

**NARRATIVE AS 'COMMUNICATION' IN THE CAMPAIGN
AGAINST HIV/AIDS IN NAMIBIA:
A CASE STUDY OF EMMA'S STORY DOCUMENTARY**

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DEDICATION

To my beloved wife for life, *Nyandee*, and our lovely three kids, *Vipua*, *Undja-kuje*, and *Oputjo*.

TABLE OF CONTENTS

1. Abstract	iii
2. Acknowledgement	iv – v
3. HIV situation in Namibia	1 – 6
4. The narrativity of Emma’s Story	6 - 8
5. Ethnographic audience research	8 - 10
6. Hall’s encoding and decoding	10 - 13
7. HIV/AIDS discourses	13 - 14
8. The discourse of Emma’s story as paradigm shift	14 - 15
9. <i>Emma’s story</i> as myth	15 - 16
10. Semiotic analysis of the encoding of <i>Emma’s story</i>	16 - 18
11. Decoding of <i>Emma’s story</i>	18 - 32
12. Conclusion	32 - 34
13. References	35 - 38

ABSTRACT

This study which formed the basis of this treatise was conducted during February 1999 by the researcher. The aim of the study was to examine narrative as communication in the fight against HIV/AIDS in Namibia. Particular reference was made to *Emma's Story*, a 25-minute documentary produced by On Land Productions in 1997 on the life of a young woman, Emma Tuahepa Kamapoha, who was the first Namibian to publicly announce that she was HIV-positive.

Using an ethnographic research methodology within a cultural studies framework, the researcher used six focus groups and in-depth interviews to study the perceptions of Namibian youth on *Emma's Story* and other socio-cultural myths which influence the perceptions of young Namibians on HIV/AIDS. Interviews were also conducted with representatives of organisations and individuals who were involved in the production of *Emma's Story*. The study further made a semiotical analysis of *Emma's Story* to determine how the producer 'constructed' this text to mean or to speak the same language as the audience so as to encourage symmetrical decoding by the audience.

Interpreting the results of this study within the framework of Stuart Hall's (1980) encoding and decoding model and his later theories on representation and signifying practices (1996), the researcher concluded that on average all focus groups had a *negotiated reading* of *Emma's Story*. Although focus groups understood the message of the text as encoded by the producer and even identified themselves with Emma, they had issues in the text which they interpreted in an aberrant manner. A good example will be Emma's love relationship with Kaaronda which the majority of participants argued was morally incorrect. It was clear from the group discussions that participants generally understood the language of the text both in terms of the conceptual map and the signs and codes used in the text and they partially felt 'interpellated' by discourses in the text; but they argued that some specific issues needed to be changed so as to make the text an effective public awareness tool in the fight against HIV/AIDS in Namibia.

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HIV AIDS SITUATION IN NAMIBIA

The HIV (*Human Immunodeficiency Virus*) and AIDS (*Acquired Immunodeficiency Syndrome*) epidemic has over the last decade emerged as a major threat to human survival across the globe and especially in developing countries. AIDS is a disease condition caused by the presence of HIV in human body tissues. HIV destroys the body's white blood cells and makes it impossible for the body to defend itself against infection. In Sub-Saharan Africa in particular HIV/AIDS has come to be known as the number one cause of death among young adults, and about 83% of all global AIDS-related deaths have occurred in this part of the world (Namibia Human Development Report, 1998: 23). With no publicly known cure, the best method to prevent the spread of HIV/AIDS, this study suggests, is to change risky behaviours and attitudes through public information and education.

Namibia is one of the many countries in Sub-Saharan Africa which are severely affected by the HIV/AIDS epidemic. The country has the unenviable position of currently ranking the third most affected in the world after Zimbabwe and Botswana (Namibia Human Development Report, 1998: 23). In 1986 the first HIV/AIDS case was reported in Namibia. Since then the disease has spread rapidly and by 1998 more than 53 000 cumulative HIV cases have been reported (National Strategic Plan on HIV/AIDS, 1999: 4). In 1998 alone, about 12 700 HIV positive persons were diagnosed. As most people with HIV do not necessarily show symptoms and are thus unknown, the total number of HIV cases in the country could probably be two to three times higher than the said 53 000. Statistics released by the UN Special Bulletin on HIV/AIDS (1998: 18) shockingly reveal that about 20% of Namibian active adults are HIV positive: this means that one in five Namibians aged 15-49 is infected and likely to die within the next seven years. AIDS has since 1997 been identified as the number one killer disease in Namibia causing as many deaths (1539) as tuberculosis (847) and malaria (723) combined. In 1998 a total of 5 155 patients were hospitalised due to AIDS-related illnesses. Like in many other parts of Sub-Saharan Africa, HIV in Namibia is transmitted by heterosexual contact and from mother to child. Factors which influence the transmission of HIV particularly in the Sub-Saharan context include rapid population growth, rapid urbanisation, poverty, labour migration, squatting, homelessness, unemployment, poor education, inferior social position for women, national diversities in language and culture and

under-resourced health and social services (Parker, 1994: 3).

According to Kalumbi Shangula, Namibian Permanent Secretary of Health and Social Services, the impact of the pandemic, in terms of loss of economic productivity, loss of income, social liability, loss of family members, pressure on health services and emergence of an army of orphans in Namibia, is quite enormous (Speech on 24 March 1999: 4).

AIDS Counsellor with the Namibia Network of AIDS Service Organisations (NANASO), Agnes Tom, remarked as follows on the HIV/AIDS situation in Namibia:

It is so bad now. We are burying 10-20 people every weekend in Katutura¹. The cemeteries are filling up. At the Katutura Cemetery on the weekend it is chaos because there are so many funeral services at the same time” (UN Bulletin, 1998: 3).

According to Libertina Amathila, Namibian Minister of Health and Social Services, Namibia is considered to have one of the world’s fastest growing AIDS epidemics. The epidemic has severely impacted the country’s young and most economically active Namibians: the 15 - 40 year bracket. She further adds:

...HIV knows no boundaries; it strikes at children and adults, at rich and poor, at educated and not educated, at black and white on all continents (UN Bulletin, 1998: 4).

Echoing the same sentiments, President of the Republic of Namibia, Sam Nujoma, said the danger of HIV and AIDS infection spelled trouble for ‘our very existence’ and could reverse the ‘gains of [Namibia’s] struggle and [nine] years of independence’ (Speech on 24 March 1999: 6). He encouraged every Namibian to redouble their efforts, now and not tomorrow, to spread awareness about the danger of this disease to as many people as possible. Furthermore, on the occasion of New-Year Greetings to members of the diplomatic corps

¹ Katutura is the former black township in Windhoek, capital city of Namibia.

held in January 1999, Nujoma called upon developed countries to donate more resources to support, *inter alia*, AIDS control and research programmes, and the HIV/AIDS infected and orphaned children in developing countries (Speech of 29 January 1999: 3).

On the 24th March 1999, the Namibian Government launched a high-level, expanded national response through the National AIDS Coordination Programme (NACOP) which saw the establishment of a multi-sectoral National AIDS Committee (NAC) comprising key sectors such as government, private sector, and labour. In an interview with the researcher, Acting Director of the NACOP, Abner Xoagub, indicated that the new programme's key objectives included the promotion of multi-sectoral collaboration; the decentralisation of the expanded national response along seven strategic lines, namely *social mobilisation; prevention; access to medical, legal and social services; reduction of impact, including discrimination; programme management and coordination; policy formulation; research and human resources development* (Interview, February 1999).

Beside the coordinating role played by the Government, the United Nations, through UNAIDS, plays a supportive and advisory role to NACOP. In an interview, Mary Quinn Delaney, UNAIDS Programme Advisor in Namibia, had the following to say:

UNAIDS is involved in a lot of advocacy and capacity-building work for the NACOP. One area where our input is most vital is policy-formulation and implementation, particularly in relation to the decentralisation of HIV/AIDS intervention programmes. We further coordinate various donor responses to the HIV/AIDS epidemic; this includes various projects jointly funded by UN Agencies and the Governments of Spain and the United States (Interview, February 1999).

Other HIV/AIDS interventions include those of the non-governmental organisations such as Namibia Network of AIDS Service Organisations (NANASO), AIDS Care Trust, youth organisations, employer associations, and trade unions, to mention but a few.

It goes without saying that as governments of the world are increasingly mobilising more resources, such as human and material resources, to curb the hitherto unabated spread of

HIV/AIDS, there is also a pressing need for other sectors to join in this fight. As a scholar and a member of the Namibian society, my contribution to this multi-sectoral or 'all-must-get-involved' campaign against HIV/AIDS is in the form of this ethnographic study of *Emma's Story*.

Various research methods have been employed across the globe over the last decade to determine the effectiveness of public awareness programmes on HIV/AIDS. In the context of Southern Africa in general, and Namibia in particular, a strong bias has been shown towards quantitative research methods, such as surveys and experiments, to gauge the success of interventions in the fight against HIV/AIDS. A close scrutiny of available literature on the validity of survey research leads to a healthy scepticism about this approach. As Polly McLean (1992:97) argues, the fundamental shortcoming of survey methods lies in the fact that researchers who use this method assume "they know the universe of content existing in the minds [of respondents] and thus they create surveys based on their assumptions". Very little use has been made of qualitative research methods, such as ethnographies, in determining public responses to media messages on HIV/AIDS prevention. There are various advantages (to be elucidated on later) in the use of naturalistic ethnographic methods, such as focus group discussions and standardised in-depth interviews, which are particularly useful in the African context.

Using an ethnographic research methodology based on a cultural studies approach, this research addresses the question of narrative as 'communication' in the campaign against HIV/AIDS in Namibia. Special reference is made to *Emma's Story*, a documentary produced by On Land Productions in 1997 and broadcast on Namibia Broadcasting Corporation (NBC) television in February 1998. Video copies of the documentary have been distributed to urban and rural Namibia as part of a national campaign to promote public awareness, particularly among the youth, about the danger of HIV/AIDS.

Before going any further, I would like to provide a brief outline of the genre of *Emma's Story* for the uninitiated. The production is a 25-minute documentary on the life of Emma Tuaepea Kamapoha, a young Namibian woman who was the first person in Namibia to publicly disclose her HIV-status in 1996. In an interview with the producer of the documentary, Brigitte Pickering, Emma as the main character narrates her life story and describes her trials,

tribulations and also her achievements since she has been diagnosed as HIV positive. She contracted HIV while she was a first-year student at the Caprivi College of Education in the North-eastern part of Namibia. *Emma's Story* includes interviews with close relatives and friends of Emma who share their experiences with Emma since her childhood and also since her HIV diagnosis.

This research primarily examines the way Namibians between the age of 18 - 35 years (black and white, male and female, educated and uneducated) read the key message in *Emma's Story* and how their interpretations of this message influence their attitude towards HIV/AIDS. The study focuses on people in the said age category because of their vulnerability to HIV/AIDS.

The importance of this research project is two-fold: it is the first research of its kind to be conducted in Namibia, and it focuses on the first indigenous cultural production of its kind in the history of Namibia. Unlike many previous video materials on HIV/AIDS used in Namibia which depicted the lives of foreign People with AIDS (PWAs), *Emma's Story* is a local production based on the 'lived experience' of a local person.

The project will examine societal myths regarding HIV/AIDS. In this context, this research will be informed by Roland Barthes's concept of 'mythology' (1973). Although in traditional sense myths have been understood to be beliefs or ideas which are false, in Barthes's view myths are "a culture's way of thinking about something, conceptualising or understanding it" (Fiske, 1982: 93). Myth is the cultural component that surrounds the signified (that which a sign stands for in a culturally-specific context) and which is deeply entrenched within a contemporary culture and ideology (Parker, 1994: 47). Parker recounts that an AK-47 assault rifle in South Africa in the context of the 1980s, for example, may have been perceived within one cultural/ideological framework as incorporating the 'mythical' aspects of freedom and liberation of the oppressed, whilst from another perspective those myths may have included danger, death and subjugation of the existing social order. What myths do is to transform history into nature by integrating complex social issues into conceptual systems which render them commonsensical to their subjects (Tomaselli, 1996:40). Barthes defined myths, not in terms of content of the stories, but by the way the content structures human experience; the structure of the story is related to its social function, namely explaining our world to us.

Semioticians use myths as a mode of signification or representation: myths are anonymously composed narratives that offer explanations of why the world is as it appears to be, and why people act as they do (O'Sullivan et al. in Tomaselli: 1996: 66). Everything could be a myth provided it is conveyed through a discourse (Barthes, 1973:117). Keyan Tomaselli (1996: 40) defines the latter as “an elaborate system of meaning confined to a particular group of people in a specific area of interest, doing the same ideological work”. Myths appear in forms of expression such as written text, photography, films, reporting, sports, shows, to mention but a few. It is this understanding of cultural myth with which this study is concerned. We shall return to this matter a little later in this study.

THE NARRATIVITY OF *EMMA'S STORY*

In discussing narrative theory, every narrative could be split into two parts: “the *story*, that is, what happens to whom, and the *discourse*, how the story is told” (Kozloff, 1992: 69). A story is “a series of events arranged in chronological order” (Rimmon-Kenan in Kozloff ,1992: 69). Rimmon-Kenan correspondingly defines an event as a “change from one state of affairs to another”. Todorov in Kozloff (1992: 69) refers to this ‘change of state of affairs’ as ‘the equilibrium’, then ‘disequilibrium’, and back to ‘equilibrium’. Events do not occur in a vacuum; instead, they must be ‘enacted’ by a given set of characters or actants in given settings. Chatman in Kozloff (1992: 69) groups characters and settings under the label ‘existents’, saying together they constitute the basic component out of which ‘a story’ is made.

The title *Emma's Story* for the cultural production in question is befitting because the production is indeed a story or a narrative imbued with a series of events arranged chronologically from an equilibrium, to disequilibrium, and back to the equilibrium. It starts with Emma's biography. The mother as an actant introduces Emma's story by saying ‘my daughter was sweet and intelligent when she was young - this accounts for the ‘equilibrium’’. The ‘disequilibrium’ in the text occurred when Emma was diagnosed HIV positive and wanted to commit suicide. The ‘equilibrium’ was restored when after her counselling Emma decided to ‘look beyond her HIV status and live a normal life’. These events were ‘enacted’ by a set of actants who include Emma herself, her mother, sister, aunt, boyfriend, and friends at the Windhoek College of Education.

The documentary starts with an interview between Emma (the narrator) and the producer, Brigitte Pickering, who is the narratee or listener. To have a narrative, “one must have, not only a tale, but also a teller and a listener” (Kozloff, 1992: 77). *Emma’s Story* is a narrative because it has a *tale* (the life of Emma), a *teller* (Emma herself), and the *listener* (the audience). The setting includes Emma as she narrates her life story: where and how she grew up, where she attended school, how and where she contracted HIV, and her concomitant struggle to accept her HIV infection, and last but not least, her willingness to accept to live with HIV and relate her story to others. Obviously, various scenes are being brought to bear on the narration in order to ‘pre-fix’ the intentionality of the production. This includes Emma with her boyfriend at the beach, Emma with her aunt in the comfort of the aunt’s lounge; Emma with her college friends, etc. All these scenes foster a specific way in which the narratee, through ‘causal connection’ (Kozloff: 1992:70), will interpret the narrative within the same interpretative framework as the narrator. It causes, as it were, the narrator to ‘speak the same language’ as the narratee.

The second part of a narrative is the ‘discourse’ or how the story is told. The discourse refers to the codes, signs, and other forms of expression available in the text and also to they way they are ‘structured’ to generate specific meanings from the text. Key indicators of the discourse in a narrative include the narrator’s power, remoteness, [and] objectivity (Kozloff, 1992: 85). The traces of the storyteller cling to the story the way the hand prints of the potter cling to the clay vessel (Benjamin, 1968: 92). An analysis of television narrative involves putting a magnifying glass to these individualised hand prints or discursive practices in order to unpack the systems of signification embedded in a specific narrative.

The primary interest of this study is to semiotically analyse the discourse in *Emma’s Story* and to see how the producer encoded the text to articulate this discourse. The second interest is to see how various readers (audiences) interpret the encoded text and also to see if the encoding process of the text was successful in guaranteeing decoding of the text (by the narratee) within the same interpretative framework as intended by the producer. This study will also identify socio-cultural myths which help or hinder symmetrical decoding (of the encoded text) by the audience. In the analysis of the decoding of the text by the participants, the researcher will adopt a cultural studies approach, using particularly Stuart Hall’s (1980)

model of encoding and decoding. Cultural studies is an inter-disciplinary approach in the field of humanities, which primarily focuses on cultural processes, such as popular culture, and the way these processes interface with social structures and institutions through hegemonic practices.

ETHNOGRAPHIC AUDIENCE RESEARCH

This study will adopt critical ethnographic approach in reading *Emma's Story*. As one of the most recent developments in the evolution of audience response studies, ethnography is a research practice which describes ('graphy') people ('ethno') in the context of their culture's material existence, social system, and collective beliefs and experiences (Lindlof, 1995: 20). Ethnography assumes that audiences use and interact with media in a variety of ways, depending upon intercultural, social, class, race and age variables (Brown, 1994: 73). This research method focuses primarily on the myriad of cultural differences which audiences in different material conditions of existence bring to bear on their signifying practices. The significance of ethnography, however, does not lie in discovering and validating divergences, but in unravelling "intersections of the diverse and the homogenous" (Ang, 1990: 257). The key object of ethnography is therefore to search for regularities in viewers' decoding and responses as well as aberrant decoding.

According to Lindlof (1995: 19), the ethnographic research method is by nature qualitative and relies heavily on participant observation through in-depth interviews and focus group discussions. Lindlof hastens to say that although participant observation is used by nearly all ethnographers, it neither implies any single method or type of data analysis, nor does it disavow the use of quantification. She further argues that "ethnographers will turn to any method that will help them to achieve the goals of good ethnography" (1995: 19).

This study relied on two instruments of ethnography to collect data, namely in-depth or structured interviews and focus group discussions. Structured interviews were conducted with the following people: Emma Tuaepea Kamapoha, main actant in *Emma's Story*; Abner Xoagub, Acting Director of NACOP in the Ministry of Health and Social Services (MOSS), and Mary Quinn Delaney of UNAIDS. Six focus groups aged between 18 - 35 years were set up to watch *Emma's Story* and thereafter share their perceptions with a moderator. Each

of these randomly selected five-member groups were stratified by age, gender, education and race. Given the sensitivity of issues which relate to sexuality, two focus groups comprised male and female separately. The third group comprised whites only and was facilitated by a white moderator, to ensure unhindered communication and free interaction among participants. The fourth and fifth groups comprised mixed gender participants: one with educational qualifications above matric and the other with matric and below. A sixth focus group which comprised HIV/AIDS counsellors was established to participate in the project following a special request by UNAIDS, who partially funded this research project. This request afforded the study the added advantage of benefitting from the perception of HIV/AIDS counsellors on *Emma's Story*.

To establish the groups, the researcher used the “snowball” method where an informant acts as a source for locating other persons from whom data can be generated and then refers the researcher to other persons and so on with an accumulative result over a period (Katz and Liebes, 1993: 25). Social and professional contacts with associates and friends helped the researcher to find individuals who were willing to participate in the study and invite their friends to join the focus groups.

Each focus group watched the production separately under the guidance of a moderator who had a prepared question guide. Each focus group discussion lasted for about 90 minutes. All focus group discussions were conducted over a period of two weeks, and their deliberations were audio-taped in order to allow for transcription and interpretation by the researcher. Very useful data emerged from these focus group discussions. In some instances discussions lasted longer than the standard time of 90 minutes because participants felt they needed more time to exhaust the topics. The moderator first introduced the objective of the focus group and thereafter let each participant introduce themselves; this helped to create a relaxed atmosphere among participants. In all focus group discussions, participants expressed themselves freely, openly, and critically on the topic. The work of the moderator was therefore simply to ensure that all relevant questions received due attention and to encourage maximum participation by all members of the focus groups.

Focus groups have been used in this study because the group setting and the relaxed atmosphere with which interviews are conducted normally encourage free flowing comments

in “a non-threatening environment” (Morgan in McLean, 1992: 100) . Although they have been used in the United States as a marketing research tool, focus groups are most conducive to the African environment since they focus on group decision-making and discussion. The formation of focus groups for the expression of views is better for the African context than isolating an individual from the group for questioning. Another advantage of this approach is that it is bottom-up and participatory and thus guarantees free and balanced flow of information among focus group members and between the latter and the ethnographer. This helps to generate useful ideas which can be translated into an exploratory study for developing HIV/AIDS awareness materials and other educational strategies and materials. Several researchers have documented considerable benefits from participatory action research (PAR) in the area of HIV/AIDS and also the success of using focus groups to generate ideas towards the production of, among other things, *feature films* (Gordon et al., 1988), *posters* (Parker, 1994), *radio messages* (Mtembu, 1995) and *billboards* (Mbozi, 1996) on HIV/AIDS awareness.

The above-said advantages in the use of focus groups make this research approach more preferable than the top-down surveys and experiments which form part of quantitative research methods. The use of focus groups in this study became in itself an educational exercise as participants were able to correct each other on any ‘wrong interpretation’ of the text which resulted from poor proficiency in English among participants, particularly those from the mixed-gender group with matric and below. Wimmer and Dominick (1991: 146) remark on this issue by saying that one respondent’s remarks tend to stimulate others to pursue lines of thinking that might not be brought out in an individual situation. This deliberate arrangement of group interviews charts collectively reached interpretations of the text which fulfill what Morley (1992: 18) refers to as “the conditions in which opinions are formed, held and modified - the conditions within the groups of which the individual is a member...”.

HALLS’ ENCODING AND DECODING MODEL

Using Stuart Hall’s Encoding/Decoding Model (1980), this study will examine the original message of *Emma’s Story* as intended by the producer, *that is the ‘encoding’ of the text*, and how the participants read this message, *that is the ‘decoding’ of the text by the participants*.

In his encoding and decoding theory, Hall critiqued the dominant American communication theories of the 1970s based on 'the hypodermic needle' or diffusionist models which perceived communication as a 'loop' or a direct line from sender to receiver, and audiences as passive recipient of media messages. Hall particularly questioned this approach for its linearity, arguing that the communication process has stages - production, circulation, consumption, and reproduction - which although 'articulated' or linked to each other have 'relative autonomy' from each other (Hall, 1996:41). He pointed out that just because a message has been produced and sent, this is no guarantee that it will arrive and be interpreted the same way as produced. Each stage or moment has its own determinants and 'conditions of existence' (Hall, 1993: 91). This study is also informed by Stuart Hall's (1997:5) latter work on cultural representation and signification practices predicated in what has come to be known as the 'social constructionist approach'. Through this watershed piece of work, Hall shed new light and brought new ideas to bear on his encoding/decoding model which until then was marred by limitations such as the "working of Hall within an extended version of the base-superstructure model of the social totality" (Pillai, 1992: 222). This limitation in Hall's original work has allowed the possibility of direct determination of the economic base being read into the model (Fiske, 1987).

What Hall emphasised in the encoding/decoding model is that the moments of production and consumption of media messages are overdetermined by a range of influences. Hall argued for example that production of messages (that is the moment of production) takes place in the form of sign-vehicles of a specific kind organised through operation of codes within the syntagmatic. It is in the discursive form that the production of messages takes place; equally, it is in the discursive form that the circulation and consumption of messages take place (Hall, 1996: 41). Put differently, the discursive practices at play during encoding of messages are not necessarily the same as those at play during the circulation and decoding of the same messages. Although there is 'articulation', there is no 'necessary correspondence' between the discursive practices of each moment of the communication process. In order to achieve its goal of constructing messages to 'mean', the moment of production relies on discourses of the medium used (the use of image in TV, for instance), the discursive context in which production takes place, the technology used to carry the message, etc. (Turner, 1990). On the other hand, the moment of consumption is influenced by the social setting and cultural frameworks of the audience which determine how the message is read. This implies that

there is no ‘necessary correspondence’ between meaning of media text at the moment of production and that at the moment of consumption by audiences. Pillai (1992: 228) quotes Hall as saying: “both structural differences of relations and positions between the encoder and decoder, and differences between the codes employed by them, determine the degree of symmetry and asymmetry between encoding and decoding.”

The point which Stuart Hall makes through this model and other later writings is that there must be a match or equivalence between the conceptual system (mental maps) and language system (words, signs, and codes, etc.) used by the encoder and the decoder for both to communicate meaningfully and intelligibly. Unless both the speaker and hearer ‘speak the same language’ by sharing the same culture (the way meanings are given and shared through representation or signification systems), there is no effective communication between the two people.

Just as the construction of the message is an active interpretive social event, so is the moment of its reception. Society is not homogenous, but is made up of many different groups and interests. Likewise, media audiences cannot be seen as a single undifferentiated mass: instead it is composed of a mixture of social groups, all related in different ways to dominant ideological discourses and meanings (Hall, 1993: 97).

Although a lack of fit or asymmetry between encoding and decoding can occur because of different conditions of existence between production and consumption, Hall argues that this is unlikely because our communication systems work to ‘encode’ our language for us in advance. The meanings of television codes, for instance, are so naturalised and part of our common sense that we do not have to learn them in order to interpret television discourses. Hall adds that television messages might be polysemic, but they are not totally pluralistic: “...while there is a degree of openness about [their] meanings, there are also limits” (Turner, 1990: 84). Such limits are imposed by what Hall refers to as ‘dominant cultural order’ which is hierarchically organised into ‘dominant or preferred meanings’ (1993: 99).

The most crucial tenet of Hall’s encoding/decoding model was his three ‘hypothetical’ positions from which the decoding of media messages are decoded by various audiences: he calls these the ‘*dominant-hegemonic position*’, the ‘*negotiated position*’ and the ‘*oppositional*

(aberrant) position'. The 'dominant-hegemonic position' or 'preferred reading' occurs when the audience operates within the dominant codes and decodes a message in terms of the reference codes within which it has been encoded. 'Negotiated decoding' occurs when the audience accords the privileged position to the dominant definition of events while reserving the right to 'make a negotiated application to concrete local conditions or situated context (Hall,1993: 102). Hall explains this way of decoding as follows: a worker on strike may agree with a current affairs report arguing that it is in the national interest for wage increases to lag behind inflation, while still maintaining his claim for better pay or work condition.

The final position is 'oppositional decoding' which means the audience 'retotalizes' the message within alternative framework of reference: This is the case of an audience which listens to a debate on the need to limit wages but decodes every mention of the term 'national interest' as 'class interest'. This way of text reading or decoding is also known as 'aberrant decoding'.

HIV/AIDS DISCOURSES

Using Roland Barthes's concept of mythology to crack out some mythical themes which form part of the depiction HIV/AIDS in general and in the Namibian context in particular, the study draws from the writings of Strelbel (1997: 109) when she argues that the depiction of HIV/AIDS is primarily organised around three main discourses: *medicalisation*, *stigmatisation*, and the *gendered discourse*. The *medicalising* account depicts an "epidemic and draws on association with death, disaster and other diseases like plague, syphilis and cancer, making use of militaristic metaphor" (109). This discourse entrenches the power of medicine and science in everyday life, leaving individuals disempowered to take responsibility for prevention or management of AIDS themselves. The absence of a cure has discouraged many people from attempting to address the epidemic. Even the benefit of medical research and technology, in the form of treatment and vaccines, will not be available for the majority of people who are rural and poor. This discourse has engendered a feeling of powerlessness and hopelessness among PWAs, their immediate families, and the society at large. Secondly, there is *stigmatisation* attached to HIV/AIDS as the disease is associated with what is considered as deviant sexual behaviour, such as homosexuality, promiscuity, and also intravenous drug use. HIV/AIDS has in this way been seen as punishment for such

deviant behaviour. This discourse has engendered a feeling that heterosexual individuals are not necessarily at any personal risk and thus they should not worry about HIV/AIDS. The third discourse, the *gendered discourse*, refers to the stakes of many women as dependants of their sexual partners and women's responsibility for prevention of infection. Because of their differential position in a patriarchal society, women often lack access to economic resources, which leads to their financial dependence on men and thus to difficulty in insisting on safe sex such as condom use, abstinence, or monogamy of male partners (Basset and Mhloyi, 1991: 143).

THE DISCOURSE OF *EMMA'S STORY* AS PARADIGM SHIFT

The key message in *Emma's Story* constitutes a paradigm shift, so to speak, from the above-stated discourses which for the last two decades have put HIV/AIDS outside the real of the power of individual to control it. The new paradigm in *Emma's Story* puts HIV/AIDS squarely in the real of the 'human agency' and the power of HIV-positive individuals to take up their lives once more as people living with the virus, and not as people suffering or dying from the virus. The statement that there is 'normal-ness' in living with HIV/AIDS constitutes a new discourse - the discourse of *Emma's Story*. It is a counter-discourse to the three discourses identified in Strebel (1997). In an interview with the researcher, Emma articulated the new discourse as follows: "*there is hope and a positive life even if one is diagnosed as HIV positive*". In her public statement on the day she disclosed her HIV status, Emma said: "*I stand here as a living symbol of the reality of HIV in Namibia. But look at me again, I am healthy and normal. ...after all, there is hope after an HIV diagnosis.*" Emma further expands on this discourse as follows during her interview with the researcher:

...in the past some families rejected their members who were diagnosed HIV positive. They thought that when one is HIV positive you are already sick. The message (in this text) is that people should accept HIV positive persons as normal except for the fact that the latter may not live as long as those without HIV. Another aspect is that people think that if you are HIV positive you are unimportant and have no contribution to make to the upliftment of your community. On the contrary, HIV positive persons do not lose their minds and can function like other normal beings as long they take precautionary

measures to avoid full blown AIDS (February, 1999).

EMMA'S STORY AS MYTH

The fact that *Emma's Story* is conveyed through a particular discourse makes the production mythical. Like Barthes's (1973) definition of a myth, *Emma's Story* provides a model of thought that is capable of overcoming contradictions, modifying and masking them so as to minimize their cultural impact. *Emma's Story* responds to basic human questions about meaning and suffering, life and death. Like all other myths, it offers an apparently common sense resolution that HIV-positive individuals are as normal as HIV-negative people. This mythical perspective helps PWAs come to terms with their reality, accepting their fate and working towards a 'mythical normal life'. In semiotics, which is the study of how meaning is generated through signs, i.e., language, pictures, performance, and other forms of expression (Tomaselli: 1996: 29), myths refer to signs which claim common recognition within a cultural group with a shared ideology. Signification at the level of myths symbiotically interacts with the ideological grid of significations, and this happens through control over institutions such as education and media in order to make myths appear natural and irrevocable course of history. In this sense myths are an integral component of the 'struggle for the articulation of meaning' (Parker, 1994: 52) in society. As a component of the continuous struggle for meaning, myths constantly seek to counter one hegemonic social order through 'alternative mythmaking'. *Emma's Story* is alternative mythmaking because it aims at reversing the previous myth embedded on the *medicalisation* and *stigmatisation* discourses that equates HIV/AIDS with death and misery. It does so by advocating an alternative myth that there is '*life after an HIV diagnosis*'.

Available literature state unequivocally that people within the same socio-cultural setting tend to share the same mythical practices. *Emma's Story*, like any other myth, will therefore generate sympathetic decoding from people who are 'interpellated' (Lacan in Moores, 1992: 13) by its myth, while people outside this mythical practice will have oppositional positions towards the production. This study will analyse how the producer uses various representational codes and signs to 'naturalise' the meaning of *Emma's Story* as common-sensical and God-given, so to speak, and also the extent to which participants in the focus

group discussions on *Emma's Story* are interpellated by mythical practices in the production.

SEMIOTIC ANALYSIS OF THE ENCODING OF *EMMA'S STORY*

Emma's Story as a cultural text uses culturally-specific signs and codes in order to ensure that its myth 'interpellates' or 'hails' the audience to say 'she is talking to me and calling upon me to do something about the 'threat of HIV/AIDS'. This interpellation or hailing process is not necessarily natural, but is socially constructed or 'made to mean' (Hall in Moores, 1992: 17), through fixation of meanings by the producer. The latter uses representational codes or signs which audiences learn through language and culture from their childhood. In this context, language plays a very important role in prefixing meanings in communication systems - both the linguistic and non-linguistic. Stuart Hall (1993: 97) in his encoding/decoding model argued that certain codes may, of course, be so widely distributed in a specific language community or culture, and be learned at so early an age, that they appear not to be constructed but to be 'naturally' given.

When encoded reality is televised (such as in the case of *Emma's Story*) the technical and representational conventions of the medium are brought to bear upon the text so as to make it "transmittable technologically and also an appropriate cultural text for its audiences" (Fiske, 1996: 134). Technical codes of television can be semiotically identified and analysed. Such codes include camera setting in terms of framing, forms, distance, and movement. Except for technical codes, *Emma's Story* is imbued with ideological codes or signifiers which are worth cracking in order to expose the extent of semiotic construction (or encoding) of reality in the text, interpret them and release their social meanings.

Although asymmetrical decoding of encoded text is possible according to Hall's model, in the case of television messages a set of highly conventionalised codes are used which are comprehended as natural and thus guarantee symmetrical decoding (Pillai, 1992: 228). Hall characterises the television texts as 'structured polysemy': this implies that despite the degree of openness that exists in the decoding of television text, there are definite limits to the decoding process. This is because not all connotative meanings exist 'equally' in the message. The producer of the message always tends to privilege the preferred reading through the 'selective usage' of preferred and dominant codes. This notion of the message

as 'structured polysemy' allows Hall to retain a notion of power structuring inscribed within the text. The television text producer has greater access and hence greater power to determine what gets transmitted through the scene - hence every television text is a product of that imbalance of power between the viewer and the producer (Pillai, 1992: 228).

The discourse of Emma's positive living is being depicted in the text by the use of signifiers or ideological codes such as Emma's relationship with boyfriend Kaaronda; the filming of Emma and her boyfriend on the beach as they hug and enjoy each others' company; Emma's support from family members and college friends; Emma's involvement in community activities through the Namibian National Students Organisation (NANSO). According to the producer, her intention was to produce a documentary on the life of Emma in which she would show pictorially that Emma was just as normal as any other Namibian despite her HIV positive status. Brigitte Pickering further pointed out as follows: "*Except for her HIV positive status, Emma can still live a normal life, i.e. attending college, having a boyfriend, be able to work and earn a living. Her life can be as normal and happy as that of any other person who is HIV negative*" (Interview, February 1999).

Various cultural and linguistic codes are used in *Emma's Story* to promote what Hall (1997: 5) refers to as 'speaking the same language' between the encoder and the decoder. The reference to the sea and water in the text for instances has the cultural connotation of cleansing, of re-birth, of harmony and tranquillity. The producer uses the sea to represent the myth of Emma is a normal person with a harmonious love relationship with Kaaronda. The love relationship in the text depicts Emma is a normal woman who can love and be loved. The scene of Emma holding hands and hugging her boyfriend, Kaaronda, symbolically signifies hope, love and a bright future for the couple. Other scenes which naturalise the same meaning include Emma with her college friends, her mother and aunt.

Furthermore, the fact that the text uses Emma's own voice-over, her own pictures (as opposed to blurred pictures conventionally used in many similar productions) significantly contributes to the naturalisation of the meanings of the text. This causes the text to achieve 'near-universality' or becoming the 'taken-for-granted reality'. The use of terms such as 'my people', and 'fellow Namibian youth' by Emma in the text significantly enhances symmetrical decoding because audiences feel interpellated by the discursive practice in the

text. The inclusion of then Minister of Health and Social Services, Nickey Iyambo, in the production enhances the structuring of the text in power relations and this encoding strategy gives the production an official tag, so to speak, thus guaranteeing the dominant hegemonic or preferred reading of the text. Furthermore, the dominant-hegemonic reading of the text is fixed by the use of scenes which include local people, such as Emma's family members, her friends, and also the reference to local public events that people can relate to, such as the press conference where Emma disclosed her HIV status, and the NANSO meetings. This is a way of enhancing 'sameness' which is a key reason for viewers to be interpellated by the discourse of 'belongingness' which is at play. The use of local language, Otjiherero, in the text also fosters a preferred decoding of the text, particularly among the people who speak the same language. The recording, selecting, editing, framing, and linking strategies of *Emma's Story* indeed contribute to the presentation of the film as an unproblematic reflecting of 'us', 'our world', and HIV/AIDS as 'our common threat'. The use of all these representational codes and ideological signifiers which are familiar to audiences in specific socio-cultural contexts helps to guarantee symmetrical decoding of the text by audiences, or as Morley put it, to help the encoder "win the assent of the audience to [their] preferred reading of the message" (Pillai, 1992: 86).

DECODING *EMMA'S STORY*

Although against the aforesaid background the process of encoding seems deterministic, this is not determining (Hall in Pillai, 1992: 228) . It cannot guarantee any correspondence between the encoding and decoding moments. Despite encoding of messages through the use of the dominant codes to guarantee correspondence between encoding and decoding, Hall's three decoding positions, namely 'dominant-hegemonic or preferred reading, negotiated reading, and oppositional reading, help to explain the 'lack of fit' which sometimes occurs between the encoding and decoding of media texts.

Hall's assumptions here marked a departure from the conventional view that the media have direct effect on those who hear and see them 'as it is' and that media audiences are passive recipients of information. The latter view is known as the 'hypodermic needle' theory (Morley, 1992: 78). Hall's encoding/decoding model and his other subsequent writings are relevant to this study in the sense that they move beyond the textual autonomy resulting from

hegemonic encoding towards the reader as the site of meaning.

According to Morley (1992: 92), audiences do not come to the moment of viewing 'culturally-naked' - they come to the text carrying already and thinking within, their own set of cultural contexts and frameworks derived from their social and cultural situation and background. The meaning of the text as generated by the audience then depends on how the programme has been encoded and what codes of interpretation the audience brings to bear on the text. Only if the decoding occurs within the same interpretative framework as the encoding process can we talk about 'preferred reading'. Otherwise, the meanings produced by the decoders will vary systematically in relation to the decoder's "insertion in various kinds of discourses and codes" (Morley, 1992: 92). Morley's *Nationwide* research project informs this study immensely when it argues that decoding of media texts cannot be reduced in a simply way to the viewer's socio-economic location. Morley further pointed out:

...location will certainly limit the array of codes and discourses which are available - the interpretative 'repertoires' to hand - but [Morley's] interviews demonstrated how groups occupying broadly the same class position can offer quite different [decoding of media messages]. ... it is therefore necessary to inquire into the specific linkages of social placing within discursive and institutional positioning (cited in Moores, 1992: 20).

The following questions were posed to the focus groups in order to determine their decoding of *Emma's Story*:

- . *What do you think is the central message of the video production, and do you agree or disagree with it?*
- . *What kind of an audience do you think Emma's Story is aimed at?*
- . *What do you think of the interviews with Emma's mother, the aunt, and the boyfriend. Do you agree with their comments?*
- . *What do you think of Emma's love relationship with Kaaronda?*
- . *Do you identify with the people in the programme?*
- . *What do you think of the style of this video's presentation?*

What do you think is the central message in Emma's Story, and do you agree or disagree with this message?

All focus groups agreed that the key message of the text was that HIV positive people could still lead a normal and happy life and that Emma was as normal as other members of the society without HIV. Uatjaera from the mixed-gender group with matric and below had the following to say on this issue:

I think Emma wants to give the message in two ways: one the one hand, HIV is dangerous and must be avoided at all cost; but on the other hand, one can still lead a normal life even if he or she has HIV.

On the same issue, Linda from the above matric mixed-gender group responded as follows:

...the message from this text is that HIV/AIDS exists and there is presently no cure for it, but your attitude towards HIV, once you are infected, has a bearing on your life. If you have a positive attitude, you can live a normal life.

The decoding of the text's key message by all focus groups occurred within the framework of codes used by the producer, thus fostering 'preferred reading' of the text. Because the decoders operated within the same discursive and interpretative framework as the encoder, the former generated the same meanings from the text as that intended by the latter at the moment of production. These relations of equivalence in the interpretation of the text by the receiver resulted from what Hall (1996: 44) refers to as a degree of asymmetry between the 'naturalised' codes of 'source' and 'receiver' in this communication exchange (Hall, 1996: 44).

Despite the afore-said symmetrical decoding of the text in relation to the central message, some participants strongly contested the validity of the message. Edison from the mixed group with matric and below said the message was self-contradictory. He asked:

How can you have HIV and still claim that you are normal and healthy? This message is misleading to the audience, particularly the youth, who may take

HIV lightly because of the rosy picture of ‘a normal life after HIV infection’ painted in Emma’s Story.

Members of the group of HIV/AIDS counsellors particularly argued that HIV-positive people go through various grisly stages such as denial, rejection, and pain, but *Emma’s Story* unfortunately brushed over those realities in an unproblematic way. Mberiuana from this group said ‘this is too simplistic and unrealistic an assumption on the part of the producer’. Stuart Hall (1980) refers to this type of decoding of a text as ‘oppositional or aberrant decoding’. Hall points out:

...the decoder [recognises] that the message has been contextually encoded, but may bring to bear an alternative frame of reference which sets to one side the encoded framework and superimposes on the message an interpretation which works in a directly oppositional way (cited in Morley, 1992: 89)

Edwin, of the mixed-gender group above matric, made an interesting conclusion on the issues at hand when he said that “the key message of *Emma’s Story* does come through, but the reality of [Emma’s] daily struggles and fear is grossly underplayed in the text”. Stuart Hall (1993: 102) refers to this decoding of the text as ‘negotiated decoding’ due to the fact that it is ‘shot through with contradictions’(Turner, 1990: 86). Although this decoding position accords the privileged position to the dominant definitions, namely buying the representation of the producer’s discourses through the text, the decoder has modified or has partially inflected the given preferred meaning by relating the message to some situated context which reflect [his] position and interests. A further negotiated reading of the text came from the male-only group. Sam of this group argued as follows:

I agree with the message, but Emma’s appearance in the production contradicts the message. There is nothing in her body to proof she has HIV. Her beauty weakens her case.

This decoding was predicated on the erroneous assumption (by the decoder) that HIV was a ‘disease’ and it should thus show symptoms in the bodies of PWAs. Although Sam agreed with the message, he still interpreted it within his discursive framework of understanding

HIV/AIDS. He did not seem to differentiate between HIV as the virus that causes AIDS, and the latter as the disease which might show the symptoms he referred to. Sam's interpretation of the text corresponded with what Morley (1992: 92) refers to as "[decoding] within one's cultural codes and frameworks which derived from social and cultural situation and background".

What kind of an audience do you think this production is aimed at?

According to the text producer, the prime target audience of *Emma's Story* was HIV-positive people and their families. The producer said her primary aim was to present Emma as a role model for HIV-positive people, particularly the youth, in an effort to encourage them to emulate her exemplary life. In the interview with the researcher, Emma said her message was directed towards the Namibian youth. She added:

I realised that they need advice on making informed decisions about their future. Our youth are in endangered by unscrupulous adults who use money to lure them into unsafe sex which exposes them to HIV infection.

All groups agreed that the target audience of the *Emma's Story* was PWAs in the first place. They however read further into the text and said the production also targeted families with HIV positive people, the youth and society at large. Stella of the above matric mixed-gender group pointed out that *Emma's Story* encouraged people to accept, and not reject, their family members who were living with HIV/AIDS. It also encouraged HIV victims to accept their conditions and live positively. The most interesting symmetrical decoding of this aspect of the text came from Mberiuana who said the message was for all of us: "those infected and those affected by HIV/AIDS".

What you think of the interviews with Emma's mother, the aunt, and the boyfriend?

Regarding the interview of Emma's mother, various focus groups expressed both symmetrical and asymmetrical interpretation of what she said. First and foremost, they all agreed and appreciated the fact that the mother did not reject Emma when she learned that Emma was HIV positive. Bianca from the mixed-gender group above matric pointed out that

Emma's mother showed constant love and care to her daughter, and this was a good thing. However, the majority of the focus groups argued that the mother's emotional instability and some of her utterances directly contradicted the key message of the text. Edwin from the mixed-gender group above matric responded as follows to the mother's position:

She is torn between mixed feelings: love for her daughter, anger against the ex-boyfriend, fear for HIV, and the despair that Emma will not achieve her (Emma) dreams. She looks at HIV as a disease and that her daughter is dying. This position contradicts the central message of hope in the text.

When the same question was posed to the group of HIV/AIDS counsellors, Mberiuana responded as follows:

The mother's reaction is typical of a parent who thought her daughter would achieve something in life but now, she thinks, there is no hope for Emma. It is clear from the mother's comments that she does not differentiate between HIV and AIDS, and that she thinks Emma is a sick person who will die any time.

Various groups interrogated this issue deeper and brought various intelligibilities to bear on the text. All focus groups concluded that the interview with the mother must have been conducted shortly after her receipt of the news about her daughter's HIV infection, and she was still emotional about the issue. Edwin said that the reaction of the mother was on the spur of the moment and based on her scanty knowledge about HIV and AIDS.

In her interview with the researcher, Emma did acknowledge that her mother was emotional during the interview, and that some of the mother's comments were, in a way, aberrant to the central message of the text. Emma pointed out:

When they interviewed my mother, the only picture of HIV she had was that of a lean and dying person. As an illiterate person it was difficult for her to differentiate between HIV and AIDS at that time. Even now when we meet she still says the doctor made a mistake to say I am HIV positive, because to her I have no sign of a sickness, you know. Yes, I agree that this is wishful

thinking, but that is the reality of contradictions within my mother. She is now less emotional about it all and she does not think that I am dying. I think she has come to realise that HIV is different from AIDS and I only have HIV and not AIDS.

The focus groups also observed as another cause of distress for Emma's mother the fact that Emma would not have children (due to the latter's HIV status). The mother blamed Emma's ex-boyfriend for infecting Emma with the HIV virus saying he destroyed Emma's future as 'nobody will marry Emma because of her HIV status'. Edwin responded as follows to this issue:

The ability to bear children is central to the traditional role of an African woman: no children, no marriage, and thus no future. It is against this background that Emma's mother feels the life of her daughter has been taken away from her (Emma).

Some focus groups disagreed with the comments made by the mother regarding Emma's HIV infection by her former boyfriend. The majority of the membership of the whites-only group and the mixed-gender group above matric were of the opinion that "it takes two to tango" and Emma was equally responsible for her HIV infection. Willy of the mixed-gender group above matric said he did not believe that Emma was raped by her boyfriend the first time they slept together as she alleged in the documentary. If this were true Emma would have laid a charge against the boyfriend. The fact that the boyfriend was not interviewed to give his side of the story made Emma and the whole production suspect. Jaco of the whites-only group said the "blame-shifting to Emma's former boyfriend in the text is not helpful and weakens the message of the text". This position by the two groups constituted aberrant reading of this aspect of the text.

Regarding the interview with Emma's aunt, all focus groups were in agreement that, unlike the mother, she displayed emotional stability and a sense of understanding HIV/AIDS. Bianca of the mixed-gender group above matric had the following to say on this issue:

In the film the aunt shows that she appreciates Emma and relates to her in a

loving manner despite Emma's infection. This glaringly demonstrates that the aunt sees Emma as a normal person, and she understands the difference between HIV and AIDS.

The most highly-contested part of the text is the role of Kaaronda, Emma's new boyfriend. While some focus groups appreciated the relationship between the two saying it was a useful support structure for Emma, some participants felt the relationship was 'unrealistic and unfeasible' and only 'constructed' for the purposes of production. Monica from the female-only group had the following to say in support of this love relationship:

The boyfriend has a very positive and encouraging attitude. When he learned that Emma was HIV positive, he did not abandoned her; instead he stuck to her to give her moral support.

Uatjaera from the mixed-group with matric admired this love relationship as evidenced in his following remarks:

I think this is a special relationship between two people who know and appreciate each other: what I mean by 'special' is that Kaaronda is aware of possible negative comments against him by other people because of his relationship with Emma, but he is still committed to loving her. To me this shows deep and sincere feelings.

The majority of focus groups questioned the feasibility and realism of this relationship, particularly from Kaaronda's perspective. Sam from the male-only group commented that to Kaaronda the relationship was more intellectual than emotional. He adds: "Kaaronda is so articulate in saying all the nice words, but his commitment to the relationship is questionable". Barney from the same group made this comment: "There is anguish on Emma's face, but Kaaronda is so emotionless". Linda from the mixed-group above matric had the following to say on Kaaronda's interview:

I do not think it is a realistic and true relationship; because even in the context of normal relationships people do break up upon revelation that one partner is

HIV positive. I do not think somebody will be that faithful and supportive towards an HIV positive person. I have seen it so many times that people will break up. Kaaronda has to do it for the purposes of the video - to show someone supporting Emma.

Regarding sexuality and the use of condoms in this love relationship, some groups expressed disappointment on what they referred to as the lack of clarity in the production on when the relationship started: whether it was before Emma was diagnosed HIV positive or after. Ephraem from the HIV/AIDS counsellor's group had the following to say on this issue:

I want to know how and when the relationship started, because a lot of issues pivot on this question. If the relationship started before Emma's HIV diagnosis, then Kaaronda should also be HIV positive because invariably they must have had sex without using condoms before Emma's HIV test. If the relationship started after the HIV diagnosis, my contestation is that it is strange for a HIV negative person to voluntarily have sex with an HIV positive person and risk infection.

Stella from the same group added that both Emma and Kaaronda could be HIV positive, but Kaaronda was only 'acting' the role of an HIV negative person in order to legitimise the discourse that an HIV positive person can have a love relationship and, more so, with an HIV negative person. Mberiuana from the same focus group claimed that condoms could burst and thus expose people to the danger of HIV, and he could therefore not believe that Kaaronda was HIV negative but still continued to have a regular sexual relationship with a person whom he knew was HIV positive. He said "this defies common sense and renders the whole relationship problematic in my opinion".

Furthermore, Stella from the same group rejected the fact that Emma should have a boyfriend. She had the following to say:

The fact that Emma continues to have sex with someone while she knows she could infect him is an abomination. Emma is sending a wrong signal to other people, particularly the youth. The latter may risk contracting HIV by

assuming that condoms can effectively prevent HIV infection, and that they can have sex with HIV-positive persons as long as they use condoms. This is risky because condoms could be defective and some people also do not know how to use them.

On Emma's message regarding the use of condoms, the females-only group in particular felt it was impossible for women to protect themselves against HIV through the use of condoms. Anna from the same group responded that girls could not insist on the use of condoms because they feared losing these boyfriends whom they in many instances depended upon economically. They would therefore risk sex without condom in order to retain their boyfriends. This point is echoed by Basset and Mhloyi (1991: 143) when they point out: "...because of their differential positioning in society, women often lack access to economic resources, which leads to financial dependence on men and so to difficulty in insisting on safe sex."

Vespar from the female-only group responded to the same issue by recounting that there is a myth among some Namibians that using condoms during sex was "like eating candies without unwrapping them". Willy from the mixed-gender group above matric expanded on this myth by saying condoms took away pleasure in sex. He further commented as follows: "...I sleep with a woman because I like her body, and using a condom denies me the physical contact with her that I need in the first place." Vespar also said there were traditional communities in Namibia which erroneously believed that the diet of milk and meat made people immune to HIV, and such communities would thus discourage their members from using condoms during sex.

The last-said sentiments among participants accounts for aberrant or oppositional reading of *Emma's Story*. The majority of focus groups understood the literal and connotative inflection given by the *Emma's Story* discourse, but decoded and retotalized the message within their own and an alternative framework of reference. Using Hall's (1997) concept of representation, one may say the decoding process here occurred outside the system of representation or signification which was used at the moment of encoding, thereby leading to 'communication failure'.

Do you identify with the characters in the production?

Various participants responded differently to this question. For instance, Ephraem from the group of HIV/AIDS counsellors said the fact that Emma was the first Namibian to publicly disclose her HIV status, made him to identify with her and also show his sympathy to her cause. He added that he saw Emma as a role model, because she was the first person in Namibia to come out publicly about her HIV status. In the past only PWAs from other countries were shown on television and when it was a local person the face would be blurred. Turiki in the mixed-gender group with matric and below was proud of Emma's action to disclose her HIV status and she added: "I am quite certain that many more people will now follow suit and this is a good thing for Namibia because it de-stigmatise HIV/AIDS in our country".

A particularly interesting response of identification with Emma came from Ronnel of the whites-only group when she said:

Emma is pretty much like one of us. She is educated, urban, and has a sense of self-worth and confidence. The fact that she is a local girl and also the use of local scenes and places we know, make the production appeal to a cross section of the society irrespective of race, gender, and creed.

It is interesting to note how the concept of 'same-ness' as understood by participants particularly in the whites-only group discussion enhanced symmetrical reading of the text by participants. The encoder's use of textual forms (signs and codes) familiar to the decoders, such as local scenes, local people, familiar language, etc., has greatly enhanced identification of this whites-only group with the main character in the text (despite the racial difference between them) thereby contributing to symmetrical decoding in many respects of the key message of *Emma's Story* by this focus group.

Other focus groups had aberrant responses to this issue arguing that Emma was not role model, because "she was not adhering to societal norms on sexual conduct". Mberiuana from the HIV/AIDS counselling group had the following to say: "Societal norms dictate that sex should be practised only in marriage, but Emma seems to do this outside marriage which is

wrong.”

Other more aberrant readings of Emma’s character related to the rather disturbing allegation that Emma had been paid to ‘spread a lie that she is HIV positive’. Although *Emma’s Story* was encoded as a documentary, some participants decoded it as a fiction. Mberiuana said the ambiguity surrounding the question of how and when Emma contracted HIV and the controversy in her love relationship with Kaaronda rendered the whole production problematic. He elaborated as follows:

We have heard so many stories that Emma has been paid to say she is HIV positive. All these rumours together with the many unanswered questions in the film make the production suspect.

Willy from the mixed group above matric responded as follows to the same issue:

Emma knew she would be rejected like hell, and thus there must have been some monetary security or payment in one way or another for her to come out and say she is HIV positive.

Some other participants criticized this opinion saying it was “a cruel way to respond to the fate of a person like Emma”. Linda from the mixed-gender group above matric argued that it was unthinkable for anybody to make-up something like *Emma’s Story*. Linda said her opinion was that Emma was really HIV positive and the documentary was based on a true story. Edwin from the same group said the price of stigmatisation which Emma would pay because of her HIV status was far higher than any material benefit she would accrue by ‘acting’ that she was HIV positive. Uatjaera from the same group however attempted to ‘contextualise’ the allegation about Emma’s payment as follows:

The issue of Emma’s payment could have come as a result of the fact that people thought Emma was going to die soon after she had disclosed her HIV status. Now that she is still well and healthy they say she was paid to lie about her HIV status in the film.

The producer of Emma's Story denied the allegation that Emma received any payment for her role in the film and that Emma lied about her HIV status. She said the budget of the film covered the production and related costs only and did not include payment for Emma or any other character. The aim was to inform Namibians about the 'real danger' of HIV/AIDS by using Emma whom was HIV-positive. She added that it was scandalous for anybody to think the film was a fiction.

In her interview with the researcher Emma responded to this issues by saying those spreading the rumour that *Emma's Story* was a fictitious were people who wanted to deny the existence of HIV/AIDS for various reasons. These included people who were already HIV infected but were in a state of denial. Emma recounted that the danger of these categories of people was that they continued to have unprotected sex and thus infecting other innocent people. People who lived in this 'circle of re-infection', Emma added, risked dying from AIDS sooner than expected. Emma advised all Namibian youth as follows:

If you are uncertain about your HIV status, go for testing in order to prevent re-infection, and if they are not infected you must either use condoms, abstain from sex, or be faithful to one partner.

This position in *Emma's Story* clearly marks a shift from the conventional discourse that assumes that it does not help to go for testing because if you are HIV positive, there is nothing that can be done to safe your life. This discourse has for a long time 'disempowered' many PWAs from taking personal responsibility to prevent further infection which may expedite their death. According to Emma, PWAs who protected themselves from further HIV infection stood a good chance of living another 15 years. The best way to prevent 're-infection' was to use condoms when having sex and to take good care of one's health through a good diet and regular exercising.

What do you think about the video presentation as a whole?

Edwin from the mixed-gender group above matric had the following to say on this question:

I think Emma's Story is a good production with a clear message, namely that

HIV-positive people can still have a good, normal life. However, the film could have been more meaningful if it had also shown the struggles of other PWAs so that people can practically see the difference between HIV and AIDS. Another alternative could have been to show Emma's Story in series which highlight various stages in Emma's life: her ups and downs. There are so many issues which Emma mentions in the film and which need to be unpacked and discussed in detail for the public to consume them more effectively.

Many other participants agreed with this opinion. Mberiuana from the group of HIV/AIDS counsellors had the following to say: “Even now, a year after the production of Emma’s Story, people are interested to know how Emma is coping with the virus. Marietta from the whites-only group responded as follows: “I wish they could produce Emma’s Story in series so that people will follow the story better and have better understanding of discourses surrounding HIV/AIDS”. Teckla from the same group said she would appreciate it if another episode of Emma’s Story could be produced at a later stage when Emma’s health started to deteriorated. Marietta further added that the production needed to show various scenes of PWAs at different stages of infection in order to demonstrate the distinction between HIV and AIDS. Chris from the same group argued that the production should have included scenes of white people in order to ensure its representativity of all Namibians.

Both the mixed-gender group with matric and below and the HIV/AIDS counsellors’ group argued that *Emma's Story* could have been more practical and illustrious on how to use condoms. They said the producer took it for granted that audiences knew what condoms were like and how to use condoms. However, other groups appreciated the fact that such elementary details were left out. These included the mixed-gender above matric and the white-only groups. Marietta from the whites-only group had the following to say on this issue: “I appreciate the fact that this production is meant for sophisticated audiences and thus elementary things such as demonstrating the use of condoms has been left out.”

All focus groups were in one accord that *Emma's Story* should preferably be broadcast on radio rather than on television. Titus from the mixed-gender group with matric and below had the following to say:

Emma's Story cannot reach all Namibians because some communities do not have access to television, and neither do they understand English. Government must do more to get this message across to all communities in their languages, and the best strategy to achieve this goal is to use the various language services of the Namibia Broadcasting Corporation (NBC).

Responding to the same issue on behalf of the NACOP, Abner Xoagub said they welcomed the production as a bold step towards the 'de-stigmatisation' of the HIV/AIDS epidemic in Namibia. He elaborated on this point as follows:

Emma's Story has for the first time in the history of Namibia given the HIV/AIDS epidemic a face, namely Emma herself, who came out publicly to say she is HIV positive. This is a great step towards de-stigmatising HIV/AIDS in Namibia.

CONCLUSION

This study aimed at examining narrative as communication in the fight against HIV/AIDS in Namibia. In particular, it analysed the effectiveness of *Emma's Story* in creating public awareness among Namibian youth on the danger of HIV/AIDS. The importance of this study is against the backdrop that Namibia ranks the third among countries of the world which are most adversely affected by the HIV/AIDS epidemic. Urgent interventions by all sectors, including academia, are necessary in order to reduce the threat of HIV/AIDS to Namibia's 1.7 million population.

The main thrust of this study was to see how the Namibian youth who are most vulnerable to HIV infection responded to media texts on HIV/AIDS. Six focus groups were assembled at different occasions to watch *Emma's Story* and discuss their decoding of this text. Various readings of the text emerged from the focus group discussions. Despite their homogeneity in terms of level of literacy, ethnicity, age and, in some instances, gender, the various groups decoded various messages in *Emma's Story* in different ways. Such differential decoding, Fiske (1990) argues, result from the fact that people relate to media texts within the context

of their socio-cultural backgrounds and historical settings. The fact that people are culturally different means that they will always read cultural texts, such as *Emma's story*, through different codes. For instance, some participants in the focus group discussions had aberrant readings on Emma's HIV status, saying she was paid to lie that she was HIV positive. They went on to question the comments by Kaaronda on his love relationship with Emma and said he was unconvincing about his love for Emma.

However, differential decoding has in general been minimized by the way the producer of *Emma's Story* used recognisable signs (including language) which are embedded in the preferred and culturally dominant code system in order to 'make the text to mean'. This authorial practice set parameters within which decoding of text took place. Using local scenes and people, the producer of *Emma's Story* succeeded in guaranteeing that the majority of participants operated within the same frame of reference when decoding the text. The majority of focus groups agreed on the key message of the text, namely that Emma was genuinely having HIV but could still lead a normal life. They generally identified and sympathised with Emma, her mother and the aunt, and were interpellated by the hegemonic myth of *Emma's Story*. This led to 'necessary correspondence' and a degree of reciprocity or articulation between the encoding and decoding moments as far as the key message of the text is concerned. However, aberrant readings were also made by some focus groups in respect of certain aspects of the text such as the conflicting utterances of Emma's mother, the continued practice of sex by Emma while she has HIV, and the use of condoms particularly between people with and people without HIV.

The general decoding of *Emma's Story* by the focus groups was on average a 'negotiated reading'. Although the majority of focus groups adopted the hegemonic definition of the situation surrounding Emma's Story by agreeing that the production was legitimate and inevitable, they identified some issues which defied their particular or situated logic. For instance, some participants although agreeing that Emma needed support and love, resented her love relationship with Kaaronda because to them it undermined the moral legitimacy of the production. This decoding contained a mixture of adaptive and oppositional elements: it acknowledged the legitimacy of the hegemonic definitions to make grand signification, while at a more restricted, situation level, it operated with exception to the rule (Hall, 1996: 48).

As part of the *negotiated* decoding *Emma's Story*, focus groups identified some issues which needed to be addressed differently in the text so as to enable it to achieve its objective of creating public awareness on HIV/AIDS. These include the need for *Emma's Story* to be produced in a series which systematically show various stages in Emma's life and also the lives of other PWAs. This production should be broadcast on the various language services of the NBC.

Furthermore, the text could be improved through the inclusion of scenes which highlight the material conditions of real PWAs so as to clarify the distinction between HIV and AIDS. There is also a need to address some moral and ethical issues in the text so as to make the latter more acceptable to especially the morally correct audiences. This step will greatly enhance *Emma's story's* effectiveness as a public awareness tool on the danger of HIV/AIDS.

Focus groups also emphasized the goal of *de-medicalising* and *de-stigmatising* the HIV/AIDS epidemic and bringing the 'human agency' to the centre stage of HIV/AIDS discourses. This could be achieved through the socio-economic empowerment of women, education and information on the use of condoms, the cultivation and maintenance of proper social norms and ethics on sexual conduct, the involvement of all sectors of communities in the fight against HIV/AIDS, and last but not least, the use of appropriate means of communication such as the radio and interpersonal communication to create public awareness on HIV/AIDS.

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