focus groups bring out the ability of readers in relating the texts to their social situation (*ibid.*). Likewise, "the collective nature of the group interview empowers the participants and validates their voices and experiences" (Madriz, 2000: 839).

Focus groups are used to qualify the findings of the discourse analysis and not to validate them. They are simply a method to complement the researcher's tool as they allow different

perspectives to be shared, especially by and with an audience that is targeted in the representations of HIV and AIDS print prevention messages. Nevertheless, it is noted that, this forum is not immune to influences derived from group dynamics, where personalities may clash or stronger personalities dominating and driving weaker ones to submissions. Regarding this, Madriz (2000: 840), argues that if power relations do surface, they are the “participants’ own power relations, in their own constructed hierarchies”. The role of the researcher was to direct the proceedings when they seemed to get out of control as well as to participate in the discussions by sharing views on the print-based HIV and AIDS prevention texts. However, the researcher took care not to influence their own perspectives as the forums were meant for sharing views about the strategies used in designing messages that persuaded safer sex practices and whether the strategies worked as hoped.

### Stage 3: Key informant interviews

Eight one-on-one semi-structured interviews were held with Campus HIV/AIDS Units (CHASU) coordinators in their offices and Art for Humanity, Break the Silence Portfolio coordinator, in his office. The CHASU coordinators and project director of *Break the Silence Portfolio* assume positions of mediators and distributors of print-based HIV and AIDS prevention material. These discourse subjects are thus positioned in the 1<sup>st</sup> dimension of Fairclough’s (socio-cultural practice).

A reciprocal and collaborative atmosphere was created by both the coordinators and the researcher in all interview encounters. The interview sessions were approximately 1 hour long as the researcher started with a brief background of the study and its objectives. Open-ended questions (see appendix B) were used as they offered the latitude to delve deeper into issues discussed. Interview sessions were recorded on digital voice recorder and stored in audio discs and later transcribed by a research assistant.

### Transcription of focus groups and key informants’ interviews

Two research assistants each transcribed the focus groups’ recordings that were stored on audio discs. All speech was transcribed, including unfinished talk, pauses, interrupted and even slips. These were indicated in the transcribed data. The relevant data from the transcripts that answered the research questions was selected accordingly and categorized according to themes and sub-themes presented in the analysis chapters, 7, 8 and 9.

The interview recordings were transcribed by the two research assistants who transcribed the FGD recordings. The transcripts' data that responded to the issues of context, distribution and design was then selected and used accordingly within the 1<sup>st</sup> Dimension of Fairclough's theoretical framework; socio-cultural practice.

### **Ethical considerations**

To instil confidence that anonymity would be maintained at all times, participants identified themselves by using a number code whenever they wished to express their views. The number codes were also useful for transcription as it made the job of the transcribers easier as they were able to identify the different responses.

Regarding the dynamics of power and control in eliciting responses from focus group discussions an atmosphere that allowed free exchange of views without patronising any member of the group was created. Each participant was made to feel that their contribution was valuable. Not only did focus group discussions and one-on-one interviews provide further insights into the nature of texts, but also somewhat reinforced reflexivity required during interpretation. In this study, the researcher's role was merely to facilitate meaning negotiation and understanding of representations in print-based HIV and AIDS prevention materials. Focus group discussions and one-on-one interviews augmented interpretation and assisted the unpacking of underlying meanings and ideologies subsumed in the texts. The researcher joined the discussions where necessary but was careful not to pre-empt responses from the participants. The IPA double-hermeneutic tool of attempting to understand the way FGD participants endeavoured to understand their context (Smith and Osborne, 2003) was thus employed.

### **Limitations**

Although the FGD were on average 7 instead of 10, which could have been probably an ideal number, the possibility of achieving divergent views was not as compromised as the discussions were stress free; therefore, issues were discussed and elaborated in reasonable depth. Nevertheless, it would have been quite ideal to have 10 members on average in each group. Getting a balanced demography of group members by age, race and gender and being able to arrange a convenient time for a group of between 6 and 10 people was challenging, hence imbalances in sample selection. Small FGDs size was due to reluctance to volunteer. This was compounded by limited financial resources as the researcher had to travel to the different

campuses. At each session, incentives for participation had to be given, for instance refreshments were offered to participants as a courtesy gesture. Moreover, the mediators (students not the CHASU coordinators) who made it possible to pool participants together were given a small honorarium. Although the samples were relatively small, a large volume of data was generated that the research participants had to sift through.

As mentioned previously, the texts that were chosen for analysis, were remnants of the originating campaigns, i.e. BAC campaigns and Break the Silence Portfolio, but were used by CHASU as part of information dissemination. Accordingly, it is worthwhile to note that the materials were not expected by the originators to lead to transformative change through isolated campaign material. It is thus acknowledged that the analysis of texts on a stand-alone basis may not do full justice to such an enquiry. However the analysis indicates that the CHASUs would benefit from designing broader, goal oriented systematic communication campaigns.

The methodological framework involves multi-focal research design as the nature of research questions can benefit from an investigation involving different angles of enquiry: to triangulate methods in order to gather worthwhile and high quality data. It is somewhat unlikely for one to find just one theory, epistemology or methodology that allows a research topic to effectively and wholly position it within a line of enquiry. This is especially true regarding a topic that questions representations in print-based HIV and AIDS prevention materials that involves issues across various paradigms: cultural, linguistic and health. Hence the theories and methodologies used are several, creating an eclectic approach that endeavours to deal with themes emanating from a complex study of representations of HIV and AIDS in 7 campuses. Theories and methodologies are somewhat flexible, giving one the latitude to adapt them in the whole research to position the subject study, context and researcher's outlook.

## **Conclusion**

The chapter discussed the conceptual design that informs and guides the methodological context. The various approaches of qualitative inquiry: Interpretative epistemology; Ethno-methodology; Phenomenology and Interpretative phenomenology were examined. The chapter also discussed the significance of researcher self-reflexivity during the data collection and analysis process. Also included in the chapter is the justification of the use of FGDs. Included in the discussion is the description of the methods, sample and instruments and finally the chapter outlines the importance and limitations of the study.

The next chapters present the data analysis. This analysis is divided into three separate chapters under three main themes: Chapter 7; representations of femininity, Chapter 8; representations of risk as discursive strategy to persuade safer sex practices and Chapter 9; representations of the condom: malleable or mischievous? The analyses investigate the representations in 9 print-based HIV and AIDS prevention materials and the responses of students to such. Content is explored and established in the first instance by examining linguistic and visual strategies inherent in the posters, billboard portfolio prints and murals meant to encourage safer sex practices. Also how students position themselves with regard to dominant or preferred reading or oppositional negotiation is explored. The identification and explanation of how discourses of risk are constructed and how the students in turn construct them is conducted. The construction of discourses and counter discourses of sexuality; and femininity arising out of textual examination and how students position themselves regarding such discourses and counter discourses are identified and explored.

## **Chapter 7: Interrogating representations of femininity**

Chapter 6 established the conceptual design and methodological framework for this study. The study explores the representations of print-based HIV and AIDS in prevention materials consistent with the A, B and C approach, and how they are created and negotiated by students.

This chapter presents a critical examination and reception analysis of one poster which was displayed on notice boards of UKZN campuses. The print text materials selected for analysis in 2006-2009 were part of an advocacy for the prevention of HIV. Their focus was on the A, B and C approach. The analysis explores language and visual strategies used by originators of the poster in order to reveal ideologies that may be subsumed (gender stereotypes, sexuality and risk governmentality) in the interplay of the verbal and non-verbal features used in the text. In order to substantiate textual analysis, the investigation of how students interpret and respond to the HIV and AIDS messages and how they position themselves regarding the message is included. In addition, the analysis includes information elicited from key informant interviews that sought to investigate how context influenced the choice of the particular poster since it was designed elsewhere and merely distributed and displayed on campus.

The analysis is based on Fairclough's three dimensional framework, done in three steps which were outlined in Chapter 6.

### **Step One: Textual analysis (Fairclough's 3<sup>rd</sup> Dimension)**

Linguistic and visual elements of the texts are analysed and described. Categorical themes are first identified following Schoeneman et al's (2002), analysis of "Social Representations of AIDS: Pictures in Abnormal Textbooks". Fairclough's approach (1989, 1995) is then used to describe the textual elements, both verbal and visual.

### **Step Two: Level of discursive practice (Fairclough's 2<sup>nd</sup> Dimension)**

At this level, discourses and possible meanings attached at work in context (Janks, 1997) are interpreted. Next, the intended recipients' interpretations of the images are engaged to substantiate the discursive analysis and to examine how recipients position themselves regarding the safer sex texts. Additionally, where appropriate, Kress and van Leeuwen's (1996) Social Semiotics is applied, particularly for the reading of visual features. Thompson's (1990) critical

modes of operation and Moscovici's (1984) Social Representation theory are used to unpack ideologies subsumed in the texts. Finally, intertextuality of the images that could be linked with the production of the text is explored.

### **Step Three: Level of social practice (Fairclough's 1<sup>st</sup> dimension)**

At this level, conditions of production that could have influenced the constructions of the poster, murals and posters are explored. It is at this level that ideologies that could have influenced the constructions of texts are explored.

### **Analysis of poster**

**Fig. 7.1: 'I will not share my partner' Poster (Khomanani) photographed at Howard College MTB notice board, March, 2007.**



## Context of text

This image was part of the A, B and C advocacy campaign that took place on UKZN campuses from 2006-2009. The campaign aimed to persuade students to practice safer sex. The A, B and C approach to prevention of HIV and AIDS offers three options, namely abstaining from sex, being faithful and using a condom. CHASU sourced the poster from Khomanani, a campaign by a group of organizations that were sub-contracted by the Department Health responsible for HIV and AIDS prevention and posted it on campus notice boards at Howard College, Edgewood, PMB and Nelson Mandela School of Medicine.

## Picture and categorical themes (Schoeneman *et al.*, 2002)

The picture theme alludes to the modern self-assured and independent woman. The categorical anchors are death/life, victim/perpetrator, and feminine empowerment.

## Textual Analysis (Fairclough's 3<sup>rd</sup> Dimension)

### Linguistic message

The caption '**I will not share my partner**' establishes general intent of the speaker to ascertain her degree of commitment to the literal signification of her words through the explicit obligational modality 'will'. This declarative construction establishes the speaker's intent to persuade viewers to follow her cue. The implicit challenge underlying the message is 'would you?' The absence of the question tag after the declarative statement compels the interactive participant (reader) (Kress and van Leeuwen, 1996) to think further than the represented participant's statement (image) (*ibid.*). '**I will not share my partner**' declaration simulates and stimulates conversation. The simulated conversation is between the interactive participant and the represented participant. This is also augmented by the images' gaze (explained in the visual message section). The subject of sexual relationships and power regarding decision making in sexual choices is broached. The declaration invites the viewer to engage and respond. The response that is hoped to be achieved is that of engaging the participant (s) in an interaction on the broached topic with own thoughts or with others in the same social spaces. This is an attempt to create a personal and seemingly equal relationship between the represented participant and interactive participant (s). The personal relationship based on the topic of sex, which is really a private matter establishes intimate contact to bring the relationship with the interactive participant to a personal level (*ibid.*).

Textual constructions such as language style are salient in the poster, so is the female image itself, which occupies a greater part of the poster. In the following section the linguistic text is broken down to describe the function of each word.

The first personal pronoun 'I' introduces the rule of deixis defines (Kress and van Leeuwen, 1996) and assumes agency of intention to act on proposed action. The pronoun 'I', the subject being the potential agent and establishes the first person narrative, addressing females who may identify with the female represented participant. Furthermore, the construction of representations of the interactive participant (viewer) and the represented participant (the image) through feminist discourse is implied by the declaration itself and augmented by the female image in the poster. The absence of the second personal pronoun 'you', that establishes relational deixis, does not address the reader directly. However, the reader is implicitly implored to follow the example that is set by the authority bestowed upon the represented participant. This is some kind of persuasive strategy for the adoption of safer sex. This is in line with Bandura's social-cognitive theory of self-efficacy and modelling. The 'I', first person pronoun is uttered to suggest conviction in what the represented participant believes. Self-efficacy is embedded in the 'I' and indicates the belief the female image has in her capability of choosing not to condone multi-partnering. The represented participant implicitly challenges the interactive participant to emulate her intention, thus the modelling attribute applies. The reader is drawn into evaluating the benefits attached to taking the same stance of adopting the proposed safer sex strategy. Furthermore, the stance the represented participant proposes to take is consistent with the ARRM response efficacy in which she considers adopting abstinence or refusing multi-partnership will reduce the risk of HIV infection.

'Will' is explicit obligational modality of truth (Kress and van Leeuwen, 1996). The modality of truth establishes the degree to which the woman commits to the proposition (Fairclough, 2003). The modality choices used in this text can be perceived as the process of texturing self-identity. Modality is "important in the texturing of identities, both personal ('personalities') and social, in the sense that what you commit yourself to is a part of what you are" (*ibid.*: 166). In this text, one could discern female power identity that is constructed by modality and accentuated by the image of a supposedly assertive woman. The assertion '**I will not share my partner**' is categorical and can be seen as "an identity-in-relation" (*ibid.*) to the socio-sexual world which is represented.

The modal verb 'will' marks the present and future, thus manifesting a high affinity modality (Kress and van Leeuwen, 1996). **'Will not'** introduces mood of prohibition. **Share**, the transitive verb creates power of agency of the speaking subject. The possessive adjective **'my'** indicates ownership. **'Partner'** is constructed as owned by the speaking subject. Effectively, the **'partner'** is separated from a reciprocal relationship and cannot respond to the assertion. The pronoun, **'I'** and modal **will not** is in the interactive participant's domain of control. **'Partner'** may connote a male in the heterosexual domain or woman in the homosexual domain. The socio-sexual relations are not clearly defined here. But the tendency is for one to assume that partner could connote the opposite sex, probably because research on sex being the agent of HIV and AIDS has been skewed towards heterosexuality.

In terms of ideational meaning, the clause is transitive: it signifies a process of a particular individual. Interpersonal meaning is derived from the declarative, which is categorically authoritative. The writer-reader relationship is realised through the reader telling the reader in no uncertain terms — and someone being told of a declaration. Regarding the textual aspect, the theme or topic of the clause is about the represented participant, the female who transforms and transfers power to other females, though agency is assumed of the represented participant (Fairclough, 2003).

**'Ngoba...likusasa ngelami'** literally means 'because ... tomorrow/the future is mine'. The expression denotatively refers to the female image declaring that the future belongs to her and that taking responsibility for her future is her prerogative. This is a self-reflection about sex, the future and a responsible life. This addresses Zulu female speakers, leaving out other speech communities. This is compounded by the fact that these words are not a direct translation of the other words in the text: **'I will not share my partner'** or **'Sex can lead to HIV/AIDS, I don't want that in my life.'** The linguistic text appeals to the modern woman's conscience and begs the question 'How about you?' The intersection of image and text is however incongruous (Kress and van Leeuwen, 1996) as far as sex as an act is concerned; the kitchen background and the lone figure without the partner do not suggest a sexual relationship.

**'Sex can lead to HIV/AIDS; I don't want that in my life'**. The represented participant explicitly declares the consequences attached to engaging in sex. **'Can'** suggests possibility and probability, yet leaving room for other consequences, thus acknowledging chances of HIV and AIDS not being contracted. However, she declares, **'I don't want that in my life'**. The modal

**‘don’t want’** has a high degree of modality as the firm declaration attests to knowledge claim of truth (*ibid.*). This firm declaration assumes finality to the attestation. The language is declarative and yet challenging and thus patronizes the reader. It is straightforward and leaves no ambiguity in the meaning of the linguistic text.

The voice is gendered and prohibitive as it is accompanied by a female image. The relational identities constructed between represented participant and interactive participant are derived from the text semiotically intersecting with the image (Kress and van Leeuwen, 1996). This is realised through the gaze that focuses directly and intently on the viewer.

The structural construction of **‘sex can lead to HIV/AIDS, I don’t want that in my life’** is written in small font, which suggests the message to be an understatement or afterthought. This rather resembles the Limitations section of insurance policies where the insured or assured is informed of exceptions. Also, **‘I will not share my partner’** sounds like an Insurance Contract that reflects moral standard limitation. Further the small font may give an impression that the moral standard limitation is implied and does not come out boldly as the declaration **‘I will not share my partner’** does.

The use of the word sex explicitly refers to the sexual act. Thus sex assumes agency as it causes HIV and AIDS according to the represented participant. Since a female image is used, the connotation derived from the assertion suggests that the absent male is constructed as an agent of HIV and AIDS. There is also implicit reference to sex “being the means of access both to the life of the body and the life of the species” (Foucault, 1978: 46). Sex is viewed as an agent of life and death. The statement links sex with risk, death and no future.

#### Visual text

The image is a representation of a young female, with an aura attached to glamour (face made-up, an accessory on her wrist, the type you are more likely to see on a magazine cover); a young idealized woman; an assertive woman, who has a socially positive stance and who deliberately chooses not to be involved in a sexual network. Also, the modern woman is accentuated by the kitchen setting in the background. The kitchen background and the modern woman could signify that she is unfazed by the domestic role she may be expected to play. However, the linguistic and visual codes may still be contradictory, suggesting inconsumerability and mixed messages,

for an assertive female may not condone and agree with the traditional norms attached to gender roles that prescribe domestic duties to women.

Visual configuration of the image visually addresses the viewer by acknowledging and addressing them with the visual 'you' that is realised through the participant's direct gaze (Kress and van Leeuwen, 1996). The participant's gaze demands the viewer to enter into an imaginary relation with her (*ibid.*). The gaze is somewhat cold though direct, this "draws out relations of power, inviting the viewer to relate as an inferior relates to a superior" (*ibid.*: 123). The visual configuration of the poster seems to want to "form a pseudo-social bond of a particular kind with the represented participant and thus defines the interactive participant" (Kress and van Leeuwen, 1996: 123) who in this case is the female. This has the potential to exclude other viewers, (*ibid.*) who in this case are males, as the female image seems to demand an imaginary relation with other females, in which they should fight for a common cause of demanding monogamous relationships. Visual modality is accentuated with vibrant and strongly saturated colours (*ibid.*) of blue and black in the background that illuminate the represented participant to make her stand out imposingly.

Kress and van Leeuwen's (1996) two-value relation is applied here, the female image faces the viewer directly, the perception given is that she is making a demand to be recognized and the words uttered, are making a firm statement that should be recognized. One would question whether the photographer of the picture meant it to come out this way. However, the impact on the interactive participant (viewer) could be that the represented participant (the image) demands attention and recognition that emanates from the words she utters.

#### Incongruity of the linguistic and visual signifiers

The linguistic message and the visual are incongruent, as the picture does not directly spell out the message inherent in the words. The verbal phrase '**will not share**' acts as a visual bridge between the visual and the linguistic text. The text does more of explication than the image as illustration. The linguistic text juxtaposed to the image acts as "critical commentary in order to turn the image into a quasi-statement"<sup>70</sup>. There is no relationship between the signifier and signified. The linguistic text is used together with the image to eliminate the paradoxical

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<sup>70</sup> Dillon, G.L. (1999) Art and the Semiotics of Images: Three questions about visual meaning. <http://faculty.washington.edu/dillon/rhythm>

potential resulting from incongruity brought about by using image and linguistic text together. The linguistic text aims to clarify and eliminate obscurity brought about by the lone image. Also, the image itself has the potential to invite bias as it dominates the space of the poster and is therefore too pervasive. The use of the female picture introduces bias towards sexual issues as sex and HIV and AIDS should be shared problems and not just left to one gender to seek intervention, redress and prevention. The poster would have benefited from having images of male and female, echoing the same message together.

### **Discourse practice level (Fairclough's 2<sup>nd</sup> Dimension)**

This section analyses prevailing discourses in the poster. In order to unpack these discourses, the analysis draws on various theories: Thompson's (1990) critical modes of operation ideology and Foucault's sexuality and power theories. In addition, the analysis uses FGDs to substantiate the analytical claims made.

### **Thompson's (1990) critical modes of operation of ideology**

Drawing on the work of Janks (1998) in her article, 'Reading Womanpower', Thompson's (1990) ideology is used to identify ideologies that may be at play in the poster.

#### Legitimation

The caption '**I will not share my partner**' legitimates intervention of the female over the male to restore fidelity (Thompson, 1990), [critical mode of operation ideology]. This is perhaps effectively done by the conspicuous absence of the man in the picture. 'I will not...' phrase uses affirmative tense which tends to be authoritarian, asserting Foucauldian power and control, where assertion of feminist power is infused in the statement. Power is embedded in the statement and may reflect language used in public discourse, introducing and reflecting the way in which some public health campaigns use female power to discuss sexual health issues in order to influence safer sex practice thoughts and actions. This suggests that the HIV and AIDS print prevention material relies on the female to influence the male sexual domain to make conscious decisions on safer sex practices. Intertextuality can be discerned in the poster as the text seems to allude to the biblical texts of Adam and Eve and Samson and Delilah. The text appears to echo the story of Adam and Eve and the forbidden fruit. Eve was able to persuade Adam to taste the fruit, demonstrating how the fairer sex, 'woman power' (Janks, 1998: 195), has sexual power

over the male. Another biblical story that demonstrates ‘woman power’ is that of Samson and Delilah, where female charm was used to woo the male lover, which was detrimental to the defeat of his army. The poster alludes to the ability of ‘woman power’ to triumph over the sexually male dominated sphere and relies on this power to influence sexual behaviour change. Thompson’s (1990) critical mode of operation of ideology of legitimation strategy is further reflected in the statement, **‘sex can lead to HIV/AIDS’, I don’t want that in my life’**. Rationalization legitimates through chain of reasoning (illustrated further in the next section) by pointing out a possible cause of HIV and AIDS. The statement uses the cause and effect argument in order to establish a need for action. In this case action required of the viewer is to denounce multi-partnering (alluded to earlier) and possibly sex (since it can be a risky endeavour) as it can result in HIV and AIDS (rationalization is illustrated further in a subsequent section).

**‘I will not share my partner’** is a subliminal call for monogamy and is used as a specific intervention that is introduced to promote abstinence. Additionally, **‘sex can lead to HIV/AIDS; I don’t want that in my life’** is another subliminal call for abstinence. The statement connotes that sex is not an option. The statement categorically declares sex as dangerous and thus should be avoided. There is a mixture of messages revealed in the statements **‘I will not share my partner and sex can lead to HIV/AIDS’**. The underlying meaning that sex is dangerous is a “term attempting to influence the way in which its readers should construct their knowledge and attitudes about HIV and AIDS in general and the specific case in particular” (Cullen, 2003: 6). **‘I will not share my partner’** personalizes the textual message, suggesting that taking responsibility of one’s behaviour is one’s own choice and is a reflection of how one feels about own-self. The emphasis on the first person ‘I’ may reflect the individualistic nature of western ideology and also focuses on the responsibility of the individual to HIV and AIDS and yet in the African context, HIV and AIDS are understood as communal issues.

#### Chain of reasoning

Chain of reasoning (Thompson, 1990) is adopted in the analysis of discourse. By implication the statement **‘I will not share my partner and sex can lead to HIV/AIDS’** alludes to the **possibility** of multi-partnering and multiple sex acts, a risky situation that may result in infection. The statement is a campaign against sex, thus persuading celibacy, indirectly suggested by **‘I don’t want that in my life’**. The statement **‘I will not share my partner and**

**sex can lead to HIV/AIDS'** can be broken down into its linguistic components in the following way: **'can'** is an indefinite declarative but points out high probability as underscored by the caption, **'I will not share my partner'** which is an anaphoric reference to show relationship between concurrent multi-partnership and chances of being infected. The declaration also conjures up motives in engaging in multiple-concurrent relationships or unsafe sex and the inherent risks involved. The declaration is made against the backdrop that in reality, women are often not in a position to negotiate safer sex as mostly relationships may be falsely based on trust and one would not be in a position to know if the trust is betrayed. The assertion **'I will not share my partner'** is perhaps linked to the weak legal position of women and lack of resources, which relegates them to being dependent on male family members (Campbell *et al.*, 2005). This relegated position dis-empowers women and makes them unable to negotiate conditions of sexual practice which further stigmatizes and is discriminatory (*ibid.*). An example of one event that may be deemed disempowering is virginity testing in some communities which somewhat blames women for the spread of HIV despite their minimal control over sexual relations (*ibid.*).

Against this background, the issues of responsibility become increasingly a woman's domain and not something that is negotiated. These nuances must also be addressed including the reality of women's vulnerability to HIV infection in terms of the hierarchical gender binary.

Additionally, embedded in the statement, **'I will not share my partner'** is "moral discursive practice based on a system of values and prohibitions" (Foucault, 1972: 193). Subsumed in this moral discourse is gendered meaning that depicts promiscuity as synonymous with moral decadence. **'Sex can lead to HIV/AIDS'** constructs sexual act as pathologically risky from a Foucauldian perspective of discourse. Sex is thus socially constructed as an evil phenomenon that the UKZN, DUT and UniZulu students need to be warned about. In feminist discourse the role of females in sexual relationships is highlighted with women constructed as being in charge of bedroom sexual antics. Sex is deployed as a political technology of life with relevance to disciplining the body, thus disciplining the self (*ibid.*: 197).

**'I will not share my partner'** "resonates with feminist empowerment language reifying "stereotypical gender roles" (Gardner 2007: 544). The discourse positions females as capable of managing themselves and their male partners thus assuming the power of taking responsibility over sexual behaviour choices. This induces "some kind of individualist, self-managed solution

passing as female empowerment” (*ibid*: 545). Invariably, the statement positions male as ‘risk perpetrator’ and female as ‘as victim’ and also creates implied binaries that resonate with Derrida’s binary positioning. The utterances, **‘I will not share my partner; Sex can lead to HIV/AIDS’** display a “deployment of sexuality [that] engenders a continual extension of areas and forms of control” (Foucault, 1978: 106). Foucault defines this process of disciplining oneself and of policing own body as a process of compliance with social norms, “a deployment of alliance built around a system of rules defining the permitted and the forbidden” (*ibid*: 106). The assertion, **‘I will not share’** my partner as policing one’s body, not necessarily to comply with social norms, but as a radical declaration against the cultural norms suggests some kind of new self-responsibility, self-surveillance and self-discipline. The image introduces a counter discourse, in which it is the female who assumes sexual responsibility. Whilst the counter discourse engenders female assertiveness, which is acceptable, it also places too much on the female body in the fight against HIV and AIDS and positions males as reckless and irresponsible, which they may be. The discourse that is still dominant in the South African context is that the males have greater control over females regarding sexual issues: over when, where and how sex should take place (ICASO, 2007; Langen, 2005).

HIV and AIDS has revolutionized the use of the word, “sex” in that it is used freely in public spheres such as posters and billboards, unlike in the past pre-HIV and AIDS period where it was a taboo word. **‘I will not share my partner’** is an indirect challenge to others; the question that underlies the message is ‘would you?’ and if you do you may be abnormal. This statement has a somewhat hegemonic force in that coercive discursive influence is used over the multiple concurrent sexual practices that have become the norm in particular student communities of UKZN, DUT and UniZulu.

Technology of sex as a strategy of disciplining the body is used as a measure for discipline and regulation (Foucault, 1978: 119). This is done through a discourse of sex to exert power relations. In sexual relations, power relations are enacted by one individual or both. In this case, the female image asserts power over an intimate relationship. The assertion of not accepting multiple-concurrent partnership and even opting for abstinence prevails and comes out as a counter discourse to the normalcy created of female passivity regarding female sexuality, dismissing a prevailing stereotype that relegates females to sexual passivity. The deployment of responsabilization discourse, through the speaking subject’s willingness to take a stand, to denounce multiple concurrent relationships and even sex itself is thus realised in the image.

Deployment of female sexuality in this case reproduces power relations, gendered discourse and has ideological effects of maintaining particular images of a sophisticated modern female. This results in a deconstruction of the meaning of sexuality and the subject, an innocent victim but assertive female. The positioning of the female in relation to the ‘partner’ is that of assuming control over the male partner.

The underlying sense of sharing a partner is a representation of power vested in sexuality. The poster suggests a shift in sexuality power. The representation of responsible femininity recognizes that sexuality issues should shift towards self-identity and self-respect. Sex as an act becomes the central subject. In Foucault’s terms, sexuality is deployed and thus permits the techniques of power to invest in life (Foucault, 1978). Thus in the poster, sex is undesirable in so far as it causes HIV and AIDS, which ultimately may result in death. In addition, according to the speaking subject, sex is taboo, and the speaking subject assumes dominating power over sexual decisions and hence a “right of power over life” (*ibid*: 55). What can be drawn from the image is that “sex can dominate us, a secret which seems to underlie all what we are, that point which enthrals us through the power it manifests and the meaning it conceals and which we ask to reveal what we are and to free us from what defines us” (*ibid*: 155).

### Rationalization

The linguistic text represents a process of legitimation. The process is achieved by the rationalization of discursive strategy. The chain of reasoning is employed by establishing cause and effect that prompts the need for action. The campaign starts with the argument: ‘I will not share my partner’, opening an assertion through establishing an emphatic declaration by a potential agent of the message, which is meant to persuade and appeal to the sensibility of the viewer to share the sentiment. The argument comes out as a firm and astute determination. This assertion is followed by the Zulu words: Ngoba... likusasa ngelami, translated “because... tomorrow the future is mine” reinforcing the firm declaration, which is given as a reason that rationalizes the argument. This is further followed by yet another reason that explains this intent. The chain of reasoning legitimates the argument of choosing safer sex behaviour. This legitimation is further augmented by the image of a seemingly modern female. The overall argument is that an educated woman is in a privileged position of choosing an appropriate sexual lifestyle for herself. The underlying sense of sharing a partner is a representation of the relationships of power to sexuality. As regulatory establishment, focus is on the body which is “imbued with the mechanics of life and serves as the basis of biological processes: propagation,

births and mortality, the level of health, life, expectancy and longevity, with all the conditions that can cause these to vary” (*ibid*: 139). The linguistic and visual texts draw attention to the body, in this case the female body, through which the speaking subject is concerned about longevity, about health and self-preservation. This is a form of self-surveillance, the panoptic and policing of one’s body (*ibid.*).

### Dissimulation

The social context from which and for which the campaign is situated is mixed culturally and racially. The KZN province is populated by Indians, Coloureds, Zulu, English and Sotho. It is dominated by the Zulu ethnic speaking group. The campuses of the UKZN are populated by different ethnic groups. The female in the Zulu culture is not as liberated as the poster may suggest. The text excludes issues of gender domination, particularly regarding sexual choice and sexual matters. It leaves out power relations regarding sexual practices especially with respect to choice over engaging in sex and choosing not to share a partner. In the male dominated social context, issues of sex are mostly left to the whims of the men. The dissimulation process at work here is the disregard of power relations (Janks, 1998) in the domain of sexual practices and assumption that females have control over matters related to sex and their bodies (*ibid.*).

### Fragmentation

Although a direct verbal statement challenges the female reader, **‘I will not share my partner’**, there is a conspicuous absence of the question tag “would you?” that could have followed the declaration statement. The absence of the question tag acts as differentiation. The visual text of the female face that directly gazes at the reader does the work of challenging and reproduces the power of liberated females, who can not only stand up for their rights but can also declare to the world that they have the power to do so. However, the socio-cultural context of UKZN, DUT (Steve Biko) and UniZulu campuses is structured such that there are females who still find themselves still disempowered.

The expression **‘I will not share my partner’** may signify some hysteria, which Foucault views as one of the four strategies of deployment of sexuality. The hysterization of women, although not involving medicalization of the body and sex carries a hint that it is the female’s responsibility to safeguard their own health and that of society. The involvement of sex as a technique is used as a “crucial target of a power organized around the management of life rather than death” (Foucault, 1978: 147).

### Construction of identity and social relations

The text is categorical and explicitly asserts the intention of the represented participant with the aim of influencing the thoughts and beliefs of the interactive participant. The assertions **‘I will not share my partner’** and **‘I don’t want that in my life’** are direct and full of conviction. Since the text is a product of the Khomanani Campaign, a Government mass media and communications initiative aiming to reduce new HIV infections and increase treatment, intentionally and categorically uses the female image to establish a social identity (Fairclough, 1995) for an empowered female. The text thus gives ‘voice’ to the female who emphasizes self-discipline and self-control; one who is capable of resisting temptation. Power and agency is bestowed upon the female image (represented participant) to pursue the goal of persuading the addressees (interactive participants) to adopt and denounce multi-partnering and perhaps even sex (if it comes to that).

The represented participant (image) seems to use power techniques to infuse introspection and critical reflection on the self through language features and images that depict feminist discourses of empowerment through psychosexual portrayal of the self. The linguistic and visual codes effectively enforce social action discourses that emerge from feminized discourse. This is further realised through personal risk-negotiation and self-invention. Foucault (1978: 140), suggests this power relates to “bio-politics [that is linked] to the empowerment of individuals” through various and many techniques aimed at making them aware of their bodies. He further argues that these techniques achieve “subjugation of bodies and the control of populations, marking the beginning of an era of bio-power” (*ibid*: 140).

The statement **‘I will not share my partner’** could be read as an implicit reference to sexuality. The statement works metaphorically to indirectly refer to female sexuality, “implicit in such metaphors is the idea of making sexuality itself deviant” (Brandt, 1988: 431). The social constructions of gender, based on sexual roles that have been created in our society are such that females cannot be in charge when it comes to sexual issues (Campbell *et al.*, 2005; Covey, 2003; Walsh and Mitchell, 2006 and ICASO, 2007). Thus the statement may signify deviant sexuality, as it is opposed to the status quo of females relegated to sexual passivity. **‘I will not share my partner’** appears to be stereotypical feminist popular discourse. Together with the image, the words are a typical portrayal of a young modern female who feels empowered by social amenities of education and finance to take a stance regarding her life, which is inclusive of making sexual choices. **‘I will not share my partner’** represents a metaphor of gender

empowerment as this statement is mediated through a female. Besides portraying an empowered female, the statement, **'I will not share my partner'** reveals female discourse of risk avoidance. The observation made here of the statement probably culminating to femininity is consistent with Walklate (1997), when he attaches gendered meanings of risk to risk avoidance, which he links to assumption of femininity. Lupton (1999) reiterates this notion by asserting that "dominant notion of femininity tend to represent careful avoidance of danger... more portrayed as the passive victims of risk than as active risk takers" (*ibid*: 161). Hence the statement connotes feminized discourse that leans towards risk avoidance. The campaign uses the notion of passive female sexuality to paradoxically infuse power through a gendered theme.

### Female power and sexual choice

The symbolic use of the image of the female dominating space and the whole page is worth noting. Emphasis seems to be on the sophisticated look, stance and posture of a modern lady. The words accompanying the image, which actually carry the message, are placed as a caption (at the top) and underscore or label (at the bottom), here again it seems to be used "as critical commentary, turning the image into a quasi-statement"<sup>71</sup> The words are relegated to peripheral position. The verb 'share' denotes "equal distribution" (*ibid.*) and connotes partnership culminating to a contract and commitment. Thus the statement invites criticism as it seems to suggest that a sexual relationship is not a mutual decision. The statement suggests that the individual has the power to dictate sexual responsibility to a partner. The question is who has the power to denounce multi-partnering and act on it, the partner or instigator of the words? The auxiliary, 'will not', is a declaration that borders on caution. Also, feminist discourse implied here is drawn from the culture of the modern, sophisticated woman, who can make decisions regarding her sexuality and sexual life, (Gardner, 2007), the will to take responsibility and charge of one's life. This is substantiated by Connelly and Macleod (2002: 8): "Women as primarily responsible for prevention remains as a theme despite the paradoxical acknowledgement of their lack of sexual and economic power within relationships". This is especially true for university female students as they do not necessarily identify with the female in the image. This is substantiated by the response from Nelson Mandela School of Medicine FGD:

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<sup>71</sup> Dillon, G.L. (1999) Art and the Semiotics of Images: Three questions about visual meaning. <http://faculty.washington.edu/dillon/rhythm>.

I'm looking at that poster; I'm thinking... okay I'm not. I'm just gonna talk about the message. I'm actually laughing to myself I'm thinking alright, either she doesn't know that she's already sharing her partner or just give a... [inaudible]. But those are just realities in my life. I know the kind of realities we are dealing with, my main critic with the poster is, it's a beautiful work of art, they are trying to put the youth there, but my main critic of the poster would be, it's not in touch with reality. So overall, the message they are sending out is not in touch with what's impacting on nearly ground zero. It's a beautiful message but it's idealistic.

(Nelson Mandela School of Medicine, Participant 2)

Society is still patriarchal, where the man still dominates issues of sex. Moreover, the lexical choice and syntactic sequence weakens the intended meaning, which seems to be: 'I will not be in a relationship where my partner is unfaithful or has multiple concurrent partners.' However, **'I will not share my partner,'** seems to border on territoriality that translates to the declaration of ownership of the sexual partner and unwillingness to share him (implication of gender) by the represented participant. Unfortunately, the person who makes the sexual decision choice of fidelity is the partner not the female uttering the statement. Moreover, implications may be endless, 'I may put up a fight' or 'I may leave him or her' (in the case of a lesbian relationship). The statement places responsibility over the female to control her partner's behaviour and the legitimated notion implied is that women have power over relationships, ignoring power in the patriarchal domain of sexual practices, "...denigrates the patriarchal attitude of using cultural practices to control and manipulate the sexual behaviour of women" (Kangira *et al.*, 2008: 5).

**'I will not share my partner'** is stereotypical of feminist discourse, a typical portrayal of a young modern female who feels empowered by social amenities, education and finance to take a stance regarding her life, which is inclusive of making sexual choices. This psycho-social empowerment was portrayed in the Australian Press of the 1990s (Lupton, 1994), where females were portrayed and positioned as modern women, who should take charge in relationships and demand condom-use, should not engage in casual sex and that celibacy was the best way to avoid HIV infection.

The statement, **'sex can lead to HIV/AIDS, I don't want that in my life'** is a proclamation of abstinence. As the label, **'I will not share my partner'** proclaims fidelity, contradiction is introduced, especially that the auxiliary 'will not' is emphatic and has a tone of finality. The two statements appearing together may bring a clash between persuading and encouraging choice between fidelity and abstinence. The modality 'can' suggests probability and warns of a possible consequence of engaging in sex. The underlying meaning attached to the modality 'can' also

connotes ability and certainty. Freud's subliminal persuasion strategy is apparent in the somewhat genderized talk resulting in sexually mediated discourse through the voice of a female. Also, emphasis on 'share' as it is written in large letters is to underline the unwillingness to engage in a multiple-concurrent relationship. '**Sex can lead to HIV/ AIDS, I don't want that in my life**' is written in small letters, which suggests the message to be an understatement or afterthought. In the poster, meaning derived is two-fold; the words themselves reflect a firm tone, implying confidence and certainty. The lettering brings out the opposite, a somewhat uncertain and irresolute statement. Moreover '**that**' in '**I don't want that in my life,**' is an emphatic linguistic reiteration of HIV and AIDS. Again this is eliciting the individual's risk perception on engaging in sex and sharing of sexual partners. The words engage power play that could be seen as an attempt to urge control of erotic desires through rationalization of risks involved in multiple-concurrent relationships and the sexual act itself. Further, '**I will not share my partner...**' is an example of ideological construction of gender identity of the modern woman, seemingly empowered to make sexual behaviour choices by being reflected as a member of an imaginary community (Janks 1998) with which she readily identifies.

The repetition of 'I' is suggestive of narcissism, which is some kind of illusionism as sex is not an individual act. However, the statement urges one to be self-critical of one's behaviour. Quite interesting is the observation made by Rhodes and Shaughnessy (1989b), several decades ago when they asserted that a dichotomy of ideologies still prevails and is enhanced by a subliminal strategy of safer sex being seen as an issue of the individual's preservation and interest rather than a societal collective provision and responsibility.

The statement, '**I will not share my partner**' intimates a relation between gender and sexuality, exemplifying cultural questions of power and control where female identities are embodied in cultural/feminine/sexuality practices, where the woman is empowered and has the power to choose to engage in sexual activity or celibacy. The message omits social and cultural practices and the fact that when it comes to sexual activity, two people are involved introducing the element of negotiation and consensual agreement. Dominant discourses of sexuality position women as the objects of men's sexual urges and women may view sexual behaviour in terms of men's needs and drives; and ensuring men's pleasure may be experienced as an expression of affection and commitment.

### Sex as risky

**‘Sex can lead to HIV/ AIDS’**; here sex is positioned as a risky endeavour and inherently underlain and problematized in the message. The public health message conveyed here could be abstinence from sex, which is the safest measure of the other two, Be faithful and Condom-use. Previous studies have reported risky behaviours that have emerged on UKZN campuses (Kunda, 2009; Mulwo, 2009; HEAIDS, 2010b; Mutinta *et al.*, 2013) and females are mostly at risk. Thus on campuses, sexual risk-taking behaviour has emerged as a new sexual culture. Socio-cultural factors are often the driving factors behind women engaging in sexual risk-taking behaviour. They often succumb to socio-economic pressures by engaging in transactional sex and inter-generational sex for comfort. The message is thus directed at females to avoid risk-taking behaviours by making informed choices.

### Multiple concurrent partnerships

**‘I will not share my partner’** addresses multiple-concurrent partnerships (MCP). The statement challenges the dominant construction of hegemonic masculinity of *isoka* that positions men to have multiple partners to prove their sexual prowess and ability to satisfy a number of sexual partners.

### **Positioning of FGDs’ readings**

This section presents the readings and interpretations of the FGD participants regarding the poster. The dominant discourse encoded by the originators of the poster is clearly that females have the power to be in charge of their sexuality. However, the FGD participants had mixed reactions over the poster. Some dismissed the poster as problematic as it seems to be isolated from reality and that it is idealistic. It is generally believed that the words **‘I will not share my partner’** seem to disregard that a relationship involves two entities and thus it is two-way. The words are seen to leave out an important element in relationships, that of reciprocity and that it would be practically difficult to decide on a relationship on one’s own account.

### PMB readings

At PMB, the poster received oppositional reading from the majority of participants. The image was read as unrealistic and directed at an imaginary female in an imaginary relationship. The message was read against the culture that prevails, that sexuality power is vested on males and

not females. Interestingly, both males and the majority of females did not find the image compelling as evidenced by the excerpts that follow.

It's more like, when you say "will not share my partner", it's like you are talking about something that doesn't have its own mind. Like, "I will not share my cup". Whereas, if you talk of your partner you talk of someone who can make his or her own decisions to go somewhere else irregardless of whether you want to share him or you don't want to.

(PMB male participant 5)

Further oppositional reading is reflected in the participants' view of the message being self-centred and was possibly illusionary to imagine that one could influence one's partner.

In our culture, in the African males are the ones who decide on sexual issues or to use a condom or not; In the African context we don't cheat, polygamy has been practised before.

(PMB male participant 6)

So you see the guys know that African women have no say in sexual relationships. The men enjoy, as they can have a lot of girlfriends and there is nothing wrong with that. They have to show their friends that they are real men! And the women have to accept that! Now we have a poster like this, with a woman wanting to push her luck! Women know that they share sexual partners.

(PMB female participant 2)

But if a woman has a lot of boyfriends, she will not manage. She will get finished, used goods! You can't compete with a man! This poster is misleading our sisters. A man has to have variety. The women also don't mind. They can even sleep with a friend's boyfriend! You see we are African and we believe in polygamy!

(PMB male participant 4)

That is the problem. African men are the ones who make decisions about sex. They can even tell you that they love you, when they do not and all they want is to have sex with you. And women agree with all that! Hai it's a man's world!

(PMB female participant 3)

The participants asserted that in their contexts, which they generalized as African, males dominate decisions regarding sex: to engage in sex or to use a condom or not. In this regard they were alluding to hegemonic masculinity, which does not necessarily "rely on brute force for its efficacy, but on a range of mechanisms which create a gender consensus that legitimates the power of men" (Morell, 2001: 9). Thus the image received oppositional reading and was read negatively.

PMB campus participants were also of the view that some print-based HIV and AIDS prevention materials reinforced masculinity and femininity stereotypes: that men should be strong and

muscular and women pretty and obedient to the man. Specific examples of such posters cited were: 'Free condoms available at the clinic' (see Chapter 9) and 'Play it safe' (Poster with Ronaldo's picture, Appendix R). Yet some participants argued that the use of Ronaldo, the Brazilian soccer star, would presumably influence young male campus students to emulate his approach by adopting safer sex practices. The reason given to support the assertion is that Ronaldo has become an international brand and thus the male university students would want to identify with such.

Some HIV and AIDS posters campus seem to show how real men or real women should be like. It's like men should be strong and muscular and women should be passive and do as the man says, like the one that says "Free condoms at the clinic and shows a man and a woman walking towards the clinic, and shows them in bed and the woman is looking on as if waiting for the man start the action.

(PMB female Participant 3)

One poster that reminds of that is the one we are looking at now 'I will not share my partner' is the one that uses Ronaldo, the Brazilian soccer star. He is a handsome and strong-looking man and probably it used to show male university students that even guys like Ronaldo use condoms. Yes you are right, but also remember it can be positive as some campus males might be influenced by such a poster.

(PMB male participant 5)

The assertions are consistent with Bandura's (1986) social-cognitive learning of modelling and social learning (Bandura, 1969). One NGO that uses 'Bandura's social-cognitive learning of modelling and social learning for advocating safer sex practices for men is 'Brothers for Life'. The organization uses posters of other professional stars like John Smit, a rugby player with words "Be a man who chooses to be responsible with sex even when he drinks"<sup>72</sup> and Thierry Henry<sup>73</sup>, an international soccer player echoing the "play it safe" words that are in Ronaldo's poster. Furthermore, participants felt that creative sexual appeal was at play in Ronaldo's poster that also alludes to some machismo that is invoked in the mind of the target audience. This is perceived in the strong, healthy, broad-shouldered male, alluding to a somewhat authoritative and domineering streak that could signify young university male social identity, consistent with self-efficacy in Bandura's (1986) social-cognitive learning of self-efficacy, where the individual sees the benefit of partaking in some kind of action.

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<sup>72</sup> [www.brothersfor life](http://www.brothersforlife.com).

<sup>73</sup> [www.brothersfor Life](http://www.brothersforlife.com)

Regarding risk-taking, some participants felt that some men coerce females into sexual relationships as:

A guy will make you feel guilty for refusing to have sex with, by suggesting or telling you that you don't love him. Or will sulk and leave and the next thing, you see him with another girl. And if you love him, you'll have sex with him.  
(PMB female participant 1)

Hai, you know, that's the situation we face as girls. You find you just have to have sex with your boyfriend, knowing that it is dangerous, especially when you know he has another girlfriend, heish!  
(PMB Female Participant 3)

True that, and sometimes you take a risk, especially after a party and you are both high and feeling so much in love, and so hot for each other and you go for it, *inyama enyameni* (flesh to flesh) and the following day regrets  
(PMB female participant 2)

The above exchanges clearly indicate that students knowingly engage in risky sex but feel pressurised to do so for fear of losing their sexual partners. This is consistent with the findings of other previous studies on university students' risky sexual behaviours (Mulwo, 2009; Mutinta *et al.*, 2013).

The campus environment was also cited as influencing risky behaviours:

Hai! So many things happen on campus, I wonder how a poster like this can influence people to change; you know sexting? People text messages of sex and send pictures of themselves, naked to lovers and or boyfriends. Already there is too much sex on campus. People just look at a poster like this and pass. It doesn't mean anything to them. Haibo, it seems as if AIDS is forgotten on campuses! The life is like it is different form back home in the rural areas. People are always busy on Fridays and Saturdays-partying, having sex.  
(PMB Female Participant 1)

That's why we need posters like these to remind us.  
(PMB female participant 2)

But me I see a sophisticated lady. Polished, healthy, where is AIDS here? This looks like an advert to sell, I don't know what, maybe kitchen utensils? Look at the background  
(PMB Female Participant 1)

Haibo, what do you want see? An unhealthy looking person?  
(PMB male participant 4)

The discourses emanating from the exchanges reflect the reality of the sexual culture that looms on campuses and the potential challenges that it poses for young students who are easily

influenced by peer pressure. By reflecting on their lived experiences on campus, which is motivated by the poster, the students analysed the risky sexual behaviours that are prevalent on campus. The university is represented as a socio-cultural context in which the enactments of high risk youth sexual activity takes place (Leclerc-Madlala, 2002: 21).

However, a few participants positively responded to the image. They linked the image to a new femininity that is evolving, being nurtured by education and career prospects of females.

Nowadays females are becoming more independent more and more choose be and do what they want, they can choose to use condoms or abstain. This is because of education. I would like to continue saying, we have to take responsibility. Now we do things and we shift the blame, I think there should be time where we think, yah I have done this, am responsible for this, I cannot shift the blame and say my partner cheated on me, you take responsibility to put yourself first then you hold yourself accountable for it and stop this thing of blaming the society, we should start taking responsibility, and stop shifting the blame.

(PMB female participant 4)

A few others cited examples of the cosmopolitan environment; with its glamorous and trendsetting magazines that encouraged a new kind of woman, who oozes confidence, self-reliance, independence and sexual power; a woman would to choose to abstain, be faithful or even engage in multiple partnerships, a woman who can choose her own sexual identity.

You see modern life influences women. They see all these magazines that are glamorous and show glamorous women and most want to be like what they see in the beautiful pictures. Yes some women want to be modern. And everyone has the right to choose a sexual lifestyle that suits her.

(PMB female participant 5)

Yes, I agree. You people must be given the freedom to choose. But they should make informed choices. I believe women should also have the power to direct their sexual lives. If the man does not agree with the woman regarding being faithful, then she has the choice to leave.

(PMB female participant 4)

They argued that an individual had a right to choose a sexual lifestyle that suited her. This perhaps is consistent with Mythen's (2004: 28) assertion that "contemporary self-identities are constructed mobile entities which cannot be dissociated from individual choices." Also it was suggested that an underlying notion of power is inherent in the statement. This could mean that one is empowered to make a choice and in this case if the partner cannot be influenced to change behaviour then one would quit the relationship and avoid being bound to infidelity. The poster received a negotiated reading from the few participants.

### Nelson Mandela Medical School readings

At Nelson Mandela Medical School, some participants purported that they perceived the words as a ridiculous statement directed at youth as they tend to venture into voluntary risk-taking, that emanates from peer pressure, by competing to have a lot of partners (males) in order to prove masculinity and having many male sexual partners (females) for a range of reasons: economic, social (to belong) and proof of femininity.

It's a beautiful message but it's idealistic.

(Nelson Mandela School of Medicine Participant 2)

'I will not share my partner', there is a lot of peer pressure it plays a huge role in the youth, nowadays you get teenage boys who are competing to have so many partners, you know so many sleeping partner at once, then you get little teenage girls wanting to have sugar daddies and minister of finance, minister of transport, I mean any teenage boy or girl who...nobody is gonna read that, that is ridiculous statement to them.

(Nelson Mandela School of Medicine participant 5)

Moreover, it was expressed that the modern woman is a different type, who engages in sex out of sheer willingness and does not necessarily have to be emotionally involved and does it for materialistic reasons (consistent with Leclerc-Madlala, 2003 findings). Thus the statement is dismissed as not everybody would be interested in reading and engaging with the poster. Risk-taking behaviour is thus perceived as a means to achieve social status and reinforce identity (Mythen, 2004; Leclerc-Madlala, 2003).

I'm not going to say that there are no people out there who are still idealistic, like 'he's my man', or whatever. But let's be realistic there is a different type of woman out there now. There is a woman who would have sex just because they want sex and they are not necessarily in love with the guy and they would have sex with him because they can. There are also women who go out there telling themselves I want a man who would give me money, who would do this and take care of me. There is a breed of women out there and the man with that woman knows it and they are okay with it. I don't understand why... it's a beautiful message but idealistic. Let's have messages which gonna be realistic, which gonna deal with the realities and the messages that now focus on real solutions. 'If you gonna call me make sure you compromise hundred percent all the time, or don't compromise', that's something I believe is positive, I can do and it's not now influenced by society or my man. Let's start working on messages which are now impacting on what is happening on ground zero, and what is the real situation. Because I know for a fact that we have tons of women who are out there who are going out and finding men who... I don't know what to say... who can maintain them. It's happening, its ...I'm not convinced there is still not that calibre woman who wants to be...why are we not being open and honest in sending messages which are nothing but direct and more focused on what you can do at things which are not influenced by your environment.

(Nelson Mandela School of Medicine participant 2)

The above response not only reports the changing sexual culture of females who are perceived to be progressive and assertive in as far as making their sexual needs known but also shifting trends of power in some heterosexual relationships. The assertion challenges cultural ideologies and dominant constructions of femininity and masculinity by introducing the notion of power sharing and a shift in agency as such partnerships are based on materiality. Transactional sex is thus perceived as a risky undertaking and the message might not draw the attention of such risk-takers. The participant suggested that perhaps messages that addressed transactional sex contracts by identifying the latent risk factors in such relationships could be more practical and compelling.

Oppositional reading of the poster was dominant in the FGD of Nelson Mandela School of Medicine. The assertion from participant 2 echoes the findings of Leclerc-Madlala (2003) at Umlazi Township in Durban, where young females engaged in transactional sex to assert themselves economically and socially. The demand for luxurious things in life is detailed by Leclerc-Madlala in her studies (2002, 2003, and 2004) and is reflected in the outline of the table of needs (Leclerc-Madlala , 2003), (See Chapter 5) that suggests that females often find themselves having to strive hard to meet in order to live up to the standards of university life.

However, one of the participants received the poster positively and confirmed the assertion brought by some PMB participants that the female image of '**I will not share my partner**' is related to the ideology of sophistication and cosmopolitanism. They argue that this is signified

by the image of a carefree modern lady, whose mindset is on portraying her sexuality that would help her celebrate her femininity.

On the contrary I feel this woman in this picture, she is saying she is not going to share her partner, meaning to me that she at any point in time where she realises that her partner is cheating on her, she's going to walk away. Because she believes it's her future and that she in a way that other people to copy her to do as she would do. This is an image of a carefree modern woman who wants to assert her sexuality, but is not ready to take nonsense from anybody.

(Nelson Mandela School of Medicine participant 6)

### Howard College readings

At Howard College, the image received a negotiated reading by some participants as they received the image positively as evidenced from the following exchange:

I think this is much better than the other ones we normally see. I think you would probably stop and look at it, it's like even the colours are pretty cool

(Howard College male Participant 2).

Like this she can influence her partner, she can talk to him and if she knows he is cheating, she can leave him

(Howard College Female participant 2)

Her eyes are very empowering you know standing for what she believes (not clear)

(Howard College male participant 2)

I believe women have to assertive and stand up for their rights. Gone are the days when a woman was expected to do as the partner says. Sex should be negotiated as it involves two people

(Howard College female participant 1)

In our culture (in Zambia), which is African yes, women are believed to have no say in matters of sex, but I believe as an individual, that in order to curb the spread of AIDS we need to empower women to say no to multiple sexual –partnerships and demand fidelity of their partners

(Howard College male participant 3)

I wish there were many men who think like you. Here in KZN, men, Zulu men, rule their women. That is why you see people on campus having several girlfriends and it seems the women let them, but the women mind! This poster is sending a good message to the sisters to stand up for their rights, yes!

(Howard College male participant 4).

The above responses were made by both a male and a female, which is quite enlightening as this is an indication that there are males who may appreciate female assertiveness. The female participants appreciate a self-assured and confident female, who can stand her ground. The

assertions from the male participants above show a deployment of the discourse of masculinity that contrasts with hegemonic notions of masculinity. Such discourses of negotiation could indicate that notions of gender inequality that are entrenched in dominant constructions of femininity and masculinity can be challenged in contexts such as universities, which may be perhaps influenced by the cultural and racial diversity of students. Notably these proclamations were made by the Howard College participants, the focus group which comprised a multi-racial group, but not necessarily representative of the whole multi-racial and multi-cultural student body.

Self-discovery and thinking invested in power reflected and the “regulation of sexuality takes place through powerful discourses of danger where certain types of sexual acts are coloured with ‘risk’ that in turn determine who is afforded sexual citizenship and who is excluded” (Weeks 2003: 105). In this case, risk discourse is embedded in a genderized statement, that also constructs power, which in “Beck’s theory is viewed as the ability to exert more or less control over one’s risks as an individual and as a society” (Fox, 2009: 9). As the words are accompanied by a female image, thus portraying words uttered by a female, this could reflect modern feminized discourses that emphasize a modern woman who is empowered by modern amenities to make informed choices and practice self-control. The Howard College participants further observed that the visual portrayed a confident lady, who knows what she wants; especially that she steadily gazed directly at the camera. Furthermore it was opined that her eyes were empowering and could reflect that she “means what she stands for and believes in it”.<sup>74</sup> One white female member remarked that she could relate to her. The positive reading of the image from a white female could reflect the more liberal culture that may prevail amongst the white race, where females are given more latitude to stand up for their sexual rights. Additionally, participants asserted that the poster portrayed a self-assured, assertive, self-empowered, unique and confident woman.

A few Howard College participants expressed negativity regarding some HIV and AIDS prevention material which enhances the notion that it is the female’s responsibility to promote safer sex practices as evidenced by **‘I will not share my partner’** poster.

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<sup>74</sup> Assertion recorded from Howard College Focus Group Discussion.

Well as much as the poster aims to empower women to stand up for their rights and I agree with that. It seems to me that too much responsibility is placed on women to be responsible for safer sex practices

(Howard College female participant 1)

Yes, men are not usually addressed by HIV/AIDS material to be responsible for safer sex practices. I mean yes, that might be some material out there that persuades men to be faithful or practise other safer sex behaviours, but I have not seen any.

(Howard College female participant 4)

Too much responsibility is upon women, women are given negative labels if they have several partners. But for men it is applauded! The poster seems to put a lot of responsibility on women and it is so hard to cut across gender hierarchies

(Howard College female participant 3)

The image was thus received with mixed reactions, a few oppositional readings and some negotiated readings.

### Edgewood Campus readings

At Edgewood campus, some female participants contended that women should not be held responsible for the process of ensuring sexual safety as partnership is about sharing responsibility and mutual understanding.

A good number of participants suggested that the words '**I will not share my partner**' are a connotation of sexist language, biased towards females which could be translated to a feminist discourse<sup>75</sup>, representing a "woman's right to control her own body including sexual freedom" (Weeks, 1989: 166). This is an indicator that women are the ones responsible for ensuring security and fidelity in relationships. This emerged from one of the FGDs:

That's a bit sexist, in a way that, we girls, not only the connotation that say I will not share my partner as if guys can share their partners, well it's our duty to keep our men, you know, just that the connotation tells us that... [inaudible], there is this, that, vele woman are the people who actually talk and we the ones who actually have the responsibility to keep our men, so that actually why want to have a mate who would say I will not share my partner.

(Edgewood campus female participant 2)

I would agree, just as the times advise on AIDS, a woman is usually there, even if people are gonna come out about their status its usually women, like there, that women, I find it

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<sup>75</sup> Feminist discourse is sometimes regarded as showing female power and taken to mean that woman regard themselves superior when it comes to sexual health matters.

very rare that you'll find a guy on a poster saying 'I discovered my status in this here and wada wada, I'm dying', it's usually always women, it's always pregnant women sometimes, it's always about women. Even on radio, it's always women, why can't it be male, some are there but...

(Edgewood campus female participant 1)

Nonetheless in contrast, one other participant suggested that power is thrust upon the individual to take responsibility for own actions, and thus it is time that individuals should start taking responsibility of their own actions. The participant perceived the poster as advocating self-reflection, self-surveillance and self-care. The statement alludes to governmentality of sexual behaviour and risk-taking.

We have to take responsibility. Now we do things and we shift the blame, I think there should be time where we think, yah I have done this, am responsible for this, I cannot shift the blame and say my partner cheated on me, you take responsibility to put yourself first then you hold yourself accountable for it and stop this thing of blaming the society, we should start taking responsibility, and stop shifting the blame.

(Edgewood campus female participant 3)

### Contrasting the FGDs responses with the dominant discourse

The dominant discourse conveyed by the image is that females have the power to be in charge of their sexuality. The message in the poster was supposedly intended to be an alternative way of persuading safer sex practices, appealing to females to take charge of their sexual lives. The image evoked oppositional reading to a large extent, with most respondents seeing it as unrealistic, given society's perspective on the female relegated status of passivity in sexual relationships. However, some negotiated reading was reflected, where a few females found the text realistic and convincing and even identified with the represented participant. It is worth noting that the negotiated reading of the text at Howard College was received from two white females who were part of the FGD. At some campuses PMB, and Nelson Mandela School of Medicine, where the FGDs comprised blacks, the few female participants who read the text positively were those who seemingly came from an affluent background. In fact, the few females referred to the empowered stance brought forth by the text as educated and how this is meant to influence the environment in which they are raised. The modern lady was perceived as a role model who is set to legitimize how modern women should perceive and conduct themselves by defying all odds, especially hegemonic heterosexuality norms that are built on gender

inequalities. Also, contradicting discourses of masculinity emerged; on the one hand responses alluded to and confirmed existing dominant constructions of hegemonic discourses of male sexual agency and control and on the other hand, introduced a deployment of this power that was shifted to women and shifted to negotiated and shared power and agency, some of which was attributed to existing sexual cultures of materiality and consumerism. These findings are consistent with those of other previous studies (Leclerc-Madlala, 2002, 2003 and 2004; Hoosen and Collins, 2004; Reddy, 2004; Meyer, 2013).

Dominant discourses of femininity that construct females as passive are challenged as evidenced by the allusion to transactional sex being sought after by the females themselves, which lead to them to engage in multi-partnering. 'Sexting', also challenges dominant notions of female passivity as it is a bold risky sexual behaviour that would normally be expected of males and may be a prelude to multi-partnering. These discourses challenge hegemonic masculinities that construct "a rigid set of beliefs regarding the characteristics of men and women and what it means to be a 'real' man or a 'real' woman (Meyer, 2013: 9). The participants' responses resonate with previous researchers' findings on deployment of femininity that finds women engaging in risky sexual behaviours (Leclerc-Madlala, 2002, 2003, 2004; Reddy, 2003; Lengwe, 2009; Mulwo, 2009; Mutinta *et al.*, 2013). Reddy's, (2003) study reveals contradicting discourses of femininity; whilst girls in her study may conform to hegemonic versions of femininity, some viewing sex as an expression of devotion and love, some do challenge dominant gender relations (Reddy, 2003: 204). This aspect is reflected in the discussions of PMB and Nelson Mandela Medical School and Edgewood.

### **Interdiscursivity**

Information regarding the institutional conditions that influenced the production of the poster is important in terms of giving insight into ideologies underlying the poster. Interdiscursivity and intertextual links of the text is explored here as an attempt to link it with social context that influenced the production of the poster. The image resonates with images on the cover of female magazines and other advertising genres like billboards. Examples of such magazines are *Cosmopolitan*, *Drum*, *Move*, *Bona*, *Glamour* and other women's health magazines. The text constructs an empowered femininity. Deidre Donnelly's (1997) research into women's magazines in South Africa reveals how language and visuals are used in magazines to construct empowered and sophisticated femininity (see also Laden, 1997). Furthermore, Egging and

Iedema (1997), research on language in one of the women's magazines in Australia, *New Woman*, reveals that the magazine calls for women's empowerment through individual change.

A shift in discourse is displayed in the poster. In this text, feminist discourse counters male authority regarding sexual issues. In this way, "available discourses constitute our identities and our constructions of the world, where conditions of text production and text reception are gradually transformed" (Janks, 1998: 200). The particular choice of words "**I will not share my partner**" signals a liberal discourse construction, feminist discourse. The text demonstrates a shift in discourse from paternalistic/patriarchal discourse of women's sexual passivity towards women taking decisions regarding sexual intercourse framed by a liberal feminist discourse of gender rights of women as independent human beings with needs. The image of a self-assured, sophisticated woman is similar to the ones that appear on women's magazine covers and other advertising genres. The pattern of lexicalization, though different, echoes that of responses of typical real, self-assured black women interviewed on women's magazines: "Nothing exceptional except by those who dared to believe that something inside them was superior to their circumstances" (edited speech of Wendy Luhabe, Chancellor of the University of Johannesburg, founder of Wiphold, a social entrepreneur, business woman and author, in *Destiny*, October, 2009, issue 21). In another interview in the same magazine, the following words were uttered by an interviewee: "I a Diva — divinely inspired and victoriously anointed [...], "For me, living my dream is about doing what I want, when I want, with whoever I want. I swore that by the age of 55, I'd be marching to the beat of my own drum" (Felicia Mabuza-Suttle)<sup>76</sup>.

The text can be linked to intertextual chains alluding to female liberation. '**I will not share my partner**' could be taken as negating what could be taken as having been said in some other texts. "This negative first sentence presupposes the proposition" (Fairclough, 1992a: 121) that in some contexts; there may have been an allusion that females are likely to condone sharing a partner. "The text carries a special type of presupposition that may work intertextually" (*ibid.*) by incorporating popular feminine speech in order to contest and reject the status quo. Thus the text may be a snatch of other texts. A text that comes to mind is Eve Ensler's (2007), *The Vagina Monologues* that attempts to address female sexual abuse in a different way, by dramatizing the

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<sup>76</sup> Lehihi, M. Interview with Felicia Mabuza-Suttle, *Destiny*, October, 2009, Issue 21.

issue. The text may be linked to this discursive frame albeit not in an explicit way. This could perhaps be a “post-modernist approach offering a stylistic variation for females to construct sexual identity as they choose” (Gibbon, 1999: 107). Gibbon (1999) criticizes Lakoff’s (1975) work that attests to male/female language use difference: where women are purported to typically use forms that expressed uncertainty, deference, politeness, insecurity and emotionality. In post-modernity, women are more assertive and more direct when addressing issues (see example above on assertions made by Felicia Mabuza-Suttle and Wendy Luhabe).

The intertextuality of the words ‘**sex is dangerous**’ can be traced to Lupton’s (1991) research of AIDS, metaphor and heterosexuals in the Australian Press, which depicted AIDS as waiting to destroy the world and depicting multiple sex partners as exceedingly dangerous and casual affairs having the potential to cause death. The intertextual link to limitations’ section of Insurance policies can be traced in the use of small font in the construction ‘**sex is dangerous, I don’t want that in my life.**’

### **Discourse problematization**

The poster of a female taking an assertive role in sexual matters introduces the notion of problematization of conventions applying to negotiating condom-use or when to have sexual intercourse. Traditionally, men dominate sexual relationships and choice(s) of safer sex practices. Thus traditionally, females have been socialized into being passive subjects where sexual relations are concerned. This problematization of conventions for interaction between females and males is vested upon cultural practices. Such problematizations have their bases in contradictions between traditional gendered subject positions (Fairclough, 1992a). The text seems to introduce an alternative to feminist discourse, to the problematization of females regarded as inferior in sexual relations. The discourse alludes to the changing social order and sexual relations in the 21<sup>st</sup> century. The text thus offers a new and creative way in which females are persuaded to “adapt existing conventions in new ways, and so contributing to discursive change” (*ibid*: 96). The text perceived as a discursive event could be an example that contributes to the transformation of female and male sexuality practices through “hegemonic struggle and may therefore try to resolve the dilemmas through innovation” (*ibid*: 97). Thus socio-cognitive processes will be innovatory and contribute to discursive change depending on the nature of the social practice (*ibid.*). Fairclough (1992a) locates “hegemony within Gramscian conceptualization of power and power struggle that alludes to constructing alliances and

integrating rather than simply dominating subordinate classes, through concessions or through ideological means, to win their consent” (*ibid*: 92). To this end the hegemonic aim of the text constructs an alliance with the anticipated female audience. The contested sexual practices lean more to heterosexuality. This is implied in the construction **‘sex can lead to HIV, I don’t want that in my life’** in which HIV is socially constructed as being contracted through sexual intercourse and carries the assumption of penetration with regard to heterosexual couples.

Hegemonic relations shaped by reconstituting social relations (Fairclough, 1995) through a new type of discourse that is innovative deviates from cultural conventions and expectations of a society in which hegemonic sexuality prevails. Fairclough (*ibid.*) refers to the reconstitution of social relations through discourse change in discursive events. Literature on sexuality in the South African context expresses how the socio-cultural context influences the extent to which women and men are able to control various aspects of their sexual lives; ability to negotiate when to engage in sex, conditions under which it takes place, condom usage and how this plays a crucial role in determining their respective vulnerabilities to HIV (ICASO, 2007; Walsh and Mitchell, 2006; Langen, 2005; Covey, 2003; Leclerc-Madlala, 2003; Glaser, 2000). The emphasis on African communities generally and South Africa in particular, in which this study is situated, on sexual power dynamics, associated with prescription of gender roles for women or femininity that thrusts a submissive role and passivity in sexual relations and masculinity requiring men to be more dominating, knowledgeable and experienced about sex (ICASO, 2007), somewhat restricts females from being in control of their sexuality. Hegemonic relations are thus reconstituted in the text by the assertions: **‘I will not share my partner, sex can lead to HIV/AIDS; because...tomorrow/the future is mine; I don’t want that in my life’**. Discursive change is discerned here because in African societies, women are not generally socialised to initiate sexual activity which is perceived to fall within the male domain. The text construction could be motivated by “notions of what constitutes normative heterosexual activity within a society [South African], notions of what constitutes womanliness or manliness which are also in constant flux and are contested and vary over time” (Leclerc-Madlala, 2003: 228). In her study of Transactional Sex and the Pursuit of Modernity,” in Umlazi, a township north of Durban, Leclerc-Madlala reports that township women condone multi-partnering and their perceptions of what constitutes a modern female and sexual equality (achieved through women also engaging in multiple-partnerships just like men; though for the former, the concurrent relationships are motivated by economic reasons) is signified in their discourses. Discursive change may also accrue from contradictions that may:

... occur in the positioning of subjects, such as those involving gender relations, where gender-linked discourses and other practices have been problematized and changed under the impact of contradictions between traditional gendered subject positions which many of us were socialized into, and new gender relations.

(Fairclough, 2003: 79)

The producer of the text anticipates a female audience through assumptions that females belong to the social domain in which they are likely to offer solidarity regarding shared meanings and thus interaction would be conceived through common ground (Fairclough, 1992). “The capacity to exercise social power, domination and hegemony includes the capacity to shape to some significant degree the nature and content of this ‘common ground’, which makes implicitness and assumptions an important issue with respect to ideology” (*ibid*: 92). The anticipation of solidarity may however, be met with opposition by women who engage in multi-partnering in search of sophistication and believe that in so doing they are asserting themselves and are establishing themselves in sexual equity with men (Leclerc-Madlala, 2003). Furthermore, a male readership may also be anticipated, though not addressed directly, through being attracted by the female image in the poster that would have drawn their attention. Other addressees, “who don’t constitute part of the ‘official’ audience but also known to be de facto consumers” (Fairclough, 1992: 80-81) could be university CHASU coordinators, lecturers, administration staff ‘and each of these positions may be multiply occupied’ (*ibid.*). The text may thus invite debate, which it did in FGDs.

### **Social practice**

The Khomanani Campaign aims to reduce new HIV infections and increase treatment, care and support for those infected and affected by HIV and AIDS. This campaign involves wide-ranging use of mass media, public relations and social mobilisation. It is managed by the Khomanani Communication Consortium (KCC) on behalf of the national Department of Health (DOH).

The social conditions of the construction of HIV and AIDS texts are placed within ideological positioning of HIV and AIDS prevention promotion. Subjects are ideologically positioned as lacking knowledge of behaviour change practices or simply just as reckless subjects who do not adhere to sexual responsible behaviour. However, as evidenced by the FGDs, the subjects are “able to act creatively and make connections between the diverse practices and ideologies to

which they are exposed and restructure positioning practices and structures” (Fairclough, 1992: 91).

## **Discussion**

The analysis has attempted to qualitatively interrogate through CDA and Social Semiotics, augmented by Thompson’s (1990) Ideology, and FGDs, representations of femininity in the **‘I will not share my partner’** that persuades safer sex practices, specifically though overtly, abstinence and fidelity (Be faithful frame). The textual analysis and readings of students’ reception to safer sex practices, was analysed within a critical and poststructural framework. Formal features, linguistic and visual that make-up the text were explored first since these elements influence and are influenced by both the production and consumption process (Fairclough, 1992b; 1993; 1995b). Since the main aim of CDA is to explore links between language use and social practice, Thompson’s 1990 critical modes of operation of ideology, a social theory, is used to understand “the ways in which symbolic forms intersect with relations of power” (Thompson, 1990: 56). Symbolic forms “include linguistic and non-linguistic symbols, regularly used to obtain ideological effects” (Janks, 1998: 198).

The analysis reveals that the dominant discourse encoded by the image communicates that by taking charge of sexual responsibility, females could influence achievement of safer sex practices (abstinence and be faithful frames). It emerges that the text displays a site of competing discourses as polysemic interpretations (Hall, 1990) were drawn from its reading, both through Critical Discourse Analysis and by students, in the FGDs held at Howard College (mixed demographic profile, both gender and ethnic); Edgewood (all females); PMB (mixed; females and males) and Westville (all females) campuses. The text revealed layers of discourses and representations at play in the text: deployment of sexuality, representations of femininity, representations of masculinity and sex is dangerous/ sex is taboo.

## **Deployment of sexuality**

The intersection between the gendered image and the linguistic features introduces a counter discourse of sexuality. However, the literature on sexuality in Africa and South Africa in particular attests to the vulnerability of females in sexual relations (Glaser, 2000; Morell 2001; Covey, 2003; Langen, 2005; Walsh and Mitchell, 2006; ICASO, 2007; Omarjee, 2011). The females are relegated to passive subjects and thus it could be problematic for them to assert

sexual power in their sexual relations. Nevertheless, a counter discourse is introduced, that, although, in the South African context, hegemonic masculinity prevails, there is an alternative to the status quo.

The intersection of the image and the linguistic features constructs female subjects as responsible for ensuring sexual health safety. The text can be said to be based on the assumption that taking care of oneself and refusing to share a partner or abstaining from sex, would breed positive results of a healthy looking body. This is an example of discursive control emerging from print-based HIV and AIDS prevention materials, and through this strategy, “power relations are reproduced, not by force or violence, but discourses which facilitate patterns of self-regulation. Risk is thus embedded in sex and gender, the biological and the behavioural” (Gardner, 2007: 542). The social constructionist approach uses discourse to construct events as risks (Lupton, 2006). Certain types of behaviours, in this case, sharing a partner, “are cast as socially polluting and discourses of disapproval and decay are constructed, which are closely linked to moral codes” (Sanders, 2005: 100). A counter discourse, through gendered construction of risk avoidance, but that speaks out as opposed to passivity, introduces sexual liberation (*ibid.*). Normative assumptions about female and male relationships through feminine talk, that females are responsible for influencing males on health issues breed contradiction as contemporary females are expected to be passive about sexual relations, but at the same time are expected to ensure sexual safety. Feminine mediated talk is inherent in the words, **‘I will not share my partner, sex is dangerous, I don’t want that in my life’**. Underlying this discursive declaration is the notion that females are responsible for persuading and influencing males on health, sexual and moral issues. This is an example of responsibility being thrust upon females; an echo of Adam and Eve; Samson and Delilah and Calpurnia and Caesar. Normative assumptions are thus made about females/male relationships through feminine talk. Additionally, power play through rhetoric is displayed and hegemony is inherent in messages coercing females to influence sexual behaviour. It is through discursive construction that the text supports a feminist kind of discursive hegemony (Locke, 2004).

Similar to Benwell’s (2005) discussion of the publication of men’s magazines in which masculine talk was unpacked, it is so in the text, where personified construction of feminine discourse following regular linguistic form is invoked. The personal pronoun, **‘I’** which is emboldened, infuses an emphatic tone. The auxiliary, **WILL** and verbal phrase **NOT SHARE**, together emphasize certainty. Moreover the accompanying picture of a modern female covertly

underscores an undertone of a particular modern woman. The underlying meaning projected by the poster designer is that the female is morally accountable to the values of a sexual relationship.

According to Foucault, sex is not to be seen as an autonomous agency, “which secondarily produces manifold effects of sexuality over the entire length of its surface of contact with power, but as the most speculative, most ideal and most internal element in a deployment of sexuality organized by its power in its grip on bodies and their materiality, their forces, energies, sensations and pleasures” (Foucault, 1978: 155).

Deployment of sexuality through female hysteria ‘**I will not share my partner**’ could be classified as characterizing an emotional outburst, that coming from a woman, who is socially constructed as a passive sexual item. Semantically, the expression may signify some hysteria, which Foucault views as one of the four strategies of the deployment of sexuality. This hysterization of women, although not involving medicalization of the body and sex, carries a hint that it is the female’s responsibility to safeguard own sexual health and that of society. This involvement of sex as a technique is used as a “crucial target of a power organized around the management of life rather than the menace of death” (*ibid*: 147).

The text constructs a counter discourse that elevates females to sexual authoritative power that deviates from heteronormativity, the cultural norm that allows male sexual power over females. The counter discourse contests socio-cultural norms that are built on notions of masculinity and femininity, which in turn create unequal power relations between men and women, in which gender roles prescribed for women demands a submissive role and sexual passivity (ICASO, 2007). The lack of power within sexual relationships lessens the ability of women to make decisions that protect them from infection, such as use of condoms or other barrier methods, while increasing the chances of intimate partner violence (ICASO; Covey, 2003; Langen, 2005; Dunkle et al; 2003; HSRC, 2002;). The text proposes that “sex is a potentially negotiable experiential basis of our relationships to others” (Clatts and Mutchler, 1989: 108). The declaration ‘**I will not share my partner**’, contests the norm that males are decision makers regarding sexual behaviour choice and proposes that it is necessary to challenge heterosexual stereotypes of feminine sexual passivity. In some way the text calls for resistance of the hierarchical gender binary and normalization of sexual identity (Omarjee, 2011). Furthermore, the text subtly proposes mutual recognition for partners to engage with each other regarding

sexual behaviour choice in a sexual relationship as this would anchor mutual respect and particularly self-respect (*ibid.*). Such a proposition factors on the regulation of sex and its negotiability being important for maintaining “received categories of individual identity and sanctioned structures of social relationships” (Clatts and Mutchler, 1989: 108).

### **Representations of femininity**

The representations of femininity are attributed to sources of voices (Fairclough, 2003). In the text the female voice makes a categorical assertion that emphatically expresses truth to her attestation that proposes control of her own body. Weeks, (1989) gives an account of the feminist movement as back as the 19<sup>th</sup> century which fought for the rights of female self-defence against venereal disease and domineering sexual demands. The feminists were however divided about the manner in which they should exercise control of male sexual demands with some advocating complete chastity whilst others supported periods of abstinence. The objective of these proposed actions were to facilitate the action of women to gain control of their own bodies. The text is thus a representation of femininity that echoes the voices of the feminist movement of the 19<sup>th</sup> century described by Weeks (1989).

The text reflects self-representation of femininity that distorts “the workings of male hegemony by demonstrating women’s agency through the use of voice and by highlighting women as autonomous beings” (Omarjee, 2011: 55). The text could reflect hegemonic discourse in which the representation of femininity and its values is placed on what the new empowered female perceives it to be. The text challenges sexual identity because it does not assume women’s sexual passivity or heterosexuality but instead “nuances sexual identity” (*ibid.*: 21). The text alludes to the issue regarding women’s agency and resists perceptions of feminine sexual passivity and feminine subjugation (*ibid.*), through the use of the female speaking against acceptance of multi-partnering.

The language of power is at play through the use of linguistic devices at the micro-level (Fairclough, 1992a, 2003) together with the female image to supposedly coerce females and construct them as the ‘stronger sex’ capable of persuading others to adopt safer sex practices. Power is essential to both sexuality and gender (ICASO, 2007) and thus “patriarchal representations of sexual identity should be resisted by using mutual recognition to shift masculine constructions away from the normative practice of heterosexuality as well as Freudian notion of masculinity, which is based on the repudiation of femininity” (Omarjee, 2011: 16).

Omarjee (2011) corroborates van Zoonen's (1994) argument that distorting and resisting images of women's subjugation displaces subjugation by displacing stereotyping and encouraging women's empowerment.

### **Representations of masculinity**

The image covertly constructs males as promiscuous. The linguistic text and the image (the fact that the words come from a female) connote that men are prone to engage in multiple concurrent partnerships. The participants' responses were contradictory. While some confirmed the dominant cultural notions of hegemonic masculinity, others, especially men revealed some changing notions of masculinity by asserting that men should not be accorded agency and power at the expense of women in sexual relationships.

### **Sex is dangerous/ sex is taboo/sex is risky**

The image constructs sex as death and that sexual relationships could be hazardous and the sexual act a risky phenomenon. Sex is undesirable as it causes HIV and AIDS, which ultimately may result in death. Sex is taboo and is subliminally declared by the speaking subject and assumes power over a sexual decision, which Foucault (1976/1978) refers to as "right of power over life" (155). The text particularizes a specific type of discourse on sex that appears historically (era of HIV and AIDS), and appropriates femininity in power relations (*ibid.*) that enact foreboding.

### **Lexicalized metaphors**

The lexical meaning of '**I will not share my partner**' and '**I don't want that in my life**' read together, introduce mixed meanings: feminized discourse "emphasizes self-care that encourages self-discovery and positions women as "at risk" hence the need to engage in auto-surveillance (Gardner 2007: 541, 543). Subliminal implication depicts male as 'at risk' or blamed as a 'risk taker' and depicting the female as 'risk victim'. Thus the text somewhat identifies an 'at risk' population discerned in females.

**'I will not share my partner; sex can lead to HIV/AIDS, I don't want that in my life'** in the poster seemingly introduce regulation of normative sexual practices among university students. The message implies that if one engages in sex, then one should not be sharing a partner.

Emphasis here is on non-compliance to multi-partnering. An ensuing problem that could arise is that students may rebel against the message, feeling stifled by rules that even regulate sexual relationships. These female students who favour multiple-partnering for socio-economic reasons may feel their needs are not catered for. Surely messages should look at socio-economic sexual contexts for both females and males; heterosexuals and homosexuals in university student communities. Therefore, a needs analysis of sexual contexts of females and males, heterosexuals and homosexuals in various university student communities is needed.

### **FGD readings**

The text evoked mixed reactions. Most FGDs reacted to the text negatively, whilst some reacted positively. The overall nature of the social context may have influenced the FGDs' readings. The oppositional readings drew on how sexuality is perceived in culture, the female being sexually subordinate and expected to be sexually passive. Although the debates predominantly centred on how hegemonic masculinity notions were still prevalent in traditional and campus communities some participants (both females and males) challenged such and moved for more negotiated sexual relationships. The negotiated readings, mainly from female students may have been influenced from drawing upon their self-declared liberated selves. The FGD participants referred to e-technology and print magazines on the market that seemed to promote sex which also provided the context from which they drew upon when responding to Abstinence and Be Faithful messages. Another case in point is the workshop on 'The Vaginal monologues' that was supposedly held on Howard College campus, which was surprisingly mentioned by one PMB FGD participant. The participant vaguely referred to it but could not be drawn to discuss it further due to shyness. However, having heard about 'The Vagina monologues' seemed to liberate females even more to identify with the text and to refer to some sort of self-empowerment. "The interpretation of text that involves interplay between cues and members' resources is in effect a mental map of the social order. Such a mental map is necessarily just one interpretation of social realities which are amenable to many interpretations, politically and ideologically invested in particular ways" (Fairclough, 1992a: 82-83).

### **Conclusion**

In this chapter, representations of femininity constructed in the use of the image '**I will not share my partner**' were analysed and interrogated. Using Fairclough's (1992a, 1995) three

dimension CDA framework and Kress and van Leeuwen's (1996) Social Semiotics; the textual elements, both verbal and visual (3<sup>rd</sup> dimension) were described. Thereafter, the possible meanings attached to unpack discourse at work in context (2<sup>nd</sup> dimension) were interpreted. In doing this, Thompson's (1990) Ideology, following Janks (1997) analysis of Reading Womanpower, to unpack possible ideologies subsumed in the text were engaged. FGDs as interpretative repertoires, for substantiation of textual analysis were engaged. Furthermore, the socio-cultural conditions, which influenced the text's production and consumption, were briefly described.

Clearly, some safer sex promotion materials do reflect some form of discourse representation constituting some social identities, which were used as a way of attracting the target audiences' attention in order to persuade them to possibly emulate their strategies. Although mixed responses emanated from the interpretation of the poster, it is quite clearly indicated that the linguistic text fosters discourses of security and self-empowerment (Rose, 2006). The underlying meaning emanating from the responsabilized discourse used in the text such as this one alludes to sexual power that renders ability to control one's body's eroticism, sexual desires and sensuality. Messages should look at all facets of contexts that include a wide ranging demographics' model encompassing race, gender, age and sexual inclination found on various campuses. Therefore, a needs analysis of sexual contexts of females and males, heterosexuals and homosexuals in various university student communities is needed.

The next chapter explores risk as a discursive strategy in some purposively selected print prevention materials: of four images from the various campuses.

## **Chapter 8: “Where Angels fear to tread, fools rush in<sup>77</sup>”! Risk metaphors as discursive strategies at UKZN, DUT (Steve Biko) and UniZulu campuses for HIV and AIDS prevention campaigns**

Chapter 7 explored representations of femininity in one of the HIV and AIDS print prevention texts advocating Abstinence, Be Faithful and Condom-use (ABC) that was purposively selected from UKZN campuses.

This chapter explores representations of risk in print-based HIV and AIDS prevention materials and how students at the three campuses named above interpret and respond such. Consistent with the previous chapter, the analysis focuses on a critical examination of the strategies (which include linguistic and visual) used by originators of the posters, billboard portfolio prints and murals in order to reveal ideologies that may be subsumed (patriarchal and risk governmentality) in the interplay of the verbal and visual features used in the texts to persuade students to use condoms in selected posters and murals at UKZN, DUT (Steve Biko campus) and UniZulu. This chapter particularly investigates how risk discourses are used in print-based HIV and AIDS prevention campaigns which are consistent with the A, B and C approach at the three campuses. In order to substantiate textual analysis, the investigation of how students interpret and respond to the HIV and AIDS messages and how they position themselves regarding the message is included. In addition, the analysis includes information elicited from key informant interviews that sought to investigate how context influenced the choice of the particular posters, billboard portfolio prints and murals distributed and displayed on campuses.

### **Background**

HIV and AIDS prevention messages generate an ethic of sexual safety and responsibility and thus apportion blame on individuals. The discourse of risk in these messages is associated with

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<sup>77</sup> *Where Angels Fear to tread* is an 18<sup>th</sup> century novel by E.M. Forster. It is derived from an “18<sup>th</sup> English Poet, Alexander Pope’s *Fools rush in where angels fear to tread*, An essay on criticism, 1709. The rush or inexperienced will attempt things that wiser people are more cautious of. In the early 18<sup>th</sup> century, a fool meant someone who behaved foolishly, not a simpleton or one lacking in intelligence” <http://www.phrases.org.uk/meanings/fools-rush-in-where-angels-fear-to-tread.html>. The adage applies to this study as HIV and AIDS print prevention campaigns discourses seem to allude to irresponsible behaviour that youth tend to enact and thus do things that wiser people would be more cautious of.

reckless individual sexual behaviour. There is the assumption that those who disregard the messages are treading on forbidden ground and can only be foolhardy (Lupton, 1999). Print-based HIV and AIDS prevention texts on UKZN, DUT (Steve Biko) and UniZulu campuses offer the opportunity to analyse how risk discourses are used to persuade students to adopt safer sex practices.

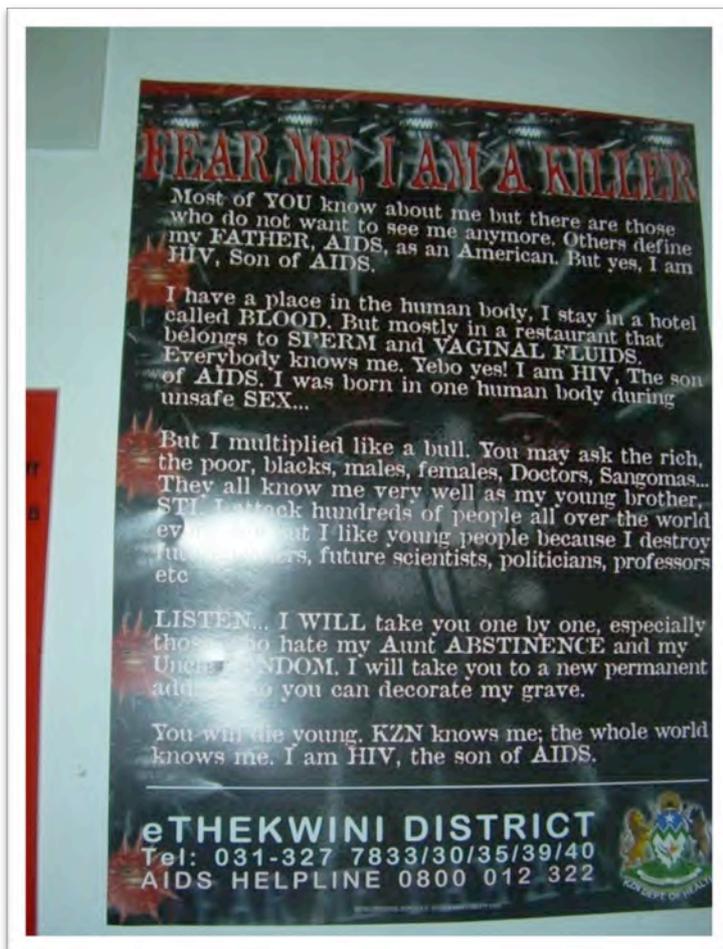
This chapter analyses three images that promote safer sex practices. The images under consideration have been purposively selected from the various campuses. Fig. 8.1 is a poster (photographed by the researcher with the permission of the CHASU Coordinator) that was placed on CHASU notice board at Westville campus. Figure 8.2 is a Mural on UniZulu Student Union Building wall and Figure 8.3 is a Linocut Billboard portfolio print on DUT (Steve Biko campus) wall.

The analysis is based on Fairclough's three-dimensional framework, done in three steps that were outlined in Chapter 6 and restated in Chapter 7.

## Analysis of three images that promote safer sex

### Personification of AIDS through apocalyptic imagery

**Fig. 8.1: 'Fear Me I am a Killer' Poster (photographed in April, 2007 at the Westville CHASU notice board; permission granted by CHASU Coordinator)**



### Text/Context

The poster is a product of South Africa's government, EThekweni District, Department of Health's endeavour to promote sexual health through print messages to alleviate the spread of STI and HIV infections. The poster was put up on a notice board at Westville campus by CHASU as part of an ABC campus campaign that aimed to promote safer sex practices. The CHASU coordinator allowed the researcher to take pictures of the poster.

## **Picture themes and categorical anchors (Schoeneman *et al.*, 2002)**

Picture themes depict AIDS as a monstrous disease. The categorical anchors are: death, danger, blood red letters, and red monstrous scary faces, bared teeth that border the poster, and demonic satanic monster-like faces. The accompanying text identifies AIDS as a killer. Also, the linguistic metaphors use familial deixis to refer to A, B and C, which are the prevention methods advocated by the PEPFAR (see chapter 1 and 4) HIV and AIDS prevention advocacy and were adopted in the UKZN, DUT (Steve Biko campus) and UniZulu campuses. Additionally, the text uses explicit words: SPERM, VAGINAL FLUIDS and SEX. Tone and style adhere to aggressive declaration and authority. Moreover, the linguistic text alludes to the 'other'.

The poster portrays a realm of moral values, in which the seemingly polemic text, augmented with analogies, is challenging and critical of individuals' sexual behaviour choices. The challenge is on issues of morality and risk associated with risky sexual behaviour and rational sexual behaviour choices. Analogies are used to confront the sub-conscious to covertly bring out conscious action.

## **Textual analysis level (Fairclough's 3<sup>rd</sup> Dimension)**

### Linguistic text

This poster is text heavy. It consists of five stanzas. The first stanza has 34 words; the second stanza, 49 words, the third stanza, 55 words, the fourth stanza, 33 words, and the final stanza, 19 words. The total number of words is 190.

The caption, '**Fear me, I am a killer**' is salient in the poster. The verbal phrase, '**Fear me**' is indicative of emotive signification through the verb: 'Fear'. The pronoun, 'me' establishes authority, together with fear produces a threat, a warning. '**I**', rule of deixis signifies a self-acclaimed agent, is introduced for the first time, at the beginning to subtly refer to HIV, which is going to be explicitly named in the first stanza. The whole caption '**Fear Me, I am Killer**' makes an ominous declaration.

### **First stanza**

'**Most of you know me**' is a statistical inference for emphasis. The second person, '**You**,' rule of deixis, and brings in the imagined reader, who should take heed of the message. '**You**' identifies the reader as the addressee of the construction. '**Most of you know me**', is a

Hallidayan concept of theme (Locke, 2004: 48-49) and gives prominence to knowledge of HIV and AIDS. The construction introduces an assumption about the HIV and AIDS plague situation, marking the taken-for granted notion that HIV and AIDS is comprehended by most people. Mental processing is at work and is realised in the transitive clause **'you know about me.'**

**'But there are those who do not want to see me'** the conjunction **'but'** is used to achieve cohesion in the first sentence. **'There are those** who do not want to see me anymore': the demonstratives **'there'** and **'those'** refer the reader back to the audience being addressed and categorize them into those who are not afraid and those who are afraid. **Those** singles out a category and also implies the other category that is not explicitly mentioned. The discourse of othering portrays anxieties and fears projected onto others: "those defined as the marginalized and stigmatized as the risky other" (Lupton, 1999a: 124).

**'Do not want to see me anymore'** signifies a high degree of modality that is introduced in the text through mediated assertion to the statement being made, resulting in emphatic reference to how HIV and AIDS are perceived.

Others define my **FATHER, AIDS** as an American and is yet another categorization of how AIDS is perceived and defined, also explicitly introducing stereotypes of certain groups, thus othering the AIDS risk actor. **But** is repeated in the last sentence, the intention may have been to connect, but fails to do so as there is no link to the assertion being made about AIDS as an American. There has been ongoing debate about the origin of AIDS. Some theories suggest that AIDS originated in America and was brought to Africa. Some suggest it originated in West Africa from chimpanzees. These debates have resulted in introducing discourses of stigma, stereotyping and othering. AIDS was also dubbed as a gay disease. **'Others define my father, AIDS as an American'**, **'there are those who do not want to see me anymore'** constructs identity by means of Derrida's binary oppositions: self/other and us/them. Binary oppositions construct the self by labelling the other as courting doom.

There is no connection since **'but'** should dispute the assertion that AIDS is not American and in this case it does not do that. **But yes**, is a lexical affirmation and an explicit revelation, finally of an assumption that has presumably been made already of who the addressor or agent is.

## Second stanza

The repetition of 'I' four times is an emphatic repetition that depicts authority and also accounts for lexical cohesion. Interactional control is realised in the text structures that reveal power relations that are being constituted in this stanza and across the whole text through the emphatic repeated use of 'I'. **I have a place** in the human body and **I stay in a hotel**, give strength to the proposition. **Hotel** and **restaurant** are metaphors that ontologize (Moscovici's Social Representation Theory, see Chapter 3) HIV and AIDS. The use of these metaphors aims to ontologize HIV and AIDS and also to probe critical thought and consequently, action by the addressee, "metaphors structure the way we think and the way we act, and our systems of knowledge and belief, in a pervasive and fundamental way" (Fairclough, 1992a: 194). **Everybody knows me** is an emphatic assertion yet again and yet another repetition. The lexical cohesion is theme as used by Fairclough that identifies 'common sense' assumption about the nature of things (Locke, 2004: 48); in this case, knowledge about AIDS is presumably common sense to everyone. However, **everybody knows me** contradicts assertion in the first stanza, **most of you know me**.

**'I stay in a hotel called BLOOD**, evokes a chilling effect. **BLOOD, SPERM** and **VAGINAL FLUIDS** are used to explicitly refer to the reality of the situation, alluding to how the AIDS virus is transmitted. The explicit reference to sexual intercourse however, is apocalyptically referred. Apocalyptic discourse is linked to a voyeuristic construction and almost echoes pornographic material. The explicit reference to sperm and vaginal fluids may evoke a repulsive or fascinated response. Vaginal fluids and semen are represented with disgust; Miller (1997) posits that:

substances that originate from within the body and emit from bodily orifices (the nose, the eyes, the genitals, the anus, the mouth are risky and potentially defiling to oneself and others, when they escape from the proper place — inside the body to outside the body and we are made aware of their existence.

(Miller, 1997: 97)

Sexual intercourse with its associated bodily fluids is not just represented by sheer disgust but also with dread and foreboding.

### **Third stanza**

Repetition of knowledge of **HIV** appears in the third stanza as well, '**they all know me**', with emphatic construction, '**very well**'. The use of a referential demonstrative 'they', yet again marks lexical cohesion.

### **Fourth stanza**

The lexical construction in the fourth stanza, starting with the imperative, '**LISTEN**' signifies demand for attention and asserts power over the viewer.

### Transitivity

The transitive verbs: attack, like, destroy and take, together with the rule of deixis, the first person singular 'I' and second person 'You' mark the relationship between the self-proclaimed agent (imaginary participant) and interactive participant. The clauses such as: '**I attack hundreds of people**'; '**I will take you, one by one**'; suggest an action process where the self-proclaimed agent, HIV, declares to work upon a goal (Fairclough, 1992a; Locke, 2004). Transitivity works to produce power relations, the interactive participant (the viewer) is positioned as a helpless victim, whilst the self-proclaimed agent threatens or declares to take action having assumed the power to do so. The constant repetition of the transitivity pattern aims to stress the power that HIV holds over the addressees and the need for the viewers to take heed of the warning.

### **Discourse practice level (Fairclough's second dimension)**

#### Choice of vocabulary

The use of poetic devices, analogy, hyperbolic noun phrase that are statements of impending doom coupled with solutions for individual behaviour change results in a melodramatic appeal. Like 'Elegy written in a country churchyard'<sup>78</sup>, illusion of mourning, painting, carving and

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<sup>78</sup> *Elegy written in a country churchyard* (1750), is Thomas Gray's 18<sup>th</sup> century poem. Thomas Gray was an English poet in the 18<sup>th</sup> century. Mr. John J. Miller, May, 2013 reviews the poem thus: Meditation on mortality. The poem begins with description of a rural cemetery in darkness, turning to the fates of the people, who lie six feet below. Poem ponders the path of grief, the challenges of commemoration and the mystery of what lies beyond life. There is a mix of themes of death, gloom and Christian belief, prefiguring the Gothic movement. *The Wall Street Journal*. U.S. edition, Friday, May 17, 2013 <http://online.wsj.com/article.SB100014241278887323716304578482950460324738.html> Retrieved 10/06/13

composing epitaphs on tombstones of the already imagined perished young generation evidenced in the words: **‘I like young people, because I destroy future leaders, future scientists, politicians, professors etc.’**. In the poster, we see a yearning for a moral ‘disease less’ society, some kind of Utopia, free from reckless risky sexual behaviour. Language from popular culture and elements of latent inter-discursivity are inherent in the text: **‘multiplied like a bull’**, and **‘Yebo yes’**. Several effects can be realised from the mixture of discourses: the addressees may not take heed of the message as it may be full of confusion; they may dismiss the message as purely poetic and not engage with it. One FGD participant at Westville campus commented that “the message didn’t really make sense to me until the researcher read it loudly to us, even then, it’s seems like poetry and just a picture of doom, quite confusing” (see FGD responses to the image in the subsequent sections).

#### Pronoun use

The use of the pronoun ‘I’ employs the rule of deixis, the subject and potential agent. Also, pronoun ‘I’ personifies HIV and AIDS. Also, the pronoun ‘I’ apart from giving explicit agency, gives ‘voice’ to HIV. The virus is positioned as an attributive specific agent. The ‘voice’ instils fear of the virus itself and ultimately AIDS and DEATH.

**‘I am HIV, the son of AIDS. I was born in one human body during unsafe sex...’** The poster aims to discourage anti-Abstinence and anti-Condom sexual behaviour attitudes.

**‘I will take you one by one, especially those who hate my Aunt ABSTINENCE and my Uncle CONDOM’.** **‘I will take you one by one’** is a reflexive verbal process that aims to make the reader self-reflective by constantly repeating the second person deixis ‘you’. The reflexive process culminates into a forceful discourse strategy that aims to propel the interactive participant into action. The reflexive process aims to urge interactive participants to change their lifestyles, not collectively but individually (Fairclough, 2003). The first person singular pronoun is a reference to the actor/agent, HIV, which has been personified as a human being. The agent displays ominous authority through the repetition of the first person singular **‘I’**. The active voice, through personification (Fairclough, 1992) is used to give prominence to HIV, to highlight it as a problem. The interactive participant is addressed directly through the use of the second person **‘you’**. The second person deixis is fore-grounded and directly addressed to directly involve him/her. The construction of the text through the verbal processes could be ideologically fore-grounded reflecting government’s induced hegemonic discourse.

The message has an overall threat/fear appeal strategy. The gloom and doom inflected in the message through the use of poetic imagery is effectively allegorical. **‘Most of YOU know about me but there are those who do not want to see me anymore’**. This introductory line is meant to be a punch line and challenges the reader to submit to the knowledge of self-acclaimed authority by HIV. The capitalized **‘YOU’** is meant to arouse attention. It is emphatically written to bring out the tone that dares the reader to disagree. This is confirmed by the words that follow “... know about me but there are those who do not want to see me anymore.” A hint of mockery is reflected in the underlying tone that dares one to admit knowledge of AIDS’ existence. The pronouns “You” and “me” have relational value that introduces power relations, interaction and assumes conversational style.

**‘Others define my FATHER, AIDS, as an American. But yes (emphatic repetition), I am HIV, son of AIDS’**. The reference to ‘others’ suggests the tendency of people to attach AIDS and HIV to others. The link between AIDS and HIV is confirmed in the father/ son allusion (a subject that has been debated upon in South African politics, pre-empted by the former President of South Africa, Thabo Mbeki, who rejected the link between HIV and AIDS in his utterances in 2000). An American allusion is made to unsubstantiated reports of the origin of AIDS, from America, from gay males (Panos, 2003). Underlying this assertion is the stereotype that emanates from “othering” that AIDS is/was an American problem... **(Others define my FATHER, AIDS as an American. But yes, I am HIV, son of AIDS.)** The otherness is confirmed by **‘others define my FATHER, AIDS as an American’**. This is categorization of those ‘at risk’ and those possibly who are not. Lupton (1993) argues that the various definitions of risks seem to identify self and the other meant to apportion blame upon stigmatized minorities, as was the case of associating AIDS with gays in the past. Douglas’ cultural/symbolic perspective emphasizes threat posed by those deemed responsible for risk. This categorization apportions blame on others and labels those who succumb to risk as deviant. Categorization is done through the use of discourse that results in generating a category of deviance (Foucault, 1961/1967).

The reference to America may well allude to the gay community (minority group) of the 1980s in America, who were blamed and stigmatized for the advent of AIDS. It is quite amazing to find this allusion in a South African poster of the 21<sup>st</sup> century in an era where HIV and AIDS prevention campaigns claim to de-stigmatize the epidemic. It is interesting that the poster is meant for a supposedly more enlightened discourse community of university students who may

not be so ignorant as to think HIV and AIDS' origin should influence their decisions regarding sexual behaviour choice. There is also an element of racialization and stereotyping at work. The use of pronoun 'I'; possessive, 'my' and nouns: 'father', 'son' introduces the human element, thus being analogous by connoting AIDS as human. The use of 'father' and 'son' to refer to AIDS and HIV make the phenomena real. Gendered discourse reflecting patriarchal power is inherent in the use of 'father' and 'son' and a notable exclusion of mother, a maternal and matriarch figure. The ideological representation subsumed in the masculine constructions may suggest that males hold the power to life and death, the male having power to initiate and control the situation. The personification of AIDS and HIV is also interesting. The uses of the pronoun 'I', adverb, 'my' and nouns 'father', 'son' introduce the human element, thus connoting AIDS as human.

The use of **But**, suggests a somewhat indifferent assertion/affirmation, not a refutation of the stereotype. The contention is however implicit and seemingly dismissed as not so important as the point is that of the proclamation '**... yes, I am the son of AIDS**'. Interestingly, the indirect reference to origin, infused in the metaphor emphasizes AIDS historical claim to have originated from America. Otherwise there would be no reference to an alleged place of origin. These claims to the origin of AIDS have been controversial for decades. One therefore questions the relevance of this introduction on a poster meant to caution people against the epidemic. The discursive use of othering depicts the fragmentation process in which there is a deliberate aim to use the divide and rule strategy in order to categorize and stigmatize those who are prone to risk-taking. The other, alluding to Douglas' risk and "otherness conceptualized as different from the self — is the subject of anxiety and concern" (Lupton, 1999a: 124). Also reflected is Foucauldian scrutiny of the deviant; the text constructing a discourse aiming to persuade the addressees to scrutinize their sexual behaviour in order for them to adjust their behaviour accordingly (Burr, 1995).

The representation of AIDS, constructed as a dread disease, it being demonized and individuals being faulted (Sontag, 1990). The epidemic is anchored in concepts such as otherness and victimization (Schoeneman *et al.*, 2002: 14). The anchoring of the epidemic is achieved through the use of the analogy trope and thus information is presented indirectly in order to persuade and instil a deeper sense of meaning in the representation of risk.

**'I have a place in the human body'**. This is a subtle shift from the human element to the parasitic one, for staying in a particular domain suggests dependency or surrogacy. The **'human body'** in this case offers refuge to the imbecile. Also implied in the stanza is the virus being in

its embryonic stage in a womb, a zygote waiting to be born. Also, the pronoun **'I'** is deixical and used as a potential subject. Furthermore, use of noun phrase and noun, **'human body'** and **'blood'** forges the abstract phenomenon of the existence of the HIV virus through naming, by **'locating it in the identity matrix of culture'** (Moscovici, 2000: 46)

**'I stay in a hotel called BLOOD, but mostly in a restaurant that belongs to SPERM and VAGINAL FLUIDS'**. The verb **'Stay'** suggests permanence. The use of analogy is employed to liken the human body to a hotel. This invites possible meanings attached to hotel: place of relaxation, enjoyment, holiday, such is the ample cosiness and opulence offered by the human body to nurture the HIV virus. The abode offers abundant comfort and nurtures the parasite that enjoys relaxation, enjoyment and comfort from BLOOD. The (proclamation) that HIV stays in a restaurant belonging to SPERM and vaginal fluids instils a phenomenon of abundance that the human body seems to have, that there is enough accommodation in the human body for the virus that seems to roam freely from one abode to the other.

**'Everybody knows me. Yebo yes! I am HIV, The son of AIDS. I was born in one human body during unsafe SEX...'**

**'Everybody knows me'** is a deliberate repetition to emphasize knowledge of AIDS, although now at this juncture, it is not **'Most of YOU know me, but everybody'**. This assertion affirms the ubiquitous nature of the virus. **Yebo yes!** is a popular South African expression that is present in various media contexts marks the inter-textual means of drawing the attention of the reader. The expression, together with the exclamation mark is meant to be emphatic in retaining the attention of the reader. Underlying this statement is some measure of arrogance and foreboding with a tinge of triumph. This is followed by the repetition of **'I am HIV, The son of AIDS'**, which is imperious. The punch-line follows; **'I was born in one human body during unsafe SEX...'** Risk governmentality that is directed at how individuals should regulate their sexual practices and lifestyles in order to empower themselves is inherent in the message. The power that is being enforced aims to promote self-empowerment, the power of self-surveillance. The use of ellipsis is thought-provoking. In this line, a suggestion is finally made of a possible cause of HIV. Invariably, a risky lifestyle is implicated as a threat to exposing oneself to HIV. This is positioned rhetoric of blame (Farmer 1992), within the social context, where the individual represents a whole social network. Unsafe sex is blamed on carelessness and negligence.

**‘I was born in ...’** may suggest birth of a monster. The preposition **‘in’** also suggests appropriation of space in the body, not outside. Birth denotes coming out into the world but the virus’ birth is contained inside the body. Also there is repetition of the connotation of AIDS as human ontologizing the epidemic as something tangible that can be imagined in the concrete sense.

**‘But I multiplied like a bull’.** The linking word, **‘But’** introduces comparison, unlike the human zygote, the virus multiplies, whereas the former does not. Contrary to being conceived as one or the cell dividing into multiple embryos, the virus proliferates from one. The word multiplies also connotes speed and denotes abundance that is so liberal. The word **‘bull’** connotes strong, virile, ominous, daring and may allude to the cultural origin of the originator. The eThekweni municipality is named after the shape of the harbour, which the Zulu suggested resembles the bull’s testicle. The bull could be a revered domestic animal. **‘Bull’** also connotes sexual prowess in African contexts and depicts power and a raging libido, especially among the youth.

**‘You may ask the rich, the poor, blacks, males, females, doctors, sangomas<sup>79</sup>... They all know me very well as well as my young brother, STP’.** Underlying this sentence is the claim to be indiscriminate, however, racial prejudice is injected, which breeds confusion and double meaning. Further, other professions are left out except the medical and academic disciplines, and only the western and African are cited. Also, these are depicted as agents responsible for treating, curing and informing about diseases. However, HIV and AIDS have proved to be a challenge even to these groups as people look up to them for health and knowledge relief. Quite noticeable is the exclusion of other healers such as spirituals, prophets and palmists, psychotherapists and elders. HIV and AIDS is a social disease that affects the bonds of love (Omarjee, 2011) but the poster only refers to mystical healers. Furthermore, HIV and AIDS are neither confined to the medical and academic professions only nor western or African societies. Additionally, the message seems to be designed for blacks and Christians only, leaving out other races and religious groups. The ellipsis at the end of the sentence leaves out some information not available to the reader, inviting multiple assumptions and speculations. Leaving out other cultural, social and professional groups positions them as referents for generalized allies of HIV

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<sup>79</sup> Sangomas, in African cultures are traditionally revered as diviners and are presumed and trusted to heal any worldly disease

and AIDS. The link between HIV and STIs is made by inferring to genealogy: **‘my young brother STI’**. There is constant repetition of humanizing sexual reproduction diseases as seen in this line.

**‘I attack hundreds of people all over the world everyday but I like young people because I destroy future leaders, future scientists, politicians, professors, etc.’**

The pronoun **‘I’** is authoritative and its constant repetition throughout the poster and thrice in this line affirms this. The military metaphor **‘attack’** is used for effect, and like a single missile numerous people fall victim to it worldwide and daily. The multi-modality technique is not lost. The emphatic linking device “but” is seemingly antithetical as it translates to ‘though the virus destroys hundreds of people the ones most vulnerable are the young people’. This is possible because of their recklessness, carefree, irrational and risky sexual behaviour. The youth are positioned as referents for generalized infection and acquisition prompted by risky sexual behaviour. The text alludes to the culture of sexual lifestyles: reckless non-use of condoms, promiscuity and infidelity adopted by the imagined community, which in this case is the various university student communities. Further, apocalyptic imagery is used to paint a bleak picture of the future that is riddled with foreboding that marks the end of the world emanating from the destruction of future leaders, scientists, politicians and academics. The elliptical ‘etc.’ yet again is meant to evoke more thought into the mind of the reader. The originator’s claim to power in influencing safer sex behaviours (through the personification of HIV) is reflected in the use of threat and blame statements.

**‘LISTEN... I will take you one by one, especially those who hate my Aunt ABSTINENCE and my Uncle CONDOM’**. This line implicitly evokes the Grim Reaper Campaign (see Lupton, 1990 ). The stance of inter-changing and inter-linking used is quite interesting as it is inviting back the attention of the reader in case it has been lost. This is quite meaningful for a print text as it has the disadvantage of losing the interest of the reader. Thus the technique is meant to keep up the momentum. The mode is rhythmic. The use of ellipsis after **‘LISTEN’** challenges and invites more thought to the message. Furthermore, the stanza is resonant with moralistic panacea and life-style threat that is often prevalent in health promotion campaigns (Clarke, 1991: 302). Moreover, the stanza hints at one’s responsibility for health and attacks individual lifestyles and at-risk behaviours (Crawford, 1977). The discourse of self-responsibility positions individuals in some form of surveillance that requires self-regulation and control (Lupton, 1999a). This discourse borders on risk governmentality.

**'I WILL TAKE YOU ONE BY ONE'** invokes power relations: **'I'** has power control. **'I'** and **'you'** create positions of control in which the former subjugates the latter, which has underlying pathological/mortality and morbid influence. HIV assumes the speaking subject and commits to a declarative statement that positions the speaker in relations of power by issuing a threat to the reader and declaring impending doom to the reader. Here is seen modality of truth through knowledge claim that the statement is true and irrefutable. The active voice explicitly spells out the agent and one in a position of authority (Fairclough, 2003).

An inevitable link to promiscuity is prominent in the poster through linguistic choice. As is inevitable, the poster is alluding to the association of AIDS with reckless sexual behaviour. In their study of British adverts of the 1990s, Rhodes and Shaughnessy contend that the "linkage of 'promiscuity' with death does not provide an effective point of identification for the viewer [as] few people if any, will define themselves as 'promiscuous' and will therefore reject the message as inapplicable to their own sexual behaviour" (1990: 57). Also, the language describes "moral perversion and uncontrolled self-destructive [behaviour] indexing the speaker's desire to mitigate the pain caused by the consequences" (Kangira *et al.*, 2007: 6) of reckless behaviour.

Apocalyptic imagery echoed from the book of Revelation (a prophetic disclosure) is issued as a warning to society, of the impending doom caused by deviant sexual behaviour that may lead to AIDS. Apocalyptic threat is once more hinted in the line: **'I WILL TAKE YOU ONE BY ONE'** and a warning to those who indulge in risk-taking behaviour. This is a warning issued to those who do not change their sexual behaviour. The discourse of risk pervading the poster suggests "ideologies of mortality, danger and divine retribution" (Lupton, 1993: 425). Also, subsumed in this is an implicit reference to the realm of moral values, where individual sexual behaviour responsibility is implored and attacks "at risk behaviours" (Crawford, 1977: 668) by emphasizing self-control and challenging individuals to evaluate their risk of succumbing to disease and change their behaviour accordingly (Lupton, 1993: 425).

The words, **'Aunt ABSTINENCE'** and **'Uncle CONDOM'** are gendering sexual precaution in that **'Aunt ABSTINENCE'** suggests it is the responsibility of women to practice chastity or be celibate. Further allusion is made in **'Uncle CONDOM'**, that condom-use is the responsibility of men. It conjures up images in the mind that since the condom's shape is phallic; it then signifies that it is the male who is responsible for condom-use (also see Chapter 7). Thus **'UNCLE CONDOM'** and **'Aunt Abstinence'** signify connotations of linguistic bias to gender,

more-so that the female condom has been left out. The constructions result in risk actor and risk subject being genderized.

**‘I will take you to a new permanent address so you can decorate my grave’.** This line signals an ominous foreboding. Further, ideology of mortality, danger and divine retribution (Lupton, 1993: 325) is echoed sending signals of promise, threat, warning and prophetic disclosure. The words, **‘... a new permanent address’** have a chilling effect and are a reminder that death is a final place of relocation. Also, **‘... decorate my grave’** is resonant with funeral rituals (of placing wreaths on graves and tombstones). Additionally, the words, **‘I’, ‘you’** and **‘my’** in **‘I will... so you can decorate my grave’**, play the role of discourse positioning where the humanized monster is portrayed as the creator and the audience, the helpless victim. Moreover, the **‘decorating’** of the grave is a mocking challenge to the victim. The menacing undertone is constantly echoed through the expressions: **‘fear me’, ‘I am a killer’, ‘destroy’, ‘grave’** that underlines the notion of death. Death is recontextualized by conjuring up its image by introducing AIDS and death in the form of decorating graves, reminding the reader of the finality of death. This is reiterated through the use of the words: “new permanent address”. Representation of death comes about through HIV being a causative agent that eventually leads to AIDS and death.

**‘You will die young. KZN knows me: the whole world knows me’.** The auxiliary **‘will’**, manifests high affinity modality. Here again, modality of truth, knowledge claim that is true and irrefutable is asserted. Again, apocalyptic imagery is used to echo the bleak future that seems to loom ahead for future generations. This has been said already, but repetition seems necessary for emphasis. Also specific reference is made to KwaZulu-Natal, which is targeted in the campaign and the rest of the world is mentioned to avoid exclusion. Analogy used to warn of impending doom inherent in the message is an implicit reference to safer sex measures, although indirectly, meant to serve as solutions for individual behaviour change, resulting in a melodramatic appeal. Foucault’s discursive approach on how language and representation is used to produce meaning through discourse that aims to regulate sexual conduct is inherent in the **‘fear me’ ‘I am a killer’**, constructions.

The final line, **‘I am HIV; son of AIDS’** is meant to be the closing punch, it recollects the message through repetition for emphasis.

The language in the poster may resonate with praise poetry discourse. It uses figurative devices yet it does not constitute poetry although it has a fairly forced sustained metaphor. The poster uses rhythm and alliteration to achieve poetic stance that would stimulate the reader's mind and reasoning. It has a sensational opening through explicit reference to the word, Fear, which has the underlying meaning of death, doom and the apocalyptic. The discourse topic is HIV and AIDS is a killer. As part of its persuasive strategy to instil fear and encourage behaviour change, the poster also draws on numerical metaphors such as **'multiplied', 'hundreds of people'**.

This poster aims to encourage safer sex behaviour by instilling fear in the reader in a somewhat humorous way. To create the fear factor, the poster draws on an approach that ontologizes the unfamiliar (virus) by using an "impersonating voice" in the virus, by making it human and using familial nouns and analogy. The use of analogy is meant to give some parallelism to the medical explanation of how the virus travels in the body and to cover the gap created by lack the of expert voice of the medical discourse in the poster. The medical expert voice helps to make the information credible and to authenticate claims.

The poster infuses sociological approach by using kinship network, the father, AIDS; son, HIV; young brother ,STI; aunt, ABSTINENCE and uncle CONDOM, from nuclear to extended family. Surprisingly, mother, daughters and sister are absent. Could this be sending more messages? The absence of the female gender may be linked to Derrida's notion of absence, that is, what is absent is conspicuously present. The mere absence of the female gender makes one to pay attention to the information. A possible message that may be sent could be that mothers, daughters and sisters are effectively protected by the others in the kinship network and that since they supposedly bind the family, are naturally responsible.

The image is inundated with lexical constructions of doom that looms over those who are sexually reckless. The poster has an eye-catching caption that introduces a self-declared killer. The choice of the words 'Fear me', have an underlying challenging evocation. **'FEAR ME I AM A KILLER'** is a latent manifestation of threat. Fear introduces despair; an emotion closely tied to AIDS, hence the stigma. The word 'killer' anchors HIV and AIDS through labelling it a killer. The word, 'Killer' is a strong adjective meant to arouse fear already mentioned. Moreover, 'Fear' is used explicitly to express signification and aggressive style. Furthermore, the text uses 'Fear' to rhetorically employ a war metaphor as fear is often instilled in combatants. The personal pronoun 'me' is used by the speaking agent to assert authority.

### Thematic anchoring

The poster relies on thematic anchoring to represent HIV and AIDS. The process of anchoring became useful in the late 1980s for research in HIV and AIDS, when a number of investigations applied it to identify metaphoric anchors that served to characterize AIDS. The disease and its victims were identified with: death, plague, evil, cancer, punishment, sexually transmitted diseases, homosexuality, war, crime, urban woes, contamination, victim and perpetrators and status of the other (Schoeneman *et al.*, 2002: 15-18).

In the poster, thematic anchoring is achieved through a number of ways such as personification. Personifying HIV as the son of AIDS gives it self-glorification and accords it agency and raises it to genealogical proportions (Moscovici, 2000). The emphatic constant repetition of 'I' represents power relations; the self-acclaimed agent assumes power over the interactive participant, who is categorically relegated to a passive and helpless position. Thematic anchoring is also achieved through the use of analogous metaphors. Tropes such as metaphor, analogy and irony are used to present information in an indirect manner in order to persuade and instil a deeper sense of meaning to what is represented). Personification associates a concept with a person and gives a label accordingly, for example, associating: AIDS with 'father' HIV with 'son', 'Aunt' with abstinence, whilst ontologizing makes the concept into something real, something imbued with physical properties (Schoeneman *et al.*, 2002: 18). The process results in ontological metaphors (*ibid.*). Ontologizing may help people to understand a complex phenomenon, especially one that may be difficult to comprehend.

### Anchoring through analogous metaphors

Several analogous metaphors are used as persuasive strategies to behaviour change. Hotel and restaurant are analogies used to depict the parasitic nature of the HIV virus, attaching itself to a place of abode. Aunt Abstinence and Uncle Condom are used analogously to implicitly persuade safer sex strategies.

### Naming and explicit reference

In some places the text uses naming and explicit reference to biological phenomenon: sperm and vaginal fluids. Also there is explicit reference to the primary cause of HIV, 'unsafe sex'. The reference to conception is used in order to reiterate the expression referring to the primary cause

of HIV. The explicit reference to sperm and vaginal fluids may be repulsive or may invoke fascinated response.

### Intertextuality

Intertextuality is realised through use of popular speech as interactional convention: ‘Yebo Yes!’ The use of popular speech that is borrowed from social and cultural networks aims to make the students identify with the message.

### Students’ readings of the text

Responses from students on HIV and AIDS messages show some contradictions. Some participants read HIV and AIDS messages as presenting HIV and AIDS as retribution and punishment for reckless behaviour.

Hai you see the poster is addressing risky behaviour. If you have sex without condoms, you putting yourself at risk, and you get sick and you die. It is like God is punishing sinners or those who lack morality. Remember what the bible says about adultery? Fornication, punishment.

(Westville participant 5)

But you see, young people already experiment with sex, they do it anyway. They go flesh to flesh; they look for it, on campus. It’s like people are sex crazy. Hai. So you see a lot of us are sinners where sex is concerned.

(Westville participant 3)

The participants engaged in critical reflection of the risky sexual culture that is prevalent on Westville campus. They reflected on sexual risky practices of condom-less sex that some students engage. Previous studies on sexual risk among KwaZulu-Natal university students report that the university environment offers enormous opportunity for risk sexual behaviours including safe sex (Mutinta and Govender, 2012). Mulwo (2009) also found out that students are at risk because they are adventurous and often engage in casual sex, age disparate sexual relationships, multiple concurrent sexual relationships, unprotected sex and open sexual relationships. The assertions by the participants above resonate with the above researchers’ findings. Yet another researcher echoes the participants and (Mulwo, 2009; Mutinta and Govender (2012) findings that universities are potentially risky environments for sexual adventurous students:

Campuses constitute a potentially fertile breeding ground for HIV/AIDS. They bring together in physical proximity devoid of systematic supervision a large number of young adults at their peak years of sexual activity and experimentation. Combined with the readily available alcohol and perhaps drugs, together with divergent levels of economic resources, these circumstances create a very high-risk environment from an AIDS perspective.

(Saint, 2004: 6).

The above argument is further reiterated by the participants:

Hai, life here on campus is hectic, risky. There are parties that are sometimes really something. At these parties, they have sex without condoms, they even exchange boyfriends and girlfriends, they sex-text each other and even swing! They forget that there is AIDS. This is the right poster, the right message to remind them of AIDS as they live like there is no AIDS.

(Westville participant 4)

But do you think the message will make them change? The HIV/AIDS messages, ABC messages have been around for a long time. Yet still people get AIDS. (Westville participant 1)

The dialogic exchanges verge on Freire's critical consciousness and reflexivity as espoused by the governmentality framework. The interrogation of sexual risky behaviours on campus is some sort of self-surveillance through the evaluation of these practices. In this way, "sexuality is rendered within discourses of governmentality: 'responsibilized relationships', responsible choices that are adopted from public health discourse" (Burchardt, 2013: S497).

Others see HIV and AIDS messages offering a flicker of hope. In other words, HIV and AIDS is presented as both a deadly disease (through fear appeal pictures) and also as a disease of hope [that] change and moral regeneration will be achieved as a result of sexual behaviour change and realization of the risk behaviour.

These scary messages-it is good that they are brought to the people, to us. They are to make us think and realise that AIDS is real. Then we can wake up to that reality — it is not like it is the end of the world. The HIV messages remind us of safety measures to take. I think there is hope.

(Westville participant 6)

You are right, you see nowadays, some couples stick together to avoid AIDS. I mean especially where a man does not like to use a condom. The man may choose to be faithful to his partner.

(Westville participant 3)

The participants intimated that such realization and behaviour change would lead to couples sticking together through less infidelity and possibly through the increase of condom-use amongst risk takers and abstinence for those not attached. The participants' responses to HIV and AIDS, especially those regarding adhering to messages that persuade sexual behaviour change through risk behaviour awareness alludes to Beck's (1992) and Giddens' (1990; 1991) risk society notion of societies becoming self-critical or self-reflexive about their lifestyles and whether these lifestyles pose risks to their health. The self-critique and self-reflexive stance is also Foucault's self-surveillance and self-responsibility that individuals have to undertake. Beck calls the stance of individuals' reflecting on self-conduct of their lives "reflexive biography" [one that] is self-rather than socially produced (Beck, 1992: 135). The print-based HIV and AIDS prevention messages call for individual self-reflection of sexual behaviour practice, which may be a disadvantage since HIV and AIDS is not really an individual but a community problem.

Suggestions that the risk discourse used in the poster is coercive by using blame and shame was brought forth by some participants. They referred to some expressions that are used in the poster and contended that young people do not take kindly to rebuke, especially when advised of reckless behaviour.

As much as the message warns against AIDS, which I think is important; the expressions used blame individuals for risk and points at certain professions. Now the youth do not like to be blamed.

(Westville participant 2)

The above contention also alludes to the nature of public health discourse that governs by prescribing safer sex behaviours and at times in a paternalistic and authoritative way that admonishes sexually deviant behaviour of irresponsible citizens.

The Foucauldian concept of the self-scrutiny process is used here to promote self-control, here the public health material is not putting students under an invincible authoritative surveillance (Bur, 1995), but evoking self-scrutiny. The participants' assertions that AIDS could be god's punishment for immorality, condom-less sex, infidelity, and their references to adultery are tantamount to employing technologies of the self. Also, their reflections on risky sexual practices on campuses could be drawn from self-scrutiny. Although the participants did not explicitly refer to themselves per se, when relating the risky sexual behaviours on campus, their analysis of the risky environment thrust them into self-reflection. Their reference to the poster as motivating a reflection of risky sexual behaviour on campus also relates to health promotion

material employing governmentality techniques: to educate, advice and persuade the students on best health practices. Also the linguistic code used in the poster is an example of discursive agency that aims to control behaviour, thus acting as an authoritative gaze over the students.

### **Social Practice level (Fairclough's 1<sup>st</sup> Dimension)**

The poster is a product of South Africa's government endeavour to promote sexual health through print materials to alleviate the spread of STI and HIV infections. The Howard College/Nelson Mandela CHASU Coordinator intimated that they distribute this type of text on campuses to instil a sense of responsibility in students, though the message could be regarded as outdated: "That one, I don't like it [the poster]. However, we use the poster here on campuses to persuade the students to be responsible, to remind them that AIDS exists" (Howard College/Nelson Mandela CHASU Coordinator).

He submitted that in this era, where information about HIV and AIDS is relatively abundant, prevention messages should be dealing with destigmatizing HIV and AIDS, by desisting from using language and visuals that scare. He argued that nowadays tertiary student communities are more aware of HIV and AIDS than in the 90s when myths abounded about the epidemic. He explained that the 90s was an era of scare and threat characterized by linguistic and visual messages such as: 'if you don't use a condom you will die' accompanied by pictures of coffins and funerals which resulted in direct discrimination and stigmatization of people living with HIV and their families.

We are post-back-era of scaring people about HIV/AIDS. These things were done around the beginning of the 90's, where we say, "If you don't use a condom you will die", and there are pictures of coffins and funerals, no! We are beyond that because that is a direct discrimination and stigmatization of people living with the HIV virus. We should make it a point that we teach as much as effectively as possible about preventing HIV/AIDS. Again, they need to be sensitive about people living with the virus. So there is life after HIV, if you are already infected. So we need to cater for both factors.

(Howard College/Nelson Mandela CHASU Coordinator)

At the time of the data analysis, there were still messages that scare and threaten, and no explicit shift in discourses relating to such. Destigmatizing messages are also at risk of being disregarded by the youth due to their adventurous nature.

It can be argued that though on the surface the message seems to promote sexual responsibility for youth and adult professionals, it risks being ignored or may invite contempt and resistance.

Not only does the message invite fear but also fosters blame. Such strategies in this era where the knowledge of causes of HIV and AIDS is profound are deemed ineffective. This poster is an example that shows that not much has changed in terms of government's approach to HIV and AIDS prevention messages. Rhodes and Shaughnessy's (1990) study of British government and Australian HIV and AIDS prevention promotion advertisements of the 1980s and those of the HIV and AIDS prevention campaigns of the 21<sup>st</sup> century indicate that little has changed in terms of stance. According to Rhodes and Shaughnessy (1990), the British government's position in the mid-1980s reflected in anti-HIV and AIDS prevention campaigns – which were anti-promiscuity and anti-extra-marital sex – failed to address issues pertaining to what the real risks are; which were not the number of partners but safer sex practices. They suggest that this may be the result of government's agenda to promote essentially moral and ideological objectives, instead of conveying clear and precise messages about safer sex practices. Similarly, in this poster, there is more emphasis on anti-promiscuity and anti-extra-marital sex messages than persuasion of condom-use. At the end, the message cautions against anti-abstinence and anti-condom-use, though indirectly. In so doing, it appears that promotion of abstinence and condom-use are quickly glossed over. This is seen in most HIV and AIDS prevention campaigns, where messages only confine themselves to sloganeering of ABC, leaving out vital information that is so needed.

The message is indirectly prescriptive, adhering to the governmentality ensemble of discourses of sexuality apparatuses, the Foucauldian “conduct of conduct” (Gordon, 191: 2), the discourse of responsabilization aiming to “shape, guide or affect behaviour, actions and comportment of people; the surveillance being an integral part of the production and control of disciplinary technology through which public health discourse is authoritative and extends itself to self-reflection and self-consciousness transforming regulation to self-regulation in which the individual should internalise the surveillance” (Macleod and Durrheim, 2002: 45 & 48 ). The governmentality technique used in the poster resonates with Pryce's (2001: 51) elaboration of how the “duties of the STI clinics define and mark a paradigmatic statement of the panoptic role of medicine in the mapping of the social and psychological spaces between individuals”. Although covertly done, the poster prescribes practices of conduct that individuals should adhere to and consequently links to Foucault's (1978) “notion of *ars erotica* (embodied pleasure) and *scientia sexualis* (scientific disciplinary knowledges) and praxis of medicine (Pryce, 2001: 151 & 154).

This information could be on: guidance and the benefits regarding efficacy, of what celibacy and chastity entail, inclusion of different ideologies, philosophies, cultural and religious mores and norms pertaining to the state of abstinence, being faithful and condom-use. Then again, it would be impossible to include all this information in one poster or billboard portfolio print. This is where the murals could be utilized as they have a spatial and temporal advantage as opposed to posters and billboard portfolio prints which are usually confined to notice boards and restrictions on longevity. Murals somewhat rely on liberal and informal language and visual coding. This characteristic enables the genres to exploit contextual and semiotic tools of language and art.

It is interesting and disturbing to note that after almost two decades as revealed by Lupton's analysis of Australian Press reporting, HIV and AIDS is still "socially constructed as a disease of deviance" (Lupton, 1994: 125). The poster promotes behavioural change through metaphors that sensationalize 'deviant' behaviour.

The next image to be analysed is a mural that was found on UniZulu walls in 2006.

## Collapse and dissolution

Fig. 8.2: 'Yekani Iskoon' UniZulu Mural (photographed by researcher at UniZulu Student Building wall in April, 2007)



### Text/context

The mural was designed by a UniZulu student. The painting of murals on campus walls was part of an HIV and AIDS awareness campaign that was initiated by DramAiDE at UniZulu campus and was photographed by the researcher. Students were motivated to create messages for their student university community, to persuade them to adopt safer sex behaviours.

### **Picture themes and categorical anchors (Schoeneman *et al.*, 2002)**

Picture themes depict collapse and dissolution due to reckless lifestyles. The categorical anchors include death, crosses, tombstones; AIDS ribbon symbols (see fig 1), condom and male and female figures and sex position depicting the sexual act itself.

## Textual analysis (Fairclough's 3<sup>rd</sup> Dimension)

### Linguistic text

The mural uses both English and Zulu languages. The mural being an artwork is riddled with graffiti-like and bubble messages. Salient on the mural is the caption '**Yekani Iskoon,**' a Zulu construction, which according to the participants translates to '**Stop sleeping around**'.

### Textual construction

The transitive verb '**Stop**' with its antecedent verbal phrase '**sleeping around**' is an imperatively motivated instruction to the viewer. Below the salient construction, are the words '**Nizofa maningenanqondo**' and according to the participants these translate to '**you will die if you do not use your brain.**' The construction, '**You will die if you do not use your brain**' is verbally loaded.

**You** – the second-person deixis, establishes a relationship with the viewers, identifying the perceivers as the addressees of the construction, the interactive participants (Fairclough, 1992b; Kress and van Leeuwen, 1996). Though not explicitly identified as male and female, the assumption is that the interactive participants are female and male (this may be confirmed by the visual text).

**Will die** – the modal verbal phrase, is a subordinate clause that warns the interactive participant. Modality is high and thus signifies certainty of the event occurring. This is a modality of truth, asserting a knowledge claim as true and irrefutable (Fairclough, 1992a, Locke, 2004).

**'If you do not use your brain,'** the conditional clause asserts a condition to the viewer, suggesting a solution for the risky behaviour. However, the solution is not given clearly. The constant repetition of '**you**' re-establishes the addressee of the construction. '**Do not**' is a modal directive that creates a mood of revoke. '**Use your brain**' the construction is a transitive verb and nominalised phrase '**your brain**' that emphasizes the revocation and diminishes the agency of the subject, who seems to be unable to be responsible.

The construction effectively introduces the notion of blame. The viewer is constructed as one who is irresponsible and reckless by adopting a risky lifestyle of sleeping around. The salient construction, '**BHASOBHANI INGCULAZI,**' according to participants translates to '**Be careful of HIV and AIDS**'. The verbs '**be**' and '**careful**' re-affirm the revocation by explicitly

warning the interactive participants to be wary of HIV and AIDS. The construction links the salient caption **'BHASOBHANI INGCULAZI'**, **'Be careful of HIV and AIDS'** and clarifies the constructions **'Stop sleeping around'** and **'you will die if you do not use your brain'**.

The bubble message: **'Your deliberate mistakes will face your innocent children and the next generation. Sex without a condom will not only affect you only. So think carefully.'**

The construction is so heavily laden with admonition. The second-person deixis, **'Your'** is further asserting agency on the interactive participant. The auxiliary verb of certainty **'will'** is a non-modalized assertion that suggests "no room for other possibilities" (Fairclough, 2003: 46-7). This non-modalized assertion is categorically injecting a certain degree of blame on the reckless individual(s) and appeals for change in sexual lifestyle.

The assertion, **'sex without a condom'** introduces the solution, albeit without directly instructing the interactive participant to adopt the suggested practice. The construction **'sex without a condom'** is a link to **'use your brain'** connoting an appeal to the critical consciousness of individuals alluding to Freire's *Pedagogy of the oppressed*. **'Say NO TO SEX without a condom,'** is an imperative construction that persuades condom-use. The construction, **'AIDS kills, do not fool yourself'**, assumes ignorance and blames the individual for irresponsible sexual behaviour. The **ABSTAIN** message that appears at the bottom seems to be an afterthought. The dominant message in the mural seems to be about the risk of not using condoms as **'C'** appears several times. Then at the bottom appears **'A'** without any substantiation and not much motivated as done in the persuasion of condom-use.

At the top right hand corner is a verbal text that is somewhat obscure **'Aboglamour namacharmer bayosala emathuneni'**, which according to the participants translates to **'guys who think they can charm girls to get whatever they want will regret it in the grave.'** The construction identifies a segment of the student population as at risk.

### Voice

The message of the mural depicts the voice of the artist, who designed the text with his or her background knowledge of the sexual lifestyle and culture that prevails in UniZulu campus. The conspicuous absence of expert voices that could have been used to support the assertions on how AIDS could be a risk and motivation to adopt healthy sexual lifestyles is noticeable.

### Visual text

The salient visual imagery in the mural is the female and male figures and one couple seemingly engaged in a sexual relationship and tombstones.

The female and male figures at the top left-hand corner seem to be negotiating safer sex as evidenced by their intense facial expressions and are facing each other with the condom placed between them. The other female and male figures on the left-hand corner seem to be gazing into space with worried looks. The female and male figures are not looking directly at the viewer and thus representing an impersonal and somewhat detached relationship. The oblique angle and the faraway look could signify the represented images, being concerned about themselves and not about the viewer. This lack of reciprocity may realise power encoded in the text itself. The artist assumes knowledge of the context, i.e. reckless lifestyles, adopted by the university students and thus through the female and male figures facing away from the viewer, assumes an impersonal authority that is supposedly based on the viewer's irresponsibility or possible ignorance of the fatality of AIDS. Power is thus encoded by the artist's "omniscient knowledge of the reader's mind, a direct postulation of what the viewer needs, must do, should think, will feel" (Kress and van Leeuwen, 1996: 147).

The tombstones signify AIDS as death. At the top right hand corner is an image of a condom, signified by a bus and verbal text: '**safe ride**', further signifying the condom as a safe measure against AIDS.

### The intersection of the verbal and visual text

The verbal text is reinforced by the visual text, to a large extent. The lexical constructions '**You will die...**' '**AIDS Kills,**' '**your deliberate mistakes...**' are augmented by the tombstones.

### Discourse practice level (Fairclough's 2<sup>nd</sup> dimension)

Risk discourse prevails throughout the mural, through sustained lexical and visual constructions that allude to unprotected sex as risky. Risk discourse attributes HIV and AIDS to sexual recklessness that seems to characterize students' lifestyles. The artist is communicating the message that engaging in unnecessary sexual risks is "commonly seen as foolhardy, careless, irresponsible and even 'deviant,' evidence of an individual's ignorance or lack of ability to regulate the self" (Lupton, 1993, 1995, 1999). The artist emphasizes the need for students to avoid risk. Risk avoidance by the students would thus benefit them and the future generation.

The message calls upon the students “to take control over one’s life, to rationalize and regulate the self and the body, to avoid the vicissitudes of fate” (Lupton and Tulloch, 2002: 113). The mural calls upon the students to take control of their bodies thus portraying risk negatively. Risk is depicted as resulting in death because of the fatality attached to unprotected sex.

Just like the previous image analysed in this chapter thus far, the mural portrays AIDS as apocalyptic, a disease of doom. Discourse also borders on the risk governmentality perspective. Foucault’s governmentality thesis is about disciplinary power instilled in individuals that aims to empower them to adopt safer sex practices voluntarily (Lupton, 1999a). The discursive constructions emphasize the students’ own responsibility to heed warnings and to comply accordingly. It is through discourses that behaviour is regulated, disciplined and internalized by individuals. The artist being part of the student community, identifies ‘sleeping around’, ‘not using ones brain,’ ‘not using a condom,’ ‘guys who charm girls’ as non-compliant of values and norms that should prevail in the community. In this case, ‘sleeping around’ and not using one’s brain are cast as some deviant behaviour. The constructions are consistent with the cultural/symbolic perspective that risk is inextricably linked with social and cultural norms, concepts and habits (Douglas, 1992).

### Student’s readings

Participants revealed that the tombstones depicted collapse and dissolution (Gitman, 1988). This observation echoes Schoeneman et al’s (2002: 15) assertion that “AIDS” is generally defined as an inevitably fatal disease rather than as life threatening.”

Hai, the mural is depressing. All these tombstones, it’s like everything has come to an end. Yes I mean with the tombstone, rest in peace. I mean to go to the grave. (Some students: laugh) and its say AIDS is an infectious disease use a condom so it means death comes to light. Hai, no life and emptiness.

(UniZulu male participant 2)

Furthermore, according to participants, the mural constructs AIDS as an infectious disease and they view condom-use as the answer.

It is like AIDS is infectious, you have sex without a condom, you are infected. 1 +1 is 8 which means if there are no proper measures when you are making love or sex then you will suffer the consequences (pause)

(UniZulu male participant 1)

However, others argued that the tombstones, which signify death are a concrete reminder that makes one conscious of own sexual behaviour but would otherwise be more effective if the linguistic text 'Beware of AIDS' could replace 'RIP'. Apocalyptic discourse used in the text reflects Foucauldian discourse of self-discipline and power.

The tombstones, they remind us that if we are not careful with sex, heishh we die. Heishh, this is it. We have to take this AIDS seriously. But maybe 'RIP' on the tombstones, not 'Beware AIDS' can make the message more effective? I mean even if one dies because of AIDS, in our culture we still become sad and we want them to rest in peace. Now it's like even in death they are blamed.

(UniZulu female participant 3)

The above assertion alludes to the discourses of blame and individual responsibility that are ascribed to risky sexual behaviours. The dominant discourse in the mural communicates that AIDS is a social threat and a disease to be dreaded and that society or individuals are to blame for not taking heed of messages that advocate safer sex practices. This discourse corroborates the Risk Society thesis that individuals should be aware of risk factors that are likely to threaten their health and therefore appropriate measures should be applied.

Yet others felt the tombstones created an ominous, gigantic and foreboding image signifying a looming problem over society: "To me it's like when I see the picture, it's like a thing that HIV is like a huge thing that you cannot measure with anything in the world like it can kill you and do anything to your life" (UniZulu female participant 1). Drawing from the assertion, there is reference to apocalyptic significations of AIDS that portray a scenario of doom that is prophesied in the Book of Revelations in the Christian bible. HIV and AIDS is likened to a colossal problem that looms in society, the description that may be similar to Lupton's (2003: 311) analysis of the 'Grim Reaper' campaign's imagery, that was used in the 1990s in Australia, that invoked an apocalyptic vision of the epidemic that is threatening humankind. Just like the 'Grim Reaper', the tombstones echo similar representations that "AIDS is death" (*ibid.*).

The tombstones, according to the participants, represent death, thus cultural symbols of death are used for sense-making. du Gay *et al.*'s (1997) representation in the circuit of culture describes meaning as constructed through signs and language to represent phenomena and it is through these media that meaning is realised (du Gay *et al.*, 1997: 24; Hall, 1997: 15). The student artists used tombstones and the AIDS ribbon to elicit serious recollections on the students about the gravity of HIV and AIDS. The mural also elicited a process of reflection on risky sexual behaviours by participants in which Freire's (1993) critical consciousness was applied. Dialogue

ensued and discussions opened up debates surrounding participants with most of them negotiating meaning from the mural and conceding that condom use is critical to safer sex.

Such apocalyptic imagery borders on coercive discursive influence. The text realises power in shaping reflexive scrutiny of the epidemic and risky sexual behaviour that could possibly influence sexual behaviour change.

One thing that makes condomising crucial is when I look at the environment around here at varsity you get girls from different background from foreign background, now there will be these guys who are coming with these material things, they have car, they have got the cash there are more likely to fall to the temptation of going out with the guy and what a guy want in return is just sex. The guy dish out the money and everything so i think in that case a condom places a vital role because u know there are only going out in order to get those material things.

(UniZulu male participant 3)

The above narration reveals that the participants read the connection between AIDS, unprotected sex, transactional sex and the risky sexual university environment. The HIV risky narratives drawn and discussed in the focus group indicate some type of responsabilized talk that public health material such as the mural hope to stimulate. The narrative is further reinforced by yet another participant:

As I look at it, this is an AIDS sufferer now he is lying in his death bed about to dies at any time so if ever you see this you came conscious of yourself and you sort of like look at life differently (ya-a ya-a).

(UniZulu male respondent 2)

The above assertions were yet again reinforced by another participant:

AIDS does not play. We see that especially in the rural areas, back home. People are dying and we see it. We also get to know who sick, people talk. But here at varsity, because people look healthy, we forget that AIDS is still here. People like to play. The sex that happens around! Hai! And I know guys who do not care. They just like to play girls-have as many as you can. It shows you are a man.

(UniZulu male participant 1)

Judging from the above assertions, the participants were critical of the risky sexual culture that is prevalent in their campus. This is consistent with the reports of other participants from other campuses when reacting to the other HIV and AIDS print-based texts thus far analysed. Drawing from the UniZulu collective reactions, they understood the mural through the process of objectification, through symbolic coping, generating a system of beliefs by reading the ontologized phenomenon collectively (See Chapter 3) and reaching consensus on the

representation of AIDS. Symbolic coping is done collectively by a group of people sharing similar cultural values (Moscovici, 1984b). Judging from their collective reactions of the mural they ontologized AIDS through the tombstones that amplify the AIDS subject.

### **Social Practice level (Fairclough's 1<sup>st</sup> Dimension)**

The murals on UniZulu campus formed part of the University of Zululand's initiative through a policy on HIV/AIDS to promote creative and innovative HIV and AIDS preventive programmes through continuous HIV and AIDS information dissemination facilitated through a peer education programme for students and staff<sup>80</sup>.

The HIV/AIDS programme at UniZulu follows the initiative of the Department of Higher Education and Training in which a nationally coordinated programme was developed to strengthen the

... capacity of South African higher education institutions to respond to the causes and consequences of the HIV and AIDS pandemic. Much as the programme is an initiative of the Department of Higher Education and Training, it is effectively owned by the institutions. The University of Zululand recognizes that HIV and AIDS is not merely a health issue but a development issue that concerns the entire community. It is therefore committed to playing an active role in mitigating the impact of the epidemic both on its own constituency of staff and students and on society as a whole (*ibid.*).

The discursive framework used in the mural is constructed in a similar way to government public health material. The government model frame that the artist uses could be attributed to the link between the Beyond Awareness Campaign and the HIV/AIDS and STD Directorate of the National Department of Health. Although the Beyond Awareness Campaign used participatory methods in designing promotional material, which encourage Freire's critical pedagogy of engaging the participant in the whole process of constructing messages to aid meaning-making.

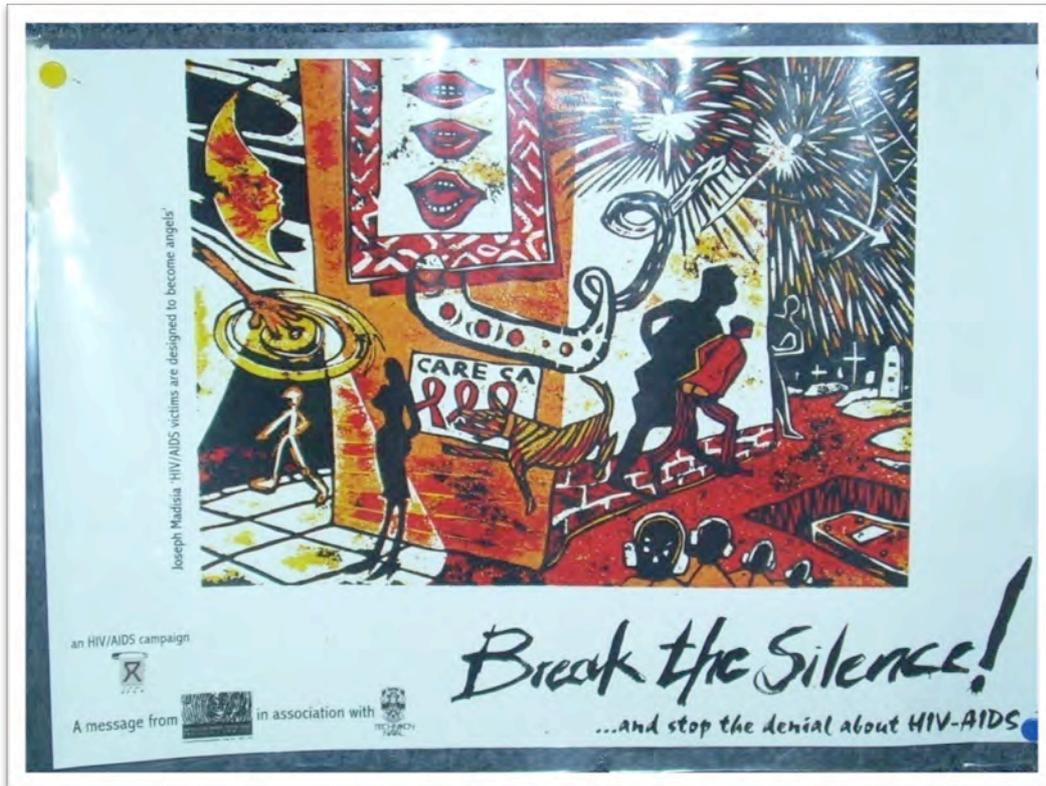
The text below is one of those placed on DUT (Steve Biko campus) wall.

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<sup>80</sup> (<http://www.uzulu.ac.za/pdf/publications/hiv-aids.pdf>).

## De-stigmatization of HIV/AIDS through caricature

**Fig. 8.3: Woodcut print billboard on DUT (Steve Biko Campus) Wall facing Berea Main Road (Courtesy of the *Break the Silence!* print Billboard Portfolio project Coordinator, March,2007)**



### Text/Context

The above text, was mounted on a DUT (Steve Biko Campus) wall opposite the Berea Centre shopping mall facing the Berea Road leading to the City Centre in 2007-2012. The print billboard was used as part of the ABC prevention campaign at DUT as well as being put up for the general public (the motorists and passers-by). The Break the Silence Portfolio project coordinator provided the portfolio to the researcher as it was difficult to photograph it from the wall, see Chapter 6). It is a woodcut banner produced by Joseph Madisia from Namibia. The artwork was also part of The HIV/AIDS Billboard and Print Portfolio commissioned by Art for Humanity and Artists for Human Rights Trust (South Africa) in 2001. The title of Madisia's text is: "HIV/AIDS victims are also destined to become angels". The artist states that his deepest concern is that human beings who are infected with HIV are treated as outcasts and that as an

artist he is obliged to make people aware that people who are infected with the virus have a right to become angels, ancestors, legends and heroes who should be remembered and praised (Madisia, 2001: 42).

### **Picture themes and categorical anchors (Schoeneman *et al.*, 2002)**

The picture themes represented in the image are: nightlife, sexual behaviour and the categorical anchors are death, sin/evil and possible implications of casual sex/ promiscuity.

### **Textual analysis: (Fairclough's 3<sup>rd</sup> Dimension)**

#### Linguistic text

This section investigates the linguistic characteristics of the message in the artwork. The syntactic, lexical and discourse structures used in the construction of the message are examined to reveal discursive strategies and the meanings subsumed within.

#### **'HIV/AIDS victims are destined to become angels'<sup>81</sup>**

The title of the artwork (albeit on the left side) reads like an inscription on a tombstone thus invoking an epitaph. Nevertheless, the message is itself not an epitaph, the presupposed message simply declares and forecasts the destiny of those infected and affected by HIV and AIDS. Also, the '**AIDS victims are destined to become angels**' is a linguistic label that tries to destigmatize the condition and infected individuals. Using religious discourse, the title of the artwork attempts to bring hope and discourage disillusion regarding the fate of AIDS victims. The epithet is prophetic, an attempt at talking about AIDS victims in a new way, a subtle shift from a message of blame to that of hope.

Linguistically, the breakdown appears as follows:

1. HIV/AIDS victims – The label 'victims' suggests passive receiver
2. Victims – the word victim triggers connotations of helplessness and hopelessness in the subjects referred to in the message. Additional meanings could be: faultless, Receiver of

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<sup>81</sup> The banner displays a subtle shift in persuasion by referring to HIV/AIDS subjects in new ways in a bid to dispel feelings of dissolution.

wrath and one worthy of sympathy and protection. This translates to disempowerment. This reduces the subjects to invalids who are incapacitated. The discourse structure suggests further stigmatization and categorization into ‘them’ and ‘us’, albeit the introduction of positivity regarding HIV and AIDS.

3. Are destined to become angels – the true present invoked in the verb ‘are’, forecasts a happy ending. The combination of ‘are + destined’ is a declarative mood, asserting certainty that hints fact. This is further emphasized by the addition of ‘to become’. The overall message alludes to life after death and appeals to spirituality following the Christian belief that one becomes an angel, a holy spirit or a saint after death.<sup>82</sup> The banner displays a subtle shift in persuasion by referring to HIV+ people in new ways in a bid to dispel feelings of dissolution. The following is a quote from an unrelated interview on the subject of “Breaking the Silence”. The quote reinforces the vision of spirituality presented by Madisia. “We knew the results of HIV/AIDS, the catastrophes, the deaths, and the pain. But we also know that there’s life after HIV: you contract and you live, before you die” (von Stauss interview with Motlhabani, 2001). Dalrymple, reiterates the hope in her interview with von Stauss regarding stigmatization of people living with HIV and AIDS, “creation of an atmosphere of hope and understanding of people living HIV/AIDS-a sort of quiet diplomacy approach in order to overcome stigmatization and taboos” (Dalrymple quoted in an interview with von Stauss in 2001).
4. CARE SA – together with the unity symbol, the HIV and AIDS awareness ribbon is a code aimed at forging a collective identity among DUT students and Durban population.
5. Though the Christian scriptures preach that heaven belongs to only the righteous, untainted of sin, the message suggests a non-discriminatory situation. It is an attempt at de-stigmatizing HIV and AIDS in order to bring hope to those infected and affected.

The text has a hint of mixed messaging that could trivialize the prevention initiative as it invites several interpretations, one of which could be misconstrued to mean that one should be an HIV and AIDS victim to become an angel. The readers of the message could translate this to mean that a reckless sexual behaviour warrants the rite of passage to heaven. Further, it might reinforce carefree lifestyles and indifference to the real threat of the epidemic. The overall

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<sup>82</sup> Echoes of *Paradise Lost* and *Paradise Regained* are implied, aiming to de-stigmatize HIV/AIDS to give hope to the “fallen”. Also, perhaps this is the promise of the “second coming”. This overtly displays a subtle shift in persuasion by referring to HIV and AIDS subjects in new ways to dispel feelings of dissolution.

message presumes a homogeneous audience that is Christian, (alienating other religions) as Christians believe in the existence of heaven. In the message, there is “positioned rhetoric” of hope situated within a religious context (Farmer, 1992) and the artist uses biblical discourse to kindle hope.

The text, **‘HIV/AIDS victims are destined to be angels’** produces binary positioning: innocent vs. guilty and victims vs. perpetrators that Sontag (1989) criticizes. Derrida’s notion of binary positioning attests to the text having a double meaning, the difference constructing opposition that ascribes positivity to the first term and negativity on the second. Messages usually connote binary positioning of meanings. The banner does not explicitly denote these double meanings but one can discern the meaning since meaning is never fully present in one signifier, what is said in one signifier may imply what is not said.

Cullen (2003) quotes Sontag’s criticism of the use of military terms in HIV and AIDS campaigns, in which the use of the term ‘victim’ introduces implicit and explicit moral judgments tied to the disease (*ibid.*).

#### Visual text

The artwork presents a dense semiotic network of visual metaphors that may leave room for polysemic interpretation and semiotic fatigue. Also there is an attempt at presenting the subject in a neutral way by using dehumanizing shadows, forms and figures meant to allude to real figures. However, this invites foreboding, something sinister and evil and evokes darkness and doom. Nevertheless, this is juxtaposed against lights and colour, bringing a sliver of hope. Paradoxical meanings are enforced in the end.

The visual code dominating the image is obscure, suggesting that AIDS is mysterious, although in this era, knowledge of the epidemic is more advanced than a decade ago. Infused in bright light, colourful images of orange and yellow, juxtaposed against black with no linguistic text to explicate the message invites tension regarding meaning-making. The orange and yellow may signify a sense of neutrality, peace and tranquillity, imploring an aura of hope. The use of shadowy figures, black colour mixed with bright colours is rhetorically antithetical, emphatically implying that although there is danger lurking, hope prevails (according to the artist). Indeed there is resistance and struggle for meaning embedded in the text, resulting in tension between intended message and interpretation. A paradox is created as the image is scarcely peaceful, with

a row of people wearing headphones, walking to a grave and a range of other sinister elements (wolf, stick figures peeping, a serpent that seems to be chasing fireflies and angel-like images).

The picture above is a caricature of nightlife and brings out comic relief. It features shadowy figures, an array of colours, both sombre and colourful: black, white, orange and yellow. The print is more colourful than another print that appeared together with the former on the DUT wall, Appendix H). The purpose of the colour combination is to make it more visible to evoke attention. The billboard print portfolio shows pictures of paintings on a wall. On what looks like a picture frame are three images of highly sensual smiling lips: the first lip is slightly parted but enough to reveal teeth; below this is another that is a bit more parted than the one below. What looks like a serpent protrudes from the picture and uncoils high up facing some fire-crackers. The serpent could represent the biblical one of the Garden of Eden. This representation is suggestive of deceit; the representation of a reptilian seducer is depicted in various media: pornography, horror films and thrillers (Williamson, 1989).

The apparition guides the eye to what appears to be a graveyard, arrayed with tombstones. Below the picture of the lips and the serpent, is a drawing of a logo, 'CARE SA'<sup>83</sup> with three symbols of AIDS ribbons. Behind the wall on the left side is a picture of a human head, and part of a hand whose middle finger seems to touch the middle of a puddle. Below this is a picture of a "stick man", on the right is a shadowy picture of a lady with what looks like a wolf behind her back. Behind the wolf is a picture of a man with his gigantic shadow walking towards the graveyard. The man's trousers are slightly lowered below his waist, showing a bit of his backside (suggesting post-sexual activity), in front of him, a shadow is peeping at him (as if beckoning to him to keep walking to the graveside). On the left hand corner of the picture a gaping grave with a visible coffin inside. A distance away from the open grave, are two heads which are partly obscured as they are at the edge of the artwork. Beyond the wall there is looming darkness which instils a sense of foreboding. The artist creates "a composition brimming with detail, but again implicating prostitution in the spread of the disease with his shadow figures lurking around the corner from the alluring prostitute passing freshly dug graves" (Marschall, 2001b: 25).

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<sup>83</sup> CARE SA has become synonymous with the HIV and AIDS awareness symbol, the red ribbon. The denotation here is that South Africans should be wary of the virus; this in turn is appealing to the KZN student population.

The artwork uses visual text to create images that could invoke some representations in the mind of the reader. The artist leaves it to the reader to create own impressions of what the message could be. The prominent use of the red colour could signal danger and foreboding; this culminates in invoking an AIDS awareness message. The figure of a human head, with a hand sticking out next to it, with a finger in the puddle, invokes a whirlpool image. The shadowy figures with the tombstones and an open grave create some ghostly and eerie atmosphere evoking Samuel Beckett's Vladimir and Estragon's state of hopelessness regarding life and existence, debating life and death while waiting for Godot. This may be an echo of Ibsen's ideology of existentialism alluding to 'women giving birth astride graves'.<sup>84</sup> This is a representation of death, for women to give 'birth astride graves'. The serpent, lips, firecrackers or fireflies (which may well represent angels), invoke 'Paradise lost'<sup>85</sup>, treachery, sin and retribution, which ultimately imply death. The representation of death is a paradox of the representation of hope and life after death that the artist aims to portray. These visual codes introduce confusion, some kind of struggle in meaning and thus somewhat complex to interpret. The metaphors: flashing lights/stars, orange and white colours, myriad of shadows, figureless forms, black colour, suggest both heaven and hell. Also, all these colours and shapes juxtaposed against each other conjure up mysterious apparition. The orange colour infuses a sense of neutrality, entreat, peace and tranquillity (symbolizing the silence of night) to bring out an aura of hope.

#### Position of the viewer

There is no visual contact with the viewer. This is so because the figures are facing away at an oblique angle, except the highly sensuous and lush lips and the obscure figure on the far right that seems to be urging the viewer to witness the somewhat illicit activities going on. The artist may be issuing a warning to the viewer (who presumably is a male) about the seductive nature of sensual lips.

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<sup>84</sup> Ibsen's ideology of existentialism –echoed in Samuel Beckett's "Waiting for Godot", redolent with echoes of sentiments, alluding to feelings of hopelessness regarding the existence of life.

<sup>85</sup> In the book of Genesis, when Eve succeeded in persuading Adam to taste the forbidden fruit, this inadvertently created loss of innocence.

## Modality

Some parts of the visual message are highly modalized: strong colour saturation of shade of red on the ground. Part of this red shaded ground is stepped on by the 'stalking' man and the open grave on the right with some figures; looking on. Behind the wall, where the 'stalker' is moving towards are some tombs. There is a play of light and some darkness. The different shades of death, sometimes dense or bright and dark with shadowy figures may be a representation of AIDS as a dark, mysterious disease and yet the cause is related to frolic and fun.

The billboard portfolio print could be interpreted in so many ways but invites more scrutiny. As the message is somewhat unclear, it is likely to be lost to many whom it is supposed to reach. The serpent implicitly invokes in the mind the biblical serpent in Genesis, story of the garden of Eden, bent on tempting and persuading Eve to 'pluck the fruit', inciting excitement of the 'forbidden' human nature (Freud's psychosexual nature of the human mind) to be excited by what is sanctioned; the daring, irresistible urge to tread the unknown, potentially dangerous space; the adventurous spirit that is invoked by excitement. Subsumed in the message is subliminal appeal to the psychological frame.

Furthermore, the image seems to represent the discourse of adolescence – the mind of an adolescent – a mixture of confusion, certainty, doubt, adventure, excitement and pleasure derived from risk. Christian tropes appear to be struggling with adolescent desires.

## **Discourse practice level (Fairclough's 2<sup>nd</sup> Dimension)**

This text is perhaps different from the others as it attempts to re-contextualize risk discourse by giving hope to the viewers, according to the artist. The predominant use of metaphor, orange alludes to the positive side of risk. The positive risk discourse alluding to life after death, the promise of heaven is open to everyone. However, the message does not come out clearly and is subject to multiple interpretations. It could be criticized for inadvertently encouraging risky behaviour on some population segments knowing that there is hope of heaven after death.

The artist attempted to downplay the notion of risk and seriousness of the epidemic by using humour. The aim of the artist was to perhaps bring out comic relief through the caricatured representation of night life, whilst at the same time sending a message of hope by treating the subject of HIV and AIDS differently.

### Student's readings

The visual code used resulted in a dense semiotic maze that caused confusion for the FGDs culminating in its dismissal as complex and nonsensical: "You know when I first saw this billboard portfolio print, I just dismissed it. It really didn't make sense. It still doesn't". (DUT male participant 3) Another participant reiterated: "Yaa, mina I just see orange, lights and figures that don't make sense. (DUT female Participant 1).

It says here "HIV/AIDS victims are destined to become angels" Can you see that? Eeeh, then there the dark heads of people, that man? Some flashing lights. Where are the angels? The graves and they are open? Haai, mina I am confused. (DUT female participant 2)

Are those lips? Aahh, I just can't understand. (DUT female Participant 3)

It's all so confusing! (All)

Participants were given a short break to reflect and interrogate the image as it was quite important to get their interpretations. After the short break, and seemingly refreshed the participants resumed the discussion. Confusion still prevailed:

Haaii, mina am still confused. But from the words, maybe, it is trying to show us that God does not discriminate. (DUT male participant 1)

But it seems... it says it is ok to live dangerously, and have HIV, you can still go to heaven (DUT female participant 2)

Aaii, I think, the artist should have made it easy. Aaii, this one, still difficult, bright colours and dark shadows, an open grave, scary animal, strange people aiii! (DUT male participant 5)

The participants simply dismissed the text as confusing and not making sense at all. It thus received oppositional reading. By attempting to interpret and comprehend the message portrayed by the portfolio print, the FGDs could not tap on their schematic resources to enable understanding.

One can only ascribe the lack of understanding of art being a somewhat sophisticated mode. It can be deduced from the FGDs that the problem could emanate from the inconsumerability of the text (Fiske, 1990). The artist failed to make the text appeal to the participants' aesthetic resources. The failure in sense-making could be attributed to the use of a style and strategy that

the participants were not familiar with. The interpretation of semiotic resources is “dependent on the culture, attitude and emotions of the reader” (Tomaselli, 1996: 29-30) this resulted in participants failing to “generate meaning of the text” (*ibid.*), resulting in confusion. Thus the visual used in the image failed to tap on the mental concepts of the participants as it did not adhere to their social conventions (Fiske, 1990: 42).

The representation of “living positively” with HIV by attempting to employ “positive imagery”<sup>86</sup> as meaning is constructed through signs and language to represent phenomena (du Gay 1997: 24; Hall, 1997: 15). In this instance, the participants could not link their understanding of ‘angels’ and ‘heaven’ with the semiotic maze of colours, (although some colours are bright and seemingly aim to portray a heavenly image) , with the dark figures and an open grave. Culturally perhaps, graves represent death and the end of any hope thereafter. Since representations draw on people’s lived experiences and their ordinary talk about it (Cameron and Kulick, 2003), the image, a cultural commodity (du Gay, 1997: 5) failed to create meaning and thus negotiation by the participants, as they could not ‘positively’ read it, thus failing to construct the notion of de-stigmatization.

The oppositional reading could also be assigned to the participants’ inability to negotiate the construct of the ‘positive imagery’ symbol since “a social representation is a cognitive symbolic, iconic and affectively laden mental construct with a structure of its own; it is a way of concerted thinking which is shared by members of reflexive groups” (Wagner at al 1996: 331).

The next section on social practice may provide explanation regarding the context of the design of the art piece.

### **Social practice level (Fairclough’s 1<sup>st</sup> Dimension)**

The image was a result of a project that was motivated by the 13<sup>th</sup> International AIDS Conference held in Durban in July 2000. The conference “provided overwhelming evidence on the causal links between irresponsible sexual behaviour and HIV/AIDS” (Jordaan and Nanackchand, 2001: 7). ‘Break the Silence Portfolio’ objectives were meant: to stop the denial

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<sup>86</sup> The artist’s strategy could have been influenced by “the positive uplifting approach that focuses on living with AIDS” Marschall (2002: 2). This approach was motivated by the “Seven Cities” and Beyond Awareness” Campaigns which restricted the design of the murals to the use of positive imagery in order dispel the myths and stigma that surrounded HIV/AIDS.

about HIV and AIDS and remove the stigma attached to the pandemic; instil a sense of dignity amongst those affected with HIV and AIDS; encourage freedom of expression through art for human rights advocacy; support artists who are individual representatives of their communities and thus representing voices from the communities. The artist's motivation for constructing the visual is in his statement:

My people's concern is that human beings are infected with the HIV/AIDS virus, are threatened as outcasts, as an artist, I have the opportunity to make people aware that people infected with the virus have the human right to become angels, ancestors, legends and heroes we will remember and praise

(Madisia, 2001: 42).

The artist, Joseph Madisia is a Namibian, was also involved in the 'Break the Silence Portfolio' initiative. The artist's attestation to the text aiming to destigmatize HIV and AIDS in order to bring out hope by using bright colours and flashing (the artist does not explicitly explain the use of colour and lights so can be deduced from his statement) results in a paradox of possible multiple meanings. This alludes to Derrida's deconstruction regarding the multi-layering of meanings of texts that may introduce conflict in meaning interpretation. The image is similar to the later ones of the UNAIDS campaign posters of 2002-2003, which was to "create a new image for HIV and AIDS and to reshape societal values associated with the virus by espousing messages and themes that demystify stereotypes and myths" (Johnny and Mitchell, 2006: 756).

The coordinator of the Break the Silence Portfolio explained that the visual showing prostitutes is not meant to condemn them or men who sleep with them, but argues that (through the artwork), the sexually deviant also have a right to become angels, legends and heroes as a matter of human right and respect for humanity. He argued that "if one starts unpacking and reflecting on their work, hopefully that's the message that will eventually speak again" (Jan Jordaan interview). He further explained that the snake in the visual is meant to bring movement to emphasize movement that can be associated with sex and life and that the figure itself is symbolic of the stick figure of a saint as is used in cartoons.

The visual has the potential to evoke mixed messages that might breed biblical, moral and destigmatization of the epidemic, but at the same time might invite stigma, stereotyping and labelling of prostitutes and men who engage in sex with them as deviant and risk perpetrators. The multiple layers of meaning embedded in some texts may invite polysemic interpretations of the text. For HIV and AIDS prevention messages, this could be problematic since the objective should be to direct interpretation to the goal of inculcating behaviour change.

## **What works: fear/threat appeal, subliminal, moral undertone of texts?**

When the question of what could be the best strategy was raised, participants had varied opinions. Some believed that fear appeals challenge one to act and opens dialogue and debate. “Seeing a person on a death bed raises some kind of awareness on the consequences of reckless behaviour, nobody wants to die and conveying the message that ‘AIDS Kills’ could be helpful.”<sup>87</sup> The assertions gathered from the students, indicated that shock raises awareness and identifies consequences of risk-taking. Further it is clear that consensus on the above is that risk-inherent and risk-awareness infused in messages warns of impending doom. Moreover, shock appeals were said to be more effective as safer sex messages that follow the informative route were more likely to be forgotten quickly as they do not have an explicit persuasive urge. “Seeing death through the image of the dying is scary and thus more powerful as human beings are scared of the unknown. Death is inevitable; however, the scary thing is not knowing when it will come.”<sup>88</sup> Death is thus likened to a monster and an implicit link between mortality and morbidity is made.

The FGDs responses to the risk discourses of fatalism, doom, nature’s retribution for the reckless and irresponsible is consistent with Beck and Giddens’ notion of reflexive subject, who is “aware of the pervasiveness of risk and seeks control over them” (Lupton and Tulloch, 2002: 331).

## **HIV and AIDS lifestyle disease**

Participants were of the opinion that HIV and AIDS infection is a consequence of lifestyle and that not only can it be prevented but can also be controlled and that this should be reflected in campaigns. They argue that messages should not imbue meanings like “don’t get it”, but that “if one is infected, it’s controllable and it’s not the end of the world,” (Mandela School of Medicine participant 3). ‘Fear me, I am a killer’ was given as an example of a poster whose linguistic interpretation amounts to AIDS being irreversible, untreatable and fatal and could bring the end of the world. Their assertions reveal that print-based HIV and AIDS prevention materials are meant to symbolically construct risk and consequences attached to sexual responsibility,

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<sup>87</sup> 2<sup>nd</sup> male Participant, UniZulu Focus group discussion

<sup>88</sup> 3<sup>rd</sup> female Participant DUT Focus group discussion

recklessness and 'carefree' attitudes university students display towards the epidemic. Furthermore, it appears that the various visual and linguistic texts relay multiple layers of meanings that urge action. Embedded in the discursive constructions of print-based HIV and AIDS prevention messages are covert and overt meanings that express disapproval of lifestyles engaged by university students.

Consistent with Beck's risk society thesis of individuals becoming concerned with dangers that arise due to certain lifestyles, the assertions made by the participants regarding the risky environment that influences certain lifestyles reflect their concerns (see the section below) that these could pose the danger of HIV infection.

### **Risky environment: cybersex, porn and sex toys**

The students revealed that messages that aim to persuade safer sex by using risk discourse strategies compete with a risky technological environment. A significant number of participants think that as much as messages promoting safer sex, A, B and C are meant to positively influence sexual behaviour, these compete with e-technology: "music videos where people dress half naked, sensually, hump and grind on each other's bodies" (Participant 1, Nelson Mandela Medical School). They argued that this cyber environment negatively influences sexual behaviour by promoting risky sexual behaviour. They contend that internet and cybersex promote sex and thereby negate abstinence as tertiary students; especially those who stay on campus are away from the watchful eyes of their parents. On campuses, abstinence messages were regarded as having no impact:

On campus, plenty of people sit in their rooms, have laptops and computers and they watch porn. I don't know how much porn there, and these days, porn is a norm. Everyone watches porn you know, everyone knows what's on porn, people got vibrators, and they have got all those things, I know people who have been there...and seemingly people are not scared to engage in sexual behaviour as much as they know that there is HIV/AIDS, the STIs and all of that.

(Nelson Mandela School of Medicine participant 1)

More examples of media that contribute to risky environment cited by the participants include; magazines, computers and cell phone chat software programmes. Examples of magazines and movies reported to promote sex are *Glamour*, *Cosmopolitan* and *Women's Health* and 'Sex and the City'. These magazines are reported to be encouraging a cosmopolitan lifestyle; lifestyle of absolute femininity.

Of absolute femininity, you are a free woman. It's supposed to be in conquerors, you got careers, you got money...putting that kind of lifestyle and unfortunately, associated now with being a woman of today's promiscuous world, that you can go and have. Because it was previously seen as a male domain. And now they are pushing the thing of you can actually have, look at 'Sex and the City', 'Cosmo', they actually have articles on you know, different positions, 5 minutes orgasm, a whole lot of things, all pushing a woman and her sexual liberation.

(Nelson Mandela School of Medicine participant 2)

Campaigns are thus seen as competing with the risky environment that is espoused in a vast quantity of information promoting sex. Participants opined that campaigns should empower the family network by informing parents as well as youth about risky sex behaviour-laden media. Furthermore, they also feel that parents should be made aware of the campus sex life environment youth find themselves facing; exposure to sex and pornography. The FGDs argue that knowledge would empower parents to approach the sex subject and HIV and AIDS prevention with more enlightenment.

Further findings revealed that students are constantly bombarded with risky e-technology and print material environment. Whereas on the one hand safer sex promotion messages are in abundance, on the other there are messages that seem to promote sex. This reflects a gap in safer sex campaigns that leave out other existing risky contexts that may influence sexual risk taking. While most print prevention material emphasize risky behaviour to be lack of abstinence, infidelity and multiple concurrent relationships, little emphasis is placed on other existing risky factors such as cybersex, print and electronic pornography; print media that may encourage sex such as: *The Revolutionary Guide to the secrets of Ero* by Kamini Thomas, *Cosmopolitan* and *Men's Health*. Whilst knowledge about safer sex practices prevails among university students, further debate around condom-use should be encouraged. This can be done through print prevention materials that should not only dwell more on psychological and emotional processes, but also on limitations that ensue from Abstinence, Being faithful and Condom-use.

### **Do it yourself (DIY): masturbation or Brave New World?**

The politics of sexual liberation (c.f Jackson and Scott, 2004b: 151) prevailed in focus group discussions held with UKZN campuses and DUT. Assertions revealed a wave of sexual revolution that seems to be influenced by modern sexual relations and notable changes in attitudes towards sex, sexuality, relationships, and discourses of risk and danger that regulate

sexuality (Jackson and Scott, 2004a; 2004b). According to participants, masturbation could offer a viable method for safer sex:

I don't think this ABC is enough. One of my peers last year, decided that we must at least add a D or do it yourself, because maybe you can't abstain, you can't be faithful to your partner or to yourself, you can't condomise, so why can't you do it yourself?

(Edgewood campus participant 2)

They consider it a safe method as there is no fluid exchange while one still gets sexual relief without necessarily engaging in sexual behaviour that involves penetration. They further assert that it is adopted by those who possibly want to explore their sexuality. Additionally they suggest that masturbation is the safest prevention measure as it also enhances abstinence from genital penetration that poses the risk of contracting sexually transmitted diseases.

No one has adopted it, D — do it yourself, it was actually a bit of a joke between the ABC. I don't know because it's still a taboo around masturbation, I don't think it's quite openly discussed like condom use, I think there is still a bit of that taboo around it, and I guess it's something available to people who are starting to come into their sexuality, would like to explore, it's safe in the sense that there is no fluid interaction at the same time you still get your sexual relief without necessarily engaging in risky behaviour. But it's not something which is being adopted. I personally would like to see it adopted. I don't understand why it's now a joke. It's seriously a viable option in safe sexual practices, but we are just taking it as a joke and I think the society still has it as a taboo. Besides I think it's the safest prevention option as it not only does it not involve genital penetration, but also offers sexual satisfaction.

(Nelson Mandela School of Medicine participant 6)

The free discussion that ensued around masturbation is indicative of the subject now being in the public sphere, especially in female magazines that invariably write about it. The cover of *Cosmopolitan*, February, 2011 featured: "Sisters are doing it for themselves. So why is masturbation still taboo?" Some FGD participants still found the subject taboo and did not discuss it openly. Just as in Anglophone and northern European societies in the late modern era (Lupton, 1999a: 126-127), it was perceived disgusting to touch one's body parts like genitals and the anus as they were culturally coded as contaminating, dirty and highly risky to touch (*ibid.*).

The FGDs further propose that abstinence through masturbation inherently promotes being faithful to oneself. Participants revealed that masturbation is done privately by some students on campuses as there is still taboo by religious groups and society surrounding the method. Furthermore, they stated that masturbation is not openly discussed on campuses unlike condom-use. They further argued that in religion it is considered taboo even just imagining it:

Okay, then you start getting into a religious debate, You know what they say? In religion even imagining it is a sin. So then you get an argument of how to sexually relieve/Please yourself without fantasizing. It becomes a whole religious debate in itself.

(Nelson Mandela School of Medicine participant 3)

This argument was further supported by Edgewood campus participants:

Masturbation should be encouraged so that students must feel it's not wrong, it's something that they have to do, though it is against religious sexual values. For example, Roman Catholic Church is against condoms and masturbation. The same applies to Harikrishna, where sex is regulated, it has to have a purpose, procreation not passion (pause) every time the partner decides to sleep with his own spouse, they had to sign a register and write a reason for the union, which is like the exam of procreation.

(Edgewood campus participant 3)

Participants argued that Do It Yourself (masturbation) should be included in safer sex messages.

### **Non-penetrative sex**

Participants argued that in most cases when people mention sex they typically concentrate on vaginal intercourse when sexual pleasure can be derived from other sexual practices. Thigh sex is perceived as sexual risk reduction pursued for sexual pleasure among university students:

I think there are misconceptions there, in fact, when you look at most African families, cultures, sex before marriage was frowned upon. Some people come up with different ways [of having sex], Ukosoma, I found about that when I got here in varsity. It's just (they) guy and his thingy against the chick's thigh. I know of two people who are very sexually active without actual penetration.

(PMB female participant 2)

Other sexual risk reduction techniques cited are cybersex, also referred to as internet porno. "You ask a girl to send you her pictures and you send her yours. Then there is the talking, touch yourself here and there, it's do it yourself" (PMB female participant 3).

### **Youth know more about sex than adults**

Focus group participants suggested that youth should be involved in HIV and AIDS prevention campaigns as they could provide useful information on the best preventive measures of sex as youth know the knowledge gaps that prevail regarding issues of sex. This finding is consistent with Moodley's (2007). The participants assert that youth know more about sex than the people who try to educate them on safer sex practices.

Because you can sit in any conversation with the youth and they will tell you more than you ever knew. For instance the different types of sex, I learned that from my friends, I don't know where they came from. Others (sex types) they invent themselves [laughter] ... because now they do the funniest things just to satisfy their needs. So there is something invented every day. There is Kama Sutra all of a sudden [laughter]. I am being serious, I mean, if you want to educate somebody young, take somebody young. Because that person knows them (the young) inside and out. Because now they do the funniest of things just to satisfy their needs. So there is something invent every day. There is the Kama sutra all of a sudden [laughter] Sex, about being faithful is just useless because people do know about it and they even get more information. To make sex erotic and more exciting isn't it? Yes that's what I am saying. The thing is, the older generation is trying to educate us, but we think we are clever because we know more than you guys.

(PMB female participant 1)

The notion of top-down information dissemination about HIV and AIDS was opposed by university students, especially regarding abstinence. This particular focus group believes that generally the older generation, who presumably influence HIV and AIDS prevention campaigns portray sex as “something scary, something big and hardly ever talk about it”.

And when they come and tell you stuff, for example, say like, I am like my age and my mother comes and tells me to ‘abstain’ or just ‘AIDS kills,’ and she is trying to scare me. And in the meantime I am like haibo! but sex is so much fun, what are you trying to tell me? That's the mentality our age group has. It's like mom, I have been doing it for some time and I am fine and all of that. I think what they should try to do is first talk about sex itself before they talk about AIDS. Some parents don't talk to their kids about but they come and tell the child that ‘AIDS kills.’ So how does kill me mom? Without them telling you about sex. I think the first thing for some families in South Africa and everywhere they should start talking about sex.

(PMB female participant 1)

The topics of Do it Yourself and non-penetrative sex allude to risk-awareness and self-control, the notion of the risk governmentality thesis. Self-regulation messages were perceived by participants to be more empowering as they engendered voluntary adoption of certain practices. The framework suggested and commented upon by the FGDs encourages the individuals to position themselves as agent subjects.

## **Discussion**

Lupton (1992) used and justified the usefulness of discourse analysis in public health in 1992. In this study an eclectic approach was used, involving largely Fairclough's CDA combined with Kress and van Leeuwen's Social Semiotics (1996), where appropriate to investigate risk discourse as a strategy to instil safer sex practices among students at UKZN, DUT (Steve Biko) and UniZulu campuses in print-based HIV and AIDS prevention materials. Moscovici's Social

Representation (1984) was used to augment unpacking of ideologies inherent in texts. FGDs were used as part of interpretive ethno-methodology to examine responses to these materials. The specific combination of approaches used in this study adds dimension “to an understanding of the relationship between language and ideology, exploring the way in which theories of realities and relations of power are encoded in such aspects as syntax, style and rhetorical devices used in texts” (Lupton1992: 45).

Sampled print-based HIV and AIDS prevention materials meant for university students reveal the use of threat messages and subtle appeal to destigmatise HIV and AIDS. Whilst some messages use threat appeal through linguistic and visual metaphors, the strategies used inadvertently invite stigma, where intention is to de-stigmatize, and put blame on individuals where individual empowerment is intended. Through language of causality, print-based HIV and AIDS prevention materials aim to inculcate self-responsibility.

Texts thus far analysed do not use expert knowledge in order to generate ‘truths’ (Fairclough, 2003) about HIV and AIDS, prevention and treatment in order to persuade safer sex behaviour. Nevertheless, general knowledge about HIV and AIDS, the risky environment and the information that keeps on reminding them of the repercussions of risky sexual lifestyles could provide parameters for risk avoidance. The discursive framework seems to frame others as “risky biological entities with disorderly behaviours” (Gardner, 2007: 542). Rhetoric of risk, borders on discourses of personal “risk negotiation and self-re-invention” (Rose 2006). Discourses of personal risk negotiation and self-negotiation are perceived as empowerment tools for individuals to assess risk in order to make informed sexual lifestyle choices. “Risk theorists, Beck, (1992) and Giddens, (1991) describe late modernity as a period where individuals have accepted personal responsibility for avoiding risk and to achieve this, readily engage with and assess the advice given by ‘experts’ in the field” (Sanders, 2005: 107). Thus individuals are regarded as rational beings who are able to critically interrogate the information they are given on how to avoid risk. The students however contend that they are not given sufficient information, and that some of it is irrelevant as it leaves out some vital contextual issues. Dutta-Bergman (2005) argues that critical health communication campaigns still leave out the social context and circulate discourse within which individuals construct meaning.

Metaphors of war and apocalyptic imagery, for example: ‘**AIDS KILLS**’; ‘**I will take you one by one**’, **FEAR ME I AM A KILLER** and tombstones allude to “statements of impending doom coupled with solutions: individual behaviour” (Lupton, 1993: 308). These strategies are

similar to those used in British education campaigns during late 1986 and early 1987, which employed doom-laden imagery of icebergs, tombstones and volcanoes (Rhodes and Shaughnessy, 1990). The texts are thus an intertextual snatch of the British and Australian texts in the late 20<sup>th</sup> century. These strategies aim to appeal to the audiences' rationality; however, they may invoke and exploit irrational fears (Rhodes and Shaughnessy, 1990).

Analysis of print-based HIV and AIDS prevention materials shows that the campaigns persuade safer sex through rhetoric of discourse control. For example, one campaign from *Break the Silence!* print billboard portfolio (2002) (Appendix I) that was placed on DUT wall seems to allude to destruction of the body, hence distortion and destruction of appearance, warning that that is how an individual would look if one continues to neglect himself or herself and disregards the risks and consequences associated with HIV infection. Anchoring is employed through the use of visual metaphor to achieve objectification, by using the skeleton to represent AIDS. This strategy turns the abstract notion of AIDS into a vivid image. Two processes of objectification are at work, figuration and ontologizing; figuration aiming to represent body degeneracy whilst ontologizing is used to depict the reality of the epidemic. The paradoxical inevitability is that in persuading sexual responsibility using such a strategy, it results in a representation that demonizes AIDS. Also this reinforcement of anchoring of AIDS using the concept of death and body decay introduces a state of helplessness, hopelessness and paranoia. The FGD participants themselves received fear-inducing texts with mixed reactions. Some felt that threat messages may succeed in persuading individuals to reflect on their sexual life-styles, whilst contended that the strategy is outdated which left room for dismissal it being deemed unrealistic.

In the poster '**Fear me I am a Killer**' (Fig. 8.1), HIV and AIDS are constructed as omnipotent and stalk on those who are especially oblivious of the 'monster' called AIDS. Metaphors that are used explicitly refer to risky behaviour and those considered 'at risk'. Risk discourse thus bestows an ideological notion that creates a link between risk and social stigmatization (Mythen, 2004). The constant reference to individual responsibility regarding risk-taking behaviour is argued to be institutional attribution of responsibility for risk, indicating a distrust of otherness that is conveniently forged in the direction of blame (Lash, 2000; Woodward, 1997). Anchoring of HIV through personification is used here, where the concept is associated with a person, through the use of the first person pronoun '**I**' and nominalization of concepts associated with HIV and AIDS: HIV/son of AIDS; AIDS/father Abstinence/AUNT; Uncle/Condom;

blood/hotel; restaurant belong to sperm and vaginal fluids. Personification is also achieved through the use of transitivity; HIV being born, 'I was born in one human body during unsafe sex'. Personification through nominalization constructs identities and social relations. The text thus explicitly constructs HIV as an agent of suffering and the students (interactive readers) as irresponsible. The text does not socially stigmatize and categorize groups into those 'at risk' as depicted in some of the words used in the poster **'Fear me I am a Killer': 'You may ask the rich, the poor, blacks, doctors and sangomas'**. The text implies that these groups are susceptible to HIV. The oppositional choices refer to the fact that everyone is susceptible.

In **'Fear me I am a killer'**, AIDS is "cast as a punishment for sinful behaviour and as 'nature's' retribution for sexual misdemeanours" (Weeks 1991: 102). Further, regulation of sex is portrayed through messages that allude to risk discourse, engendering an ethic of sexual safety and responsibility. However, through lexical choice and visual representation, HIV is inadvertently linked with promiscuity, permissiveness, passiveness and moral decadence. Consequently, this facilitates stigmatization of the disease and fosters prejudice, discrimination and blame. This choice of language and visual features creates a power instrument that fosters a discursive framework of blame, (Connelly and Macleod, 2002). Binary meanings are constructed that may translate into 'othering' and stigma, for example, innocent v/s guilty; victims v/s perpetrators. The use of 'victim' also introduces implicit and explicit moral judgments tied to the disease (Cullen, 2003).

The **'HIV/AIDS victims are destined to be Angels'** banner, (Fig. 8.3), through discourse positioning attempts to destigmatize those infected with HIV and AIDS, thus sympathy is sought from society towards them. In de-stigmatizing AIDS, the rhetoric attempts to dispel a dichotomous view to a previous notion of AIDS in the 1990s; HIV and AIDS sufferers being doomed, the mysterious condition being associated with evil, witchcraft, deviant behaviour, and disobedience of traditional norms deemed to lead to a gruesome death and possibly to Hell, a place of doom and the underground world of Lucifer. The text uses 'Angels', biblically to connote heavenly peace. However, the visual imagery brings out paradoxical features in lights and stars (which could connote heaven and angels) on the one hand and wolves, tombstones, prostitution and stalking men could portray uncertainty and doom on the other. In contrast, other campaigns signify AIDS as tragic and a death sentence. Examples are rhetoric of tragedy (Lupton, 1992) drawn from **'AIDS KILLS'**, **'PASOP AIDS'** Break the Silence billboard portfolio print (Appendix I), UniZulu mural, Yekani Iskoon (Fig 8. 2). The discursive properties

of these texts for example, in **'Fear me I am a Killer'**, where some lexis is used, have emotive undertones that attack deviant behaviour. These are accompanied by further categorizing and stereotyping of certain groups (race, age, and professions). This is done through 'othering'. The use of visuals brings out "sub-textual meaning of discursive accounts of health and illness" (*ibid.*), deviant behaviour and risk taking and how they are viewed in their specific socio-cultural contexts.

The posters, murals and billboard portfolio print (except one, Fig. 8.3) analysed, reveal a strategy using politics of blame reflected in discourses of blame. Rhetoric of blame (Farmer, 1992) is embossed in metaphor, for example, **'glamorous girls who always want flashy things and nice stuff and guys who think they can charm girls to get whatever they want will regret it in the grave'**, and **'I will take you one by one, especially those who hate my Aunt Abstinence and my Uncle Condom'**. The proliferation of messages persuading Abstinence, Be faithful and Condom-use in posters, billboard prints and murals on campuses is evidence of "edging responsabilization" (Orsini, 2006). This labelling and apportionment of blame stereotypes individuals and groups and ignores critical assessment of what constitutes risk or causes of risk (Mythen, 2004). Constructions like **'AIDS KILLS'**, **'BEWARE AIDS'**, **'FEAR ME, I AM A KILLER'** and those alluding to blaming irresponsible sexual behaviour suggest that those who do not adopt safer sex behaviour will be punished and that AIDS is the ultimate and fatal punishment. The public service poster with its heavily laden metaphors that blame and threaten those not taking heed of safer sex practices in a bid to persuade adoption of such, may be perceived as manipulating information by psychologically appealing to people's emotions, anxieties and guilt feelings (Faden, 1987) and merely driving the ideological motive of government. Responses from the FGDs readings reveal that promotion of safer sex practices is a psychological game that is rather manipulative.

By attempting to persuade safer sex practices, HIV and AIDS material tends to use risk discourse that emphasizes irresponsible sexual lifestyles and serving "as an effective foucauldian agent of surveillance and control" (Lupton, 1993: 433). Discourse regulates and disciplines behaviour by generating truths about society that become internalized by individuals (Foucault) and may culminate in normalcy. Accordingly, risk discourse is used as foucauldian persuasion of self-surveillance and self-control by individuals. Through this strategy, "power relations are reproduced not by force or violence, but by discourses which facilitate pattern of self-regulation" (Lupton, 1999b: 4). Poster words introduce regulation of normative sexual practices among

university students. The message implies that if one engages in sex, they should engage in safer sex practices. This seemingly reflects regulation of sex and some kind of Foucauldian surveillance and panoptica. An ensuing potential problem is that students may rebel against the message by feeling stifled by rules that even regulate sexual relationships though aiming to inculcate self-control. Female students who favour multiple-partnering for socio-economic reasons may feel their needs are not catered for. Surely messages should take into account the socio-economic sexual contexts for both females and males; heterosexuals and homosexuals in university student communities. Therefore, a needs analysis of sexual contexts of females and males, heterosexuals and homosexuals in various university student communities is needed.

In contemporary societies, risk is contextually constructed and consequently may carry different meanings that may not necessarily be the same in various societies. Connotations of an individual's sense of taking risks often varies according to gender, race, ethnicity or sexual identification and in marginalized groups, the meaning is frequently negative (Fox, 2009). In UKZN, DUT (Steve Biko campus) and UniZulu, students have different reasons for embarking on what may be termed risky endeavours and as asserted by Lupton and Tulloch, (2002a: 115), "voluntary risk-taking is often pursued for the sake of facing and conquering fear, displaying courage, seeking excitement and thrills and achieving self-actualization and a sense of personal agency". In UKZN, DUT (Steve Biko campus) and UniZulu, students approach risk taking differently: for example, some females may do it for financial gain due to the socio-economic pressures. Some students revealed that university social life sometimes puts them under pressure of acquiring a certain social status thereby forcing them to embark on promiscuity for survival. Surprisingly, the males did not reveal reasons for multi-partnering. Research conducted elsewhere that aimed to investigate reasons for male promiscuity in other African countries, reports several accounts. Examples are cited here, "A Ghanaian idiomatic expression; 'a person cannot eat palm soup all the time, he will be fed up', encourages multi-partnership; a Zambian explicit statement, 'an adulterous man does not spoil the marriage' reveals a patriarchal sexual reference ideology; a figurative Botswana expression, 'a man is a train' also supports men's infidelity; these are shown to represent notions that support male sexual prowess. On the other hand, some idioms warn against multiple sexual partnerships as in the following Igbo idiom: 'whatever is sweet can kill' (Onyewadume, 2003: 103). The "discourse of associating promiscuity with risk is a particularly gendered narrative because amongst heterosexual men, high levels of sexual interaction are considered biologically natural to the point of being celebrated and encouraged in modern popular culture" (Sanders, 2005: 102).

Representations of power are realised through risk discourse in the texts thus far analysed. Discourse is used to create a peremptory for students to evaluate themselves and make informed choices “a practice reinforced by the peculiar character of advanced liberal democracies of a complex of marketization, autonomization and responsabilization” (Rose, 2006: 4). “The process of reflexivity suggests that individuals make rational calculations between various risk scenarios; types of advice and voices of reason” (Lupton, 1999: 108). Risk discourses in print-based HIV and AIDS prevention materials aim to foster discourses of security and empowerment, by inculcating self-responsibility and self-improvement. Inadvertently, the strategies used to inculcate a sense of personal risk-negotiation may invite stigma, where intention is to destigmatise; or may inculcate blame on individuals where the intention is to cite examples of what could be. Discourses of power used in texts may infuse hegemonic power (Schehr, 2005: 50). Schehr (2005) cites Foucault (1979) where he elucidates that the discourses of power are influenced by existing cultural interests that aim to produce docile bodies by manifesting panoptic regulatory control in order to maintain hegemonic power. Hegemonic power is realised through powerful discourses of risk and blame that employ “categorical modalities and partly by choosing objective rather than subjective modalities, for example, ‘It is dangerous’ rather than ‘we think it is dangerous.’ These categorical objective modalities both reflect and reinforce authority,” (Fairclough, 1992b: 160).

## **Conclusion**

By attempting to persuade safer sex practices, print-based HIV and AIDS prevention materials use risk discourse that emphasizes the connection between HIV and AIDS and irresponsible sexual lifestyles. In this sense, the materials serve as an effective “foucauldian agent of surveillance and control” (Lupton, 1993: 433). In addition, participants noted that HIV and AIDS prevention materials they responded to tended to leave out the creation of awareness of other possible root causes of these sexual behaviours. The FGD participants cite cyber pornography, advancement in e-technology; social media and print material that is laden with sex information: *Kama sutra*, Men’s and female health magazines, beauty and fashion magazines. Interestingly, the FGD participants argue that since youth know more about sex than adults, and their reference to what constitutes risk, from their everyday experiences, designers of messages should consult with the youth when producing HIV and AIDS prevention campaigns. They also argue that the strategies are paternalistic in approach. Surprisingly, material that was designed by university students through posters and murals initiated by CHASU, does not reflect

this knowledge. The strategies they use just emulate the material sponsored by government and NGOS.

Opposing voices may blame the government health system and socio-economic imbalances among the different levels of socio-economic strata. For example, female students resort to irresponsible behaviour to uphold their status on campus. This could be seen in their contexts as voluntarily engaging in trans-generational sex that involves multiple concurrent relationships. From these relationships there emerges a pattern of discourse labelling of these multiple partners, where the young females ensure they have five different “ministers”: “Minister of Home affairs”, “Minister of Finance”, “Minister of Transport”, “Minister of communication”, and “Minister of Entertainment”<sup>89</sup>.

Anchoring has been used to represent HIV and AIDS as a social problem through visual and lexical metaphors of doom and blame. Unsafe sex and individual reckless behaviour have been depicted as the cause of the looming problem of HIV and AIDS. Through powerful discourses of power, notions of surveillance and self-regulation are inculcated. Quite notable in the texts is the absence of expert discourses of health risk.

Consistent with Kunda’s (2009) findings, messages have left out information relating to the specific socio-economic sexual contexts of the university student communities. Since information dissemination regarding risky sexual lifestyles and the risky environment is constantly needed to persuade and empower the students on safer sex practices, a needs assessment of sexual contexts at the universities would be quite worthwhile. The findings of the survey could provide useful information for the design of more appropriate and relevant HIV and AIDS prevention materials.

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<sup>89</sup> The labels were drawn from FGDs and informal discussions with students around the UKZN, DUT and UniZulu campuses.

## **Chapter 9: Condom: malleable or mischievous? You are responsible for your own health**

### **Introduction**

The previous chapter explored representations of risk in print-based HIV and AIDS prevention campaigns consistent with the A, B and C approach, and how they are created and negotiated by students at UKZN, DUT (Steve Biko Campus) and UniZulu. The analysis presented text examination and reception analysis of 4 images that promote safer sex practices taken from the three universities. Whilst Chapters 5 and 6 interrogated how representations of femininity and risk (respectively) are used by print-based HIV and AIDS prevention campaigns to persuade the A B and C safer sex practices, this chapter is also consistent with investigating safer sex practices advocacy and focuses on how the C is treated in the campaigns. The chapter focuses on the C since the various FGDs consistently referred to condom-use as being the most viable and realistic safer sex method.

As with the previous chapters: Chapters 7 and 8 (interrogated representations of femininity and risk respectively), the analysis explores language and visual strategies, Chapter 9 analyses discourses (that persuade condom-use) and ideologies that may be subsumed in the interplay of the verbal and visual features used in the text used by originators of the posters and murals. There are five texts, consisting of three posters from UKZN campuses and DUT (Steve Biko) campus and two murals from UniZulu campus that are analysed.

The analyses are based on Fairclough's three-dimension framework, done in three steps as outlined in Chapter 6.

### **Analysis of six images that promote safer sex**

#### **Correct use of condoms**

**Fig. 9.1: 'Prevent AIDS Use a Condom' poster. Photographed at PMB CHASU notice board (July, 2007).**



### Text /context

The poster is the product of UNAIDS and was put up on UKZN and DUT general and clinic notice boards. The poster was part of the CHASU endeavour to persuade safer sex practices through ABC advocacy. CHASU rolled out the poster and the researcher was able to take pictures of the poster at the various campuses (see chapter 6).

### **Picture themes and categorical anchors (Schoeneman *et al.*, 2002)**

Clinic at the back; colour reiteration, couple, supposedly in a sexual relationship. **AIDS-related objects:** AIDS ribbon<sup>90</sup>.

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<sup>90</sup> Internationally, the AIDS ribbon has been central to promoting stigma reduction in relation to HIV and AIDS. It has actively been promoted as a symbol of hope and as a means of symbolic support to those living with HIV and AIDS (*ibid*), condom phallic image. The AIDS helpline telephone number is the Department of Health initiative <http://www.org/hivaidsinfo/faq/ribbon.html>

## Textual Analysis (Fairclough's 2<sup>nd</sup> Dimension)

### Layout of the text

Framing is realised through the placement of linguistic text and visuals in the centre, left and right segments. The framing gives salience to both verbal and visual text. The most salient is the caption, **'PREVENT AIDS USE A CONDOM.'** This salient verbal construction is placed below the verbal information (information relating to UNAIDS and other contact information on the frame) about the origin of the text. The next salient information is the male and female couple, made salient by being placed at the centre of the poster. A 'comic-like' strip on the right is used as a framing device to separate the information in order to connect the image elements on the right to signify that they belong together in the seemingly 'step by step' process of condom use. The construction of the poster uses salience, information value and framing to produce a composite visual, by combining text and image (Kress and van Leeuwen, 1996). However, the text is predominantly visual.

The visuals are laid out according to the following structure: the left side, representing given information, is the clinic label, free condoms available sign; the right side, representing new information is the step by step process of condom use by represented participants signified by the visuals and at the centre; the couple walking away from the clinic, could represent both given and new information.

### Linguistic text

The caption **'PREVENT AIDS USE A CONDOM'** is made salient by being placed at the top and written in large font, signifying ideal information value (Kress and van Leeuwen, 1996). The placing of the caption at the top is a marketing strategy used to visualize the promise of what the product can do (*ibid.*). More information regarding where it can be obtained is reiterated in the verbal construction below the sign, **'FREE AT GOVERNMENT CLINICS AND HOSPITALS'**.

The text is constructed without the usual pattern of subject-verb-object and is rather made up of verb-object; verb-article-object. The subject is however implied by the absence. The addressee could be anyone, and in this case, since the poster was placed at UKZN and DUT (Steve Biko) campuses; the implied subjects are the students and thus are imaginary interactive participants. The transitive verbs; 'prevent', and 'use' convey power upon the imaginary subjects. Transitivity further works as an instruction to the interactive participants. The construction suggests an action

process (Fairclough, 1992a), where as an agent, the text acts upon the students to view and read the message. The students are being powerfully positioned by the text to accept the instruction and adopt the safer sex option of using a condom. The whole construction reads like a continuous sentence as it is without transition markers making it an instruction.

The construction '**FREE AT GOVERNMENT HOSPITALS**' suggests that condoms are made accessible by lack of cost and indicate the location where they can be obtained. The word 'free' is self-explanatory and 'government hospitals' suggest that since the institution is owned by the state, which subsidises issues of health, it makes it easy for anyone to access the condom.

### Visual text

Framing is used and the visuals are situated at the centre. The product itself, the condom, is shown at the bottom, this visualizes the product and provides more information on where it can be obtained on the sign itself, thus being more informative and practical by showing 'what is' (Kress and van Leeuwen, 1996). The right side of the poster demonstrates the use of a condom through the use of a step-by-step procedure. The visual text is a representation of a propagandistic aspect that clearly conveys a 'step by step' instruction of correct condom-use.

The poster, with its rich colours and textures is illustrative and demonstrates step by step, how to supposedly use the condom correctly. This step-by-step process is illustrated in the frame on the right.

**Step 1:** Opening of the packet.

**Step 2:** Examining the condom, inspecting it and stretching it out.

**Step 3:** The male figure puts on the condom, facing away from the female figure. It is also quite worth noting that the represented figures and the context represent a heterosexual couple, thus bias is inferred. This excludes marginalized people such as gays, Men having sex with Men (MSM) or lesbians.

**Step 4:** The viewer is given a glimpse of the act, so the viewer has to use own imagination, which signals possible visual ellipsis.

**Step 5:** The used condom is disposed into the waste basket.

Interestingly, in the third picture, the male is depicted putting on a condom but is facing away from the female, while the latter seems to be peeping. After all, it is a male condom and it is within male power to ensure proper use of the condom, and it is the male's organ and thus he should be the one in charge of it; this is what the visual seems to suggest. The step-by-step prescription endorses male sexual role power. Body politics and bodily integrity and male sexual body is represented in the text.

The use of visual instructions are perhaps more effective as they have an immediate appeal. Also, instead of using real images of the male and female, cartoon pictures are more effective as the subject of sexual intercourse can be tackled better in a softer and lighter way, almost like in cartoon magazines and is part of Entertainment Education (EE).

### **Discourse practice level (Fairclough's 2<sup>nd</sup> Dimension)**

The poster adopts a power technique that is embedded through subliminal strategy aimed at persuading consumers to use a condom and still enjoy sexual intercourse. The above poster is an example of coercion, where individual power is elevated to a level of making an informed choice on safer sex practices. The poster clearly implores individuals to use a condom. Anti-condom contenders could read this as promoting and encouraging sexual practice among the youth. The poster is an example of sloganeering (reads as a quick reminder), sublimating that prevention is easy through condom-use and therefore the actual use of the condom is easy. This ultimately puts a halo effect around the condom. The poster seemingly reifies the condom and somewhat creates a cult around it, some kind of fetishism. The meaning derived urges responsible action by using a condom if one succumbs to erotic desires. The poster places responsibility on the individual to prevent AIDS. The poster clearly addresses the "C" campaign since the Abstinence choice involves several processes and factors at play like social, psychological, economical and developmental. The "A" is not just a simple choice as today's youth are faced with a number of challenges that prevent them from easily submitting to abstinence, this according to FGD participants' responses. Factors that are invariably cited are peer pressure, economic circumstances and ones deemed to be psycho-biological and the eagerness to understand one's sexuality)<sup>91</sup>.

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<sup>91</sup> Focus Group Discussions with University of KwaZulu Natal, Durban University of Technology and University of Zululand, revealed the ABC approach leaves out vital information that is needed in order for it to work. Students

The message that the text seems to convey is that the condom seems to be the ultimate prevention measure against AIDS. It is quite understandable that a poster, with minimal linguistic text is more effective than a dense and long one. However, arguably, other safer practices could still be mentioned as alternative choices. This is another example of the top-down linear approach serving to emphasise responsibility on the individual regarding sexual behaviour. The material leaves out information pertaining to mental/psychological processes involved in sexuality and information regarding decision-making on choice of safer sex practices. The Catholic Church, well known for its general stance against contraception and abortion is opposed to condom use, both as a prophylactic and a contraceptive. Cardinal Lopez Trujillo, although against condom-use, suggests that it would be quite worthwhile to include disadvantages and limitations of condom-use as is done in cigarette advertisements and packaging. He recommends a mandatory warning notice on condom packaging, similar to the warning on cigarettes which states that filters do not make the product safer and that for condoms, it should be stated that condoms are unsafe (Trujillo and Clowes, 2003). Interestingly though, Durex condom brands do include mandatory warning messages and it would be for such labels to be incorporated in posters marketing condoms.

Although generally, condom messages use the Social Marketing model, this text uses the rational-cognitive notion of the HBM model (Becker and Rosenstock, 1984). The model offers the individual the latitude to manage his or her own health through persuading him or her to go through the following processes: (a) the belief in the prophylactic benefits the condom has to offer and (b) since the condom is free, there are no financial challenges or barriers towards adopting the new behaviour. The challenges however, relate to psychological demands that may prevent adoption of the new behaviour; and potential contemplation of partner violence for suggesting condom-use: viz. women's vulnerability in sexual relationships (Jewkes and Abrahams, 2000; Leclerc-Madlala, 2003; UNAIDS, 2004; HSRC, 2002).

The image of the heterosexual couple, walking away from a clinic, presumably having gone there to seek condoms illustrate the linguistic text **'PREVENT AIDS, USE A CONDOM, FREE AT GOVERNMENT CLINICS AND HOSPITAL'**. Further, visual instructions on the left side of the figures illustrate how to put on a condom and how to remove it. The poster

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reveal that they need some guidance and counselling information that would take them through the processes involved in especially Abstinence and Being faithful. See Chapter 7 for more discussion.

assumes a paternalistic role of educating the students on safer sex practice. The paternalistic stance is brought about by the message being an instructive top down approach and suggesting that using a condom is easy.

Representation of safer sex practice is realised through explicit risk discourse, **‘Prevent AIDS, use a condom.’** Foucauldian discourse of healthism (Foucault, 1988) is embossed in technologies of the self that urge self-control and self-regulation in sexual behaviour. Furthermore, Foucault’s representation of knowledge is inherent in the message, **‘Prevent AIDS use a condom’** and the discourse of identification of the moral subject (Foucault, 1978) is enacted on the construction.

### Interdiscursivity

The text draws on advertising genres. The poster also functions effectively through persuasion, a strategy typical of advertising style. Not only does the text draw on advertising genres but also reflects self-help advertising manuals and represents a user’s guide to condom-use.

### Students’ readings

At PMB, although the condom was praised as the most effective of safer sex practices for students, condom branding and condom-use campaigns were criticized for placing more power on males than females.

If you can’t abstain from sex, the condom is the best method. But the problem is some condom brands in their adverts address males, like messages that say ‘make her happy’ why not have a message like “use a condom and make him happy?” And even instructions on condom packets address the man. Why not have instructions that involve the woman in helping the man put the condom on? The condom is a man thing. You see in the poster, the instructions on the right seem to be directed at the man and the woman is looking on, waiting.

(PMB female participant 4)

The participants further mentioned that most awareness messages are about buying condoms and protecting females when they could be more effective by persuading females to also buy and carry them wherever they go.

And I have realised that most messages encourage men to buy condoms so they can protect their women. I have not seen messages that encourage women to buy condoms! A message like “smart ladies buy condoms and carry them everywhere would be very effective”

(PMB female participant 3)

This argument was supported by another participant:

Yes you are right, such messages can help the women feel that it's also right for them to use condoms, it is encouraged publicly. And it will also make men realise that women also can make choices about sex. You know the problem is in the African culture, the man is the one who is in control. They decide whether a condom should be used. And they do not like condoms! Hey they do not, they say they feel nothing! Now if the messages encouraged women to buy and carry condoms by directly addressing them, relationships can be better.

(PMB female participant 4)

The assertions challenged the dominant cultural ideologies of power and agency in heterosexual relationships and advocated female empowerment and more sexual negotiation and responsibility. The participants maintain that condom-awareness messages should be two-way.

Yes, condom messages should be balanced. I mean they should engage both the man and the woman. You see, it takes two people to tango they say. So the messages should address both. Both the man and the woman should be encouraged to negotiate and decide together, equal partners. This will be good for the fight against HIV and AIDS.

(PMB female participant 3)

Additionally, participants felt that condom-use messages should address women as well as women's issues directly and stated that they would like to see a poster showing a woman placing a male condom on a man.

I think condom messages should include women's issues as well. Like talk the guys directly about not beating women if they want to condomise. And also a poster that has a woman putting a condom on a man. Even some of us guys would like to see that! We want to empower our women!

(PMB male participant 1)

The above submission countered the hegemonic masculinity ideology of men accorded power and agency in relationships. The male participant challenged unequal gendered power relations and advocated a different discursive sexual framework that aligned to women empowerment. The assertions above advocated mutual responsibility in sexual relationships.

The participants further observed that female condom awareness messages are scarce and this results in females seeming not to care about the female condom: "Female condoms are there, but I think females don't bother as they know the male has to have it because they are there at the clinic" (PMB male participant 2). The participants further contended that the ABC is biased as there is a lot of information regarding the male condom use rather than the female condom, the Femidom.

I still feel that the ABC is just concerned about men. You see all around, messages on the male condom no Femidom. You go to shops, spaza shops, campus kiosks and eating places, even public toilets, male condom, no Femidom. Hai! The clinic yes, it has a poster, information on the Femidom, that's the only place and it is free but how many know about that?

The above account is also a critique regarding the inadequate promotion of the female condom. Participants further observed that HIV and AIDS prevention messages need to cover all groups and should seem to be biased towards heterosexuality thereby marginalizing others by leaving them out.

Condom messages only address heterosexuals and leave out gay people. HIV is everyone's problem. It does not discriminate. So gays also need to be educated too on using condoms.

(PMB male participant 3)

In addition some participants asserted that HIV and AIDS messages should not be biased to condom-use education only and suggested that other prevention methods, such as abstinence for youth and religious groups should be included. Furthermore, the participant observed that some Christian youth might dismiss such messages like the one in the poster since it does not apply to them as they do not engage in sex. This simplistic rationalisation would only serve to put Christian youth at risk because some may not be as strong-willed as to resist peer and contextual pressure.

I think HIV/AIDS messages should not just promote condom-use. Abstinence should also be promoted for youth and Christians. For some, I am a Christian and I know some of people who are like me as well they always think when they see this posters *oh well anyway since I am a Christian I don't do sex that doesn't refer to me* so whatever it is out there it really has no effect it really does not matter. It's only what's there, it just takes your mind and makes you think am not gonna give that because you cannot see yourself having HIV/AIDS through sex.

(PMB female participant 1)

Yet another participant commented;

I am not Christian, I am Hindu. And we believe a lot in [inaudible conversation] as in we do like act responsibly to society and family etcetera. And we also have the same believe of abstinence, we have sex when we get married. For us we have sense and stuff. You are not allowed to do it but people do it anyway. So at times it's not much about a person's religion but it's all about what they are exposed to. Because Christianity and Hinduism all taught the same thing premarital sex is not allowed but it how you perceive it, if you were never brought up with those values you are gonna say agg! It doesn't matter. Like I find that poster so useless and I just say, "*I am not Christianity*". But we are the same, It's because of the we were brought up, you were brought to think you would not do this

and if you do this there is a consequence. We both exposed to the same things in the same environment. So the morals and values are just the same, they may come from different things but they are just the same.

(PMB female participant 2)

The above reflection alluded to the sex education that teaches the same values in the various religious contexts (for those who are brought up in such contexts) about abstinence and pre-marital sex and making the right choices. The argument raises questions about youth's perceptions to risk-awareness, risk-taking and decision-making. Another important point to note is the participant's reference to others who may not be exposed to values associated with abstinence and pre-marital sex and their likelihood of dismissing the message as insignificant.

However, other participants report that condom messages are most appropriate for youth at universities since university students like to explore their sexuality (see previous chapter). Another issue arose about the social challenges the youth face regarding the obtaining or purchasing of condoms.

There is sometimes talk about... this one is having trouble with... he and his girl wanted to have sex but then he is not allowed to getting condoms. When he goes to the clinic, chances are everybody will know that he went to get condoms. With the clinic is the worst because it's really small and if goes to buy condoms and his daddy will know that *okay he is starting to use condoms*. If he wants to indulge in what his peers are doing but then his religion conflicts end of results he didn't use condoms.

(PMB female participant 4)

Another thing I think the reason why some people are really not like using condoms and contraceptives are because of these things they just mentioned there it is because when you go to the clinic you know that sister is gonna be like *oh you having sex you let us down and now you are indulging into things*, as long as you are there they should just appreciate that you went there to fetch whatever you took responsibility.

(PMB female participant 1)

The above statements reveal the prejudice and stigma that is often attached to the overt actions that are attached to sex. Obtaining condoms from clinics or buying them from retailers is associated with promiscuity and for youth it is regarded as an act of immorality and being too adventurous. This could explain the objections to condom advocacy by some religious groups and other conservative community members as they perceive such as promoting sex among the youth. Nevertheless, the assertions from the participants indicate that condom-use promotion is a realistic advocacy for HIV prevention for youth, and that messages should include other relevant issues.

At DUT (Steve Biko campus) some participants read the condom poster positively and thus displayed negotiated reading, by accepting that the condom-use message is realistic. However, they felt that the condom messages were biased towards heterosexual couples as signified in the poster.

The poster is ok as it encourages condomising. It should encourage students to use condoms as there is a lot sex happening here on campus. But honestly I think these materials are not directed to everybody even up to today from the lessons that I got you end up thinking that lesbians might not even be taught about those things the moment we are taught that, the message that we are getting ,we always get that we need to condomise in order to prevent AIDS. Ya-a and I think the message should also be specifically created for people who are not heterosexuals. But there are a lot of people becoming either homosexuals or bi-sexuals, even the government has legalized. So messages should be created for everyone because, because everybody is at risk.

(DUT [Steve Biko campus] male participant 2)

Because I can say everybody is at risk even if you are a lesbian even if you are gay, it's not like not necessarily as to transfer HIV/AIDS just being involved in unprotected sex there are ways in which they can be infected and, kissing when your gums are bleeding and the other partners gums bleeding and you got a cut in your mouth u know. and then that cut can u know you can catch HIV/AIDS even if like you got these things here even if your partner ---you .before you have sex were in the case of lesbian if I can say u know you are at risk.

(DUT [Steve Biko campus] female participant 2)

The arguments above advocate an all encompassing HIV and AIDS prevention strategy that does not exclude any sexuality as the risks of HIV infection are not discriminatory. This call for strategies that are non-discriminatory are based on the participants' observations of the increasing change in the sexual culture and the possible acceptance of gay and lesbian sexuality on university campuses.

### **Social practice level (Fairclough's 1<sup>st</sup> Dimension)**

The poster was used by tertiary institutions to promote on-going ABC prevention advocacy that and was used to augment material that was custom-designed by students. The ABC was infused in the print-based HIV/AIDS prevention materials at UKZN, UniZulu and DUT (Steve Biko Campus). This poster was placed on UKZN and DUT general and clinic notice boards. The CHASU coordinator of Howard College/Nelson Mandela School of Medicine asserted that UNAIDS campaigns were imported, hence there may be some messages that may not altogether be context specific.

Some of the campaigns that are used on our campuses are from the government Health department and other projects that are in partnership with government, and we have also formed a partnership with them. In order to promote safer sex activities, particularly use of condoms we sometimes rely on messages from these organizations. Thus the messages may not be altogether context-specific. That is why we also engage students in the design of messages. An example, is the one that you see outside on the next board, “You wouldn’t go out without cloths would you?. You can take a picture of it.

The CHASU coordinators are merely distributors and not producers of the poster. The CHASU coordinator explained that the messages were thus augmented by those designed by students (Fig.9.3 is an example of one such message). The DUT (Steve Biko campus) coordinator noted that the poster alienated gay and lesbians, especially females as males were somewhat inherently addressed by condom-use promotion messages and for that reason she expressed the need for messages that address lesbians’ sexual health as well.

The poster seems to be biased towards heterosexuals and thus leaves out lesbian and gay men. Ok, the gay men may benefit from the message as the male condom messages encourage men to put the condom on their erect penises before they engage in sexual intercourse. I think there is need to address lesbian’s sexual health as well. But maybe the reasons behind the male condom messages are influenced by the fact that there is more heterosexual sexual contact in South Africa than other places where there are a lot of men who sleep with men. In those places there is a lot of material on HIV and AIDS material that addresses gay people.

Notwithstanding, she acknowledged that the possible reason for message exclusion could be that there is more heterosexual contact in South Africa than in other places where HIV and AIDS prevention material addressing gays may have resulted from men sleeping with men (MSM) practice.

The DUT CHASU coordinator further argued that messages should include condom-use negotiation as it is important especially for female empowerment as there is need to empower women on how to negotiate safer sex. She further submitted that in so doing, the messages would also be addressing gender power inequalities and possibly even gender violence that sometimes accompanies male domination over sexual issues within relationships.

There is need for messages to include gender inequality issues like men being the ones deciding on whether and on when to use condoms. Messages should encourage condom-use negotiation so that women can be feel confident to negotiate their use with their partners without fear of being abused or beaten by their male partners.

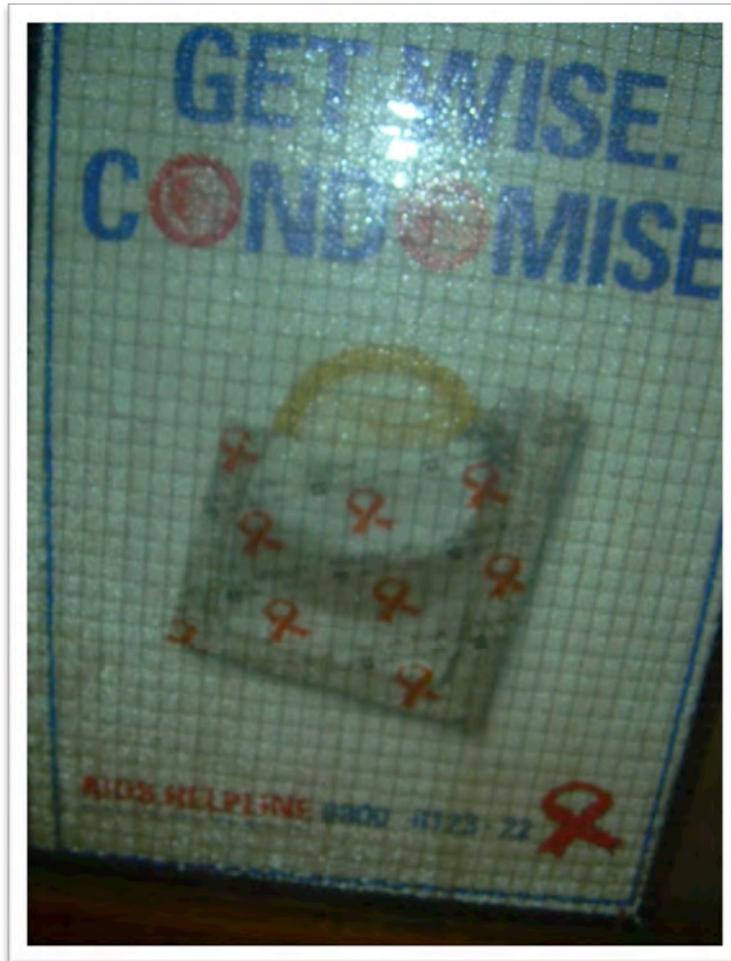
The DUT CHASU coordinator’s remarks are consistent with some of the observations presented by the FGD participants.

The poster is a summarised version of a leaflet which expands the visuals by explaining through verbal instructions, how condoms should be correctly used. The message reflects a politically motivated construction initiated by the government's health plan, which is prone to becoming a generalized value that is meant to transform individuals' values into universal ones. The government clinics and hospitals that distribute free condoms are "clearly a lumen of the disciplinary gaze and the arena of local power/ knowledge. The sexual health discourse is consistent with the representation of a 'normal' heterosexual couple (Pryce, 2001: 158), in which the male dominates the whole sexual process; "what is absent from the medical project of sexual health rationalities, is the social context(s) and the power of sexual praxes and desire" (*ibid*: 155). Pryce's (2001) argument of the medical project leaving out "the power of sexual praxes" (*ibid.*) is consistent with the DUT CHASU's observation of the absence of gender inequalities' issues that promote male dominance in sexual relationships in the poster.

The next text analyzes how the verbal element is manipulated to persuade condom-use.

### **Regulation of normative sexual practices**

**Fig. 9.2: Get Wise, Condomise – promotional poster (Beyond Awareness Campaign; Department of Health, South Africa) picture taken at the Howard College Campus MTB building notice board, August 2008).**



#### Text/ context

This poster was part of campus HIV and AIDS prevention promotion and was placed on UKZN and DUT (Steve Biko campus) notice boards by CHASU for ABC advocacy campaign for students in 2006-2009. It worthwhile to note that the poster was a remnant of materials that were used in previously in the BAC campaign, produced in 1999, when free condoms were disseminated and funded by the Department of Health and featured no branding at that time. The researcher had the opportunity to photograph the poster at the CHASU notice boards (see Chapter 6).

#### **Picture theme and categorical anchors (Schoeneman *et al.*, 2002)**

The categorical anchors are safer sex, protection.

**AIDS-related objects:** condom, AIDS ribbon.<sup>92</sup>

### **Textual Analysis (Fairclough's 3<sup>rd</sup> Dimension)**

#### Text lay out

The verbal construction at the top '**GET WISE CONDOMISE**' visualizes what the product, the condom can do for the viewer, if he or she abides by the advice. The product is placed in the center so that it can be visualized and thus provides more information by showing actually what is (Kress and van Leeuwen, 1996). More factual information about where it can be obtained or requested by providing the contact details of the AIDS helpline is given at the very bottom. The placing of contact details at the bottom is an advertising strategy that could be inconsumerate with the issue of HIV and AIDS since the information is important and should occupy a salient position. The contact details serve to enable individuals to call the helpline in case they need further information relating to condom-use or any other HIV and AIDS related issue.

#### Linguistic text

The verbal construction '**GET WISE CONDOMISE**' is salient and occupies a 1/3 of the poster. The text construction has three simple comprehensible words: '**GET WISE CONDOMISE**', in capital letters, the two 'Os' in the condom are decorated with the condom images itself. The expression is an imperative construction and uses rhyme and rhythm. Just like the previous image, the text is constructed without the usual pattern of subject-verb-object and rather is made up of verb-object; verb-article-object. The subject is however implied by the absence. The addressee could be anyone, and in this case, since the poster was placed at UKZN and DUT (Steve Biko) campuses, the implied subjects are the students and hence are imaginary interactive participants. The transitive verbs; 'prevent' and 'use' convey power upon the imaginary subjects. Transitivity further works as an instruction to the interactive participants. The construction suggests an action process (Fairclough, 1992a), where the agent, the text, acts upon the students to view and read the message. The students are being powerfully positioned by the text to accept the instruction and adopt the safer sex option of using a condom. The absence of the second-

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<sup>92</sup> Internationally, the AIDS ribbon has been central to promoting stigma reduction in relation to HIV and AIDS it has actively been promoted as a symbol of hope and as a means of symbolic support to those living with HIV and AIDS <http://www.org/hivaidinfo/faq/ribbon.html>.

person pronoun that addresses the reader directly is very impersonal and could signal a matter of fact instruction.

Campaigns urging condom-use adopt discursive practice bordered on moral discourse that dictates normative behaviour. This discursive framework seemingly regulates normative sexual practices through language like **'GET WISE CONDOMISE'**. This social discourse is used and applied to define rules of sexuality (Foucault 1972). The meaning underlain in the slogan is that sexual deviance (in this case, not using a condom) is unwise, psychosexual ideology being the basis of the message.

### Visual text

The salient imagery in the text is the condom inside its visibly open packet, with a bit of it sticking outside. The condom is made noticeable by it being placed at the center. The blue colour is probably used to enhance its significance as a male device, since the colour blue is often associated with males (blue is supposedly for boys and pink supposedly for girls) and to make it to stand out.

The visual text is an iconic picture of a condom as it is a photograph of the prophylactic, Pierce's iconic sign, the signifier's relationship with the signified is one of likeness, resulting in objective likeness (Kress and van Leeuwen, 1996). It illustrates the condom in an objective manner without distortion of style or illusion (Scott, 1994: 253). The image provides visual support for the verbal message. The visual representation of the condom is what we normally see of it, the image represents it as hyper-real as the image is detailed (Kress and van Leeuwen, 1996).

### **Discourse practice level (Fairclough's 2<sup>nd</sup> Dimension)**

The above poster ideologically positions the students who are the target audience as active agents: **'GET WISE CONDOMISE'** catch phrase is an example of Thompson's mode of operation of unification ideology by leaving out the subjects through innate passivation, thus achieving the effect of collective unity. This is achieved by appealing to everyone's conscience. This is done further by generalizing values in order to transform the individual's boundaries to universal values (Scott, 1994). Underlying the message is the notion that condom-use is a wise thing to do and it is a given that it is universally accepted to be. Furthermore, the assumption that condom-use is a value that society could uphold underlies the verbal construction. This message is a politically motivated construction initiated by government's health plan, thus it becomes a

generalized value that is meant to transform individuals' values into universal ones. The messages become transformed and normalized and thus eventually become accepted. However, by addressing a subject-less audience, resistance to message consumption might be induced. The message appeals to the moral self of the viewer by applying techniques of the self that propose the benefits of being healthy. The risk governmentality thesis is also alluded to and the message of self-regulation, self-control and self-surveillance is implied.

The verbs in '**GET WISE CONDOMISE**' construction act as a visual bridge, which together with the visual itself is aimed at evoking reaction. The pragmatic basis is to inherently persuade university students to be wary of the risk of engaging in unprotected sex. The covert rhetoric persuasion strategy aims at bringing out the message of one being at risk with every sexual encounter and therefore condom-use is the most viable means of protection. The message advances is the notion that one can still indulge in one's erotic desires (though covertly as there is no explicit reference to how the condom enhance enjoyment: the message is simply urging condom use if one indulges in sex, so the message is: 'you can have sex to satisfy your erotic desires but be wary') without fear of contracting HIV. The poster inherently appeals to individual's risk perception of sexual intercourse and protection against infection by using condoms. In a way, a halo effect is placed around the condom, marking the changing perception of risk associated with sexual behaviour, in that sex itself is not so risky if a condom is used. The poster has an underlying power play that aims to reach out to the minds of the students. This may be perceived as power play that is subsumed in HIV and AIDS prevention campaigns. The choice of words '**GET WISE CONDOMISE**' coerces individuals into making the choice of condom-use. This poster could be seen as a manipulative text as the rhythmic nature of the catch-line reads as a plea for condom-use, urging individuals into a realization that erotic desires are dangerous and that using a condom for protection is key to sexual responsibility and possible enjoyment. The underlying argument seems to suggest that lack of condom-use is itself a sexually deviant behaviour.

### Interdiscursivity

The text echoes the E.M Forster's 'Where Angels fear to tread' novel derived from an 18<sup>th</sup> century English Poet, Alexander Pope's 'Fools rush in where Angels fear to tread'. The adage applies to the poster as it nuances that one who does not use a condom can only be foolish. The poster's verbal text also uses rhyme and rhythm, which is typically used in poems, hence there is a link to poetry.

### Students' readings

The reading of the visual was received with mixed reactions, though the majority of the FGD participants negatively read the text, a few positively read it. Thus the text received both oppositional and negotiated readings.

PMB participants suggested that the message, though simple and presumably direct, invited multiple responses. Assertions ranged from the text being judgmental (connoting that if one does not use condoms, one is therefore stupid) and instructional and thus sounding authoritative.

I can't make up my mind about this one. It makes me think, ok the message is simple, but kuti, it is too judgemental. It's like saying, we the youth are stupid and not likely to use condoms or are not using condoms. Right, now it tells us what we should do, like principal at high school, "now boys and girls you must obey the rules..."

(PMB male participant 2)

Another participant remarked:

It is telling us to use condoms. In a way it's like parents telling you how to conduct your life, in fact instructing you what to do with your life. And you know with sex, sometimes when the heat is on you forget about the condom, now this where I see it, it's kind of making sense. It simply says, do not be carried away by your hot feelings and forget to be clever. And you know you guys, you are sometimes not wise. Once you're hot you forget everything, and you know some want it 'flesh to flesh' and that is stupid heish, AIDS.

(PMB female participant 3)

The above participant tried to be objective by reflecting on other contributing factors to risk-taking behaviour, one of which is the uncontrollable urge of desire that so often overcomes the youth, especially adventurous ones.

Additionally, the linguistic text itself was reported to be boring; unappealing and lacking shock; bland and therefore uninspiring as to arouse action:

The words are so boring! Hai there is no shock in the words, there should be shock. It is like a song, a song that is playing all the time. There is nothing to it. You know sometimes shock can make one act. But here, just the simple well known words.

(PMB male participant 1)

The participants argued further that the accompanying visual is unattractive to the eye and can easily be ignored or unnoticed. They also argued that the poster, by claiming that lack of use of

the condom is foolish could result in students ignoring the message as university students do not perceive themselves as stupid and do not like to be labelled such.

Besides, the picture itself is not attractive, it can be easily ignored. It is in fact not noticeable. And the words also are not appropriate for university students who like to think that they are wise and not foolish. There is a kind of language you can use for students.

(PMB male participant 3)

Further of note was that the inherent meaning of the poster is unrealistic in that a sexual act might not necessarily be consensual and thereby excluding negotiation on condom-use and other safer sex practices. Examples given were statutory rape and marital rape.

You see, now, the poster is unrealistic. There are some instances where there is no chance of one even having the chance to think about the condom. Take rape for instance. When a woman gets raped, there is no chance of asking the attacker, haai! The rapist to use a condom. Again we hear women are raped by their husbands, it's kind of difficult; I mean heish a woman can't ask for condom. And the man too I think will be so hot and will get what he wants and finish quickly.

(PMB female participant 4)

A fair number of participants suggested that the message though simple and presumably direct reluctantly commented on condom use. However, one participant remarked that the actual use of the condom was not guaranteed as only one person (male) can use it or sanction its use, as is often observed with couples.

Now the problem with condoms is that usually only one person can decide on its use. And yet this poster is like talking to anyone who intends to have sex. Sex involves two people but one always makes the decision.

(PMB female participant 1)

It was further disclosed that it is usually the female who carries the condom but ironically the male partner is the one who has the power and authority over its use:

And nowadays females carry with them but they don't usually have a say in their use. You see smart girls want to be prepared and do not like to be taken by surprise. But for all their efforts they usually would not be able to suggest or insist on condom use. Sometimes it may be out of fear of losing the guy.

(PMB female participant 3)

One participant quipped: "It is sharing of responsibility. But for guys its bad luck because if you carry a condom, then you are not going to get some [laughter]." (PMB male participant 3)

The comment made by the 3<sup>rd</sup> female participant is consistent with other researchers' findings that sex is socially constructed as an expression of affection and women being positioned as passive recipients of men's sexual whims (Hoosen and Collins, 2004).

The participants vehemently argued that condom-use is about negotiation and not about foolishness.

Since sex involves two people, there should be negotiation about condom-use. Really it's foolish men who do not respect their women as far as using condoms goes. It is wise for partners to engage each other on condom-use

(PMB male participant)

The observations alluded to a gap in the message regarding processes involved in condom-use should be included in its promotion: the acquisition of the condom, carrying it always, negotiating its use, and stating its limitations. One other point worthy of note regards the male participants who were able to challenge hegemonic masculinity notions of that promoted male dominance in sexual relationships.

At DUT, the poster received mixed readings just as it was at PMB campus. Assertions alluded to bias in condom promotion, similar to those uttered in the previous image (8.1). The text was viewed as biased towards heterosexual and male gay couples, to the exclusion of lesbians. Nonetheless, some thought the "three simple words", are resonant with clarity, conciseness and precision, more so that the visual (photograph of the condom itself), enhances the message.

The three simple words are clear, and to the point. There is not a lot of reading required. The picture also goes with the words. And also because there are not many words in the poster, you will not forget them.

(DUT male participant 3)

They further remarked that the message speaks to an individual and therefore challenging and instilling power in one.

I think it also does a lot what one of the ladies said like, say treat yourself, some have this thing like it's my boyfriend, he doesn't wanna condomise. So guess I will be faithful, you think you will be faithful, he won't be doing it. So stuff like this speaks straight to you as an individual. It's not about being faithful to your partner, it's about you. Not for somebody else.

(DUT female participant 2)

Additionally, rhyme and rhythm was appreciated. However, the linguistic text was seen to be too formal and also rather instructional. "The message reads like a line in a poem. It rhymes. But the

words are too formal and they tell you what to do.” (DUT male participant 3) The assertions resonate with those of PMB.

Also reference was made to negative reporting of Choice condoms in 2007, resulting in some being recalled as they were said to have had defects.

This poster is promoting Choice condoms, but you see some students would not take the message seriously, especially the one of Choice! Heish. In 2008, it was in the papers that the Choice condoms were not good. You see there were some that were taken off the shelves.

(DUT male participant 1)

The participants revealed that the situation resulted in loss of trust in Choice condoms.

Now the students don't trust them. Not Choice condoms. Students prefer other brands. But those ones are not for free. Now the problem is if people do not afford the condoms. They take risks because they cannot abstain. Now some people do not even read these types of posters.

(DUT male participant 5)

Further arguments related to the Choice condoms-use campaigns being faced with competition against commercial brands like 'Durex' and 'Lovers Plus' as youth would rather spend money on those that are presumably not defective. The FGDs saw this as a disadvantage since not everyone can afford to buy condoms if they are to use them consistently. They further intimated that negative reporting worked against condom-use campaigns, especially on the free Choice condoms.

The participants further mentioned that the commercial brands themselves are even marketed better through packaging and labelling.

You see the way commercial condoms are wrapped, that makes people want to buy them. They are wrapped with colour and the words in the wraps make the youth to buy them as they are attractive and make people want to use them.

(DUT male participant 2)

They gave a few examples: 'Endurance', 'Rough Rider', 'Midnight Magic', 'Wet and Wild', 'Bareback', 'Durex' and 'Lovers Plus': 'Super, strong' and 'super sensitive'. The words on Lovers Plus packaging were cited as speaking volumes and thus having a persuasive urge over the user. Notwithstanding, some still maintained that though the message is supposedly clear, it was not effective enough to persuade behaviour change; except for the fact that it is one of those

issued by government and could be interpreted as accessible to everyone who has access to a clinic.

The message in the poster is clear. But is not that effective, and kuti, since it is placed at clinics and from government, people may see it at clinics plus the condom is free that is why people might get them. But it is still a challenge to make people use the condom.

(DUT female participant 2)

The locations at which this message is usually seen was viewed as problematic for some participants as they claimed that since the poster is typically placed at clinics, it seems to suggest coercion regarding testing for HIV and AIDS. "Plus since it's placed on clinics, people might not go there because they might be afraid of being asked to test for HIV."

(DUT female participant 3)

### **Social practice (Fairclough's 1<sup>st</sup> Dimension)**

This poster was part of campus HIV and AIDS prevention promotion and was placed on UKZN (PMB), DUT (Steve Biko campus) notice boards. The product in the visual is the Choice condom which was part of a government funded initiative. The poster is one of the print prevention material sourced from Department of Health. The poster promotes the Choice condom brand which is distributed for free on campus clinics, CHASU offices and campus toilets. As it is the case with the previous images, the CHASU coordinators are merely distributors and not producers of the print prevention material. The DUT CHASU coordinator explained that CHOICE condom, being a government initiated product is offered free and thus it addresses a single function of preventing HIV and AIDS and STIs.

The CHOICE condom is a government initiative product and therefore it addresses the prevention of HIV and AIDS and STIs. It doesn't do a double role of promoting sexual health as well as marketing and selling it. It is distributed free of charge.

Thus the CHOICE condom messages do not play a dual role of marketing and selling the condom as well as promoting sexual health. The poster's message was distributed at the time when the CHOICE condom had just been riddled with a media scandal of it having been recalled from the public as it was reported to be defective. The CHOICE condom was reported to have failed the South African Bureau of Standards (SABS) test in 2005. The PMB CHASU coordinator recalled that the reporting by the newspapers resulted in a court wrangle between the print news media and government where the latter had to prove that the brand was safe. The government won the legal battle but moral panic had been sown. The PMB CHASU coordinator

revealed that the students then started to prefer the commercial durex rather than the free government CHOICE brand.

Due to the scandal of 2005 that resulted in the condom being recalled. The students don't like the CHOICE condom and prefer the commercial durex. This is rather a disadvantage since the commercial ones come at a price and the students cannot afford them all the time. This places them at the risk of being infected with HIV. The students have even suggested that a new label should be introduced, together with a different packaging. Then maybe the stigma associated with the CHOICE condom will eventually wear off.

The PMB and DUT CHASU coordinators reported that the CHOICE scandal led to students focusing more on the name and packaging of CHOICE condoms. They intimated that some students even suggested a name change and different packaging for the CHOICE brand to alleviate it from negative publicity.

As with most government's health plans, providing free services to the public can be an expensive endeavour for the South African government. Thus the PEPFAR fund at the time of the research was assisting the South African government with issues of HIV and AIDS prevention. However, it is also the government's responsibility to instil a sense of health responsibility and safety to the recipients, thus the construction 'GET WISE CONDOMISE' reflects the determination of government to push its health agenda of urging individuals to be responsible for their own health, and government being the benefactor, offers the condom for free. The department of health prioritised condom distribution through systematic annual procurement and the condoms were distributed through clinics and other sites.<sup>93</sup>

The CHOICE condom competes with its commercial counterparts for use by university students despite it being offered for free. Hence vigorous campaigning and a fresher approach that is appealing to the university students are needed for the promotion of CHOICE condoms (especially that they are offered for free) by the government and universities if they are to achieve the goal of encouraging sexual health. The problem with governments' initiatives is that they mostly operate on tight budgets and have other health issues to attend. Thus a production of much more sophisticated campaigns and competitive branding of the CHOICE condom may be a

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<sup>93</sup> Parker, W. (200). South Africa's Beyond Awareness Campaign: Tools for Action. Department of Health, South Africa.

challenge. The slogan, “Get Wise, condomise” was used on a wide range of media including radio, print and outdoor.<sup>94</sup>

The next text to be analysed offers a more fresher approach to condom promotion by using cartoon-like images.

### **Eroticizing the condom**

**Fig. 9.3: ‘You wouldn’t go out without your cloths would you?’ Poster (Photographed at the Howard College CHASU notice board in May, 2007).**



#### Text/context

This poster was designed by the Howard College students for the CHASU HIV and AIDS ABC on campus advocacy of 2005-2009. The CHASU coordinator placed the poster on Howard College CHASU notice board. The logo on the bottom left hand corner was engraved on the

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<sup>94</sup> ibid

poster to make it look authentic. The different shapes, colours and textures of the condom images suggest that the condom images are commercial and not government sponsored.

### **Picture themes and categorical anchors (Schoeneman *et al.*, 2002)**

The image depicts a nude penis and a closet with condoms hanging on hangers. The nude penis is looking into the closet pondering which condom to wear. The phallus is inferred through the image of the penis and condoms are inferred as apparel.

**AIDS related objects:** condom, AIDS ribbon<sup>95</sup>

### **Textual analysis (Fairclough's 3<sup>rd</sup> Dimension)**

#### Layout of the text

Saliency is given to both the linguistic and visual texts. Saliency is achieved by the verbal construction '**You wouldn't go out into the open without cloths**' being at the upper section and visualizing a somewhat emotive appeal to subtly draw the viewer's attention to the rhetoric plea, giving saliency to the verbal construction. Regarding the condom images, saliency is achieved by them occupying most of the space. The phallic cartoon figure, the head, (representing the phallus head), the scrotum, hairs sticking out and other extra effects: spectacles, arms and thin legs depicting caricature/visual pun are quite humorously designed.

#### Linguistic text

The words themselves present a challenge to the viewer. The use of the second-person deictic pronoun '**You**' identifies the viewer as the addressee. '**Wouldn't go out**', the modal directive creates the mood of prohibition, aligns the viewer with the negation of construction to refute the false claim that one would dare. The rest of the lexical statement together with visuals aim to "contextualize the problem and assumes nature and course of action would be shared by addressee thus invoking on shared cultural values and norms" (Lupton 1992: 48). The modals "wouldn't" and "would" are a challenge that is "ideologically driven as it attacks irresponsible

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<sup>95</sup> Internationally, the AIDS ribbon has been central to promoting stigma reduction in relation to HIV and AIDS it has actively been promoted as a symbol of hope and as a means of symbolic support to those living with HIV and AIDS <http://www.org/hivaidinfo/faq/ribbon.html>

individual behaviour [that] could be construed as accusative rhetoric of blame” (Billig and MacMillan, 2005: 477). Also, through the second-person pronoun ‘**You**’, the declarative and question statements are used together to emphasize and attack moral behaviour.

The writer asserts impersonal authority and casts the viewer as foolish. The construction signifies lack of reciprocity that realises power encoded in the text. The ‘addressor’ assumes an authoritative stance by using a statement that aims to patronise the addressee. Although there is a question tag at the end of the statement, the addressee is not required to respond. The statement is constructed as a matter of fact. Impersonal authority is thereby realised and reciprocity is not required of the addressee. The encoded power claims omniscient knowledge of the readers’ mind and behaviour, a direct postulation of what the reader should do. The designer knows the context very well and the sexual culture of the students and thus addresses them by choosing a code which they might identify with. The designer not only assumes to know how the students think, but also that they are sometimes misguided: so the designer’s authority “is firmly based on the reader’s folly” (Kress and van Leeuwen, 1996: 147).

Impersonal processes are used in the text in terms of relational processes through modulation used in ‘**you wouldn’t.**’ Impersonal constructs are processes within which the viewer is associated and modulated. ‘**You wouldn’t.**’ The result of such a construction is lack of reciprocity resulting in power being encoded in the text (*ibid.*). This rhetoric construction is a persuasive means used to instil sensibility in the viewers, which they supposedly lack.

Modality as judgment is socially dependent on what is considered real, true or sacred in the social group for which the message is primarily intended through use of modals ‘**wouldn’t**’ or ‘**would**’. The interrogative modality ‘**would you?**’ is interactive and deictic logic that is proven by direct argument increases credibility of the text (*ibid.*). The hypothetical question ‘**would you?**’ stimulates conversation. The interrogative modality positions the interactive participant as subject to the scrutiny of the represented participant, who is the adviser. The modality judgement is also objective as it is not clear whose perspective is being represented (Fairclough, 1992a). It is not clear whether the addressor is acting for the HIV and AIDS prevention campaign managers (we can only assume that the addressor is) as the verbal text is constructed in a way that does not directly reveal the encoder of the message and addressing the health risk inherent in not using a condom. “It is not clear whether the addressor is expressing a universal perspective or is acting as a vehicle for some other individual or group [though we may assume and even attest that the message is]” (*ibid.*: 159). Furthermore, modality here works as an interpersonal

function; where the identity function of language in the text aims to set up (a) social identities through discourse, that is the construction ‘you wouldn’t go out in the open without cloths’ aims to impress upon the viewer the impracticability of performing such an act as it would be culturally inappropriate; (b) the relational function the text aims to play is through verbal utterance, the represented participant aims to negotiate a proposition (Fairclough, 1992a). The text offers some truth to an indefensible claim of a social event that is categorically represented and its perspective universalized (*ibid.*).

The text features another modality dimension by adding the tag question, ‘would you?’ and the utterance anticipates a positive answer and presupposes that high affinity with the proposition is shared between addressor and addressee (Fairclough, 1992a) in order to solicit a positive action or solidarity. The discourse enacted in the utterance is rhetorical proposition that aims to persuade condom-use, “modality then is a point of intersection in discourse between signification of reality and the enactment of social relations” (*ibid.*, 160),

The elimination of the agent is centred upon the viewer and this could be to establish an equal personal relationship. The viewer is thus represented as having power to decide on what could be deemed responsible.

The second person deictic pronoun ‘**You**’ repeated twice foregrounds and addresses the reader directly. The rhetorical question and ellipsis are used emphatically to draw the reader in the conversation and implores the reader to identify with the text. The ellipsis also emphasizes anticipation of an answer to the question, though rhetorical. The elliptical construction that anticipates an answer from the interactive participant is a trace of advertising genre. The wording of ‘**cloths**’ could be a deliberate marketing gimmick or just sheer misspelling.

### Visual text

The visual depicts the male as though he is imagined or fantasized through the caricatured phallic image (*ibid.*). Visual allusion connotes sexual desire, pleasure and protection. The visual message has a humorous slant and makes public display more acceptable. The different shapes, colours and texture depicted on the condom images may visualize pleasure; bring out fantasies or promise bliss of what might be. The use of differentiated colours on condoms and the soft pencilled phallic figure suggest mixed credibility of promises of bliss that the condom might bring. The metaphorical allusion portrays the condom as a stylish and fashionable commodity and that the message about condom–use need not be boring. Also, the different colours, textures

and shapes depicted in the visual may signify reality value and a representation of commercial condoms that are found in the market domain. The logo below is that of KZN municipality. However, condom shapes in the poster are not the CHOICE brand, which is government oriented. The different shapes suggest commercial brands, reflecting some commercialized culture infused in condom-use campaigns (Billig and MacMillan, 2005).

The condoms (in the closet) and phallus (in a pensive mood) images have a somewhat hilarious erotic reverie. The phallic figure, a caricature, simulates a nude body contemplating whether to wear protection or forego it. Further, hanging in the closet is a choice of condoms in different shades and textures. The finger-like shapes of the second condom and the lines on the 3<sup>rd</sup> condom suggest texture and could subliminally suggest sensuality and eroticism. Additionally the different colours could also stimulate sense of smell or flavour that goes with some commercial condoms. This is a subliminal persuasive technique with subtle tones suggesting eroticism of sex. The underlying message is simply that sex is not necessarily boring when using a condom.

### **Discourse practice level (Fairclough's 2<sup>nd</sup> Dimension)**

The above poster is an example of an obvious shift in risk discourse in HIV and AIDS prevention campaigns, from apocalyptic imagery to subliminal strategy.

Quite interesting is the observation made by Rhodes and Shaughnessy (1989b), several decades ago that polarity of ideologies still prevails and is enhanced by the subliminal strategy of safer sex being seen as an issue of the individuals' preservation and interest than a collective provision and responsibility. The poster above, which was created by students themselves, is an example of such. The second-person deictic pronoun '**You**' challenges the addressee. Further, the rest of the words, together with the pronoun, seem to admonish and challenge the reader's moral being: '**You wouldn't go out into the open without your cloths... Would you?**' Clothes are not just worn in the aesthetic sense, but for covering oneself and for protection from the physical elements. The metaphor of representing the condom: protective clothing; also conjures up in the mind, armour; cover from shame as one cannot go out naked in the open. The different sizes, styles, and textures; the phallic figure connote "humour [and a] novel fun way to have sex" (Lupton, 1994: 314). Also, some underlying coercion strategy is hinted. Such analogous rhetoric could bring a powerful effect in the mind of the viewer, the only challenge being whether action

required, that of using the condom would be achieved. The visual is somewhat alluring and has a hilarious appeal.

The visual portrays a [different] type of discourse; discourse of eroticism and unbridled sensuality; the discourse associates condoms with pleasure and possibly wickedly exciting (*ibid*: 314). The condom is somewhat re-sexualized (Gamson, 1990) and portrayed in a different way.

Generalization of values is done here and this is one of the modes of operation of Thompson's Ideology of universalization that legitimizes through generalizing what would be seen to be values revered by society. Some narrativization also applies here using argumentation that gives authority to legitimate the assertion. Furthermore, unification of related processes seeks to unite and join the interactive participants for ideological purposes to establish a collective identity which unites the students in collectively agreeing that they would regard using the condom as a normative safer sex strategy. Hegemonic<sup>96</sup> power is thus embedded in the text that seeks to coerce students into using condoms as a safer sex measure. This is covert persuasion through discourse that draws the viewer to a particular direction. Recontextualization through the use of the cartoon image and informal construction of the utterance substitutes social roles by transferring ideological notions of influence (Fairclough, 2003: 147-150) from parental reproaching into this particular context.

Foucault's concept of governmentality and the panopticon that translates into self-regulation and self-surveillance of own sexual health and activity is at play here. The language reproaches, patronizes, interrogates and is also humorous. The intersection of the linguistic and visual semiotics is gendered; the utterance and the visuals are seemingly biased toward the male voice **'You wouldn't go out without cloths'**, the condom images and the phallic image connote the male gender. The voice is reproachful yet persuasive, full of taunt and perhaps mischief, but is a suggestion or reminder. The identity constructed may connote a stereotype; the male is supposedly the one responsible for making decisions regarding sexual choice and protection. In university contexts this may reinforce the stereotype that females should be passively involved in sexual choice decisions. The male is constructed as the agent and is depicted as actively and practically positioned to ensure condom-use. The construction derived from the intersection of

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<sup>96</sup> Hegemonic power is realised through discourse construction that aims to construct alliances by integrating the addressee into the discursive event in order to win this or her consent (Fairclough, 1992).

the linguistic and visual semiotics grants the male interactive participant agency by proposing responsible behaviour thus according him the domain of control; control of safer sex practice.

#### Interdiscursivity (constitutive intertextuality)

Some interdiscursivity can be discerned from the echoing of a parental frame of reference brought into the university context that may also be culturally and socially influenced. This interdiscursivity may bank on the presupposition of knowledge of the sexual lifestyle behaviour of university youth.

Interdiscursivity could also be embedded in the colourful and textured design of the semiotic sign, signifying the various condom brands that abound in the commercial and consumer environment. The campaign may also be perceived to promote consumerism through its promotional gimmick of using ellipsis to emphatically anticipate an answer or action from the interactive participant(s). This promotion genre adopts the “basic logic of marketing that tries to determine the tastes, desires and fears of the audience in order to play them” (Gamson, 1990: 13). The different colours and textures alluding to condom variety on the market are meant to conjure up these varieties in the reader’s mind.

The mix of information, the advertising style could signal a way of “reacting to a dilemma” (Fairclough, 1992a: 115), which health communication faces in the midst of preventing the spread of HIV. Condom-use advocacy has been and is increasingly being drawn towards consumerism. Health communication “should bow to the consumer” (*ibid.*) and condom campaigns should be made attractive and alluring and yet should not seem to sell sex. Furthermore, the direct address ‘you’ is a marker of informality in modern advertising (*ibid.*).

The text implicitly alternates between risk and social discourse, which rhetorically aims to draw the addressee to self-introspection of safer sex practices and persuasion of condom-use and marketing the condom. The marketing of the condom is suggested by the different shapes, sizes, colour and textures represented in the text. There is a mix of a discourse type of advertising discourse and covert risk discourse imbued in health communication. Contradictions may ensue: the “telling and selling” (*ibid.*) of the idea of using a condom (health prerogative) and the marketing and selling of the condom (consumer prerogative). The text may be a site of “hegemonic struggle and change upon the conditions and mechanisms for the emergence of a new discourse type, which is constituted through a novel configuration of existing types and specifically the emergence of hybrid information and publicity (telling and selling) discourse”

(*ibid.*: 115). ‘**You wouldn’t go out without your cloths, would you?**’ through rhetorical positioning tries to “minimize impositions on the client, thus mitigating the authority of the text producer with a shift towards the core of advertising meaning” (*ibid.*: 116), which could be highly unlikely or impossible.

#### Students’ reading of the text

The participants at Howard College reacted positively to the poster, though one had a misgiving regarding the phallic figure. The participant observed that the poster is different from the ones they often see around. “This poster is different. It is so refreshing! It is unlike the ones we see around. Though I would say it somewhat makes me uncomfortable as it touches a private subject” (Howard College male participant 2). The other participants asked for clarification on the ‘private subject’. To which the response was:

You see, the figure looking on at the condoms hanging in the closet? What does it look like? Now with these ladies here, well, it’s like pornography. Maybe, that’s what I think. Too bold I think to create a picture like this one.

(Howard College male participant 2)

The contradictions in the above assertion could indicate the unease that sometimes accompanies the subject of sex, which is regarded as a private matter. It is quite paradoxical that whilst other focus group participants reported the emerging sexual culture on university campuses that seem to have brought sex in the public sphere others find it a private matter. One participant commented that sex has invaded the public sphere as it is a subject that is widely publicised in front covers of health magazines; TV soaps and commercial advertisements. He argued further that some HIV and AIDS prevention campaigns like LoveLife and TV series like *Intersexions* approach the subject somewhat in a revolutionary way in a bid to raise awareness on risky factors that influence the spread of the epidemic and to instil sexual behaviour responsibility among the youth.

Nowadays sex is a subject that is maybe no longer taboo. We see it everywhere, in health magazines; on their covers! Have you noticed that every feature of *Men’s Health* has something on sex? It is no longer a private matter. We are then find ourselves reading about it and talking about it. On TV soaps like *Intersexions*, and commercial advertisements and LoveLife campaigns have made sex public. On campus here, we know that some students watch pornography, yes in the privacy of their rooms, but they talk about it with others, their friends. It then becomes an open thing, not an individual thing, of course within their small groups. But it then comes out in the open.

(Howard College male participant 1)

The argument above is in line with Foucault's comments on the incitement and the multiplication of discourses of sex "in the field of exercise of power itself: an institutional incitement to speak about it, and to so more and more; a determination on the part of the agencies of power to hear it spoken about, and to cause *it* to speak through explicit articulation and endlessly accumulated detail" (Foucault, 1976/1978: 18). The poster, together with the *Men's Health* magazine, the TV soap *Intersexions*, has been positioned as an agent of power that stimulates sex talk and thus making sex a ubiquitous subject. The poster successfully draws the participants to reflect on their sexual environment as they critically engaged and evaluated the imagery.

They further observed that the visual and verbal play employed in the design of the poster could signal a new way of broaching a personal and private subject matter such as sex and safer sex practice.

The words and the images make it so different. I think this is a new way of broaching a subject as a personal and as private as sex and protection. It seems it has used the same style as the one used in the lady poster, inviting us to look at condoms differently and hopefully to persuade safer sex behaviour more than ever. Yes, just those thought provoking words make you think differently. The words are just simply put, challenging, yet so meaningful. We don't usually think about why we wear clothes, we just wear them, to cover our naked bodies AND to protect our bodies form the cold and the heat.

(Howard College male participant 3)

Yet another participant observed:

The pictures are so humourous! I like this. This is how condoms should be advertised, especially those meant for the youth. The youth like refreshing styles, not formal but easy-going. This could definitely encourage condom-use. The different shapes and colours, and ... hey are quite interesting. They suggest I suppose the different types of condoms that are available to use. They in a way also suggest that using condom can be a pleasurable experience too, perhaps to discourage the common thinking that the youth have above 'flesh to flesh' sex, that it's better to have 'flesh to flesh' sex as it's nicer.

(Howard College male participant 4)

The imagery was intended to provoke the internalisation of risk factors associated unprotected sex with its intended audience. By using light-hearted and humorous verbal and visual imagery, however subtle, the poster was able to elicit a critical reflection on risk-taking sexual behaviour and intervention that could curb the spread of HIV infection.

It is worthwhile to note that this image was designed by one of the UKZN students, who unfortunately could not be identified. While the student tapped on the framework that is usually

adopted by public health communication professionals, the poster designer reconceptualised the method for persuading the intended audience to self-regulate themselves. This was achieved through the use of humour and imagery that the participants could identify with. Their comments reflect this self-reflexivity and self-examination.

A further observation was made regarding the message production:

Well, this not an advert and it seems like one. It definitely is refreshing and it is so different, one would think it is one of the Durex or Contempo or other commercial brands. Yet it is not. Like one of the guys said earlier, maybe this is how condoms should be promoted. You see in the minds of the youth, sex with a condom is boring. So if the health people could use a method that is sooo refreshing as this, it would teach the youth that condomising can still be ok, I mean make sex nice, you see what I mean? This is about avoiding being sick because of AIDS, this is about life. And maybe more youth will become responsible and look at condoms as protection and a nice one too.

(Howard College male participant 5)

The narrative above critiques the traditional method of production of condom promotion posters that represent the condom as just a prophylactic device to use in a pleasure-less sexual act. This is some kind of redeployment of the discourse of the condom and positions it as an agent of joy and pleasure and not as a barrier (the discourse that so often used in the public health promotion of condoms) to sexual enjoyment.

Also, the poster was able to achieve “sexual openness” (Burchardt, 2013: S498) within this particular FGD as they were initially reluctant to engage with the subject of sex and condoms. This sexual openness was motivated by the redeployment of the discourse of sex and the condom. However, notably, the discussion was mainly centred on the male participants as the females were quite reluctant and uncomfortable to contribute to the discussion.

Although HIV and AIDS prevention is often criticized for adopting the authoritative, top-down stance through its governmentality strategy of prescribing safer sex practices, the poster, whilst tapping on this strategy of surveillance, managed to achieve a discourse of sexual openness.

### **Social practice level (Fairclough’s 1st Dimension)**

This poster was designed by the Howard College students for the CHASU HIV and AIDS prevention campaign. It was placed on CHASU’s notice board. The logo on the bottom left hand corner was engraved on the poster to make it look authentic. The different shapes, colours and

textures of the condom images suggest that the condom brands projected are commercial not government sponsored.

The Howard College/ Nelson Mandela CHASU coordinator explained that the aims of the poster production were to give students the opportunity to critically engage with issues of HIV and AIDS and design messages that would hopefully address their specific contexts and needs.

The poster is one example of those materials that we encourage students to design. They are encouraged in this way to critically engage with issues of HIV and AIDS and to design messages that will reflect their specific contexts as they are the ones who know exactly what is happening in their contexts.

The coordinator further argued that the messages are catchier, relevant and create discussions among students in their various halls of residence.

The messages that they come up with are catchier, relevant and are able to make students reflect on their sexual issues and the risks that they encounter everyday on campus. It also helps them to discuss the issues in their various halls of residences, that is for those who stay on campus.

He further disclosed that the messages motivated students to engage eagerly with each other regarding issues relating to HIV and AIDS prevention.

The messages always get excited by these issues, especially the ones who stay on campuses and they are mostly the black students. The students are aware of HIV and AIDS and so they are able to measure the risks they encounter. But what I don't understand is some of them still do not act on the knowledge they have.

The students were also encouraged to tap into their everyday popular speech. He explained that the message design followed a framework suggested by the CHASU coordinator. The language and visual features of the poster reflect the context specific situation of campus life and speaks more to the student than the generic materials that are imported from elsewhere which address a universal audience.

At the production stage, we formulate a framework that the students can follow in the design of the messages. We don't impose ideas but guide of the general themes and then encourage them to use the language and images that are popular within their contexts. The message then ends up speaking to the students is therefore relevant to them, unlike the material that we sometimes import from elsewhere.

At PMB, the CHASU coordinator explained that the student-designed message production (though not specifically referring to this particular text) accorded a participatory; bottom-up

approach that is dialogic and invited a critical interrogation and reasoning that is encouraged by Freirean pedagogy, “the message production is participatory, following the Freirean pedagogy of critical consciousness” (PMB CHASU coordinator).

The comments by the Howard College and PMB campuses’ CHASU coordinators are in line with Burchardt’s (2013: S496) assertion that in South Africa, the spread of HIV infection has motivated widespread strong advocacy for the promotion of open public debate on sexuality.

The poster offered a fresher and new approach to condom persuasion. The message is humorous and makes light of a subject that some people still feel uneasy discussing in the public sphere. The poster eroticizes the condom and invites a new way of approaching the subject of sex and safer sex.

The next image to be analysed is overtly engaged in a dual function of promoting sexual health and marketing of the condom.

## Self-regulation

Fig. 9.4: 'Lovers Plus Condom' Poster Population Services Poster [PSI] (Photographed at the DramAiDE notice board at Howard College campus) May, 2007.



### Text/context

The poster was part of an on-going HIV and AIDS prevention campaign and was placed on one of Howard College's campus' general notice boards by CHASU as part of the ABC advocacy for the students. The researcher photographed the poster at one of the notice boards. The Lovers Plus condom is a product of Population Services International (PSI). PSI is a global health organization dedicated to improving the health of people in the developing world. One of PSI's

health concerns is HIV and AIDS<sup>97</sup>. As part of improving the health of the public in the developing world, PSI also focuses on promoting safer sex behaviour through the Lovers Plus condom. The promotion has a dual function: to market the condom and persuade a healthy sexual lifestyle.

### **Picture themes and categorical anchors (Schoeneman *et al.*, 2002)**

The categorical themes are: condom negotiation, night life and lifestyles

**AIDS related objects:** condom packet

### **Textual Analysis (Fairclough's 3<sup>rd</sup> Dimension)**

#### Layout of the text

The framing of the text is such that the first couple is closer to the viewer and occupies about half of the poster. The condom packet with its linguistic and visual texts (however obscure) is also fore-grounded. The other couple is in the background and occupies about a quarter of the poster. The buildings in the background provide the context of the text and signify a cosmopolitan life.

#### Linguistic text

The caption **'I take charge, PLUS I don't take chances'** is made salient by occupying a third of the upper half and written in yellow colour. It is further made salient by the verbal 'plus' and the cross sign that identifies the Lovers Plus symbol. The first person deictic pronoun **'I'** establishes the first person narrative and signifies the subject as the potential agent. **'I'** is a self-acclaimed agent and assumes authoritative power and wisdom. The transitive verb **'take'** together with the 1<sup>st</sup> person deictic pronoun works to produce a personalized power domain. The transitive verb and the nominalised 'charge' are constructed to work together to elevate the agency of the subjects who claim to be in control of their lives. **'Plus'** is written in large font and emphasizes the act of responsibility and control that is reiterated in the construction **'I DON'T TAKE CHANCES.'** 1<sup>st</sup> person deictic pronoun **'I'** emphasizes a personalized position of power through its repetition. The informal inflection of 'do not' is conversational and possibly wishes

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<sup>97</sup> <http://www.psi.org>

to draw the interactive participant into the discussion. The repeated use of the transitive verb **'take'** is meant to be emphatic about the stance that the representative participant has taken. The interactional control in the text structure reveals power relations that are being constituted across the text with the explicit emphatic and repeated use of **'I'**. **'Don't'** modality is a "system of social deixis addressing a particular kind of social or cultural group and provides through its system of modality markers, an image of the cultural, conceptual and cognitive position of the addressee" (Kress and van Leeuwen, 1996: 178). A close personal and social relation constructed between the represented participants and interactive participants is depicted by the couple in the foreground. The couple in the background seems to reject an impersonal relationship because of the longer shot with the interactive participant.

**'IN CONTROL OF MY LIFE'** is written at the bottom and emphasises the salient constructions, **'I take charge, PLUS I don't take chances'** in the upper part of the poster, though placing it at the bottom may signify it as being an afterthought. **'IN CONTROL OF MY LIFE'** starts with the preposition **'IN'** to represent informal conversation and aims to conjure up a relaxed atmosphere but also an authoritative one. The preposition **'IN'** signifies the state of being in absolute command of the situation. The noun, **'control'** establishes the power inherent in the represented participants, the power that bestows authority and self-mastery of actions. **'PLUS'** is used as a conjunction and informally constructed to signal conversation. The sentence construction flouts the grammatical rule that disallows beginning a sentence with a conjunction. **'PLUS'** serves the functions of: signifying informal conversation, giving additional information value and is a play on the 'Lovers Plus' condom brand logo.

The Lovers Plus condom packet displays linguistic texts and visual texts that aim to promote the condom. One would have thought the texts would have been salient as well since the aim of the whole text seems to promote sexual behaviour change by using the condom. The text is embarking on a dual function of persuading safer sex and marketing the product that would make sexual behaviour change possible. On the packet are the words that identify the product: 'Lovers Plus', the descriptive construction that promotes the product: **'super safe'** **'super sensitive'** and **'face of latex condoms'**. However, these are somewhat indistinct. The use of adjectives injects a persuasive tone and makes explicit authority claims. There is implicit comparative reference to other condoms on the market thereby asserting the authority of the Lovers Plus condom over others through the adjectives, **'super safe'** and **'super sensitive'** alluding to reliability regarding protection and sensuality and eroticism. Omitting the agent

**'Lovers Plus'**, and instead, constructing **'face of latex'** nominalization, personifies the Lovers Plus condoms. Personification through metaphor "structures the way we think, act and our systems of knowledge and belief in a pervasive and fundamental way" (Fairclough, 1992a: 194). Thus metaphors become naturalized within a cultural context. In the case of **'Lovers Plus'** being the **'face of latex condoms'**, the advertising gimmick may find its way into everyday popular speech. The transformation thus naturalizes the construction, making it part of everyday speech. Nominalization in the construction **'face of latex'** in that way may be a process used to describe, place and establish power that is bestowed upon the **'Lovers Plus'** condom over others in the market. Metaphors as figures of speech are part of analytical property (Fairclough, 1992a: 197).

### Visual text

Salient in the poster is the couple, male and female on the left corner, obliquely looking away from the viewer, as well as the Lovers Plus condom package. The couple is not looking directly at the viewer and seems to be gazing at some other object and thus they are somewhat detached from the interactive participant. The interactive processes realised through the absence of the gaze that could have been directed to the viewer depicts offer. The close shot of the couple in front, aims to construct a close and personal social relation between represented participants and interactive participants. The suggested social relation representation is rather contradictory as the gaze of the latter is oblique and somewhat detached, though the smiles may indicate recognition of the viewer. The represented participant has power over the interactive participant as the latter has to raise his or her eyes to look up to view the images.

The visual represents the people and place (background picture) as real. Realism is realised by the photograph and is produced by the couple as an effect of the complex practices that define and constitute that group. Realism represents the most natural way of representing an object (Kress and van Leeuwen, 1996) and photography has the potential to do that. The motivated sign is of the group (the two couples) itself, in which the values, beliefs and interests of that group ground expression (*ibid.*). The setting and background elevates visual modality to contextualize the situation. Modality judgment is achieved through "social dependence on what is considered real or true in the social group for which representation is primarily intended" (*ibid.*: 163).

The visual text seems to direct the message to the black students as implied by the absence of other races in the image. This suggests that the adoption of safer sex through condom use only

applies to the black students who presumably are sexually reckless. The text appears to be biased and exclusionary and hence is prejudicial and may perpetuate and enhance the stereotype alluding to HIV as being a black condition. HIV is “generally seen as originating in Africa, and has a racist aura which feeds upon stereotypical associations of black people with animality and sexual licence” (Fairclough, 1992: 197).

### **Discourse practice level (Fairclough’s 2<sup>nd</sup> Dimension)**

The text echoes the genre of advertising. It is engaged in promoting the Lover’s Plus condom and sexual health safety. The image consequently engages in the dual function of marketing the Lovers Plus condom and persuading safer sex behaviour.

The discourse of power is embedded in the text, where the represented participant seems to impose authority over the interactive participant by suggesting that he or she could be embarking on irresponsible sexual behaviour. Here again, discourse seems to verge on control that aims to coerce the interactive participant to succumb to the persuasion. Notwithstanding, the discourse of taking charge of one’s life is aimed at empowering the individual to adopt self-surveillance of own sexual behaviour. Self-surveillance and self-regulation are notions that are infused in foucauldian discourse, the discourse of taking care of one’s self and of one’s body.

Some form of discourse representation constituting some social identities is used as a way of attracting the reader’s attention, thus persuading them to possibly emulate the represented participants’ behaviour by using condoms. Furthermore, Bandura’s Social-cognitive learning variables of self-efficacy and modelling are infused into the poster. The construction **‘I Take Charge PLUS I don’t take chances’** involve the represented participants’ beliefs in being able to successfully achieve the chosen behaviour. The construction is laden with the conviction of being in control of sexual behaviour. The second variable, modelling, is covertly nuanced and aims to persuade the interactive participant to take the cue from the represented participant. The problem with the covert persuasion is that it may not be heeded as it is implicitly embedded. The persuasion relies on the cognitive ability of the addressee. Besides, the addressee may be able to discern the subtle cue, but may dismiss it as inapplicable to his/her situation or self.

**‘I don’t take chances’** discursive construction negates the socio-sexual construct of taking chances in a relationship that may be motivated by the desire of a modern and sophisticated life that some females are reported to desire. Although the represented participants in the poster may

signify 'a normal heterosexual relationship', taking chances in a relationship is reported to have been found in a study conducted by Leclerc-Madala (2003) at Umlazi township in Durban. The study revealed that some ladies 'take a chance' for the sake of maintaining a relationship by not insisting on condom-use and leaving it to the male counterparts to decide on protection against HIV. The motivation for condom-use reluctance stems from the ladies engaging in relationships that are based on material gain in pursuit of a modern lifestyle (Leclerc-Madala, 2003: 225). **'I don't take chances'** is thus a counter discourse to the taking chances that is prevalent in socio-sexual situations like Umlazi township. The linguistic construction, 'I don't take chances' is thus a strategy used to persuade addressees to desist from taking chances by not using condoms.

The text positions the representative participants in relations of power over the interactive participants. The represented participants are presumably in the same age range as interactive participants and thus the text employs the strategy of using the demographics suggested by the text to position both actors in similar social identities. The problem with this approach is that it is racially biased and may be dismissed with contempt.

Unlike Fig.9.1 (Prevent AIDS use a condom) and Fig.9.2 (Get wise Condomise) analysed thus far in this chapter, the discursive construction implicitly promotes the condom as a prophylactic against HIV and AIDS, whilst the above texts explicitly state and motivate the reasons for condom-use. The Lovers Plus text seems to contradict itself regarding the strategy it uses and culminates into incongruity brought about by the layout of the visual and linguistic elements in the text: (a) the represented participants in the foregrounded visual (both couples), seem to state unconditionally their stance without directly referring to the use of the condom, portrayed by the condom packet visual that is displayed. The condom is just placed in the visual and none of the participants are holding it. The strategy seems to be non-suggestive of sexual pleasure the condom might offer, what with the condom packet itself placed in a somewhat detached manner from the interactive participants. This could be interpreted as desexualizing the condom (Gamson, 1990); (b) The packet itself has a picture of a couple who seem to be intimately attached as depicted by the posture and stance of the two facing each other and about to kiss. This image signifies emotional and sexual intimacy and the promise of more sexual encounters. This strategy is suggestive of sexual pleasure that the condom will supposedly bring, this is supported by the constructions of the condom as **'super safe'** and **'super sensitive'** thereby resexualizing (*ibid.*) the condom. It emphasizes that not only is the condom a personal hygiene item (*ibid.*), but also is a promise of sexual enjoyment.

### Interdiscursivity

The poster uses promotional genre to persuade sexual behaviour change. It does this by using superlatives: ‘super safe’ ‘super sensitive’ in the condom package (though indistinct) to describe the Lovers Plus condoms. The salient placement, **‘I take charge Plus I don’t take chances’** at the top follows the advertising style of products and ideas. The use of promotional genre to persuade sexual behaviour change through mixing consumerist discourse with behaviour change discourse may leave out the health information that could benefit the addressee. The poster is doing a dual function of selling and educating on safer sex behaviour. Also the mixture of different genres and discourses results in text hybridity (Fairclough, 2003) and this may invite a clash. The clash may come about as the Lovers Plus condom, a relatively cheaper brand than other commercial brands (as it is subsidised for the purposes of encouraging safer sex for many) also commercializes sexual intercourse through it being advertised. The commercialization is done by suggesting that one has to spend money in order to indulge and enjoy the erotic and prophylactic benefits. This may result in a conflict between commodification and social responsibility.

The ‘Lovers Plus’ poster represents a mix of covert sexual behaviour change discourse (information and selling) and advertising (publicity/marketing discourse). The text sets out to advocate behaviour change through the declaration of the addressor taking charge and being in control of own life. The advertising genre is used to sell and market the condom. Consequently, the blending of the information advocating safer sex behaviour and marketing the condom creates “hegemonic struggle and change upon social conditions and mechanisms for the emergence of a new discourse type, which is constituted through a novel configuration of existing types, and specifically the emergence of hybrid information-and-publicity (or ‘telling-and-selling’) discourse” (Fairclough, 1992a: 115). The mix results in hybridity discourse, which is mixture of behaviour change discourse and advertising discourse. The implication of the mix is dilemma in the text and hegemonic struggle for meaning; in health communication this may weaken the behaviour change strategy as the text plays a dual function of marketing and persuading safer sex. Persuasion of safer sex may not be as effective as it should be as some information relating to safer sex practices may be left out.

Intertextuality can be discerned in the text from the construction **‘I don’t take chances’** (though the construction is a counter discourse of gambling with life) echoes the popular South African Lotto expression **‘Tata machance’**, translated **‘take chances’**. In this instance, the text implores

the interactive participants, the students, to avoid taking chances with regard to matters of life and death, implying that HIV and AIDS and condom use can be a choice around life or death. Now, with the advent of ARVs, people are known to take chances by engaging in non-protective sex, knowing that they could get treatment. Thus ARVs have given people hope of a prolonged life, and that being HIV positive is no longer a threat to life. Furthermore, as revealed by Leclerc-Madlala (2003: 225) some females willingly and openly take chances in transgenerational sexual transactions to assert themselves economically and socially and these may involve non-use of condoms (effectively gambling with their sexual health).

### Students' readings

At Howard College, mixed interpretations were brought forth regarding the linguistic text **“I take charge, Plus I don't take chances”**. Some participants observed that the message is realistic since university students engage in sexual activity and perceive that condom-use is the only practical and safe means of protection from HIV infection. The text rhetorically through linguistic metaphor persuades them to use condoms as the prophylactic offers them the best of both worlds; sexual enjoyment and protection from HIV infection.

Because obvious whatever you can still have fun while being faithful or using a condom so it's kind of putting a campaign more like it's cool to do it whatever; you haven't like restricted you ne can still have the best of both worlds that it's cool to have sex and not restrict yourself and still actively living your life AND you can still have fun while at the same time being faithful and using a condom yourself and you are still actively living your life.

(Howard College male participant 2)

Further justification is given for condom-use campaigns being indicated that university students do not abstain and therefore for them the condom offers the best solution in those circumstances, notwithstanding that realistically abstinence can offer protection against HIV and AIDS as perpetuated by the proponents of chastity.

The condom messages are realistic since a lot of varsity students nowadays do not abstain from sex. Yes, the condom is really the ultimate solution. Although we know that abstinence is the ultimate, it is the safest method of protection but we have to face reality here.

(Howard College male participant 4)

The participants further argued that although abstinence is regarded as the ultimate, it was not guaranteed that it offered the ultimate solution as there are ways of being infected. The profusion of hypodermic drug infusion and needles and hospital errors regarding HIV infected blood transfusions were examples that were given as other risk factors to be considered.

There is so much hype about risk factors of HIV infection associated with sex that people often forget other ways of getting infected, drug infusion and hospital errors where people are infected with contaminated blood from blood transfusions.

(Howard College female participant 1)

This assertion was challenged and dismissed by other participants, who contended that though the observation could be true it was unrealistic given that sex is the most common mode of HIV transmission in sub-Saharan Africa, particularly South Africa and KwaZulu-Natal which had the highest rate of infection.

Yes that is quite true, but you see we have to be realistic about what is happening especially in our context. I think we all know that HIV transmission in sub-Saharan Africa, especially in South Africa and KwaZulu-Natal, is mostly through sexual intercourse. That's why HIV prevention campaigns are more focused on safer sex practices than these other risk factors. And when they are mentioned, there is always a link to sexual intercourse.

(Howard College male participant 3)

The participants observed that the poster somewhat echoed the words of the previous one, "I shall not share my partner" as it is about self-control and self-empowerment.

The poster reminds me of that one of the lady with words 'I shall not share my partner.' It is about taking control of your life as far as sex is concerned. It encourages you to be responsible for yourself.

(Howard College female participant 3)

Other participants argued that the linguistic text "**I Take Charge**" is unrealistic as one is not always in control where sexual activity is concerned as one can carry the condom but may not be able to use it as sexual partner negotiation processes always prevail.

Oh unrealistic focus, when it comes to sex, you are not always in control. Oh I can take charge ok she can carry it but it doesn't mean she is going to use it.

(Howard College female participant 1)

The comment above has been found and explored in previous research on gender inequalities and sexual violence in relationships (Jewkes and Abroms, 2000, Leclerc-Madlala, 2003; UNAIDS, 2004; HRSC, 2007) in which discourses of male power and sex are men positioned to

control women's lives; sex posing restrictions on women's agency and thus enacting discourses of subordination (Hoosen and Collins, 2004: 493). Also the comment alludes to the discourse of contradiction where it is the woman's responsibility to persuade condom-use but is in no position to ensure the behaviour (*ibid.*).

At Westville campus, when the participants were shown the picture, they also received it with mixed readings.

Reference was made to the intertextual nature of the linguistic text:

Take these varsity students who take chances like they are at a lotto! I like it because it touches on a subject that's real. Students take chances, they take risks! Ba Thatha Amachance! Ba Thatha A million, hai! This 'flesh to flesh' sex and lack of sexual control! We should really take charge of lives as the picture says, especially us women.

(Westville campus participant 5)

The intertextual link that the poster utilizes is captured by the participants and they use it to represent the sexual culture that prevails on campus, where students gamble with their lives by engaging in risky sexual practices. The reference to taking chances with millions of rands could represent the huge and relatively devastating effect HIV infection has on the infected and affected.

A further assertion supported the above and also referred to the 'I shall not share my partner' image and also alludes to partner negotiation:

Yes it is only practical and safe to take charge of your life! The girls should really take charge of their lives and insist on condom-use. I think it's like the one that encourages women to not share their partners or abstain from sex, asking them to take charge, except this one represents both male and female.

(Westville campus participant 5)

The poster elicited the discourse of mutual responsibility, by depicting both the female and male. In so doing, the strategy aims to instil discourses of responsabilization and self-regulation. The governmentality strategy used in the poster is no different from other public health material and Colvin, Robins and Leavens (2010: 1184) argue, the "promotion of the empowered and motivated citizen builds on Foucault's understanding of the liberal 'government' power that is organized around the 'conduct of conduct' that shapes actions at a distance by 'calculated means'".

Although the image elicited responsabilized talk and self –reflection by engaging the participants in debates about real sexual and gender issues, the participants commented that the clothes, colours and hairstyles were outdated and so did not really represent the youth fashion very well. They argued that messages should not only verbally seek to persuade youth to modify or change their behaviour but should also endeavour to relate the visual with the intended audience.

“I don’t think someone reading this would relate to us look at the hairstyle, the colours the colours”

(Westville campus participant 5)

### **Social Practice (Fairclough’s 1<sup>st</sup> Dimension)**

The poster was part of an on-going HIV and AIDS prevention campaign on one of Howard College’s campus’ general notice boards. The Lovers Plus condom is a product of Population Services International (PSI). PSI is a global health organization dedicated to improving the health of people in the developing world. One of PSI’s health concerns is HIV and AIDS<sup>98</sup>. As part of improving the health of people in the developing world, PSI also focuses on promoting safer sex behaviour through the Lovers Plus condom. The promotion has a dual function: to market the condom and persuade a healthy sexual lifestyle. The dual function of promoting sexual health and marketing and branding a condom and its company or organisation can be problematic as the discourse mix may compromise the safer sex message that is intended.

The Howard College CHASU coordinator reported that they regard DramAidE as their partner in the fight against HIV and AIDS and that is why some posters or other HIV and AIDS prevention material would be on their notice boards. He intimated that the particular poster was relevant as it indirectly challenged gender inequalities and possible male domination in sexual decisions by depicting both genders in the image and intersecting with the empowerment text.

We regard DramAidE as a partner in HIV and AIDS advocacy. The poster is relevant to the promotion of safer sex practices especially that it goes further to touch the subject of gender inequalities by promoting mutual responsibility in sexual decision-making. By bringing both the male and female in the picture, the image is indirectly challenging male domination regarding decision-making in condom-use.

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<sup>98</sup> (<http://www.psi.org>)

The next and last text analysed is a mural from UniZulu. The mural displays a different artistic strategy to encourage condom-use; it displays carnivalesque<sup>99</sup>, and graffiti-like artistry, that is very unlike the previous texts thus far analysed in this chapter.

### The mischievous and malleable condom

**Fig. 9.5: 'Let us be there 2010 mural' UniZulu mural (Photographed by researcher at UniZulu Student Building wall) in April, 2007**



#### Text/context

This mural was part of the HIV and AIDS ABC advocacy initiated by DramAidE that took place on the various campuses used in this study. The mural was photographed by the researcher. The mural was designed by a student at UniZulu in 2004. The date of the mural is placed at the bottom right hand corner with the name of the artist.

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<sup>99</sup> "The open body, however, was also celebrated, particularly in carnivalesque rituals in which the 'grotesque nature of the open body, its excessive physicality, was a source of revelry and pleasure" (Bakhtin, 1984)

## Picture themes and categorical anchors

The text is heavily laden with textual and visual elements: tombstones, death, AIDS.

**AIDS related objects: AIDS ribbon symbol, condoms**

## Textual Analysis (Fairclough's 3<sup>rd</sup> Dimension)

### Layout of the text

The verbal construction '**VUKA**' is salient and translates to '**wake up**'. At the top of the visual on the hairline is the construction: '**Let us be there 2010**'. Another salient feature on the text is a face and neck. It is difficult to discern the gender of the visual, it could be a male or female. One would be inclined to deduce that the figure is female, by appropriating the bumps and breast-like features above the tombstones.

Inscribed on the face and neck are verbal impressions. The face is looking away from the viewer and gazing at the male condom figure that seems to be diving for some more condom images in front. Right in front of the female eyes is a couple with the plus + sign between them and an equal (=) sign and the word '**AIDS**', suggesting that the cause of the epidemic is a heterosexual relationship. Here again we see heterosexual bias. In this case heterosexual relationship seems to be problematized as the cause of **AIDS**. By featuring a heterosexual couple with the plus sign in between them suggests that heterosexual couples are a problem and cause of AIDS. The text thus suggests that other relationships like Men Having Sex with Men (MSM) and lesbians may not have a problem with HIV and AIDS. It is quite interesting that the text seems to problematize HIV and AIDS, by associating it more with the epidemic when three decades ago the epidemic was associated with gays in America.

It is also noteworthy to mention that the text was designed by one of the students of UniZulu and that whilst the artist may have been influenced by his or her context; there is a trace of the style used by government, NGOs and funded campaigns, Derrida's notion of intertextuality. The whole visual text is inundated with verbal text and visual images resulting in a whole dense semiotic network. The semiotic admixture of verbal and visual may result in the struggle for meaning. One gets lost in the maze and confusion is bred.

The verbal construction, **VUKA** (translation '**wake up**') is salient and is instructive, ordering the viewer to start paying attention to the epidemic. The transitive verb '**Let**' is marking a

relationship between the originator of the text and the interactive participant. Vuka may also be intertextually traced to the vernacular sexual meaning attached to the arousal and rigidity of the penis. Vuka is also a medicinal herb sought by (black Africans) males with erectile dysfunction (ED) or those who are impotent. The underlying meaning could be subliminally attached to the link between sex and AIDS. This is further marked by the pronoun 'us'. The construction '**Let us**' places the participants in an equal relationship of power. The construction seeks to unite the participants and persuades them to establish a collective identity to explicitly initiate an '**us**' (Janks, 1998). This strategy reflects the unification process in Thompson's mode of operation of ideology that aims to place responsibility over the Participants to adopt the safer sex practice of using a condom. The year '2010' (the year that marked the world cup, which was met with anticipation and excitement) was used rhetorically to persuade the viewers to adopt condom use.

The construction '**safe sex, use me**' personifies the prophylactic, through associating the condom with safety. The personification process gives the condom a 'voice'. The voice may be addressing the male but could also be subtly appealing to the female; this can be deduced from the vernacular connotation (and potentially polysemic) attached to Vuka (already referred to above). Furthermore, condom-use messages usually address males. One can only deduce this, but interpretation is open to other possibilities. '**AIDS is a fatal disease, use a condom**' is reiterating and reinforcing the message by adding an adjectival phrase to adopt a serious tone.

'**AIDS is a fatal disease use a condom**' is consistent with Thompson's mode of legitimation, and the artist uses it to rationalize why the students should use a condom. A chain of reasoning establishes the cause and the effect of AIDS and suggests that using a condom will alleviate the risk of the epidemic. The artist persuades the students to be cautious of adopting risky lifestyles.

The construction '**A friend with AIDS is still my friend**' is adopted from the public service campaigns that used this expression to destigmatize the pandemic. The construction, '**AAH ENOUGH IS ENOUGH, I THINK THIS DISEASE SHOULD COME TO AN END**' is placed at the end as additional information and demonstrates how desperate the situation is. Following advertising fashion, contact details of the AIDS helpline are given at the bottom.

### The visual text

The dominant visual sign is the condom. The dreadlocks are shaped in the form of the condoms. The visual text is inundated with condom images. The facial image is facing away from the viewer and gazing past the upside down phallic figure that seems to be diving for the smaller

condom figures below it. On the right hand side are images of two males, one is shown with just head and hat and the other with a Mohawk hairstyle is holding on to a tombstone and seems to be gazing into space. There are tears streaming down the face and a candle where the ear presumably is. The tears and candle could signify sadness (regarding the repercussions and gloom brought about by AIDS) and hope respectively.

#### Students' readings of the text

The text was received with mixed reactions from the FGDs. UniZulu FGDs stated that the message is geared towards 2010 to motivate positive sexual behaviour change. They stated that the announcement that South Africa was to hold the 2010 World Cup soccer event instilled excitement in the country and such were not surprised that the soccer event would capture an artists' interest and be linked to the AIDS pandemic that seemed to impose life and death sentences on the population, especially youth as risk-taking habits were of concern in the context of HIV and AIDS.

Hai, this picture makes us think of 2010. You see I think the person who did this picture wanted to remind us that we have to make sure that we see the World Cup. Remember when they told us that the World Cup will be in South Africa, people were happy? There were parties on the streets. Haai, people were mad. The picture says to us that we should not forget AIDS, that is here and we should prevent it by using condoms. You see, this is good since we know and see what people do in varsity. They forget AIDS and some still do 'inyama enyameni', you know, 'flesh to flesh'. Now if everybody thinks of 2010, to support our 'Bafana Bafana' and the country, together it will be good, but we have to remember AIDS.

The emphatic assertion above alludes to the temporal concept of the 2010 World Cup event being used as a persuasive unification symbol constructed to forge a collective identity (Thompson's 1990 ideology) for Un Zulu community and South Africa as a whole. It is used in this way to exhort sexual behaviour change. The assertion can also be linked to du Gay et al's (1997) to the notion of processes of production being themselves cultural phenomena (Scherer, 2005: 482) and lived experiences of the intended audience. The cultural significance of the mural signifiers thus became apparent to the participants.

However, the participants cautioned that 2010 could underplay the magnitude of the HIV and AIDS pandemic.

Somewhere somehow it's contradictory, because if ever you see something like that let us be there in 2010 meaning we are only thinking about 2010, meaning that after 2010

that ends what that person is trying to establish, meaning that you should abstain young see, you should stay abstain you see, you should stay away from having doing sex and from getting the virus before 2010, therefore, you can do it because you have to be there for 2010. It's like there is no life after 2010 and that 2010 is the end of the world. The association between 2010 and AIDS is something different.

(UniZulu male participant 2)

But now HIV has been something that you must abstain or how about beyond 2010, how should we go?

(UniZulu male participant 3)

This person is telling us let us stay healthy coz 2010 is coming. He or she doesn't mean that after 2010 there is no life (chorus). Everyone wants to be in 2010. I want to be in 2010. I wanna be, be there and see. Welcome to South Africa, healthy and fresh.

(UniZulu female participant 1)

Reflected in the animated discussion, at this point, was that the year 2010 would have to be inevitably linked to AIDS. The assertions are in synch with Thompsons (1990) rationalization which is reflected in the participants being able to establish and realise the need for action. The participants' engagement with the mural indicated risk-awareness and appropriate action for risk-avoidance. This is done through a careful reflection of benefits associated with taking necessary precautions relating to sexual activity and linking that with an auspicious event that is used to instil hope. The assessment of what students would gain by adopting condom-use as a safer sex practice is consistent with Bandura's HBM self-efficacy model, for they would live to see and experience the 2010 World Cup event. Underlying the temporal strategy used is perhaps a biblical allusion to a messiah (reflecting the second coming, meant to save the righteous). In this case the soccer event could give hope and encourage individuals to adopt or maintain healthy lifestyles. On that account the 2010 soccer event is used as a symbol of unity to establish a collective identity regarding risk-avoidance.

One of the participants made a further interesting association of AIDS infection and the 2010 soccer event syndrome with the 2000 e-technology syndrome further reflecting the reflexive process that prevailed within the participants' thought processes thus allowing them to further tap on the cultural codes and phenomena in order for them to make sense and interpret the message. That being so, the participants were able to negotiate meaning through shared cultural codes and symbols that represent specific values and beliefs about the AIDS phenomenon (du Gay *et al.*, 1997: 25-39).

Ok, if you look at AIDS in the 80s, AIDS was there. And you know a-a during the mid-1990s AIDS was there too, and there was a particular time that was set, message was around 2000. I think we wanted to see the actual 2000, yes so now it's like 2010. I mean so far to me it doesn't make a difference. It's as if the person who actually conveys the message is actually taking a timeframe for people who are infected with AIDS at a particular time and he is actually saying kuti if you are infected with AIDS you will not live for more than 10 years or 5 years. That is the kind of message I'm getting. This mural makes one scared to death about AIDS.

(UniZulu male participant 3)

The text received oppositional reading from some participants. They were of the opinion that the mural was biased towards one mode of infection which seemed to imply that sexual intercourse is the only means through which people get infected.

Like there are no other ways, it shows that HIV is gotten out of like there are no people sharing needles or doing drugs and stuff like as if you only get HIV out of like sexual intercourse only. And also those words there they only, they also tell us about our behaviour towards people with HIV/AIDS like 'my friend with AIDS is still my friend', it adds stigma, you see, it only shows that people should not be discriminated.

(UniZulu male participant 2)

The observation that the mural is biased towards sexual intercourse when there are other ways of contracting HIV and AIDS echoes a previous assertion made by a Howard College participant when interrogating the message conveyed by 'You wouldn't go out into the open without your cloths would you?' and O'Shaughnessy's (1990) (several decades ago) view on risk through association with sexual intercourse. Participants also observe that those infected with HIV and AIDS are stigmatized by the linguistic text: "**My friend with AIDS is still my friend**", contradicting the intended message, whose purpose was to de-stigmatize. The mural artist was merely transferring the UNAIDS message that aimed to de-stigmatize AIDS. This is an indication of incommensurability of the word and visual or word choice and the underlying message.

Furthermore, AIDS was reported to be signified by the way initials are written and the sharp in the image jaws reflecting something that eats one from inside. Implications drawn from the mural representation is that AIDS eats one from inside, although the disease is introduced from outside and is therefore an ominous sign.

What I can see is the word AIDS its sort of like the way the initials is written it's like the sharp sort of like jaws that means that it's something that eats you inside. It implies that if you got AIDS you got something that eats you inside (pause) the thing is dangerous. And with graves, they are a sign of death. Hai, people should be scared.

(UniZulu male participant 2)

The above interpretation reflects Moscovici's (1976) symbolic coping in the process of anchoring. The encoder of the message used visual signifiers that aim to represent AIDS as a threat that the participants and other societal members have to confront. The sense-making of the symbol of AIDS as ominous and threatening is achieved through the adoption of a strategy that uses the 'sharp jaws' and the stylistic way in which AIDS is written on the mural could represent a parasite that eats away the flesh inside.

AIDS is in fact not a disease but a condition. Medically, AIDS is caused by a virus that weakens the immune system. The students' interpretation of AIDS eating one from inside is aligned to the virus permeating the white blood cells and slowly weakening the anti-bodies that ultimately weaken the immune system and eventually emerges through various symptoms. The assertions suggest several metaphors of AIDS: parasitical (a parasite lurches on its host and obtains nourishment from it), a shark (ferocious and preys on the internal system) and a foreboding evil. In interrogating and interpreting the message this way, the participants were applying Moscovici's (1976) symbolic identification of metaphoric anchors that characterise AIDS by comparing them with existing cultural categories (Moscovici, 1984b; Jodelet, 1984; Billig, 1993; Augustinos and Walker, 1995).

Further assertions revealed that there is no link between the linguistic message "Use a condom" and graves on each side. An observation made by one of the participants:

Condom limits chances of contracting the virus but then there is the thing about the condom always indicated there, he was using a condom, what is portrayed is that even condom-use has chances of, of one getting infected with HIV/AIDS.

(UniZulu male participant 1)

Suggestions about improving the mural were brought forward by the participants. They suggested division of the message into three categories:

Maybe this person should have divided this into three categories firstly a-a do this woman there is a man is equal to AIDS than to put the graves (one participant interjected) and then to the other poster safe sex and wear the condoms (pause) and then a-a my friend with AIDS should be the other one that should be the third one, should have divided then into three because there are conveying three messages as in: 1. The graves should be set aside, 2. Safe sex and condom-use, and 3. A friend with AIDS is still my friend.

(UniZulu male participant 2)

They argued that since there are three messages being conveyed, these should not be placed side by side as contradictions are likely to ensue. They further observed that the message is biased towards sexual inclination and skewed towards heterosexuals, leaving out gays.

The message is confusing because you see graves are put next to the message that says use a condom. And then are a lot of other stuff. There is too much information in the picture. And do you also see lots of condoms? Condom here, condom there, and even in the hair. Hey now I see, haai and the flag colours in the condom. This is serious! I think it says that we, all South Africans should wake up and use condoms. There it is VUKA! On a map of Africa. Even Africa should wake up, it says.

(UniZulu male participant 3)

The above participant's observation has tapped on du Gay's (1997) circuit of culture thesis of cultural commodities used for sense-making at the production stage and achieving the desired reaction of interpreting them for negotiation of meaning at the consumption stage. Also, Moscovici's (1976) symbolic coping of anchoring that participants' use to interrogate meaning is again evidently reflected by the interpretation. The metaphors and signifiers used in the mural have been interpreted through the reflection of the cultural environment and lived experiences of the participants.

### **Social practice level (Fairclough's 1<sup>st</sup> Dimension)**

This mural was part of the HIV and AIDS prevention campaigns that took place on the various campuses used in this study. The mural was designed by a student at UniZulu in 2004. The date of the mural and name of the artist are placed at the bottom right hand corner and the name of the artist. Unfortunately the student was not available to be interviewed and none of the participants knew anything about the artist. Furthermore, the UniZulu CHASU coordinator was also not available for an interview to provide the context for the mural designs that were on campus walls. The literature that the researcher found regarding murals in South Africa revealed that the first community murals with an HIV and AIDS message appeared in 1991 and proliferated in the mid-1990s, influenced by the Department of Health sponsored "Seven Cities" and "Beyond Awareness" campaigns (Marschall, 2001). The design of a mural is usually influenced by the immediate cultural and social context and thus has immediate relevance for the intended audience in terms of theme, style and language (*ibid.*). Furthermore, the mural "takes account of culturally specific aesthetics by emphasizing the local relevance of a global problem

and attracts the audience by virtue of the recognition factor, encouraging them to identify with the human actors portrayed in the mural” (*ibid.*: 18).

## **Discussion**

### Condom-use emphasis

Some focus group participants reported that condom-use is emphasized a lot on safer sex promotion messages. Some asserted that the case for condom-use cannot be overemphasized as not only does it prevent sexually transmitted diseases as well as HIV and AIDS but also pregnancy. They further argued that condom-use is much more realistic than abstinence. Furthermore, they stated that TV shows and other media that are accessible to youth describe the pleasures of sex.

To speak and preach abstinence is a bit late right now since when you watch Oprah there will be a man talking about how good sex is. Then parents tell their children to engage. But there you have someone talking about how sex is very good and even tell you how to do it. I am thinking abstinence is not going to work. I think you should start preaching condom-use more than abstinence currently. (Mm-mm)

(DUT male participant 5)

Some assertions on gender bias regarding condom messages were made. One female expressed that messages of abstinence and be faithful seemed to be biased towards females whilst the condom messages lean towards males:

The only part that is based on women is the AB campaign. Men are only concerned when it comes to the ‘C’ because women are the only ones who are supposed to abstain and be faithful whereas men come to the condomise part Because it took forever for the Khomanani or whichever organization is responsible for adverts to air female condoms. And most adverts about condoms are about men and when it comes to AB it has to be about women.

(PMB female participant 2)

Other views were linked to the reliability of the condom:

I think it's more on the condom because it's 99% safer and something that is not 100 % safe, you cannot say it's safe but safer. And at the same time I have seen, this days they even now emphasize the issue of condoms. If you use a condom consistently, and correctly then you are safe. Because at first, they just used to say if you use a condom you are safe. So now they have seen the issues of those who don't know how to use a condom correctly.

(PMB male participant 5)

Abstinence is unrealistic: “they are doing it anyway”<sup>100</sup>

The participants revealed that very few people are still influenced by morals and still believe in abstinence.

The fact of the matter is that people are having young people and very young-are having sex at this time so there is no use trying to say “abstain” etcetera, etcetera, because they are already doing it .So now, we are trying to come up with a solution so that at least they protect themselves. It is completely different from always preaching, ‘no it's wrong and stuff,’ they are going to do it behind your back.

(PMB female participant 4)

The fact that young people are engaging in sexual activity is said to be evidenced by the number of pregnant female students and some teenagers. They argue this to be evidence that indicated that teenagers are having sex at an early age. “... so there is no use in preaching ‘No don't do it, don't do it,’ they are going to do it anyway. So, you might as well say, if you do it, use a condom!”

(PMB female participant 4)

Further revelations that were brought forth pertained to the observation that university students seemed to be “addicted to sex” as the majority seem to be unable to abstain from it, as they probably find it difficult to stop once they get used to the act. It was also intimated that condom-use is realistic because university students tend to be promiscuous. The participants observed further that youth have a tendency to take risks by not using condoms once they have steady relationships and think they know their partners well. Additionally, condom-use messages were seen to be more realistic as it had been observed in the student community that once one starts a sexual relationship, they find it difficult to abstain. Thus condom-use was perceived to be a viable method in the bid to reduce the spread of HIV and AIDS infection.

Regarding the assertions that condom-use was being communicated more than other safer sex methods, some participants defended promotion of condom-use by linking sex to trust. They argued that human beings do not trust each other and that generally infidelity was rife among the

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<sup>100</sup> Focus group discussions, UKZN, DUT and Nelson Mandela School of Medicine

campus community. The reasons advanced for infidelity were several: it was done by some to avoid being hurt; others did it as they did not trust their partners; some perceived sex as a pastime; others to release stress while others blamed modern lifestyles.

People are full of lust in terms of you know if you see somebody you got that eye of wanting to possess them and you know in most cases it sort of like happens that you make yourself in the situation whereby you feel that the best way to satisfy these feelings is you know sleep with them in that case you do need a condom.

(UniZulu male participant 2)

### Promotion of sex

However, despite the assertions presented above, some participants felt that too many campaigns seem to promote sex through condom-use promotion and that there was less emphasis on the promotion of abstinence and fidelity:

... people that I would be around, say my aunties and so forth they'd be like, oh well, they say if you gonna sleep, they are not saying if you have a condom, but they are not saying if you have a condom, but they are saying if you gonna sleep around, then you should use a condom. So it's like it promote that freewill that if you not going to be faithful, then just use a condom.

(PMB female participant 2)

We do have a problem in a way, because people are getting pregnant, teenagers are having sex at a very early age...So there is no use preaching "No, don't do it, don't do it" they are going to it anyway. So, you might as well, say if you do it, use a condom!

(PMB female participant 4)

This assertion is reportedly based on opinions and informal everyday discussions on campuses.

... the whole ABC approach kind of promotes sex, because for some people, especially young children, it says to them 'condomise', it says to them that they have not the right but the opportunity to have sex. And that's okay as long as you stick to one person and if you stick to using a condom...

(PMB female participant 1)

The participants were of the opinion that there has been a lot of emphasis on condom-use by campaigns, which may be perceived as condoning sex, which to them contradicts abstinence and being faithful messages. They attribute their assertions to the proliferation of condom-use messages around campuses.

Furthermore, the participants blamed TAC<sup>101</sup>, government and the rolling out of ARVs, which they perceived as promoting unprotected sex. They argued that more messages should promote HIV prevention and should encourage people to take responsibility for their sexual lives by ensuring the practice of safer sex. This is in line with Foucault's governmentality apparatus of self-surveillance. Some participants expressed sentiments that there should be shared responsibility regarding condom-use between partners as a sexual relationship should be mutual. Invariably, hegemonic notions of heterosexuality that constructed females as passive sexual partners and males as being averse to use condoms were challenged: "has anybody ever thought that there are some girls who actually don't want to use a condom? Has anybody thought about that?"<sup>102</sup> This is consistent with the findings of other studies that reveal that some females rationally chose to indulge in unprotected sex as they perceived it to be "insurance for benefits such as emotional intimacy and trust. Often it is seen as a way of proving your love for the other and ensuring a continued relationship" (Reddy, 2003: 203) and that some further perceived it as "reducing sexual pleasure" (*ibid.*, 202).

UniZulu FGD participants described HIV and AIDS as a sustained crisis. This is drawn from their observations regarding most of the murals on their Student Union campus wall. They argue that this is so despite numerous messages advocating condom-use, VCT and other safer sex practices. Additionally, the participants revealed that culturally motivated messages that reflect: customs, norms and other cultural values used in particularly Fig. 8.2 are not necessarily shared considering cultural diversity of UniZulu students' community: Zulus, Swazis, Basotho, Kenyans and Nigerians.<sup>103</sup> The participants argued that although the majority of the students are Zulus and Swazis, the minority should not be ignored where safer sex messages are concerned.

The FGDs readings and reflections on condom-use campaigns depended on their perspectives and socio-cultural backgrounds and this accounts for the difference between Howard College and other campuses. At Howard College, there were two white females and two white males, one black male and one Indian female. In other campuses, the groups were predominantly blacks. The Howard College participants were at first reluctant and uncomfortable to comment on the condom posters, when probed (perhaps this had to do with my being a black female

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<sup>101</sup> Treatment Action Campaign: South Africa's Non-government Organization initiative

<sup>102</sup> 1<sup>st</sup> male DUT Participant

<sup>103</sup> Two members of UniZulu focus group were Nigerian and Kenyan.

researcher and discussing such a subject with one from a different cultural background was not so easy for them) they admitted that they considered the issue somewhat private. However, they eventually commented on some safer sex issues. FGDs on other campuses did not have any inhibitions and freely commented on the condom posters. The differences regarding the willingness to discuss sexual issues could be the result of HIV and AIDS messages being promoted more on black communities or this could reflect white communities being more insular than the former. This is perhaps another debate that could be pursued elsewhere.

The discourse of power realised through the use of lexical and visual features engender bio-power and risk avoidance. The condom portrayed as the prophylactic against AIDS is positioned as a shield against the enemy (war discourse), thus making “sex consumable and tolerable via biotechnical self-management ... [thus] keying in personal desires for risk management” (Gardner 2007: 545) and the management of healthy bodies.

The condom offers a dual function of protecting users against STIs/ HIV and unwanted pregnancies. This dual purpose gives the condom a powerful edge over other forms of contraceptives. Given this dual function, the condom invariably gives rise to ideological debates and controversies. While others may disagree, Gamson (1990) argues that the condom seems to have been afforded the power that other inanimate objects have not as it has sparked rife in various contexts ranging from American congressional hearing rooms, television, scientific and possibly in bedrooms, where competition seems to be on its meaning and association with some uses and behaviours.

It is argued that the condom was first used as a prophylactic against sexually transmitted diseases, worn in encounters with prostitutes, and prior to HIV and AIDS had a negative image as a symbol of furtive and unacceptable sexuality, in the European countries in the early 19<sup>th</sup> century (Lupton, 1994; Davenport-Hines, 1990; Gamson, 1990; Valdeserri, 1988). Over the years it was treated with shame, distaste and scorn until the advent of AIDS, when the condom was then elevated to a renowned status in public discourse propagated by the Australian press in Australia (Lupton (1994). This is a reflection of the attitudes of “otherness” (Clatts and Mutchler, 1989; Lupton, 1994) that prevailed which categorized who should use condoms and who could be infected. It is worth noting that after two decades, HIV and AIDS has generally changed the outlook regarding condom-use. Not only is it dominating safer sex campaigns but is also central to sexuality promotion (in the consumer industry via media such as TV and magazines) and debates.

The condom has gone through a number of transformations and has been the subject of various representations through image, role and use. The mere mention of the word itself conjures up images in people's minds as it is directly linked to sex. Also, the shape of the condom suggests the phallic image that is attached to sexual intercourse.

The 21<sup>st</sup> century male condom has improved in material thinness, texture, has different sizes, shapes and colours. Condom advertising has always been competitive and aggressive, ever since the condom was introduced as a prophylactic against STIs and HIV infection. An example of condom advertising in the 18<sup>th</sup> century was mostly promoted by manufacturers and merchants, not necessarily for advocating safer sex practices, but perpetuating consumerism. Some of the linguistic play to attract consumers is evident in the following:

Implements of safety: to guard yourself from shame or fear votaries to Venus, hasten here, None in our ware e'er found a flaw, self-preservation's nature's law<sup>104</sup>.

The poetic style here was used to persuade males to purchase condoms. The indirect reference to the commodity is laden with metaphoric connotation that alludes to the benefits of the condom. It is quite interesting to note the indirect reference to "safe" sex. Further, the consequences of not using the condom are indirectly implied. Disease is regarded as something to be ashamed of, for example, syphilis or gonorrhoea. The reference to the target audience, "Votaries" could emphasize the libidinous nature of the males who are likely to be at risk of the disease if they do not take heed of "safer sex" measures. Also, the indirect reference to the goddess of love together with the connotation of being devoted to Venus, brings out a somewhat emphatic edge to the advert. The descriptive style coupled with rhyme that is somewhat subtle appeals to the subconscious mind. The 18<sup>th</sup> century advert above, indicates that even during the 18<sup>th</sup> century, public discourse was created around sexual issues.

In the 20<sup>th</sup> and 21<sup>st</sup> century, the advent of HIV and AIDS in South Africa has influenced the aggressive marketing of condoms where distributors, through their advertising agencies play a dual function of promoting and branding of the product. The dual function involves persuading consumers to buy the product and also to use it to prevent STIs and HIV. Examples of some brands being advertised in the market are: 'Contempo', 'Lovers Plus', 'Durex', and 'Trust'. The

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<sup>104</sup> Himes. N.E., Medical History of Contraception 186 (Williams & Wilkins 1936) Samuel, A.A. FDA Regulation of Condoms: Minimal Scientific Uncertainty fuels the Moral Conservative Plea to Rip a Large Hole in the Public's Perception of Contraception. May 2005.

brands are marketed for profit making and eroticism, while CHOICE is promoted by government agencies and Non-governmental Organisations (NGOs) specifically for advocating safer sex behaviour.

Some PSI Botswana condom adverts that appeared around 2002 represented novel ways to advertise the malleable and mischievous condom. The advertisements brought forth the dual function of the condom: it being a prophylactic and having other novel ways of making sex an interesting experience. 'It would stretch as much as you would like it to!'; 'It can take the fiercest punches!'; 'It can withstand the hottest shots on goal!' and 'Even the best ballers can take a safe dunk with it!' In this study, the condom message 'You wouldn't go out without cloths, would you?' and commercial brand labels: 'Endurance'; 'Rough rider'; 'Midnight magic', 'Power Play', 'Bare back' 'Wet and Wild' and the PSI examples above are a few examples that show how the condom can be made appealing to youth to encourage safer sex practices. The dominant discourses prevalent in the messages and labels positively represent the condom as far as eroticism and sexual health promotion is concerned.

While the A, B or C in the safer sex paradigms are options, some participants regard C as promoting sex as evidenced by some of the labelling and packaging that goes with some commercial condoms. A few examples are: 'Rough Rider', 'Midnight' and 'Moods'. Just as Cardinal Trujillo (2003) recommends, a mandatory warning notice on condom packaging similar to that of cigarettes that "filters do not make the product safer, that states condoms are not 100% safe" should be recommended for government distributed condoms. Prevention campaigners could suggest that 'condoms should be used with care and that they are not 100% risk free'. Participants were of the view that students need to be constantly reminded of this as they are prone to risky sexual behaviours. Detailed messages on condom packages, specifically, 'Choice' would thus be ethically compliant.

The various texts analysed in this chapter reveal that some texts have drawn on promotional genres. In addition, the texts rely on persuasive discourses through the use of rhetorical devices: rhetorical question, ellipsis, superlatives and distinctive use of imperatives. The use of the second person 'you' deictic pronoun is also used deliberately to address the interactive participant directly. The strategy of involving the interactive participant is persuasive as the interactive participant is placed in the context and persuaded to identify with the message of adopting safer sex practices. This is in line with Bandura's socio-cognitive model that assumes that individuals should question the self-efficacy of performing a specific action by evaluating

its health benefits against the disadvantages of not adapting. The participant is made to engage and critically consider benefits of using condoms against the disadvantages of not using condoms. Some messages aim to make individuals realise that engaging in reckless sexual behaviour without using condoms exposes them to HIV infection.

The condom messages analysed have brought forth Derrida's binary representations of responsibility for health: responsibility/recklessness; wisdom/foolishness; sexual safety/disease; self-discipline/carelessness. The participants' preferred reading offered mixed reactions (both negative and positive): condom messages seem to regulate sex; carrying a condom all the time connoted that people are 'animals'; some condom posters were instructional and coercive; messages should include limitations of condom use; limitation messages would make them averse to condom use, however, carrying a condom around would make the world a safer place.

Perceived self-efficacy, that is, belief in one's capability to negotiate safer sex practices, emerged as the most important predictor of such behaviours (Basen-Engquist, 1982; Basen-Engquist and Parcel, 1992; Vaughn and Walter, 1992 and McKusick, *et al.*, 1990). This has been studied with respect to the prevention of unprotected sexual behaviour, e.g. the resistance of sexual coercions, and the use of contraceptives to avoid pregnancies (Levinson, 1982). Condom use not only requires some technical skills, but interpersonal negotiations as well (Bandura, 1994; Brafford and Beck, 1991; Coates, 1990). Convincing a resistant partner to comply with safer sex practices can call for a high sense of efficacy to exercise control over sexual activities.

## **Conclusion**

The promotion of condom-use on campuses is crucial as evidenced by the responses from the various FGDs on the various campuses. The texts that have been purposively analysed in this chapter variously use different strategies to persuade students to use condoms as a safer sex measure. The students themselves state that condom-use promotion is probably the most realistic as students at university level are already engaging in sexual activities. However, the messages that come through seem to desexualize the condom by just stating the health benefits it is bound to bring and leave out the pleasure that it could also bring. Also, since the messages are biased towards the prophylactic benefit, the discourse that comes out is somewhat paternalistic, although in some way it could be construed as inculcating self-responsibility and self-surveillance on the students. The condom is however malleable as it offers a dual function of preventing STIs, HIV and unwanted and unplanned conception. Also the positive representations

of condoms are: it is the ultimate protection; offers prophylactic benefits and erotic pleasure; a realistic and safer sex measure as youth are engaging in sex anyway. The dual purpose gives the condom a powerful edge over other safer sex practices. The condom could also be perceived as mischievous as others blame it for promoting permissive sex and promiscuity and is represented as a symbol of youth sexual deviance. The condom has pervaded the public sphere and has sparked debate and controversy at times in various contexts: religious (Catholicism rejecting its use and promoting abstinence and marital sex); domestic (negotiation over its use); social through Entertainment Education (EE) and economic where the contest could be on its meaning and association with some uses and behaviours; political (whether it should be distributed in prisons) and even provoking partner violence.

## **Chapter 10: Conclusion**

This study explored representations of print-based HIV and AIDS prevention materials consistent with the ABC approach and how they are constructed and negotiated by students of UKZN, DUT (Steve Biko campus) and UniZulu. The study also identified and discussed the type of discourse strategies used to persuade students to adopt safer sex practices. The study has also sought to survey how students position themselves regarding the messages and underlying ideologies.

This chapter consolidates the main findings of the study that are categorized under the three main themes: representations of femininity; representations of risk through metaphorical discursive strategies and representations of condoms as mischievous or malleable. The key findings were drawn from empirical research that was based on interpretative analysis that used textual examination and FGDs. The recommendations that are presented in this study are open to critique as meaning is never fully realised and is open to contestation (Derrida, 1976). The recommendations merely form the basis for further research and debate that continues to seek ways to best address print-based HIV and AIDS prevention advocacy messages meant for the KwaZulu-Natal university youth. Debates on the best approaches to HIV and AIDS messages are ongoing and this study offers insights gathered from the empirical research through textual analysis and interpretative repertoires from ethno-semiotics through FGDs.

### **Eclectic conceptual framework**

This study on representations of print-based HIV and AIDS prevention materials in print and how students interpret such texts adopted an eclectic approach that is informed by the poststructuralist research framework. The combination of textual analysis through the use of CDA and Social Semiotics together with Ethnomethodology enabled an investigation of representations of HIV and AIDS and revealed the strategies that were used to persuade the students of UKZN, DUT (Steve Biko campus) and UniZulu to adopt safer sex practices. CDA and Social Semiotics revealed the linguistic and visual features that constructed representations of HIV and AIDS. Using Fairclough's framework enabled the examination of linguistic structures like nominalizations; modality; use of voice; which were used in texts in various ways as persuasive strategies meant to change sexual behaviour. That being so, the linguistic analysis

revealed discourses that were used to strategically promote safer sex practices. By using Kress and Van Leeuwen's (1996; 2006) Social Semiotics' modality, structure, salience, and composition, the study explored power relations and impersonal relations and positioning of texts and students. The different ways in which students positioned themselves regarding print-based HIV and AIDS prevention materials is revealed through FGDs.

## **Counter discourses**

In addition to examining representations and constructions of HIV and AIDS, power relations and students' positioning, the analysis of specific posters exposes a counter discourse that challenges the normative belief of male domination in issues of sex, which is factored in hegemonic masculinity. At the same time, the texts illustrate a new way of looking at sexual issues and aims to inculcate the notion of sexual power in females.

This new discourse of change was used in the linguistic code 'I will not share my partner' poster analysed in Chapter 7. The discourse is viewed as an attempt to empower females by encouraging them to assert their female power and agency in taking charge of their sexuality by being in control of their bodies through making informed sexual decisions that allude to safer sex. This new discourse of change refers to Foucault's (1985, 1986a, 1986b) self-discipline and self-surveillance of individuals, particularly regarding their bodies. This type of discourse is different from Leclerc-Madlala's findings in her study of Umlazi, a township in Durban where young females found power in having multiple-partners for economic reasons.

The new discourse type aims to transform meaning and re-articulates or changes the association of the female position on sexual issues from passive to active, from the negative to the positive. The new discourse of change manifests Foucault's (1985, 1986a, 1986b) notion of sexuality and the care of the self and proposes a model through which females can position themselves as sexual beings to relate to their sexual self-concept in order to assert their sexual power. Through the discourse of empowerment using the female voice, the text advocates fidelity 'I will not share my partner' and makes reference covertly to abstinence through 'Sex is dangerous, I don't want that in my life'. Counter discourses that aim to empower females to take control of their sexuality and sexual decisions are used to persuade safer sex practices. Further, the counter discourse may be functioning to question the current unequal relations of sexual power between males and females that seem to prevail in South Africa. The discourse of modality is used to

construct a counter discourse of women as change agents. The discourse of modality functions to achieve a relationship between the female represented participant (who is acting on behalf of Khomanani to relay the message to fellow females) and the interactive participant who presumably is a female through texturing identity. The represented participant assumes authoritative identity by making a strong commitment to the truth of a proposition in order to factor change by challenging stereotypes that ascribe to feminine sexual passivity. Thus the represented participant in the text 'I will not share my partner' makes a strong commitment to an action and is being constructed as an agent of change through choices of modality. The change agent identity she assumes is an identity positively inclined to health promotion, and to the university females who are addressed.

Further, the text from which the following code is extracted 'I will not share my partner' is an example of a counter discourse that attacks patriarchal representations of sexual identity, in particular the binary opposition of males as being active decision makers on matters of sex and of females as being relegated to the position of passivity when it comes to sexual matters. Sexuality is deployed through the intersection of the image and linguistic features. Representation of femininity in the text vindicates females' rights to control their own bodies including sexual freedom (Weeks, 1989, 1991, 2003). The vindication of female sexuality is represented in: 'I will not share my partner, Ngoba ... likusasa ngelami (tomorrow the future is mine), Sex can lead to HIV/AIDS, and I don't want that in my life.' As discourse constitutes our identities and how we construct our world, the text promotes behaviour change and emphasizes that personal choice is key to individual responsibility.

The text reflects some form of discourse representation that constitutes some social identities to attract the target audience's attention by proposing, through texturing of social identity, to embed texturing of social relations for emulation of a strong commitment to action. Although mixed responses from FGDs emanated from the poster 'I will not share my partner...', with some female and male students viewing it as unrealistic as a relationship involves two people and each would have his or her beliefs about sexual negotiation and multi-partnering. Also some argued that it is in tune with the modern day female assertiveness; so it is quite clear that the linguistic text fosters discourses of health security and self-empowerment. The underlying meaning emanating from the responsabilized discourse used in the text such as this one is that females can claim and attain sexual power that renders the ability to control one's body eroticism, sexual desires and sensuality.

Other new discourses of change discussed in the study include those attempting to destigmatize those infected, including destigmatizing certain types of sexual lifestyles such as prostitution. The poster with the following linguistic code, 'HIV victims are destined to be angels' attempts to offer a new discourse of change that aims to destigmatize or/and suggest a different way of perceiving those who are often marginalized by mainstream media and society in general. The strategy aims to transform meaning and "re-articulate its associations from negative to positive" (Hall 1985: 112). The artist who designed the text uses a rather complex admixture of visual codes that introduce confusion and conflict in meaning. The message attempts to destigmatize HIV and AIDS; and infected individuals, offering a different way of perceiving the pandemic. A new discourse of hope is used to discourage disillusionment regarding the fate of AIDS victims. The message offers a subtle shift from the discourse of blame that is prevalent in most HIV and AIDS prevention campaigns.

The strategy of destigmatizing HIV and AIDS could be regarded as a discourse of change (Hollway, 2001) as it offers a different positioning of HIV and AIDS victims by placing a halo around them that gives them an aura of sanctity. The artist does this by making reference to religious discourse thus presenting a counter discourse and creating a new one as opposed to risk discourse that dominates most of the texts under survey. Although the text attempts to construct a discourse of looking at HIV AIDS in a new way, it was dismissed by some as lacking clarity in the message it was supposed to give because they perceived it as unclear. The text presents a dense network of visual codes: prostitutes; luscious lips; wolves; shadowy pictures of men; graves; stars and serpents that are potentially confusing and somewhat complex for the average reader.

The artist's attempt to represent HIV and AIDS in a different way resulted in a paradox of possible polysemic meanings. The new discourse of hope may be a different strategy to propose a change of perception of certain sexual lifestyles like prostitution and some attempt to alleviate the stigma attached to those infected with HIV. The strategy introduces a lighter way to perceive HIV and AIDS issues. However, HIV and AIDS are serious sexual health matters and using an obscure and supposedly softer strategy may achieve the opposite of what the artist intended. The potential for attaching stigma to certain lifestyles, for example, prostitution, multi-partnering, trans-generational, transactional or HIV infection, and even othering, by labelling certain groups as sexually deviant still remains. The result is loss in meaning as even revealed by the FGDs.

## **Discourse of power**

In addition to discourses of change explored in the text on 'I will not share my partner', the study identified discourses of power within the same text. The discourses of power used in several texts in the study largely aiming to transfer power from texts to students, is used in several texts. In the text 'I will not share my partner' (Chapter 7), the discourse of power aims to foster some influence over other females to emulate the represented participant to achieve an ideological effect that offers potential for solidarity and power of submission to the challenge posed by the originator of the message through the text.

Various ideological strategies are used together with discursive strategies to influence adoption of safer sex. In its analysis of discourse of power the study relied on Thompson's (1990) critical mode of operation of ideology, and investigates intersections of power, symbolic forms and relations of power used in language and the idea of legitimation, chain of reasoning and fragmentation. The linguistic text: 'I will not share my partner, sex can lead to HIV/AIDS' is a cause and effect statement that aims to rationalise the assertion. Rationalization is done through a process of legitimation and dissimulation text thereby excluding gender domination and power relations. As a result, an assumption that females have control over their sexual issues may be suggested. Through , fragmentation, the text challenges those who may oppose the assertion and through the discourse of power aims to propose solidarity with those who may submit to the challenge of empowerment.

One other text that introduces the discourse of power is a poster that promotes the use of Lovers Plus condoms in Chapter 9. Like other texts, the poster employs both linguistic and visual codes to persuade condom-use. 'I take charge, Plus I don't take chances and in control of my life' are discursive strategies of power that aim to coerce the interactive participant to emulate the actions and beliefs of the represented participants.

Representations of HIV and AIDS are realised through discourses of power, identity and sexuality. Power is vested in females (Chapter 7), female power, power of discourse; of sexual liberation of women to accord them agency to direct and control their sexuality through choice of safer sex.

## **Discourse of change**

Underlying several texts is the discourse of change through linguistic codes: 'I will not share my partner', 'I take charge, Plus I don't take chances' and 'You wouldn't go out without cloths (sic), would you?' These discursive strategies aim to transfer agency to the students, the strategy of positioning them as actors (Philips and Hardy, 2002) that would effect change in their contexts, hence constructing the students' identities as agents of change.

## **Discourse of Persuasion**

A poster that was designed by an unnamed student at Howard College, 'You wouldn't go out into the open without your cloths... Would you?' offers a different way of addressing condom-use by students through the linguistic and visual features used. The linguistic message is discourse that engages a rhetorical proposition through subtle address to persuade the adoption of condom-use without necessarily being overbearing. The rhetoric challenges the students but allows them to use their cognitive ability to introspect and in so doing aims to inculcate self-responsibility and self-surveillance of sexual practices on the students. The text implicitly alternates between risk and social discourse, which rhetorically aims to persuade the addressee to subscribe to condom-use.

The text is an example of condom commercial advertising that usually adopts a dual function of marketing and selling the condom and promoting it for sexual health. The commercialisation of the condom is suggested by the different shapes, sizes, colour and texture represented in the text. The discourse type is that of advertising. The text introduces a different way of persuading adoption of condom-use. The images that are humour-laden introduce the condom promotion in an interesting way by re-sexualizing it and portraying it in a different way. The underlying message is that public health messages should not only link condoms to the prophylactic function but should also be eroticized.

The 'I will not share my partner' text in Chapter 7 challenges multi-partnering, also inherently challenges normative notions of partnering that link it to promiscuity and shame, especially regarding females who engage in multi-partnering and are looked down upon as 'bitches', 'used females' to the new discourse that labels females as assertive, liberal and should possibly be admired as daring and bold. Multi-partnering has become a contested category in Universities and other South African black communities (see Leclerc-Madlala, 2003, research on

transactional sex). The definition of multi-partnering as outright promiscuity has been challenged by University students and a new definition particularly regarding female multi-partnering has emerged and is linked to assertiveness of (especially) cosmopolitan females. The new way of perceiving females who choose their own sexual lifestyles is paradoxical; liberation from sexual passivity can be positive as far as choosing to adhere to sexual safety by either refusing multiple partnerships or abstaining from sex if monogamy is not achieved. On the other hand, being sexually liberated by choosing what to do with your body by engaging in multiple-partnerships arising from social and economic pressures, willingly engaging in transactional sex and perceiving it as assertive can be viewed negatively by some, as multi-partnering could compromise sexual health or ABC advocacy initiatives. This new liberation may be at odds with efforts to reach an HIV free generation.

The texts have proven the poststructural notion of instability of meanings, Derrida's *differance* that is present in texts. New discourses arise and are developed all the time and these need to be identified and addressed (see later section on establishing sexuality identities) as the *SCRUTINIZE* campaign did on TV and other support materials, such as coasters.

## **Discourse of risk**

The analysis revealed that risk discourse still prevails in print-based HIV and AIDS prevention materials just as it did three decades ago. Risk discourse that is used in the texts emphasizes irresponsible sexual lifestyles. Thus the risk discourse serves as an effective "Foucauldian agent of surveillance and control" (Lupton, 1993b: 433). The discourse challenges the students to introspect and reflect on their sexual behaviour and urges them to consider the benefits they stand to gain, especially by choosing to use condoms as a safer sex measure. Risk prevails in some texts to persuade students to adopt safer sex practices. In all but two texts 'I will not share my partner', Fig. 7.1, in Chapter 7 and 'HIV/ AIDS victims are destined to be angels' Fig. 8.3 in Chapter 8, risk discourse overtly alludes to irresponsible sexual lifestyles. The text apportioned blame through discourses that link HIV to irresponsible sexual behaviour. The risk discourse used endeavours to instil a sense of responsibility in students, both males and females, through the language of threat and blame discourse. The discourse of blame results in Derrida's binary categories: the immoral and undisciplined versus the daring and assertive.

The strategy that only links irresponsible sexual behaviour to HIV was criticized by FGDs as they reported that there are other prevailing factors which influence sexual behaviour and that these account for the spread of HIV infection. Factors cited were cyber pornography; advancement in e-technology; social media (sexting) and print material that are laden with sex information: *Kama sutra*, men's and female's health magazines and beauty and fashion magazines. Additionally, inequality in the socio-economic environment was identified as a factor influencing female students to resort to irresponsible behaviour to uphold their status and thus legitimizing trans-generational and transactional sex that also involved multiple concurrent relationships. The factor relating to transactional sex resonates with and confirms Leclerc-Madlala (2003) findings in her study of transactional sex among females at Umlazi township in Durban.

Moscovici's social representation theory of representation through anchoring is used to explore representations of HIV and AIDS in the materials examined. The analyses of the texts reveal HIV and AIDS as represented through metaphors of doom and blame and through the visual metaphor of bodily decay. The print portfolio in Appendix H, "BEWARE AIDS, AIDS KILLS" indicates an apocalyptic discourse of doom by saliently using a skeleton that towers over some terrified-looking small figures beneath it. Visual modality reinforces linguistic modality by representing HIV and AIDS as an ominous symbol that looms over society. The intersection of the visual and linguistic texts present the discourse of AIDS as war and positions the subjects in power relations, where AIDS is the enemy and the people below the gigantic grotesque skeleton are victims. Moscovici's Social Representation theory of representation through objectification, where the unfamiliar is made familiar presents AIDS as dangerous and responsible for body decay through the skeletal visual structure representing apocalyptic significations of AIDS. The apocalyptic imagery borders on coercive discursive influence that embeds power that strategizes to shape understanding of the epidemic.

"Fear me, I am a killer" poster in Chapter 8 is text heavy and laden with risk discourse that engenders an ethic of sexual safety and self-responsibility. Linguistic metaphors represent HIV and AIDS as promiscuous, permissive, parasitic, daring, and deadly. Consequently, the choice of language creates a power instrument that fosters a discursive framework of blame, stigma and prejudice. The text is a public service poster whose design may be influenced by hegemonic strategies of coercion that governments use over people and may thus be ideologically driven. Such strategies of health surveillance are meant to instil self-responsibility and self-control in

individuals through discourses that are meant to promote introspection and reflection on their sexual behaviours and are thus challenged to adopt safer sex behaviours. Such messages may be problematic as blame seems to be attached to risky sexual behaviour and not to other factors such as the risky pornographic environment that FGDs referred to and which they felt should also be addressed. Anchoring is done through personification that is realised through familial lexical metaphors: Uncle Condom, Aunt Abstinence; father, AIDS and a notable absence of mother. The familial anchors are supposed to show how HIV and AIDS are within proximity of the human race and spreads through a chain.

One other text “Yekani Iskoon” in the same Chapter 7, a mural created by one of the UniZulu students, uses similar discursive strategies as in “Fear Me I am a killer” (Appendix H). A discursive framework of blame is constructed through lexical examples of students’ sexual behaviour. Risk discourse is sustained through the use of lexical constructions that lay the blame on the risky sexual lifestyles of students. The artist, who is part of the student community and thus uses his own experience and knowledge of campus culture, particularly in relation to sexual behaviour, cites ‘sleeping around’, ‘not using one’s brain,’ ‘not using a condom’, ‘guys who charm girls’ as examples of deviant behaviour that is non-compliant of values and norms of self-care that should prevail in the community. The reference to self-care verges on the risk governmentality perspective, Foucault’s governmentality thesis that is about self-discipline, the power that is bestowed upon individuals that aims to empower students to adopt safer sex practices. The FGDs had mixed reactions with some expressing that AIDS should not be represented as death but as manageable through condom-use. Interestingly, ARVs were not mentioned by the UniZulu FGDs. Other participants argued that threat messages were appropriate and the tombstone visuals would act as a stark reminder to risk takers of the consequences of risky lifestyles.

One issue that was debated in FGDs and presented as serious, is the risky environment of cybersex, porn and sex toys, and printed sexual material that are readily available to students. The FGDs felt that issues of the risky sexual contexts should be addressed by the print-based HIV and AIDS prevention texts.

## **Self-efficacy and legitimation**

Many texts under survey propose condom-use over abstinence and fidelity as a safer sex measure. Thus condom use is perceived as a realistic measure. Some condom messages use legitimating discourses through chains of reasoning and allude to the self-efficacy of choosing to adopt condom-use as a persuasion strategy. Also, condom-use messages engage an overt dual function of promoting sexual health and marketing the condom, particularly the commercial, Lovers Plus condom. Notably one condom message employed a newer and ‘fresher’ way of promoting condom-use and this comes from a student designed message suggesting that a more refreshing way of promoting condoms on campus posters could be advantageous. Most public health HIV and AIDS prevention campaigns adopt a rather conventional and boring approach ‘Prevent AIDS use a condom;’ ‘Be Wise Condomise.’ These types of messages desexualize the condom (Gamson, 1990). As Lupton, (1993) suggests, condom messaging could benefit from re-sexualizing the condom, by emphasizing pleasure and eroticism to dispel myths that the condom is a barrier to pleasure and erotic sensation.

Thompson’s mode of legitimation through rationalizing the use of a condom is used, ‘AIDS is a fatal disease, use a condom’. Unification is used through the plural ‘us’ in ‘Let us be there 2010’. In this way, the artist establishes collective identity and appeals to the students to realise that prevention of the spread of HIV could only be achieved through collective effort. Bandura’s HBM variable of self-efficacy is also reflected in the linguistic text ‘Let us be there 2010’, the underlying message alludes to the benefit the students would stand to gain if they use condoms. Interestingly the artist restates UNAIDS’s message ‘My friend with AIDS is still my friend’, an expression that was used to destigmatize AIDS in the late 1990s.

The underlying message of one of the texts, “Prevent AIDS use a condom”, alludes to solely male power as legitimate to ensure proper use. The message excludes any negotiation of condom use that should prevail between intimate couples. The text should be showing the male and female figures being involved in condom placement as the FGDs expressed. The FGDs argued that messages that showed involvement of a couple would encourage mutual responsibility in sexual relationships. The poster adopts a subliminal power technique to persuade condom-use through the linguistic words ‘Prevent AIDS use a condom, free at government clinics and hospitals.’ The message is not as threatening as the overt one ‘AIDS kills’. Unlike other condom messages that use social marketing, this text’s message uses the cognitive notion of the HBM

model that offers the individual the latitude to manage his or her own health through fostering belief in the prophylactic and financial advantages the condom offers.

In Thompson's (1990) critical mode of operation ideology, unification is employed through innate passivation that indirectly addresses the subject to achieve universalization of the message that intends to appeal to collective unity. The strategy generalizes values in order to transform individual's boundaries to universal values (Scott, 1994). Since the text's originator is the government's Ministry of Health, the message is ideologically influenced and positions students as foolhardy and thus they need to be addressed in a terse and direct manner through patriarchal discourse. Furthermore, the patriarchal discourse persuades the students to act through this discourse of power. The Ministry of Health exercises its ideological power and is thus positioned as an authority and through power aims to control and influence the minds of the students to achieve action.

### **What should HIV and AIDS prevention materials do?**

The government and UNAIDS print-based HIV and AIDS prevention messages were overtly influenced by theories of behaviour change. The models assume lack of knowledge on sexual health, sexuality and sex on the part of the youth. This paternalistic approach appears to impose ideas and sexual knowledge on youth. This was revealed by FGD held with PMB campus students. The FGDs themselves criticized the texts as top-down. They further lamented that campaigners and distributors assume knowledge of the sexual needs of youth, when the youth themselves know a lot more about sex and they enumerated how they communicate with each other about sexual issues. This calls for a multi-directional approach.

The imported texts seem to be oblivious to the varied voices and resistance to Abstinence, Be Faithful and Condom-use. The texts underplay unequal relations of peer pressure, power and knowledge between sex partners. Interestingly, murals designed by students seem to copy the approaches used by Government.

Some print-based HIV and AIDS prevention campaigns used complex linguistic and semiotic codes that encouraged a diversity of interpretation. Noting that there can never be a single totalizing meaning, thereby texts being subject to multiple meanings meaning being subject to an endless chain of differing interpretations, there is still a need to design print-based HIV and AIDS prevention materials that persuade students to practise safer sex. Designers of messages

should incorporate issues of heterosexual violence, especially regarding condom-use. The messages should encourage mutual sexual negotiation, for example, Fig 9.1 of Chapter 9, that illustrated condom-use, where the male figure is dominating the entire procedure, should have shown female involvement. Furthermore, print-based HIV and AIDS prevention campaigns should address issues that affect other sexual inclination groups like gays and lesbians.

## **Interactivity**

A suggestion from one of the CHASU coordinators is that print-based HIV and AIDS prevention texts could incorporate internet features such as interactivity, where pop-up messages on university websites could address issues of the HIV spread and persuade the university community to use condoms and also inform them of where these are placed. Print-based HIV and AIDS prevention materials campaigns should not dwell on reproaching individual sexual lifestyles and preach perceived risks of reckless sexual behaviour since this is an old strategy, but should address other factors like the risky environment: pornography, internet sex, phone sex and sexting. This could be done by involving the youth and encouraging dialogue. Although this is done on TV through soap operas like *Intersexions*, but the best ways of addressing these issues in print can be sought. Additionally, acknowledging and depicting more on cultural, ethnic, social and economic characteristics in designing sexual health promotion messages could probably help.

## **Self-love**

Yet another issue that some FGD forums indicated a need to addressed by safer sex texts (specifically PMB, Edgewood, Nelson Mandela School of Medicine campuses), is one that is still considered taboo, masturbation or self-love. The Do It Yourself (DIY) is perceived as a sexual escapade that is probably the safest method for achievement of sexual gratification and sexual liberation. The FGDs cited enhancement of abstinence, non-penetrative sex and exploration of one's sexuality as advantages that DIY offers. A further implication that could be drawn from FGDs arguments is that the DIY method could solve the multi-partnering and fidelity problem. However, because there are religious and societal beliefs that oppose the method, this is perhaps a subject that needs to be treated with caution. This revolutionary approach, the subject of which is considered taboo but should be open to debate, is the design of self-love messages. This would involve a participatory strategy through participatory

communication that offers dialogue. Participatory and dialogic communication is one the tents of Development Communication tenets espoused by Freire. Foucault's governmentality and surveillance concept of the self and self-care could benefit the approach to the design of self-love messages which may ultimately aid meaning-making. Accordingly Freire and Foucault offer concepts that can be used to design and develop print-based HIV and AIDS prevention campaigns that are useful for university students.

### **Re-sexualisation of the condom**

A new approach to condom usage promotion could be adopted on HIV and AIDS prevention posters. These media could encourage condom usage by promoting it in a more effective way by resexualizing it. Safer sex messages advocating condom-use should not only link condoms to the prophylactic function it offers but should also eroticize it as this could make the youth associate the condom with pleasure. Although eroticising the condom might be criticised for encouraging permissive sex, debates will always be ongoing regarding issues concerning youth. As the FGDs revealed, sex should be openly discussed in the public sphere and issues like condom-use should be discussed by both youth and adults.

### **Establishing sexuality identities**

The text 'I will not share my partner, Sex is dangerous, I don't want that in my life' has two underlying meanings: it rejects multi-partnering and opts for abstinence. Given the socio-sexual context of transactional and intergenerational sex (the two are inherently linked) that seems to prevail on campuses and in society in general, the stance suggested by the female interactive Participant may not be that realistic as the FGDs observed. However, the text offers some possibilities, one of which centres on CHASU departments establishing the different sexual identities that may prevail on campus. The next stage would be to identify the specific discursive activities (Philips and Hardy, 2002) of these sexuality categories, formulate sexuality groups and engage them in constructing print-based HIV and AIDS prevention messages that would address their specific sexuality issues: celibacy, fidelity, condom-use, multi-partnering v/s both 'cosmopolitan' female and male views, and self-love issues. Each category can be addressed directly and specifically without encompassing generalised demographic groups. Some of these processes may not be easy to accomplish. However, lessons could be learned from established HIV and AIDS PLWA groups' activities in several contexts.

In this study, poststructuralism offers exploration of representation, language and interpretation by linking notions of text to context and by so doing demonstrates how discourses of power can engender the understanding of how identities are constructed through positioning of (subjects) students with regard to how they negotiate meanings from texts. CDA and Social Semiotics are both approaches within poststructuralism, together with ethno-methodology through FGDs and interviews with CHASU coordinators and 'Break the Silence Portfolio coordinators, have enabled the unpacking of prevailing discursive strategies represented in print-based HIV and AIDS prevention texts on UKZN, DUT (Steve Biko) and UniZulu campuses. The eclectic conceptual framework offers great opportunities for unpacking underlying issues of HIV and AIDS prevention and management that may be so pertinent for the formulation of health promotion strategies.

While no stringent formula can be prescribed for sexual behaviour change strategies, certain elements for each specific situation can be used as guidelines. Full justice may not have been done in the discourse analysis of text. Also, the investigation might have benefited from more textual analysis of the campaigns had fewer texts been analysed, especially in chapters 8 and 9. This also goes for FGDs, the participants had to engage with a lot of texts in 1 and ½ half hours and so they were exhausted towards the end and this resulted in some texts not being given due attention despite the animated discussions. Moreover, some texts generated a lot of interest and as such too much time was spent on them. One very crucial disadvantage is that FGDs could only be held as a once off since the campuses are a distance apart, for example, UniZulu is about 200 kilometres north of Durban. Travelling became costly especially that participants were also offered refreshments. One other problem pertained to the arrangements of interviews, at UniZulu it was quite difficult to secure an interview with the CHASU coordinator, and hence it was very difficult to establish the originators of the murals. The researcher had to rely on informal conversations with the DramAiDE personnel at the UniZulu campus.

It is also important to note that the source materials utilized for this study were not part of a composite campaign but they represented materials sourced from various periods of the HIV response on the campuses though they were still used at the time of the study. There is a difference between texts studied in isolation and those that are objective driven and time-based. The latter seek outcomes through interrelated and systematic activities and are less reliant on the specific readings of individual sub-components. The CHASUs should therefore organize

composite campaigns that are linked and time-bound and paced with the realities of the sexual contexts that prevail on campuses in order to aid meaning-making of such.

The researcher concedes that the discourses revealed in the textual and reception analyses may not be representative of all voices and subject positioning of actors (Fairclough, 1995) who might be affected by the material. The texts are just a small sub-set of texts that can be analysed in the HIV and AIDS domain. Thus the researcher acknowledges that not all “possible voices” (Phillips and Hardy, 2002: 85) may be represented in the text analyses. However, the observations presented continue the search for the best approaches that could be employed to address issues surrounding print-based HIV and AIDS prevention campaigns. The eclectic theoretical and methodological approach used in the study offers another research paradigm for the analysis of health promotion texts. Finally, since meaning is never fully realised and there is no final meaning as interpretations never produce a final moment of absolute truth but meaning that breeds meaning (Derrida, 1981), the study does not claim to have found the ultimate solution for the design of print-based prevention campaigns but perhaps a beginning of another conversation that will generate further dialogues.

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## Appendices

### **Appendix A: Invitation to the take part in Focus Group Discussions**

My name is **Irene M. M. Pule a PhD candidate** doing research on print-based HIV and AIDS prevention campaigns.

The title of the research: **What do they say and how do they take it? A critical analysis of the ABC: HIV/AIDS prevention approach through print media campaigns among students at KwaZulu-Natal Tertiary Institutions. (Tentative Topic)**

The overall aim of the study is to analyse the verbal and non-verbal features that constitute print media campaigns constructed and distributed by KwaZulu-Natal (KZN) tertiary institutions and how students reproduce these messages. The study particularly targets University of KwaZulu-Natal (UKZN, the five campuses), University of Zululand (UniZulu) and Durban University Of Technology (DUT).

The Focus groups will engage discussions relating to:

- Which print texts draw the attention of students
- how students interpret and reproduce texts to make sense out of them
- how students identify with the messages i.e. do the materials speak to them or not?
- How language shapes understanding of the critical nature of HIV/AIDS that persuades one to change behaviour
- Whether message interpretation is influenced by the diverse student discourse communities, cultures and sub-cultures

If you agree to be part of the focus group, you will be required to attend once only. The sessions will each take one (1) to one and half (1 ½) hours.

**Refreshments will be served after the sessions!!!**

I would really appreciate your interest in participating in the sessions.

June, 2006

## **Appendix B: Informed Consent Form**

*(To be read out by researcher before the beginning of the interview/Focus Group Discussion/Questionnaire. One copy of the form to be left with the Participant; one copy to be signed by the Participant and kept by the researcher.)*

My name is Irene Mmalecha Pule (Student No: 206521574 ).

I am doing research on a project entitled **What Do they say and how do they take it? A critical analysis of the ABC prevention approach through print media among students at KwaZulu-Natal Universities (tentative topic)**. The aim of this project is to understand how HIV and AIDS information is communicated to students at this university and students' reception of the HIV and AIDS messages. This project is supervised by Professor Keyan Tomaselli and Professor Lynn Dalrymple at the School of Culture, Communication and Media Studies, University of KwaZulu-Natal. Should you have any questions my contact details are:

Culture, Communication and Media Studies,

University of KwaZulu-Natal,

Howard College Campus

Durban, 4041.

Tel: 27 031 260 2505.

Cell number and email:

+27769848670 email: [impule@gmail.com](mailto:impule@gmail.com)

Thank you for agreeing to take part in the project. Before I start I would like to emphasize that:

- your participation is entirely voluntary;
- you are free to refuse to answer any question;
- you are free to withdraw at any time.

The information you provide in the questionnaire/Interview/Focus Group Discussion (researcher to tick where necessary) will be kept strictly confidential and will only be available to me. Excerpts from the Interview/Focus group discussions may be made part of the final research report but your identity will not be reflected in the report.

You are also requested to respect the confidentiality of all discussions.

If you give consent to participate in the study, please sign this form to show that you have read the contents

I.....(Full names) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time should I so desire.

Signature of the Participant.....Date.....

## **Appendix C: Focus Group Guide**

### **What do they say and how do they take it? A critical analysis of the ABC prevention approach through print media among KwaZulu-Natal universities. (tentative topic)**

- Where do you get information on Abstinence, Be Faithful and Condomise?
- What does the ABC approach mean to you?
- Which print texts draw your attention of students
- How students interpret and reproduce texts to make sense out of them
- How students identify with the messages i.e. do the materials speak to them or not?
- How language shapes understanding of the critical nature of HIV/AIDS that persuades one to change behaviour
- Whether message interpretation is influenced by the diverse student discourse communities, cultures and sub-cultures
- Different approaches are used by media originators in disseminating HIV/AIDS messages: shock/fear appeals (sensational approach), instructional, socially responsible (de-stigmatization of HIV/AIDS, subliminal (appeal to the subconscious). Which one(s) appeal to you so much as to induce you to act upon the message? Which one do you think is most effective?
- From the leaflet condom, how is male heterosexuality represented?
- Do the messages reinforce stereotyped forms of masculinity or femininity? (In selected posters)
- How are gender roles depicted in sexual health print campaigns?
- Do messages reflect some reliance of health promotion material on women to mediate HIV prevention and sexual health messages for young men?

Now look at dimensions of representation in the posters (selected)

- How are roles represented?
- How are actors' appearances set up?
- How do you are as the decoder positioned (i.e. consider distance, and how the message relates to you).

## **Appendix D: Interview Guide for Campus HIV and AIDS Units Coordinators**

**Thank you for agreeing to take part in the interview. I am happy that you are able to spare some time to have this discussion on HIV/AIDS print health promotion campaigns, particularly those advocating the ABC approach.**

The title of the research: **What do they say and how do they take it? A critical analysis of the ABC: HIV/AIDS prevention approach through print media campaigns among students at KwaZulu-Natal Tertiary Institutions. (tentative topic)**

*The overall aim of the study is to analyse the verbal and non-verbal features that constitute HIV/AIDS print media campaigns constructed and distributed by KwaZulu-Natal (KZN) tertiary institutions and how students reproduce these messages. The study particularly targets University of KwaZulu-Natal (UKZN, the five campuses), University of Zululand (UniZulu) and Durban University of Technology (DUT).*

**The purpose of the interview is to find out why certain codes are used to construct messages aiming to inform the student population about HIV/AIDS and why certain language/discourse strategies (rhetoric, metaphors, visuals, textual and semantic) aimed at inducing behaviour change are selected and what major factors influence choice of these particular linguistic codes and different semiotic modes by producers.**

1. What strategies (linguistic and visual messages) underlie the design of messages? (threat appeals, moral appeals or subliminal/sophisticated?)
2. Some messages advocating condom use sometimes seem to be engaged in a dual role of: persuading condom use for prevention of **STIs/HIV** and branding and marketing of the condom and corporate image of the producer/manufacturer. How effective can this be regarding the **C** in the **ABC** approach?
3. Generally, how does the **ABC** approach (in the various messages, through leaflets and posters) instil power in individuals, i.e. Sexual behaviour empowerment?
4. Are there any influences from various ideologies (moral/religious, political (advancing government's agenda i.e. language use or views about HIV/AIDS), cultural/traditional etc) regarding production of posters and other health promotion materials?

5. Some messages may reflect apologetic (we have to inform you about how risky behaviour can land in trouble), authoritative (Change your behaviour or else face the consequences), blame (People who practice risky behaviour are responsible for HIV/AIDS), (through use of language and visual codes) etc. How do you perceive such strategies? Which strategy/s do you prefer?
6. Do messages assume adequate education/information on the part of students about the existence of **HIV/AIDS**?
7. What assumptions or expectations are made regarding the effect of posters on the intended audience?
8. In the construction of health promotion texts, do other external factors, medium, channel, and other texts (political speeches, social/natural talk/day to day conversations influence the design (verbal and visual
9. Some **HIV/AIDS** health prevention print promotion campaigns assume a particular target audience, and at times tend to leave out (alienate) other audiences due to some codes being used (linguistic and non-linguistic) that may suggest that the language used is inappropriate or irrelevant (regarding the needs, psychological frameworks, style, code and register) or easily misunderstood or misinterpreted (deliberately or accidentally). How does this come about? Do you observe any attempts from producers or designers at reaching the diverse socio-economic/racial/religious discourse community of the student population?
10. What methods if any, are undertaken to measure the impact of HIV and AIDS health prevention print promotion materials?
11. Any other observations you may deem important regarding attitudes displayed by students regarding print messages (posters and leaflets?)

**Thank you for your time. Your information will surely add value to my research.**

Irene, M. Pule 2006

## **Appendix E: Interview Guide 2 Art for Humanity/Jan Jordaan**

Thank you for agreeing to take part in the interview. I am happy that you are able to spare some time to have this discussion on HIV/AIDS print health promotion campaigns. Although my research focuses mainly on the ABC prevention approach, the Art for Humanities murals on the DUT (Steve Biko's Campus wall facing Berea Street) are also important, as they bring other dimensions to advocating the prevention of HIV and AIDS.

The title of the research: What do they say and how do they take it? A critical analysis of the ABC: HIV/AIDS prevention approach through print media campaigns among students at KwaZulu-Natal Tertiary Institutions (TENTATIVE TITLE).

*The overall aim of the study is to analyse the verbal and non-verbal features that constitute HIV/AIDS print media campaigns constructed and distributed by KwaZulu-Natal (KZN) tertiary institutions and how students reproduce these messages. The study particularly targets University of KwaZulu-Natal (UKZN, the five campuses), University of Zululand (UniZulu) and Durban University of Technology (DUT, Steve Biko Campus).*

The objectives of the interview are to find out:

- why certain codes are used to construct messages aiming to inform the student population about HIV/AIDS
  - why certain language/discourse strategies (rhetoric, metaphors, visuals, textual and semantic) aimed at inducing behaviour change are selected
  - what major factors influence choice of the particular linguistic codes and different semiotic modes by producers.
1. How has Art for Humanity influenced HIV/AIDS prevention campaigns?
  2. What influenced the themes reflected in the murals?
  3. What influenced the design of the black and white mural, where the AIDS disease is translated to rickety bones and foreboding, and the black colour translated to metaphor of doom?

4. In this era, where assumptions are that people have adequate knowledge about the disease and the consequences of risky behaviour, how relevant are the murals? Don't you think the strategy is probably outdated? How persuasive is it?
5. Don't you think the design of these messages invite a prosaic constant struggle between meanings embedded (the intended meanings) in texts and interpretation (the desired output) of such?
6. Considering AIDS pandemic in the context of a larger global context, what do you think of the shifts in the construction of HIV regarding the rhetoric construed by campaigners: as in change in language, theories on the changing perceptions and evolution of HIV, its risk factors, prevention strategies and proposed interventions.
7. What influenced the linguistic design of the messages in the murals?
8. What are your views regarding messages that reflect dichotomies in HIV/AIDS campaign discourses, for example, selling (consumerism) v/s persuasion to change behaviour?
9. The "Break the Silence" Linocuts have the message, "Break the Silence ... and stop the denial about HIV/AIDS". Who does the message target? Do you think denialism is still rampant among the student population?
10. Joseph Madisia's linocut has the message "HIV/AIDS victims are designed to become angels" The message could invite polysemy. It could be misconstrued and invites multiple interpretations that may subsequently send mixed messages that could trivialize HIV/AIDS prevention messages. Your insights on this?
11. The design of Joseph Madisia's linocut uses a semiotic dense of visual metaphors, what do you were the intentions of the artist? (At times artists and advertisers seem to pay too much attention to their aesthetic sense and skills and may alienate the audience regarding reproduction of messages, your view on this?)
12. Any other observations you deem important regarding the choice of design strategies for HIV/AIDS prevention messages. (Perhaps you could allude to your quote below)

*"Art today will influence the social values of future generations" Jan Jordaen*

Thank you for your time. Your information will surely add value to my research.

Irene M.M. Pule (206521574)

March, 2008

Appendix F: Ronaldo Image



**Appendix G: Take your relationship to the next level Image**



Appendix H: AIDS and apocalyptic imagery

