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## The role of language and gender in the naming and framing of HIV/AIDS in the South African context

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**Abstract:** Language is at the core of the network of resources that we draw on in describing the world and relating to others, and as such HIV/AIDS cannot be separated from the ways in which we think about it, talk about it, and act on it. This article attempts to provide a contextualised interrogation of the meanings that have been made of HIV/AIDS. It draws on a critical feminist research project that discursively analyses black women's life narratives and is informed by the theoretical resources at the interface of feminist, poststructuralist and postcolonial knowledges. In attending to the texts and contexts within which HIV/AIDS is produced, this article analyses general everyday talk as well as participants' narrative accounts within the research context. It explores the ways in which they work as (gendered) articulations of discursive networks that to different extents reveal or conceal the historical legacies and ideological underpinnings of a social phenomenon such as HIV/AIDS. The various coded references to HIV/AIDS are considered with regard to their political, cultural and gendered power upon women's everyday lived experience. This contextualised analysis opens up valuable possibilities for a cultural re-evaluation of HIV/AIDS that goes beyond narrow explanations of illness and stigma and flags the significance of local discourses of HIV/AIDS in the South African context.

### Introduction

One would be hard-pressed to give a synopsis of present-day South Africa without making reference to HIV/AIDS. Indeed the phenomenon of HIV/AIDS has in many ways come to inform South Africa's metanarrative of transition (being one of the central descriptors drawn on to signify the difference between 'then' and 'now'). However, even the most casual discussions of the topic draw on complex and diverse ideological assumptions and social constructions. This article is concerned with the epistemological, methodological and political implications of processes of knowledge production around HIV/AIDS in South Africa. Viewing language as a cultural resource which shapes the meaning of HIV/AIDS necessitates addressing the various ways it is mobilised in talk. Because the very naming of this phenomenon as 'HIV/AIDS' makes it comprehensible in a particular kind of way (Sontag, 1988, 1989; Treichler, 1999), the function of the acronyms 'HIV' or 'AIDS' in isiZulu narratives is an important starting point for consideration of the complexities of translation and the far-reaching implications of the ideological discourses of western cultures where English is dominant. Of equal significance is the range of words and phrases utilised to allude to the phenomenon. An analysis of HIV/AIDS discourse needs to investigate the network of gender politics underpinning these patterns of subtleties, euphemisms and coded references. An exploration of the extent to which women are discursively able to engage in discussion on HIV/AIDS is especially pertinent in our context, where fervent appeals to 'speak about it' (let alone to disclose HIV status) are consistently made. While there is a relatively substantial body of literature that addresses the stigma around HIV/AIDS, there is certainly room for further critical scrutiny of the ways in which the *situatedness* of gender and language use (in the South African context) shapes what is said or left unsaid regarding HIV/AIDS. This article's consideration of the dominant

representations of HIV/AIDS in 'everyday talk' and, more specifically, in black women's narratives in the research context illustrates the ways in which particular possibilities for constructing and representing the phenomenon of HIV/AIDS are prescribed or precluded, shut down or opened up.

Invariably there are diverse disciplinary approaches to describing what 'language' is or what it does, each differently influencing the methodological and analytic choices we make in research activity (to different political and ideological ends). Because language *produces meaning*, and does more than just reflect or describe reality, analysis needs to take into consideration the broader contextual sites wherein these terms and their associations are evoked (Burman, 1991). The concept of 'discourse' is useful in interrogating some of the functions that language serves in producing and reproducing the social domain. The term 'discourse' is used to refer to 'socially organised frameworks of meaning that define categories and specify domains of what can be said and done' (Burman, 1994: 2). A focus on discourse with regard to HIV/AIDS thus involves unpacking the conceptual foundations and preferences that structure its meaning and its representation. However, because discourses locate women and men not only in systems of meaning, but in networks of practices that prescribe specific kinds of social relations, one cannot discuss the language we use without interrogating the gendered and racialised positions we occupy. The view of discourse as a network of meaning which produces different 'speaking positions' can also reveal the sometimes concealed and marginalised terms of interpretation and, in so doing, can foreground alternative interpretations in texts.

Drawing on a critical feminist research project that discursively analyses black women's life narratives, this article offers a gendered analysis of the contextual sites (material and discursive) and subject positionings out of which particular meanings of HIV/AIDS emerge. While contested agendas and the negotiation of power are features of any social encounter, the research context is a particularly powerful site within which assumptions and power positionings influence what is 'told' (and 'sayable') regarding HIV/AIDS.

In unpacking the complex ways that discourse works as a mechanism for disciplinary power (Foucault, 1980) the Nguni notion of *ukuhlukumezeka* is considered. *Hlukumezeka* is an important local idiom associated with suffering, with context-dependent translations rendered by 'abuse', 'trauma', or 'hardship'. In moving beyond narrow explanations of stigma and 'culture', it flags the centrality of linguistic and discursive parameters in the negotiation of meaning of HIV/AIDS. In so doing it opens up valuable possibilities for cultural and contextual re-evaluation of 'HIV/AIDS' both within and beyond the research context.

### Theoretical and methodological framework

The bulk of the textual material analysed in the article is drawn from a current qualitative research project that elicited black women's life-stories as a way of interrogating discourses of socio-political transition in South Africa. Individual interviews and focus group discussions were conducted in 2003/4 with twenty black women from rural and urban settings in KwaZulu-Natal. For the purposes of this article the narratives of rural participants are analysed.

All but two of the participants spoke isiZulu as a first language. Ten of these women were between the ages of 48 and 76 years and lived in a rural community of northern KwaZulu-Natal. A minority of them had attained high-school level education. They were either involved in part-time wage labour (as labourers on sugarcane plantations, domestic workers, and casual assistants in a child care centre), or were receiving a state pension, and not involved in any formal waged labour. These ten women were connected to each other by their involvement in a community sewing group in the area. The remaining ten participants lived in Durban. They were between the ages of 18 and 36 and had a tertiary level of education. They were connected to each other through their informal involvement in an artists' collective, and amongst them were visual artists, dancers, poets, and sculptors.

This analysis draws on the theoretical resources at the interface of feminist, poststructural and postcolonial knowledges. Despite their diverse genealogical and theoretical trajectories,

what these resources broadly hold in common is that they challenge the normative assumptions which function as facts about the world. They interrogate (through their particular emphases and strategies) the exclusionary processes through which 'reality' is mediated and through which difference is naturalised and normalised as foundational to social relations (and the consequences thereof). The feminist poststructuralist premise of knowledge as partial and situated, rather than as a metanarrative of truth is useful in this regard. Drawing on the principles of these theoretical resources means recognising that there is no 'space' where we can know or determine what HIV/AIDS 'really' is because, as a cultural construct produced and symbolically structured in and through language, its meaning is inextricably linked to the socio-political realm within which linguistic resources are embedded and out of which they emerge. This is not a deterministic statement of the causal relationship between the HI virus and AIDS. Rather it represents a critical scrutiny of the particular forms of meaning-making around HIV/AIDS in South Africa. These have considerable political implications for the ways in which we come to 'know' and represent not only women's experiences of HIV/AIDS, but the broader historical, cultural and political systems of power that position these women in specific ways (in and through the naming and framing of HIV/AIDS).

While a definition of discourse has been stated earlier, describing what 'discourse' is, or what 'discursive analysis' involves, is not a straightforward task. Approaches that emphasise 'discourse' subscribe to varied philosophical frameworks and theoretical and methodological positions. Discourse analytic approaches are generally associated with interpretive and reflexive analytic styles. This research project drew on a Foucauldian approach that generally treats discourse as social practice, as simultaneously reflective and constitutive of frameworks of meaning. As such, social conditions are viewed as giving rise to the forms of talk available. Because analysis takes into consideration the multiple contexts in which the material was generated, the analytic process goes beyond an exclusive attention to what is overtly 'visible' in the text (the transcription) to include aspects of social theory. Thus rather than analysis focussing on the primary level of individual grammar (following standard linguistic approaches), 'discourse' is drawn on in terms of 'the *social relationships* it implies and the *human uses* it legitimates' (Parker & Burman, 1993: 155).

### Methodological procedure

Life narratives present valuable material for analysis, as the ways in which women construct and narrate their lives — using their imagined and material histories — presents particular understandings of historical and contemporary social relations, hierarchies and practices.

Interviews and focus group discussions were audiorecorded, transcribed and translated. Due to my limited verbal fluency in isiZulu (but my relative understanding of it), the tasks of translation and transcription of isiZulu transcripts were done by a translator experienced in academic research in the area of languages and literature. This dynamic invariably added an extra dimension to the process of communicating within and across English and isiZulu. I listened to all the recorded interviews again as I went through the transcripts, editing where necessary, which included making additional notations on emotive and non-verbal expressions. I grouped the transcripts in different ways: an isiZulu-only version; a translated English-only version; both languages together; and a version around salient themes. This strategy was useful in revealing the extent to which different ways of engaging with the text presents different kinds of understandings not only of the processes of translation and transcription, but of the research interaction itself. A transcript cannot usefully aim to fully or adequately describe *all* aspects of language, speech, and interaction, and can only offer a partial representation of the interview event (Mishler, 1986). As such, the more selective it is the more potentially useful (Ochs, 1979). This process of selection allowed the text to be systematically and strategically teased apart and the core subjects and objects to be highlighted. I was also able to interrogate the network of relationships that appear to be bound up with particular discursive specifications, to particular political and ideological ends. These analytic techniques are all aims of

discursive analytic engagement (Parker, 2000). As such, there is a move between different 'levels' of analytic engagement, with an intentional focus on social relations and subject positions in discourse.

### Lost and found in translation: The implications of naming HIV/AIDS

The network of oppositions between 'Africa' and 'the West' is played out in many domains, and is a significant aspect of the discursive resources which are drawn on to give meaning to and represent HIV/AIDS within and across each of these contexts (Patton, 1997; Craddock, 2004). Social crises (like 'diseases' such as HIV/AIDS) are historically situated, structured by political economies and institutions (global, national, familial — all gendered and racialised) and inextricably meshed with the social ideologies and cultural codes within particular contextual parameters. They are given a specific moral lexicon depending upon the ideological needs of a society at a given moment in time (Gilman, 1985, cited in Craddock, 2000). This section considers a range of contextual factors that shape the particular vocabulary and lexicon drawn on in the naming and framing of HIV/AIDS within and beyond the research domain.

In the narratives elicited in this research project the least frequent reference to AIDS was the isiZulu word *ingculazi*, which is generally understood as the linguistic equivalent of the 'AIDS' acronym:

**Mrs B:** Uyizwe ingane iphuma esikoleni yathi usixoxele ukuthi thina **ingculazi** kwanjani njani.

*You would hear a child saying that at school someone came to tell us about **Aids** and so forth.*

Translation is not a transparent act, but a multidirectional and contingent process. It is influenced by the cultural resources (discursive systems and ideologies) and subject positionings available to the speaker and the listener or reader (Venuti, 1998; James, 2002; Bassnett, 1991). The cultural implications for translation can take several forms ranging from issues of lexical content and syntax to the negotiation of ideologies drawn on in a given culture (James, 2002). Indeed, cultural differences may cause more severe complications for the translator than do differences in language structure (Nida, 1964, cited in James, 2002). As such, the translation of specific terms like 'HIV' or 'AIDS' is only one manifestation of a broader process of negotiating meaning. In the field of translation studies there is much concern with the tension between ensuring the accuracy of word-for-word translation and ensuring that the integrity of the meaning of the 'original' text is conveyed (Venuti, 2000). Overing (1987) argues that anxiety around the loss of ability to literally translate words is misplaced and that this anxiety should rather be focussed on translating the conceptual framework of those who actually use the words. She states: 'It is not about the "word" about which we should be anxious, we should be concerned instead about an "alien" framework of thought which is based upon an "alien" set of universal principles about the world' (1987: 76).

Linguistic notions of transferring meaning need to be conceptualised as being only part of the translation process. Systems of extra-linguistic criteria also need to be considered (Bassnett, 1991). This is relevant to the linguistic translation of AIDS, and moves the frame of questioning from asking whether *ingculazi* is an **accurate** translation of 'AIDS', to asking what functions the various uses of articulating HIV/AIDS serve and what this reveals about the network of resources on which participants draw to narrate HIV/AIDS in different ways. It is thus not what the text *is* so much as what it *does* that is seen as significant. Hence, this analysis is more concerned with the extent to which assumptions (embedded in particular intellectual genealogies, and along particular theoretical and cultural trajectories) are discursively manifested in participants' accounts, than with attempting to decipher the 'specific' meanings and linguistic actions of specific words (or silences) as an empirical event (as in speech act theory), or to uncover the 'truths' of the spoken or unspoken.

Notions of accuracy and equivalence in translation also reinforce the idea that there is such a thing as 'pure' and static language. As is evident in the excerpts below, there is a flexibility with which certain words are used. The isiZulu word *ingculazi* was seldomly used by participants. When 'HIV' or 'AIDS' were more directly named or labelled, it was it with the English acronyms 'HIV/AIDS'. For example:

**Mrs M:** Imisebenzi ayikho nanti igciwane **leAIDS**, umuntu ufa uhlangothi, ukufa kumele uziqoqe, izingane ziyafunda zihlezi emakhaya.

*No jobs, AIDS is killing our children and our children have obtained the education our president has been preaching about but they are sitting with their certificates at home.*

**Mrs K:** Lengane iyona emfunzayo, incane lengane izoinfecteka **ileHIV** vele sebezofa kanyekanye.

*It's a small child looking after a sick mother and she is going to be infected with HIV and they are going to die together with her mother.*

As a rhetorical strategy the use of English words in predominantly isiZulu narratives illustrates that language is fluid and changing, productive and reproductive. Participants' patterns of lexical borrowing of anglicisms and code-switching into English also highlights the point that there is a broader network of contextual factors underpinning which linguistic resources are used and why. For example, in the statement by Mrs K above, the English word 'infect' is used as part of the isiZulu word, such that the phrase *it will infect* becomes *izo-infecteka*.

Bilingual code-switching has been defined as the 'alternating use of two languages at the word, phrase, clause or sentence level' (Valdes-Fallis, 1978, cited in Barnes, 1994). The habitual use, acceptance and integration of a word or phrase from another language into the host language, so that it becomes a 'normal' part of the lexicon of the host language, is considered to be lexical borrowing rather than code-switching (Barnes, 1994: 269). Interrogating what underpins patterns of code-switching and lexical borrowing of anglicisms and when these strategies are drawn on, is a complex endeavour as there are a range of possible explanations. These include the explanation that 'the embedded phrase is more precise than its equivalent in the host language' or that 'the speaker associates certain terms more typically with a particular culture' (Barnes, 1994: 278-279). Despite the specific motivations for the use of these strategies, they do serve as an indicator of the speaker's desire to redefine the interaction (Myers-Scotton & Ury, 1975: 5, cited in Barnes, 1994).

Regarding the possible motivations for the use of the English acronyms HIV or AIDS, factors such as the widespread use of these terms in media, which have made HIV/AIDS part of popular public discourse, are possibly relevant. Furthermore, de Kadt states (2004: 525): 'English may also be used to render words which are taboo in isiZulu, such as the open discussion of sex and sexual activities'.

However, the specific context of the research interaction means that the use of this terminology was also shaped by participants' intentions to make it available (communicable) to me as researcher. Even when the same language is being used, the meanings of words are differently coded with the values, beliefs and social representations of the speakers. In this sense any communication is an act of mediation of meaning, an act of 'translation'. When two different languages are being mediated through translation, this process of negotiating meaning is compounded. It is not just words that are being negotiated but conceptual structures, cultural resources and subject positionings. Thus, what is significant for analysis is the tensions that arise when the anglicisms conflict with the local, cultural and ideological discourses underpinning isiZulu narratives. The fact the participants and I spoke different first languages meant that we were speaking not just 'into' another language, but into another cultural realm. The extent to which participants and researcher differently drew on the linguistic resources and subject positions of our political and cultural contexts meant that the acronyms HIV or AIDS did not (and invariably could not) have an equivalent meaning for us.

Cultural meaning is always negotiated, always translated, and as such, translation can be understood as a political act, influenced by the cultural resources (discursive systems and ideologies) available to the speaker and the listener in a conversation or to the reader and writer in a text. In this context, negotiation of meaning is inextricably linked to the negotiation of subject positions. Thus, translation (as a co-construction of meaning) becomes the interface between different identity and knowledge claims, the 'space in which language and identity conflicts become textualised' (Millan-Varela, 2004: 52).



Feminist approaches have highlighted the need for an account of the historical and cultural location and production of analytic processes, which includes a reflection on the position of the analyst (Burman, 1994, 2004). Factors such as 'race', age, language, regional location, educational/professional status as well as reproductive status all contributed to positioning me in particular ways in the research interaction. For the most part my 'race' was constructed as 'black' by participants (evident in the patterns of speech in which I was included in the broad racial collective). However, the conflation of language, race, culture and ethnicity categorisations meant my subject positioning as culturally different. My identity as 'non-Zulu' was a salient construction, and significant in shaping the interaction. Thus, on the grounds of my positioning as a young non-Zulu, urban-based person who is childless, I was seen as 'not privy' to certain stories.

Language is inextricably linked to the establishment and maintenance of hierarchical relations (Temple & Edwards, 2002). Thus, naming this phenomenon 'HIV/AIDS' is inextricably linked to the establishment and maintenance of hierarchical relations, and more specifically it is a means for 'promoting claims to a dominant and correct perspective' (Temple & Edwards, 2002: 6). Hence, other ways of naming HIV/AIDS become important sites for analysis as they show how alternate discursive constructions of the illness can challenge hierarchical relations and resist claims to a dominant perspective.

### Talking 'around' HIV/AIDS

**Mrs L:** *You have to put it in a certain way, to show respect you see ( ) you need to try to go around the Aids issue – hide it ( ) and say it in an appropriate way, you can't just say — you know ( ) — the fact that they have to go and take a blood test.*

The above excerpt alludes to the contexts within which HIV/AIDS comes to be understood and narrated. If language is taken to be constitutive of identity, then the circumnavigatory nature of the narration of HIV/AIDS in the above excerpt (and the associated subtleties, silences and coded references), needs to be taken seriously.

There are isiZulu words and phrases used to represent and allude to HIV/AIDS. For example, the broad translation of the term *isifo soncansi* becomes *the disease of sex*. While there is no direct reference to the word *sex*, the word *icansi* (which translates as *grass mat*) is used to make the association with *sex*. Another is *Uno Z3*, which is a reference to a current model of the BMW car, with the associations of the three letters (of HIV) in the number three, as well as connotations of speed associated with the perceived rapid decline in health of persons with HIV/AIDS. The contextual markers inscribed in the term *Uno Z3* (with its connotations of modern, urban living and social mobility) thus perform different functions to the cultural signifiers of the term *isifo soncansi* (with its connotations of 'traditional' sleeping material of inhabitants of rural households). Both descriptions illustrate how, in differently framing sexuality, they construct alternate possibilities for the ways in which particular forms of subjectivity can be performed. As such, the ways in which these codes are drawn on present particular constructions of masculinity and femininity.

With regard to participants' narratives in this study the tacit references to HIV/AIDS at certain points were broad. For example:

**Mrs M:** *And then they get into temptation, maybe an older guy would come and promise them money ( ) since they need it they will do anything, they sleep with that guy — contract **these things**. Yes, it is here for sure because some of them we see, you see a child sitting at home one minute. The next minute the child has **this thing**...*

In the above excerpt, the tacit reference to HIV/AIDS is based on the assumption of a common understanding of what its referent is. Thus, the covert reference to these things (HIV/AIDS) represents a specific rhetorical device to avoid explicitly naming the referent object. However, what was most frequently drawn on by participants in this study were the notions of illness or disease. I will discuss this representation in conjunction with another (which was referred to only once in the interview process), the phrase *amagama mathatu* (*the three-letter word*).

**Mrs Mz:** *That is the best thing I can say was good during our times because today there*

*are so many diseases and everybody is getting sick. We didn't have this many, we didn't have them at all.*

It is not possible to draw unproblematically on this particular vocabulary without reflecting on how it operates. The current dominance of western biomedical discourses in constructing HIV/AIDS has a long history. The legacies of philosophical traditions of empiricism are powerful and pervasive in current research on HIV/AIDS and are evident in the prevalence of the epidemiological emphases of the bulk of knowledge produced around HIV/AIDS. It has been within this epistemological framework, characterised by medicalisation and pathologisation, that HIV/AIDS has come to be overdetermined by notions of biological causation and clinical control of 'disease'. Biomedical discourses of 'causation' and 'treatment' are the source of much investment (from emotional to economic) and these discourses powerfully shape everyday language. Knowledge of HIV/AIDS produced by the institution of western biomedicine (as in the case of any other institution) is informed by cultural ideologies which invoke normative constructions of race, culture, class, gender and sexuality. These ideologies are inextricably linked to conceptions of identity (Treichler, 1992; Harding, 1992; Waldby, 1996).

While these 'coded references' need to be seen in the context of the complexity of isiZulu translations for HIV/AIDS, they do however illustrate the conscious intention of the speaker not to mention the 'actual' word, but to clearly frame it as the referent. This broad naming can in part be explained in terms of the stigmatisation of HIV/AIDS. By not naming it directly, the speaker avoids being implicated in the particular moral order that shapes HIV/AIDS. Naming it as 'HIV/AIDS' implies knowledge of the object, with this implication itself being construed as a criterion of admissibility to that stigmatised category, with all its negative associations. However, these rhetorical devices, in alluding to the 'unsayability' of HIV or AIDS, also imbue the unspoken word with meaning. For example, *agama mathathu* (the three-letter-word) conjures images of the vulgarity of an expletive or profanity, similar to English language use with its associations with 'four-letter-word' or the 'f-word'. In this way, context and social relations inform the discursive resources that give meaning to HIV/AIDS and also implicate particular networks of social relations, and as such can be taken as a commentary on much more than 'just' disease. This has been made evident in previous work on the symbolic representations of HIV/AIDS; see for example Susan Sontag's (1988; 1989) theorising of AIDS as metaphor and Wilton's (1997) discussion on the gendered discursive production of AIDS.

It is also important to note that in certain disciplinary domains, contextualised conceptions of translation as the co-construction and representation of meaning are evident. These conceptions of translation are the common currency of work in anthropological linguistics for example. However, in research where issues of language and culture are not commonly identified as central concerns (for example, mainstream psychology), there is often a less sophisticated theorising of these notions.

In any cultural context there are commonly held perceptions around what is admissible to be addressed in both public and private spheres (and here the discursive representation of what counts as 'public' and what as 'private' is crucial). In most contexts, individuals use a range of rhetorical devices to avoid being implicated in the particular moral order that shapes constructions of sex, sexuality and HIV/AIDS. There are also various ways in which images of HIV/AIDS draw on constructions of culture which inscribe particular notions of femininity and masculinity and consequently perpetuate different kinds of stigma for women and for men.

'Words denoting sexuality clearly form one of the main taboo areas for Zulu-speaking young women' (de Kadt, 2004: 525), and narrative strategies avoid use of the explicit (and at times even the implicit) sex register. Thus, a word may be rejected or 'coded' because of its undesirable connotations of promiscuity (de Kadt, 2004). This is one of the more common explanations for the occurrence of coded references to HIV/AIDS.

However, because there are particular (gendered and racialised) ways in which the mobilisation of HIV/AIDS shapes women's experience of stigmatisation, it is important to analyse *which* resources



inform the moral orders that give meaning to HIV/AIDS. In the African context a representation frequently evident in research around HIV/AIDS is that African women, particularly women in 'traditional', patriarchal African cultural contexts, are reluctant to speak about matters of sex and sexuality (Lewis, 2002; 2003). The notion of 'culture' is often drawn on to explain this reluctance to speak about HIV/AIDS (i.e. that in 'traditional' African culture the topic of sexuality is a 'cultural taboo'). This construction is rarely problematised in research. While culturally-inflected politics are invariably implicated in women's stigmatisation in the context of HIV/AIDS, unproblematised constructions of 'traditional African culture' gloss over the multiple and multifaceted reasons which influence the ways in which HIV/AIDS is discussed. Narrow conceptions of culture universalise the contextual specificities (gendered and racialised) that shape women's experience of stigmatisation.

For example, Thatela (2004: 186) discusses that, while men have unlimited access to sex discourses, women's access to sex discourses is constrained by the '*hlonipa* culture' to which they are expected to adhere in their everyday discourse interaction. The standard English translation for the isiZulu concept of *hlonipa* is the word 'respect' (de Kadt, 2004). However, *hlonipa* should be understood in broader terms, as a gender- and age-based system of behaviours (including linguistic behaviours) which signal mutual respect between members of the community (Raum, 1973, cited in de Kadt, 2004). In terms of how it is encoded, Thatela (2004: 177) states that 'In sex discourses *hlonipa* is realised through politeness encodings such as euphemistic expressions, avoidance of profanities... and vagueness'.

An initial comment is that it is important to note that localised African patriarchal gendered constructions (usually represented as part of 'culture') do not work in isolation and are not static. There has been much feminist research addressing the ways in which HIV/AIDS has been framed and interpreted through the racialised and gendered trope of sexual deviance (see for example, Patton, 1997; Treichler, 1992; Walby, 1996; McFadden, 1992; Meena, 1992). Indeed, it has been through the imposition of racialised and gendered notions of 'culture' that the moral network of medical discourse has produced the African female body as hyper-sexualised, risky and deviant (Gqola, 2005; Meena, 1992; Craddock, 2000; McFadden, 1992). What is often obscured by an over-emphasis on stigma as 'cultural taboo' is the ways in which the research activity draws on linguistic and discursive frameworks that shape the narration and analysis of culture within and beyond that context.

So, to restate the argument being presented here: gender is important and the discursive strategies which sustain male hegemony (Ige & de Kadt, 2004) need to be interrogated and resisted so that the parameters of women's narratives are no longer policed, regulated and disciplined as they currently are (often with various serious consequences). But to what extent are the discursive strategies which reproduce cultural hegemony being interrogated and resisted? To what extent are cultural narratives which are possibly based on very different ideological frameworks being policed and regulated? The concept of *hlukumezeka* is useful as an illustration of these points as it highlights the possibilities of recognising women's counternarratives in the face of highly gendered (and racialised) dominant discourses of HIV/AIDS.

### 'ukuHlukumezeka'

The concept of *hlukumezeka* was drawn on at numerous points in participants' isiZulu narrations. The narrative context influences how the concept is both drawn on and translated, and at different points in the narratives the term is translated in English as 'trauma', 'abuse', 'suffering', 'hardship'.

Consider, for example, the following verbatim isiZulu statement: Loku kuhlukumezeka phela iyonanto ekhona njengamanje.

English translation: *This abuse (these abuses) is/are what we live by everyday these days.*

The role of transcription is significant here and implicates the network of resources that the transcriber drew on in making sense of the contextual factors which give the term linguistic meaning. However, the conceptual structure informing the multifaceted meanings of *hlukumezeka* frames all of its translations (be it 'abuse', 'trauma', or 'hardship') within a network of local idioms of

suffering within this particular (*Nguni*) cultural context. These local idioms of suffering emerge within a worldview that signifies a multidimensional rupture, a loss of continuity along temporal, spatial, ontological, and cosmological dimensions. This worldview is characterised by a fundamental conception of collective relational activity, with all beings and objects being connected and interdependent within a hierarchy of intricate webs of relationships (Mkhize, 2004). A disruption of this multidimensional continuity is understood as a rupturing in social relations between members of the living community and non-living or intermediary, ancestral collectivity. This disruption is seen as rendering individuals and communities vulnerable to a range of experiences of suffering such as poverty, political violence, familial or marital discord, **illness**, etc. (Mkhize, 2004).

The cultural metaphors that give meaning to experiences of violation and fragmentation span the individual and social divide. Illness in this sense is conceptualised as both a bodily violation and a social transgression. These cultural resources and local idioms of suffering are also drawn on in constructions of embodiment, particularly in explanations of the aetiology of illness. However, while illness is the manifestation of HIV/AIDS, it is certainly constructed as embedded in other causes that move beyond notions of illness as the domain of physical health. According to this worldview, breaches of certain kinds of kinship rules are conceptualised as manifested through the body — that is, illness can be an embodied and public sign of individual or collective (acts of) transgression. Though the specific details vary, the relationship between transgression and illness generally entails the role of non-corporeal planes, with corporeality constructed and experienced in a particular way. These constructions of illness and disease as social transgression as well as bodily infliction are also *gendered* constructions (Heald, 2002; Ingstad, 1990; Leclerc-Madlala, 2001).

If HIV/AIDS is seen within the cultural context of *hlukumezeka*, then the concern is how conflicting cultural resources are negotiated in making sense of HIV/AIDS. It is the very *availability* of an alternative world view, sociocultural register and discursive resources that produce participants' ambivalence around formulating certain utterances or leaving them unsaid. As such, the extent to which this alternative realm of meaning-making is (or is not) drawn on bears testament to the dominance of the discursive context (the most immediate being the research context) in 'pushing' the participants to give meaning to their lives and to HIV/AIDS in particular ways.

## Conclusion

This article is driven by a concern with the epistemological, methodological and political implications of processes of knowledge production around HIV/AIDS in South Africa. In providing a contextualised interrogation of the meanings of HIV/AIDS, it explores the ways in which the linguistic and discursive parameters that produce particular narrative accounts of HIV/AIDS are inextricably linked to historical ideological legacies and to workings of power, both within and outside the domain of research.

The article describes the complexities of translation with regard to the meaning and mobilisation of HIV/AIDS. Implicit in this discussion of translation as a process of co-construction of meaning is the point that, as researchers, our responsibilities might have more to do with opening up a sense of what needs to be said (and yet cannot be said), rather than trying to come up with concrete proposals (Burman, 2003). The phenomenon of language itself reflects historical patterns and as such it invokes discourses of transition which reflect shifts in educational status, and the ways they are mapped onto 'race', age, class and regional (urban/rural) categorisations. This gendered analysis has highlighted the ways in which particular linguistic and discursive mobilisations of HIV/AIDS specify gendered and racialised positionings. One context of such positionings that was considered was the research context, where the role of power is central to the negotiation of possibly conflicting agendas and cultural resources.

An understanding of cultural concepts such as *hlonipa* enabled me to foreground cultural resources which influence the discursive construction of HIV/AIDS. These approaches highlight the gendered ways in which notions of 'culture' shape how women negotiate equitable relationships. However, the article proposes that engagements with the notion of 'culture' need to go further to

interrogate the extent to which HIV/AIDS is incorporated into a broader realm of cultural meaning. The concept of *hlukumezeka* is viewed as particularly pertinent to a discussion of HIV/AIDS, and central to an understanding of the ways in which particular possibilities for constructing and representing the phenomenon of HIV/AIDS are prescribed, shut down or opened up. There is much further work to be done around the situatedness of language, culture and gender in South Africa if we are to identify not only the ways in which dominant discursive mobilisations of HIV/AIDS are perpetuated, but also the ways in which they are resisted, subverted and challenged.

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