

**Transforming HIV and AIDS Perceptions:
A Sociolinguistic Analysis of Zimbabwean AIDS
Campaign Posters**

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Abstract

This paper seeks to analyze the language used to talk about HIV and AIDS in selected previous and current Zimbabwean campaign posters. The analysis is guided by Critical Discourse Analysis (CDA). An in-depth textual analysis of the posters is carried out focusing on linguistic features such as vocabulary, grammar, cohesion and text structure. This is followed by a comparative analysis of the linguistic features used in earlier and later messages to ascertain whether and how the HIV and AIDS conceptualization has transformed. It is argued that the language used to refer to HIV and AIDS is gradually shifting from the fatal and pessimistic view of the pandemic to acceptance, tolerance and optimism. It is concluded that language is double edged; it is socially constitutive and socially constituted. This means that it is shaped by and reflects social reality and its structures, and in turn it influences the construction of that very reality by shaping people's perceptions of and reactions to their world.

Keywords: *transforming, HIV and AIDS, perceptions, posters, Critical Discourse Analysis*

Introduction

This paper analyses the written discourse of HIV and AIDS in selected Zimbabwean campaign posters aimed at behavioural change and HIV prevention. HIV is a short form for Human Immunodeficiency Virus, and is defined as a virus that attacks and destroys the infection-fighting CD4 cells of the body's immune system (AIDS Info, 2013). According to this source, the loss of CD4 cells makes it difficult for the immune system to fight infections. AIDS, that is, the Acquired Immunodeficiency Syndrome, is an infectious disease caused by HIV and is the most advanced stage of HIV infection. AIDS is diagnosed when a person infected with HIV has a compromised immune system (AIDS Info, 2013). Discourse in this study refers to "language use as produced by socially situated speakers" (Fairclough, 1995:138) and HIV and AIDS discourse is the language used to talk about both the virus and the

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disease in specific situations. As the perceptions of the disease and the aims of the campaign are transforming, the content and form of the language used for awareness and prevention purposes are also changing to suit the contemporary social ideologies.

Guided by Critical Discourse Analysis (CDA), an analysis of HIV and AIDS discourse is therefore more than just a study of words spoken or written, but of how such words are used in particular social contexts and the philosophies that influence those linguistic choices. In addition to an understanding of grammar, morphology, semantics and phonology of the text, the rhetorical intent, the coherence and the worldview that the authors and receptors bring to the text are equally essential (Kaplan, 1991). Language, therefore, does not merely reflect reality, but is central to creating reality. Thus, according to Fiske and Hartely (1978), words are never neutral; they carry the power that reflects the interests of those who speak or write. As its major objective, this study carries out a critical discourse analysis of the language used by both old and new HIV and AIDS posters in Zimbabwe to determine how the talk about the virus and the disease has transformed over time and the implications and ideologies behind this change. Interest in discourse is based on the linguistic structure of the HIV and AIDS campaign text.

The Spoken Discourse of HIV and AIDS in Zimbabwe

This study explores the HIV and AIDS discourse in Zimbabwe. According to Rugalema (2000), limited attention has been paid to exploring HIV and AIDS discourse in Africa and how people use language to converse about issues surrounding this disease. According to Mabachi (2009), there is widespread use of narratives, metaphors and proverbs and there is silence in the discourse on HIV and AIDS in Africa. In Zimbabwe, it is argued, there are six recurring metaphors: HIV and AIDS as a war, as a disaster, as a business to be managed, as a secret to be opened, as a risk to be avoided and as a social problem to be controlled. These metaphors constitute and are reflective of the stigma attached to the disease by the society.

It is also observed that reference to HIV and AIDS avoids direct allusion and mainly relies on the use of various lexical devices because of the taboo nature of the subject of the disease, which is primarily associated with sexual immorality, illness and death. Mashiri *et al.* (2002) note that when talking about issues surrounding the HIV and AIDS pandemic the Zimbabweans prefer to use an indirect mode of communication. The indirect verbal strategies used are euphemisms, metaphors, colloquial expressions and slang.

Straight talk about the virus and the disease is considered by Mashiri and others as too direct and hence upsetting and face threatening. They argue that this self-censored code of language is preferred because the Zimbabweans like many other people in Africa and the world over consider matters relating to

sex, illness and death taboo. Regrettably, issues surrounding HIV and AIDS have to do with these topics. As Gevorgyan *et al.* (2008) suggest, information surrounding sexual issues is sensitive across all cultures; hence publicly addressing sex topics is humiliating. Therefore, according to Mashiri *et al.* (*ibid.*), in order to maintain respect, peace, stability and group unity, any talk that undermines the African value systems is censored.

However, currently, the HIV and AIDS discourse in Zimbabwe and Africa has undergone gradual change. Most people no longer feel the urge to avoid the talk about the disease; they have become open about it. Thus, Pitre (2005) argues that, unlike in the 1980s when Africans were silent about HIV and AIDS, the severity of the pandemic in the present day has compelled the community to participate in candid conversations about the disease. He reveals that this open talk about AIDS issues is a consequence of the process of de-stigmatization which is enhanced by the cumulative impact of the disease, the widespread HIV and AIDS control and prevention campaigns and the emergency of the Anti-Retro Viral (ARV) therapy which has significantly restored hope in life.

Pitre (*ibid.*:25) states that “the openness with which HIV and AIDS is discussed and the gradual change from the negative to a positive attitude towards AIDS patients is no accident because the epidemic had scared everybody and nobody could claim any form of insulation from it.” Thus, the main aim of this article is to establish whether and how the HIV and AIDS discourse in the campaign messages has changed and the implications for behavioural change.

Theoretical Framework and Methodology

This study is guided by Critical Discourse Analysis (CDA) in analysing the HIV and AIDS discourse. CDA is the study of language in use, in specific contexts so as to develop meaning (Fairclough & Wodak, 1997). According to Blommaert (2005), as a theoretical framework, CDA focuses on the intersection and interrelationships between language, discourse, speech and social structure so as to determine meaning. It aims at uncovering the ways in which social structure impinges on discourse patterns, relations and models such as power relations (Blommaert, *ibid.*). Blommaert also asserts that analysing the social dimensions of language use will help expose power bases, make proposals for change and profess strong commitment to change and empowerment of the weak in society.

CDA provides a crucial theoretical and methodological impetus for this study, with Fairclough’s (1992) three-dimensional framework as the basic tool for conceiving and analyzing discourse. The first dimension is discourse as text where the analysis of texts focuses on linguistic features such as vocabulary, grammar, cohesion and text structure. In this study, an analysis of these

features is essential to establishing various linguistic trends. The second dimension of CDA is discourse as discursive practice which views discourse, text or utterances as phenomena that is produced, circulated, distributed and consumed in society. Approaching discourse as discursive practice means that attention is given to speech acts, coherence and intertextuality. These three aspects link a text to its context (Bloommaert & Bulcaen, 2000).

The final dimension of CDA is discourse as social practice where discourse is understood to occur in a specific social structure. Thus, change in discourse is seen in terms of change in the ideological processes in society and Fairclough (1992) refers to this as discursive change. Thus, the way in which discourse is being represented, re-spoken or rewritten sheds light on the emergency of new social orders of discourse owing to a change in power relations. In this study, change in the HIV and AIDS discursive patterns reflects change in the social ideology of the disease.

A random sample of HIV and AIDS posters is selected for the purposes of the study. Two kinds of analysis are done, namely a linguistic analysis of the selected posters and a document analysis. Using Fairclough's model, such linguistic features as vocabulary, grammar, cohesion and the text structure of the language used to talk about HIV and AIDS are closely examined. This is followed by a comparative analysis of the language of earlier and later messages to ascertain whether and how the HIV and AIDS discourse is changing. In analyzing the linguistic features of the HIV and AIDS discourse, attention is specifically given to the speech acts, coherence and intertextuality. Document analysis involves a critical and in-depth evaluation of previous research studies related to the present one in order to produce data that is vital in improving the understanding of the research problem. This data is crucial as it provides a point of reference for the study and assists in focusing the research.

Transforming the HIV and AIDS Images in the Zimbabwean Campaign Posters

In Zimbabwe, when HIV and AIDS appeared in the 1980s, it was a new and a serious health problem. Its apparently incurable nature and the fact that it mainly spread through sexual means posed a major challenge to the way people received it, conceived it and talked about it (Heald, 2002). Stigma was attached to the disease and hence the HIV and AIDS discourse mainly employed negative metaphors and derogative words in reference to both the virus and the resultant disease. Regrettably, most campaign messages promoted this attitude and mainly stigmatized the nature of the disease. During this period, the main objective of the campaign was to raise awareness about HIV and the issues of stigma and its consequences on the prevention cause were not a concern. For instance, popular early HIV and AIDS campaign posters contained messages such as the following:

Use condoms, protect yourself from HIV.

HIV destroys families.

HIV positive and condemned.

Love life, protect yourself from HIV infection.

Here, the main concern as shown by the choice of language was prevention from infection, which was understood then as a lethal end to human life bearing in mind that AIDS was and still is an incurable disease. To avoid stigmatizing the disease, some of these slogans could have been phrased this way: *HIV positive? Seek help/ Prevent HIV and Keep your Families Healthy.* These slogans warn against the hazardous nature of HIV, but do not openly condemn the virus in the manner the above do.

In addition to the fatal perception of the disease, the HIV and AIDS messages also focused on testing as the most significant step towards prevention. Common were posters that read:

Visit Your Nearest Clinic or New Start Centre, Get Tested Today.

This message laid a foundation for HIV management and prevention in Zimbabwe, where discovering one's status was and is still perceived as the starting point in the fight against the pandemic. Various other adverts adopted the phrase "*know your status*" as the motto of the campaign for several years. The emphasis on establishing one's status, although viewed as the strategic move towards prevention, also reveals the fear of infection and eventual death.

In the early days of the virus, most people dreaded any association with the disease and hence determining one's HIV status mainly gave rise to isolation of and discrimination against certain groups and in rare instances encouraged inter-group identity. Those who were found positive were treated as outcasts and discriminated against by the society and even their families. This attitude was also apparent in the public spoken discourse of HIV and AIDS which mainly perceived the virus and the pandemic as a punishment from God. HIV was mainly viewed as *Shamhu ya Mwari* (God's lash) or as *Sodom ne Gomorrah* (Sodom and Gomorrah) (Mashiri *et al.*, op. cit.). This pejorative language and outlook stirred stigma and prejudice against those living with the disease and delayed acceptance and the eventual fight against the pandemic.

AIDS was also mystified as an alien disease, a rare and unusual phenomenon. One popular poster produced by Media Resource Desk reads:

We bring accurate HIV/AIDS information together when you need it.

This phrase shows the unfamiliarity of the disease to the people who are still grappling to understand its nature. Information about HIV and AIDS is supposed to aid the people to locate the past, present and the future of the disease in their communities. Another statement used in one of the early posters reads:

HIV, facing the challenges together

This is understood as a public outcry that reveals the cumbersome nature of the pandemic on the people who did not have sufficient resources or knowledge to fight the disease at that time. Hence HIV was viewed as a challenge for the ordinary man, a burden that goes beyond the individual, requiring collective action.

HIV, largely transmitted through sexual means, was a taboo topic which could not be discussed in public without drawing social chastise. The subject of sex being unspeakable in the public domain in Zimbabwe also meant that HIV and AIDS become a tabooed matter and the language used to discuss it was implicit. The campaign language thus relied on euphemistic terms such as “*it*” to refer to sex and sexual organs. For example:

If you can't keep it zipped, keep it covered.

This is indirect reference to sexual interaction where the public is advised to avoid casual sex and multi-partnering so as to eliminate the HIV risk. In another poster that promotes the use of condoms as a prevention strategy, a condom is referred to as “*it*”:

Fit it, Fight HIV/AIDS.

This discourse is characterized by self-censorship and silence mainly born by the taboo nature of the subject of AIDS and related issues such as sex.

The early talk about the disease was also essentially a discourse of blame, rejection, denial and hopelessness. It was typical of blaming one another, rejection of the risk among the people and even verbal denial of the presence of the pandemic in the society (Heald, 2002). In the early campaign messages, for example, the choice of terms, diction and tone clearly lays responsibility of the grossness of the pandemic on particular groups with others treated as victims. There were thus two groups or classes of people in the HIV and AIDS discourse: the perpetrators and the victims. For instance, the use of the phrase “*who's having sex with who?*” encouraged the blaming game, where the responsibility for the spread of HIV was mainly laid on one individual or group.

However, since the onset of the HIV and AIDS pandemic in the 1970s in Africa and in the 1980s in Zimbabwe, the HIV and AIDS discourse in the society and in the campaign messages has evolved due to a number of reasons, some of which are discussed here. For instance, the talk about HIV and AIDS prevailing in the early stages of the disease has shifted from the implicit to the modern day explicit language of sex and illness. For example, some posters read:

It's not only about sexual and reproductive health rights but also responsibility.

Be responsible for whom you have sex with.

Are you aware of your sex partner's status?

In these messages, there is the explicit use of the term 'sex'. Explicitness aids comprehension and communication effectiveness. Thus, the poster campaign has since gone beyond the use of taboo language in the Zimbabwean society so as to achieve successful communication, and hence meaningful behavioural change as a positive step towards the prevention of the spread of HIV in the society.

Again, contemporary discourse shows that there is acute openness and support for the HIV positive as opposed to the olden day silence, shame and denial of one's status. In respect of this, some posters read:

People living with HIV stand up and have a say on HIV Programming

(People Living with HIV/AIDS)

Inform yourself to stay healthy and stand up for your rights.

One of us is HIV positive...love us and let us live.

This campaign aims at eliminating stigma and promoting the rights of those living with HIV. Thus, according to Avert (2010), there is a growing tendency towards de-stigmatization in Africa generally and in Zimbabwe in particular where people begin to open up about their HIV status and about that of their family members who have died or are suffering from the disease. He argues that these attitudes may be the result of the realization of the fatal nature of the disease that no one is shielded. Everybody is in danger, and hence HIV is everyone's problem.

The language used also shows optimism for the future. The perception is that acquiring HIV is not synonymous with death. That is, there is hope for survival after all, and hence focus is on acknowledgement of the virus and encouragement for treatment of AIDS-related ailments. For example, some posters read:

People living with HIV need treatment for opportunistic infections and Anti-RetroVirals (ARVs).

Treat the people. Save lives!

It is clear here that HIV is perceived not as the end but the beginning of care for one's health. Also, the use of the phrase "living with HIV" signifies the acceptance and understanding of the virus as a human problem just like any other. In addition, HIV and AIDS and prevention are perceived as everyone's responsibility:

One of us is HIV positive...we still care.

Prevention of HIV is everyone's responsibility.

Only you can stop the sexual network. You can do it.

If you care, you can be a leader.

HIV is a business risk, have you made HIV and AIDS your business?

This language shows clearly that the problem of HIV and AIDS has been collectivized and everyone in the public has a role to play in fighting it. This is contrary to the olden day discourse that did not promote collective responsibility in the war against the pandemic.

Also, an alternative discourse emerged towards a positive talk about the disease. In most messages today, AIDS is no longer seen in its fatality. Rather, it is seen in an optimistic light. An example of this contention is the following poster message which is common in Southern Africa:

An HIV free generation begins with you.

This statement shows that the campaign is hopeful of a bright future where HIV will be eradicated completely. Chief is the hope for a healthy future despite the present threat of HIV to the welfare of the majority. HIV is also perceived as a normal disease just as cancer or TB is. An example of this is the poster message that reads:

HIV and TB + treatment = improved quality of life.

Here, there is not only optimism for a healthy future, but the early terminal view of the pandemic is transformed as it is equated and associated with common diseases such as TB and cancer.

The changing discourse of HIV and AIDS in the campaign messages is reflective of the transformation of producers' ideology and aims for the outcome of the campaign. As already stated, the aim of the early campaign

messages was to spread awareness of the disease, which was a new and mysterious phenomenon in the society. Hence, the language used served this purpose and overlooked other essential factors of the campaign. However, as the campaign grew in scope and margin, there was the realization that awareness only was not enough in the effort to prevent the spread of HIV and the fight against AIDS. Removing the stigma associated with the virus and the pandemic became the major objective of the campaign to foster public acceptance and tolerance for HIV and AIDS. Since language and ideology are inseparable (Fairclough, 1992), the language of the campaign was also transformed to suit the producers' ideology, that of de-stigmatization. The language of the recent HIV and AIDS poster messages departs from that of the early messages and promotes tolerance for the pandemic and optimism for the future in consistence with the objectives of the contemporary campaign.

Interesting to note is the fact that attitudes towards HIV and AIDS are also gradually changing in the society at large for various external factors, and this is reflected in the language choices. The change in attitude towards HIV and AIDS can be attributed to such reasons as the rigorous multi-media campaign messages that promote positive attitude towards the pandemic as discussed above. Here, language both reflects and influences social phenomena.

Improved knowledge of the disease is also another factor for the change in question. Initially, the Zimbabwean society mostly understood HIV as a death sentence and AIDS as a disease of the promiscuous and as a curse. Today, with the wide spread knowledge of the virus and the disease, people have begun to understand AIDS as a disease like any other disease. Also, the acquisition of the crucial knowledge that having acquired HIV is not synonymous with suffering from AIDS has changed public views of the pandemic, and hence the language used to talk about it.

The intervention of various Non-Governmental Organizations whose task is mainly to raise awareness and preventing the spread of HIV is also playing a crucial role in transforming the image of the disease. The process of de-stigmatizing the disease is perceived as a crucial point of departure in the task of changing attitude, behaviour and the eventual elimination of HIV in our societies. Besides that, the initiation of hope for treatment through the Anti-Retro Viral drug has led people to start realizing that AIDS is like any other disease. The Anti-Retro Viral treatment has played a significant role in piloting the change in attitude towards the disease and this change is reflected in the progressively changing HIV and AIDS social discourses. However, as Avert (2010) states, it will take years before the process of de-stigmatization is completed, because the majority of the population in Southern Africa still embraces negative attitudes towards the disease.

While there have clearly been some significant changes in the way HIV and AIDS are understood, depicted, responded to and talked about, these changes are reflective of the changes in power relations in the society. As Fairclough (1992) argues, social structure impinges on discourse patterns, power relations and models. Earlier in Zimbabwe, those who were infected with HIV and AIDS were the powerless, and hence the language used to refer to them and the disease was derogatory and discriminatory. As knowledge about the disease rapidly expanded, shifted and accommodated new understandings, the power relations between the infected and the non-infected improved, changing the discourse patterns. Thus, there is a gradual movement towards social equality despite one's HIV status, owing to a change in the social ideology of HIV and AIDS, and language plays a crucial role in revealing and influencing the course of this process.

Conclusions and Recommendations

The analysis reveals that the language employed to talk about HIV and AIDS and related issues in campaign posters has transformed owing to the momentous change in the ideological perspectives of the disease. There is a gradual shift from the fatal and pessimistic view of the disease to acceptance, optimism and a hopeful outlook for the future. The language of the campaign both reflects and influences the contemporary optimistic views of HIV and AIDS that are responsible for transforming and reconstructing the image of the pandemic. This language, as discussed above, constitutes a discourse of acceptance of the pandemic, hope for a better future and care and tolerance for those living with HIV, contrary to earlier stigmatizing and discriminating attitudes.

In regard to the findings, language is thus understood as a powerful agent of social change. It has the power to transform people's perceptions of reality and in turn reflects this transition. In this paper, the language used to talk about HIV and AIDS issues in the studied posters is deliberate and significant in changing people's views of the pandemic, and hence the public attitudes and consequent behaviour in the fight against AIDS. At the same time, this language mirrors the already existing optimistic views about the pandemic mainly influenced by issues discussed above, that is, hope for treatment, improved knowledge of the disease and many others.

Thus, Seckinelgin (2006) and Selikow (2004) rightly argue that language matters are significant in the context of HIV and AIDS, and that the role of language in policy intervention matters must be seriously considered. As the CDA theory clearly postulates, language is double edged; it is socially constitutive and socially constituted. This means that it is shaped by and reflects social reality and its structures, and in turn it influences the construction of that very reality by shaping people's perceptions and reactions to their surroundings.

Positive language should be used in talking about HIV and AIDS in campaign messages so as to successfully change negative attitudes towards the disease. To some extent, the use of positive language may make the fight against the disease effective. However, there is a need to take caution not to over-emphasize the positive tone towards the disease, to ensure credibility and sincerity if complete change in attitude is to be achieved in the future.

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