

SPOTLIGHT ON AIDS:

Assessing How Media Personalities Advance HIV and AIDS
Education and Prevention

Lungelo Dlamini

211538718

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COLLEGE OF HUMANITIES

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ABSTRACT

Celebrity involvement with the HIV and AIDS pandemic is a phenomenon that has grown apace since the disease's emergence in the 1980s (Noland et al., 2009). Moreover, information suggests that exposure to celebrities through the media can have an important influence on the public's health-related attitudes, beliefs, and behaviour. This exploratory study explores the communicative power of celebrities, particularly media personalities, in disseminating HIV and AIDS messages within the South African context.

This thesis focuses on actress Hlubi Mboya and radio talk show host Criselda Kananda and the impact of their involvement on the HIV and AIDS issue. It also reports on the data generated by a qualitative study of audiences' media-related experiences with the selected media personalities. The study analyses how mediated involvement with Mboya and Kananda affected audiences HIV and AIDS-related perceptions, and their level of knowledge, attitudes, and practices. The findings indicate that media personalities have become an important source of health information and by speaking out about their HIV-positive status they have become positive role models for health-related attitudes and behaviour.

LIST of ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AmfARR	American Foundation for AIDS Research
APLA	AIDS Project Los Angeles
ART	Antiretroviral Treatment
ARV	Antiretroviral
CDC	Centers for Disease Control and Prevention
CADRE	Centre for AIDS Development, Research and
EE	Entertainment Education
HIV	Human Immunodeficiency Virus
HIVAN	Center for HIV and AIDS Networking
KKF	Kaiser Family Foundation
NCPs	Neighborhood Care Points
NEPAD	New Partnership for Africa's Development
NGO	Non-government Organisation
OVC	Orphaned and Vulnerable Children
PLWHA	People living with HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
PSAs	Public Service Announcements
TCM	Turner Classic Movies
UCT	University of Cape Town
UKZN	University of KwaZulu-Natal
UNAIDS	Joint United Nations Programmes on HIV and
USAID	United States Agency for International
WFP	World Food Programme

Chapter 1

Introduction

It is estimated that there are 5.6 million (5.4 - 5.8 million) people living with HIV and AIDS in South Africa, making the country home to the most number of PLWHA in the world (UNAIDS, 2010). Moreover, the other top five countries (Botswana, Lesotho, Swaziland, and Zimbabwe) with the highest prevalence rates in the world are all neighbours of South Africa. Undoubtedly, South Africa is one of the countries most severely affected by the HIV and AIDS pandemic.

As more people become infected with the virus, the impact of HIV and AIDS on the country's economic and social systems cannot be overstated. Inevitably, the disease continues to affect many adults in their most economically productive years, it increases the percentage of people living in extreme poverty, sharply raises child mortality and lower life expectancy, overwhelms health care services, depletes schools of both students and teachers, and increases the number of orphaned and vulnerable children (OVC) and child-headed households (Abdool Karim et al., 2010). Faced with this calamity, a major concern for government, non-governmental organisations (NGOs), the private sector, and civil society is controlling the spread of the disease.

In the absence of a proven cure, strategies have mainly focused on curbing HIV infection through HIV and AIDS prevention messages. Prevention involves an educational component that focuses on increasing individuals' level of awareness and knowledge of HIV and AIDS and the ways of reducing the risk of HIV infection (Simbayi, 1999). Given that sexual behaviour is the main driver of the South African HIV pandemic, prevention interventions mainly focus on reducing the prevalence of risky sexual behaviour (Matthews, 2010). Presently prevention efforts target both individuals not infected with HIV (who are at risk of acquiring the virus), as well as people living with HIV and AIDS (PLWHA) in order to reduce their risk of transmitting HIV or re-infecting other HIV infected individuals (Kalichman and Lurie, 2010). The practical implication of holistic prevention interventions is that it is important to integrate factors that are relevant to both individuals who are HIV uninfected and HIV infected.

Another key element of prevention is addressing HIV and AIDS-related stigma and discrimination. The stigma and discrimination attached to the disease negatively impacts responses to HIV by impeding access to, and use of, voluntary HIV counseling and testing, disease

prevention and treatment, and care and support services (UNAIDS, 2007). In order to reduce their harmful effects, it is argued that prevention education must also increase public awareness of HIV and AIDS-related stigma and the challenges (physical, psychological, and social) they pose for PLWHA.

This is an important endeavour as stigmatising attitudes and discriminatory practices can discourage health-seeking behaviours among those who suspect they may already be infected with HIV, as well as non-disclosure of one's HIV-positive status to family, friends or sexual partners (Frohlich, 2010). Thus, in order to effectively slow down the spread of the disease everyone, irrespective of their HIV status, needs to be considered the target of prevention efforts.

It is in this context that the thesis explores how media personalities (or celebrities) advance HIV and AIDS education and prevention in mass media interventions in contemporary South Africa. The interventions fall within the field of mass communication, as the term 'mass media' describes a public means of communication "that operate[s] on a large scale, reaching and involving virtually everyone in a society to greater or lesser degree" (McQuail, 2000:4). The term specifically refers to the actual forms of media that are used for communicative purposes – print, film, broadcast, as well as new media technologies such as the Internet and mobile phones.

Given mass media's potential to reach large audiences, public health practitioners make considerable use of mass media outlets to disseminate messages in attempts to change individuals' health-related beliefs, attitudes, and behaviour (Morton and Duck, 2009). The assumption made here is that media coverage of HIV and AIDS plays an important role both in providing information and in encouraging people to make healthy choices.

A contemporary account of the media needs to acknowledge the proliferation of mass media outlets that are more celebrity-orientated – such as magazines, television programmes, and online editions of newspapers (Turner, 2010). In other words, audiences today are exposed to an array of sports, music, radio, television, and film personalities who have become the focus of much media attention. This relates to how celebrity content has become fundamental to the news media in the 21st century owing to its "capacity to attract attention and to drive consumption" (Turner, 2010: 11). In recognition of their increasing presence, this thesis assesses how media personalities who communicate HIV and AIDS messages advance health-related attitudes and behaviour in a

society conditioned to embrace celebrity culture.

For this purpose, the thesis has chosen to focus on Hlubi Mboya and Criselda Kananda. Mboya is a television personality best known for her portrayal of Nandipha, an HIV-positive character, on the popular soap opera *Isidingo – The Need*. On the other hand, Kananda is a radio personality living openly with HIV and has dedicated most of her career to communicating HIV and AIDS messages through her radio talk show on the radio station Metro FM.

The thesis first provides a review of relevant literature on the phenomenon and impact of celebrity involvement in the HIV and AIDS arena in Chapter Two. In Chapter Three, the study provides a theoretical framework for the present assessment drawing from literature on audience involvement and identification with media personas. Having established the academic foundation for the thesis, the inquiry section attempts to address the following research questions: What means do the selected media personalities employ to communicate HIV and AIDS messages? What are the audiences' responses to celebrity-communicated messages? What benefits or drawbacks are attached to using a celebrity to promote pro-social issues?

The thesis' methodological approach is then outlined in Chapter Four. This chapter provides a description of the activities the researcher undertook in carrying out the study, as well as research methods used to collect, analyse and interpret data. Chapters Five and Six present data analyses of the responses of the thesis's selected media personalities, Hlubi Mboya and Criselda Kananda, respectively. Chapter Seven presents the audience respondents' responses to celebrity-endorsed messages by discussing the prominent themes that emerged during focus group interviews. The final chapter, chapter eight, is devoted to concluding the thesis by reflecting on this study's research questions.

Chapter 2

Literature Review

The Impact of Celebrity on the HIV and AIDS Pandemic: A Review

Since the start of the relationship between celebrity and HIV and AIDS in the mid-1980s, much research has been undertaken to understand the impact of celebrity involvement on the pandemic and, in the process, the role of the media (Rogers et al., 1991; Kalichman and Hunter, 1992; Kalichman et al., 1993; Payne and Mercuri, 1993; Brown and Basil, 1995; Basil, 1996; Casey et al., 2003; Singhal and Rogers, 2003; Brown et al., 2003; Noland et al., 2009; Brown, 2010; Brown and de Matviuk, 2010). The literature on this subject area focuses on the impact of celebrities who are living with the disease or had friends who were similarly afflicted, as well as celebrities who are involved in AIDS campaigns but have disclosed no personal connection to the disease.

As celebrity involvement in the HIV and AIDS arena spans three decades, this chapter synthesises the research findings and literature that explores the role celebrities have played in influencing the public's understanding and conceptualising of the disease within particular social contexts, as well as in encouraging people to make healthy choices. With reference to Hlubi Mboya and Criselda Kananda, the chapter reviews literature that is particularly relevant to understanding the influence of celebrity on HIV and AIDS within the South African context.

An Agenda-Setting Role

Most scholars recognise that celebrity involvement with the issue of HIV and AIDS began when American actor Rock Hudson became the first major public figure to publicly announce his AIDS status via the media on July 25, 1985 (Noland et al., 2009; Singhal and Rogers, 2003). Given that HIV and AIDS had just emerged on the health scene four years earlier, Hudson's disclosure was set to play an important role during the early years of the pandemic – primarily through the agenda-setting process.

Putting a Human Face on the Pandemic

Firstly, Hudson's revelation had an immediate impact on the amount of news coverage given to the issue of HIV and AIDS. Previously or up until mid-1985 (four years into the epidemic) the issue of HIV and AIDS had not received major media coverage (Singhal and Rogers, 2003). The media's silence was despite the weekly reports published by the Centers for Disease Control and Prevention (CDC) during the early 1980s on the epidemic potential of the disease in the U.S.A (Rogers et al, 1991). Thus, Hudson's disclosure and subsequent death 10 weeks later on October 2, 1985 may be described as creating a redefining moment because it helped the news media frame the issue of HIV and AIDS as a human problem (Singhal and Rogers, 2003). In a sense the media now had a face to put with the disease, as opposed to its being an issue that was described in terms of "abstract numbers of people living with HIV and AIDS or dying from AIDS" (2003: 83).

Thereafter, major print and broadcast media outlets in the U.S.A. – for example, *The New York Times*, *The Los Angeles Times*, *The Washington Post*, and the ABC, NBC, and CBS television networks – gave heavy attention to HIV and AIDS (Rogers et al., 1991). Shortly after his death, numerous print media articles chronicled Hudson's life story starting from his early years as a child and young man between 1925 and 1947, his rise to stardom as a Hollywood actor during the 1950s and 60s, and the events leading to his AIDS-related death in 1985 (Berger, *The New York Times*, 1985; de Jongh, *Guardian*, 1985; Haller, *People*, 1985; Harnetz, *The New York Times*, 1985). By focusing on Hudson's tragic story, the media could report on the issue of HIV and AIDS in a way that appealed to media audiences.

For example, in its October 3, 1985 issue, *The New York Times* printed an article titled "*Rock Hudson, Screen Idol, Dies at 59.*" The article reported how the 59 year old actor whose 62-film career had garnered him a lot of popularity died from an AIDS-related illness after being the first major public figure to announce his AIDS status. The article recounted Hudson's story, especially the lengths he took to keep his illness a secret while continuing to work and at the same time travel to Paris, France, in search of medical treatment. The article also included factual information about AIDS by detailing how the disease primarily affects male homosexuals, intravenous drug users, and recipients of contaminated blood transfusions, as well as the disease's epidemic potential (Berger, 1985). In the process of covering Hudson's fight against AIDS, the news media enabled the issue to circulate with force among the public which, in effect, exposed millions of people to important health information.

Secondly, Hudson's disclosure and AIDS-related death were instrumental in changing the public's perception of the disease because they now could put a familiar face to it (Quemener and Lorente, *Manila Bulletin*, 2005). In the article, the executive director of AIDS Project Los Angeles (APLA), Craig Thompson, is quoted as saying, "He [Hudson] was the first person worldwide and in the U.S. that the average American citizen could identify as someone who had AIDS." Hudson's high-profile celebrity status, therefore, transformed the prevalent view of HIV and AIDS from a disease mainly associated with socially marginalised groups to one that the public thought could happen to anyone, irrespective of their social status. By his admission Hudson, therefore, challenged negative stereotypes regarding PLWHA by helping to portray those afflicted by the disease as "victims and not as plague spreaders" (Quemener and Lorente, *Manila Bulletin*, 2005). This is particularly relevant to this thesis, as the article suggests that celebrities who reveal their personal connection to the disease play a role in counteracting stereotypes about PLWHA that are based on social prejudices.

Making HIV and AIDS a Priority

Thirdly, Hudson's affliction helped the issue of HIV and AIDS gain support from the Hollywood community and national policy makers. Much analysis regarding the Hollywood community's first involvement with the pandemic is centered on the concept of the fundraising dinner, "Commitment to Life", that was organised by Elizabeth Taylor on September 19, 1985 to help raise money for medical research related to the disease (Berger, *The New York Times*, 1985; Harnetz, *The New York Times*, 1985).

In a telegram sent to the benefit dinner Hudson who was too ill to attend in person said, "I am not happy that I am sick. I am not happy that I have AIDS. But if that is helping others, I can at least know that my own misfortune has had some positive effect" (Berger, 1985). Although Hudson's critical health condition prevented his further involvement in HIV and AIDS awareness and prevention, Elisabeth Taylor who was his close friend became known as one of the most dedicated advocates after she embraced the issue as a personal cause in honour of Hudson (TCM, 2012). As the leading celebrity voice, Taylor was instrumental in galvanising Hollywood into action against HIV and AIDS and thus emerged as "the dominant HIV advocate at a time when there was a political vacuum in HIV leadership" (Noland et al., 2009:200). Being one of the earliest advocates, Taylor's impact on HIV and AIDS may be witnessed by the on-going adherence of celebrities to pro-social causes in the hopes of using their celebrity statuses to effect real change

in the lives of those affected by the pandemic.

The longstanding impact of Taylor's involvement as an HIV and AIDS advocate has been documented. In 1985, her support was instrumental in starting the American Foundation for AIDS Research (amfAR), which has subsequently raised millions for HIV and AIDS advocacy and research (KFF, 2006). During the early 1990s, she formed the Elizabeth Taylor AIDS Foundation (ETAF) which was created to provide support services for PLWHA (Woo, *The Los Angeles Times*, 2011). She has on numerous occasions testified before the American Congress and starred in public service announcements (PSAs) to heighten HIV and AIDS awareness, HIV testing and prevention. All of which happened a full two years before the U.S. government ran its first HIV and AIDS PSAs (Noland et al., 2009). Here we see how celebrity involvement, through advocacy-related endeavours, was an elemental part of HIV and AIDS awareness and research and support.

Concerning the American government's response to HIV and AIDS during the early years of the pandemic, both academic and popular literature describe how little was done to contain the pandemic under then-President Ronald Reagan's leadership. For the most part, Reagan was accused of displaying public indifference to the HIV and AIDS crisis and PLWHA (Boffey, *The New York Times*, 1985). The overall lack of intervention and support from the U.S. government is regarded in retrospect as a disaster of negligence by some commentators and as an intentional genocide by others (Cran and Simone, 2006; Dow, 1994). Although Reagan made no public statement concerning Hudson's condition, privately he and his wife, Nancy Reagan, called him to offer their support since he was a long-time friend of the president. The call was made to a hospital in Paris, France, where Hudson was undergoing medical treatment (Yarborough, *People*, 1985). Reagan's personal support for Hudson would prove instrumental in securing political support for the pandemic.

Reagan's first public mention of the disease came in response to questions posed at a September 15, 1985 press conference, nearly two months after Hudson's announcement. In those remarks he labeled HIV and AIDS research a "top priority" and detailed how much money had been set aside by the government to develop a cure for the disease in the following year (Boffey, *The New York Times*, 1985). However, Reagan's equivocal remarks when asked if he would send his children to a school with a child who had AIDS undermined his credibility. Several days later, Reagan also

sent a telegram to the “Commitment to Life” benefit dinner in which he reiterated his commitment and that of his administration to increase national HIV and AIDS initiatives (Harmetz, *The New York Times*, 1985). Ultimately, Hudson played an agenda-setting role by helping to set the media and public agenda on the HIV and AIDS issue and, in effect, accord the issue high profile support from the Hollywood community and national policy makers.

Endorsing Health Messages

From the early 1990s, literature on celebrity involvement became more focused on uncovering the impact of celebrity-endorsed health messages on the public’s health-related attitudes, beliefs, and behaviour. Most of these studies emerged after basketball superstar Earvin “Magic” Johnson announced on November 7, 1991 that he had tested positive for HIV and was retiring from playing professional basketball with the Los Angeles Lakers team. Johnson made the announcement the day after his doctors officially verified his HIV diagnosis on November 6, 1991. With regards to this decision, Johnson states that he decided to deal with the HIV infection by going public (Johnson, *Sports Illustrated*, 1991).

As an African-American, professional basketball player, affluent individual, and a married heterosexual, Johnson provided a new image of the HIV-infected person to the American public (Payne and Mercuri, 1993; Casey et al., 2003). As with Hudson, the salience of Johnson’s disclosure was likely contingent on how he was the antithesis of the public’s dominant image of an HIV infected person.

Moreover, Johnson disclosed his HIV-positive status with the intention of using his celebrity status to help increase public awareness and to motivate individuals, particularly young people and fellow African Americans, to adopt preventative health measures (*Sports Illustrated*, 1991). In this manner, Johnson was well poised to increase public awareness of heterosexual transmission of HIV and to highlight the need for HIV prevention among members of the population who were once perceived as a low-risk group.

In comparison to other celebrity disclosures, academic analysis of Magic Johnson is unsurpassed. Over 30 academic articles have been written on the issue of Johnson’s 1991 disclosure, and have documented numerous public responses to the news of his announcement (see Casey et al., 2003 for a meta-analysis). Studies indicate that media coverage of Johnsons disclosure increased the

number of persons seeking HIV counseling and testing (Cohn et al., 1992; Gellert et al., 1992), affected individuals concern about HIV and AIDS and perceived risk (Kalichman and Hunter, Kalichman et al., 1993), and prompted changes in the public's HIV and AIDS-related attitudes, beliefs, and sexual behaviours (Brown and Basil, 1995). This body of research indicates how media coverage of celebrity disclosure may serve as a persuasive communication event to increase public awareness of HIV and AIDS and to promote attitudinal and behavioural changes that reduce high-risk sexual behaviours.

A second line of research investigates the *how* and *why* of those effects. In this regard, identification was recognised as an important factor in Johnson's promotion of HIV prevention (Brown and Basil, 1995; Basil, 1996). This is based on the idea that if respondents perceive that a particular celebrity health communicator is similar to themselves; they are more likely to be affected by the messages communicated by that celebrity. The focus of interest in this present review is placed on the outcomes generated by audiences' identification with Johnson as a celebrity.

Outcomes Related to Identification

A key study in this regard is Brown and Basil (1995) who examined how audience involvement with Johnson affected the public's response to media coverage of his disclosure and appeal for HIV prevention. In the study, the public's involvement with Johnson through parasocial interaction was posited to mediate the effects of his messages. Results indicate that those who had a greater degree of emotional involvement with Johnson were more likely to show an increase in their personal concern about HIV and AIDS, concern about the risk of HIV transmission to heterosexuals, and intention to reduce high-risk sexual behaviours.

The findings also suggest that it was not merely exposure to the news of Johnson's disclosure that produced the positive influence on the public. The positive influence resulted from the favourable emotional attachment that the public, particularly adolescents and young adults, had with Johnson. Theoretical implications of these findings indicate that it is the celebrities who the public closely identifies with as a friend or a personal role model that will probably be the most effective health communicators.

The identification effect was probed again by examining the public's personal concern,

perceived risk, and intended changes in sexual behaviours a year after Johnson's announcement (Basil, 1996). The results of the study indicate that identification still continued to mediate message effects. The fact that the study's results were somewhat similar to those found one year earlier reiterates that identification is the source of a celebrity's effectiveness.

South African Media Personalities

While much research has been undertaken to understand the social impact of celebrity involvement on the HIV and AIDS pandemic through an analysis of international celebrities, a review of literature suggests there is little analysis regarding the involvement of South African celebrities with the pandemic. The closest work to document celebrity involvement in South Africa and audience responses to messages communicated by a celebrity was that undertaken by McGregor (2005) on Fana "DJ Khabzela" Khaba.

Reaching South Africa's Youth

In the biographical account of the late Johannesburg-based radio DJ, McGregor (2005) notes how Khaba was the first black celebrity to publicly disclose his HIV-positive status. The book also provides insight into how the popular DJ's public disclosure on April 16, 2003 impacted the public. The book narrates that before working for the popular youth radio station, YFM, Khaba had initially worked as a DJ for Soweto Community Radio (now Jozi FM) where he "began building up a following" among the townships black youth (2005:67). His pull with the township youth was proved when Khaba ascended to the hugely popular YFM radio station in where in a few months he had amassed the biggest audience at the station – "and it remained like that until he died" (2005:101).

Although YFM is not a community-based radio station, Khaba still "took his community with him" and continued to exclusively address community members, hence "all his references were township-related" (McGregor, 2005:111-112). More importantly, as someone who had come from humble origins Khaba felt committed to inspiring South Africa's black youth who at the time badly needed role models to guide them as they sought to make better lives for themselves in post-Apartheid South Africa. Subsequently, he coined the phrase 'Positive Youth of Gauteng' with the goal of "getting people to think positively" (2005:104). Thus, by the time of his disclosure Khaba had already established himself as a popular celebrity, having gained acclaim among many

of Gauteng's residents as a role model for the black youth.

Having built such a following, the responses to his announcement were overwhelming, and for the most part positive. For example, one of his fans vowed to follow his example by also getting tested, "I decided to get tested today! Thanks for giving me the courage. I only realised now how real HIV/AIDS is" (McGregor, 2005:148). Similar to Johnson, affective involvement with Khaba helped to produce changes in audiences' attitudes and intended/reported behaviours.

Further research on the impact of Khaba's disclosure highlights how the DJ's pull with the youth also meant that he was the best person to reach young people with HIV and AIDS messages. As documentary filmmaker, Reginald Colossa, who is responsible for producing a documentary based on the life and death of the popular DJ says: "He was loved and admired by many people but mostly the youth. That is why we feel he is ideal entrant for reaching the youth" (cited in Bambalele, *Sowetan Live*, 2009). That is why political commentators also believed that Khaba's story would have an important impact on young South Africans, aged 15 – 24, who are regarded as a high risk group (Manamela, 2004). Thus, given Khaba's popularity with the township youth, the DJ was in a position to leverage celebrity status to raise HIV and AIDS awareness and promote behaviour change among members of the public that were most at risk.

Raising Awareness through Dramatic Representation

After Khaba broke the silence surrounding HIV and AIDS through medium of radio, both academic and popular literature have addressed how South African television soap operas have drawn public attention to the pandemic by representing characters living with HIV (Blair, *Telegraph*, 2006; IRIN/Plus News, 2006; Wildermuth, 2006; KFF, 2007; Ridgard and Struthers, 2009; USAID/South Africa, 2003a; Marx, 2007).

Popular primetime soap opera *Isidingo – The Need* is regarded as being the first television programme to write in an HIV-positive character (IRIN/Plus News, 2006). In the article, Greg Coetzee, the current head writer of the soap opera states that through the character, Nandipha Sithole, the show hoped to breakdown the stigma surrounding HIV and AIDS and raise awareness about the progression and treatment of the disease. More importantly, the show wanted to show their many viewers that it is possible to live with HIV and manage it (IRIN/Plus News, 2006). Although the series was not deliberately designed for health education purposes, it still

aspired to inform people about the choices they face in relation to living with HIV.

In this manner, Hlubi Mboya became the first actress to portray an HIV-positive character in South Africa. Through an analysis of popular press coverage, Mboya emerges not merely as a soap opera actress, but also as a public figure that is conscious of her social responsibility. For example, in its April 2008 edition *Soul* magazine addresses the circumstances surrounding the actress' portrayal of Nandipha in *Isidingo*.

In the article, Mboya explains how the character was conceptualised at a time when people were neither accustomed to seeing a HIV-positive character nor one living positively with the disease. Mboya also points out that she was aware of the risk she was taking by agreeing to portray such a character, however she was not going to back down as "someone has to do it" (cited in Vilakazi, *Soul*, 2008: 21). Working in concert with the producers' quest to raise public awareness about HIV and AIDS Mboya, therefore, agreed to portray South Africa's first HIV-positive character.

Another magazine article titled "*Hlubi in the Back Seat*" carries a brief interview with Mboya wherein the actress speaks about the termination of her contract with *Isidingo*. In the article, Mboya remarks that although she has been portraying the role for a long time (10 years) she is looking forward to moving on to other projects. Given the nature of the character she portrayed for such a long time, Mboya states that she has become more aware of the pandemic, and is also aware of the role the character played in educating the public about the disease. Hence, she defines herself as "not just an actor", but rather as a "role model" (Premdev, *TV Plus*, 2011:10). However, there remains little analysis regarding the impact of the actress' portrayal of Nandipha on the public's HIV and AIDS-attitudes, beliefs, and behaviour.

Numerous print media articles have also noted Mboya's off-screen involvement with HIV and AIDS; however none have provided an extended discussion of her role as an AIDS ambassador. Thus, most of the literature found only briefly highlights Mboya's involvement with pandemic through mentioning her affiliation with various pro-social organisations which include: The Nelson Mandela Foundation, Reach for a Dream, The United Nations World Food Programme (WFP), and Read Educational Trust (Makhoba, *DRUM*, 2012; Orlin, *YOU*, 2010).

Increasing Public Knowledge through Personal Triumph

Since Khaba's disclosure, a second set of literature addresses South African celebrities living openly with the disease who use their own experiences to educate the public. Popular literature has drawn to examples such as singer Musa Njoko (IRIN/Plus News, 2010), former *Idols* contestant Tender Mavundla (Siyayinqoba/Beat-it, 2008), actress Lesego Motsepe (*Sowetan Live*, 2011), and entertainer Koyo Bala (Nyaba, *DRUM*, 2011).

A review of popular literature also reveals a definitive linkage between earlier mentioned Fana "DJ Khabzela" Khaba and contemporary media personality Criselda Kananda. Notably, Kananda began her broadcasting career in 2003 as a radio host living openly with HIV and has maintained a knowledge-raising role with the public through her informative talk shows (*Jet Club Magazine*; 2008; Msimango, *The Sunday Times*, 2010; Nkosi, *True Love*, 2011; Sibiyi, *Sowetan*, 2011; Gwebu and Ngcangisa, *Move*, 2012).

Literature on this theme also notes that Kananda was seven months pregnant when she was diagnosed HIV-positive in 1998, and was told that she had two months to live. It also explains how Kananda refuses to view her illness as a death sentence; instead she chooses to focus on arming herself with knowledge and the power of positive thinking. By adopting this positive approach, Kananda has managed to beat the odds and this has motivated her to seek ways of spreading positive messages throughout the country via broadcast media. Her health messages highlight the importance of pursuing a healthy lifestyle through a holistic wellness plan i.e. taking care of one's mental, physical, and emotional needs. While popular literature draws attention to how Kananda uses her own illness to raise public awareness, still little is known about the effects of her educational efforts on the public.

Conclusion

Through a review of relevant literature three features of celebrity involvement were singled out – celebrity disclosure, celebrity illness, and celebrity advocacy – as relevant to impacting HIV and AIDS. First, the agenda-setting influence of Rock Hudson’s public disclosure and AIDS-related death helped attract much media attention to the issue during the mid-1980s. This is because Hudson’s disclosure story helped the news media frame the issue of HIV and AIDS as a human problem. Moreover, Hudson’s celebrity status had an impact on how the AIDS story was driven by attention-grabbing media events, which, in effect, exposed millions of people in the country to important health information.

This review also provided a necessary foundation for future studies centered on celebrity disclosure, starting with former basketball player Earvin “Magic” Johnson, to understand the interplay of health communication with celebrities within a health crisis context. A substantial body of literature found that media exposure to Johnson celebrities contributed to attitudinal and behavioural changes among audiences. These studies also highlighted how audiences’ involvement Johnson through the process of identification was a critical factor in determining his effectiveness as a health communicator.

With regards to South African media personalities, a review of literature reveals that scholarly work on the impact of celebrity involvement on the HIV and AIDS pandemic is scant. Hence, the search for literature had to be augmented with articles sourced from print media. Nevertheless, the present study aims to contribute research to this field by presenting an assessment of South African media personalities who are currently active as HIV and AIDS communicators, as well as an audience reception study that will hopefully address the paucity of studies on the influence of celebrity disclosure and messages on the public’s health-related attitudes, beliefs, and behaviours. In order to analyse the impact of celebrity involvement on the South African public, a theoretical framework is provided to explain how audiences’ involvement with a media personality can affect their responses to health messages endorsed by that celebrity.

Chapter Three

Theoretical Framework

Exploring the Theories that Inform Audiences' Responses

As the selected literature confirms, media personalities play an important role in raising public awareness about HIV and AIDS and in promoting preventative health behaviours. Based on data gathered about Mboya, the same assertion may also be extended to television characters in entertainment programmes. Studies, however, suggest that exposure alone does not sufficiently explain audiences' attitudinal and behavioural responses to celebrity-endorsed health messages (Brown and Basil, 1995; Basil, 1996). With this in mind, the chapter considers two theories of social influence, *parasocial interaction theory* (Horton and Wohl, 1956, 1976) and *social learning theory* (Bandura 1977, 1986), to explain how audiences' identification with a celebrity and/or television character increases the likelihood of initiating attitude or behaviour change. Before discussing the literature published on these theories, attention will first be given to conceptualising audiences.

Framing Audiences

In order to begin the discussion, the term 'audience' will be defined. In media research the term describes "an assembly of listeners or viewers who come together...through shared consumption of film, television, radio, the internet, music, or advertising", as well as through the "readerships of newspapers and magazines" (Gillespie, 2005: 1). In defining a particular audience grouping one considers the place (country), people (age group), type of medium or channel (for example, television), content of its message (subject matter), and the time (screening time) concerned (McQuail, 2005). The term 'audience' is also used to refer to groups of people that are shaped by "social and cultural histories and conditions" (Ross and Nightingale, 2003: 4). This establishes the various factors – sociocultural backgrounds, personal attributes, media-related needs – that influence shared media experiences between various individual audience members.

Debates over the 'Audience' Concept

Media research pioneers first conceptualised audiences as 'receivers' when theorising about the effects of mass communication (Lasswell, 1948; Schramm, 1954). These early references to audiences as mere receivers reflected how communication was perceived as linear process with audiences being passive recipients of media stimuli (see Shannon and Weaver's Model of Communication, 1949). The *Magic Bullet* theory (Schramm, 1971) and the *hypodermic needle* theory (Berlo, 1960) also explain the same kind of process. According to this view, it is assumed that the mass media were so powerful that they could 'shoot' their messages like a magic bullet at audiences or could "inject" their messages into audiences. This earlier tradition of research is referred to as *media effects* and it focuses on finding out the impact or influence of the media on audiences (McQuail, 2005). Thus under the powerful and direct influence of the mass media, audiences were perceived as relatively passive and impressionable.

Over the years, mass communication research became less preoccupied with how media presumably affect individuals, and more with how audiences use and interpret the media and its texts (Livingstone, 2005). This latter tradition of research is referred to as *media uses* and views audiences as more active and selective media users who are in charge of their media experience, rather than as being easily susceptible to media influence (Gillespie, 2005). In contrast to the communication perspectives outlined above, audiences are now described in relation their active processing of media content.

Modern mass communication research also points out that no two audience members are the same and will therefore not respond in the same way to a media message (Baran and Davis, 2006). This relates to how people "vary in their prior knowledge and interests and in their access to alternative influences" (Livingstone, 2005:21). The media effects approach has been criticised for assuming that members of the audience are homogeneous and display similar responses to media messages (Livingstone, 2005). Conversely, the *media uses* approach suggests that the direct path from sender to receiver is complicated by contextual factors (i.e. economic, social and cultural factors) (Livingstone, 2005). This relates to how individual audience members are products of particular social settings or environments, and these will inevitably shape their involvement with a media message.

Audience Involvement with a Celebrity Health Communicator

With regards to celebrity-communicated health messages, audiences are now not only involved with the message but also with the message source. Studies suggest that the effects of these messages depend on audience involvement with the celebrity, or in some cases with the television character endorsing a pro-social message (Brown and Basil, 1995; Basil, 1996; Brown and de Matviuk, 2010; Brown et al., 2010; Sood and Rogers, 2000; Papa et al., 2000; Murphy et al., 2011). Thus, one of the important predictors of influence is involvement with the celebrity or character.

Involvement is a concept that communication scholars have used to describe how audience members as active media users relate to individuals depicted in and through the mass media. The two conceptualisations of involvement include: a) a motivational state that reflects the attitudes that people bring with them to the communication situation and b) the cognitive, affective, and behavioural participation induced by the media during media exposure (Rubin and Perse, 1987). More recently, Emily Moyer-Guse (2008) has proposed a more overarching category which incorporates the related constructs of identification, wishful identification (a viewer's wish to be like the character), similarity, liking, and parasocial interaction with regards to audience involvement with characters. In this study, four variables known to be related to involvement are examined – parasocial interaction, perceived similarity, identification, and affective involvement.

Parasocial Interaction

Media scholars have long challenged the assumption that relationships only occur between two individuals in real life by studying how audience members develop close emotional and psychological bonds with media personalities and television characters. This idea was originally developed by Donald Horton and Richard Wohl (1956) as “parasocial interaction”. The term was used to explain the sense of “interaction” that was conveyed to viewers by media personalities, as well as the “seemingly face-to-face relationship” that viewers develop with these media personalities.

The theory also explains how viewers of fictional programming feel as though they are involved to some extent in fictional events that are depicted on screen or sometimes have the sense that they are participating in imaginary interactions with characters (Horton and Wohl, 1976).

Therefore, parasocial interaction theory can be used to describe a form of involvement that is traditionally associated interpersonal or face-to-face relationships.

Parasocial Relationships

Researchers now use the term “parasocial relationships” to describe the affective bond that individuals develop over time with media personalities and characters in a variety of mass media contexts, including news programmes, commercials, television and radio talk shows, soap operas, dramas, cartoon programmes, televised sporting events, and situation comedies (Rubin et al., 1985; Rubin and McHugh, 1987; Rubin and Rubin, 1985; Houlberg, 1984; Alperstein, 1991; Brown and Cody, 1991; Rubin and Perse, 1987; Rubin and Step, 2000; Giles, 2002; Peckham, 2006). The theory establishes how an audience member creates the illusion of a friendship and/or relationship with a real person or fictional character that they have never met in real life.

In their studies these researchers also indicate that audience members tend to be more attracted to media personalities and characters who they perceive are similar to themselves. These perceptions of similarity are enhanced by shared characteristics such as gender, ethnicity, social class and age, it may also be influenced by other factors such as personality traits, feelings, beliefs, and experiences. This makes similarity a necessary antecedent to attraction. In this way, the expression of similarity facilitates relationship development with a media persona.

As a result of parasocial relationships, audience members may also exhibit varying degrees of identification with a media persona. Higher levels of identification are expected to increase the adoption of attitudes, beliefs, and behaviour modeled or advocated by that media persona, while lower levels of identification make the adoption of those thoughts, feelings or actions less likely (Basil, 1996). As previously mentioned, the public’s strong parasocial relationship with “Magic” Johnson influenced their receptivity of his health messages, in addition to their involvement with the content of the messages (Basil and Brown, 1995). In the context of this study, it is expected that audiences’ degree of involvement with either Mboya (or Nandipha) or Kananda through parasocial interaction may, therefore, positively influence their responses to their HIV and AIDS messages.

Psychological Underpinnings

This thesis applies Albert Bandura's (1977, 1986) social learning theory to explain how audiences' acquisition of new behaviours may be influenced by media personalities and television characters, even if they have formed a real or imaginary friendship with a media persona. Social learning theory explains how human thought and behaviour are subject to being shaped by both direct experience and observation (Bandura, 1977). The theory puts forth the idea that aspects of human behaviour can be learned by observing other people perform them. The observed individual is referred to as a model because he/she transmits a new style of behaviour through either "social, pictorial, or verbal display" (1977: 51). The model can be anyone, but must serve as an example by "eliciting and channeling behaviour" in observers (1977: 88). Thus, a model may be a peer, parent, sibling, or teacher.

The observer, then, "forms an idea of how new ideas and behaviours are performed, and on latter occasions this coded information serves as a guide for action" (Bandura, 1977: 22). Aside from exemplifying behaviours, models also serve as advocates by encouraging others to adopt new patterns of behaviours. They also convey novel styles of thought that can influence an observer's ideas, views and preferences (Bandura, 1977). In the process of modeling, the observer vicariously learns to enact these new responses and behaviours based on what they have seen or heard. The outcome is then observational learning through imitation. However, not all models are equally effective in prompting similar types of behaviours that they themselves exemplify (Bandura, 1977). In this regard, identification is pinpointed as an influential mechanism.

Identification

The identification construct originated from Herbert Kelman's (1961) typology of social influence processes. According to Kelman, identification occurs when an individual adopts an attitude or behaviour from another person. In this scenario, however, identification is framed as a process wherein influence is accepted in order to establish or maintain a desirable "self-defining" relationship with that person (1961: 61). Thus, the social influence occurs through an individual seeking to emulate a person because they admire him or her.

On the other hand, Bandura's uses the notion of identification to explain how an individual's likelihood of enacting a behaviour depends on that person perceiving themselves as similar to the model (Bandura, 1986). These perceptions of similarity can be influenced by the model's personal

attributes (gender, race, age) and social background (social class, education, religion). The theory argues that an observer may also identify with a model who fits the perception of how that observer sees, or would like to see, themselves (Bandura, 1986).

Moreover, the theory asserts that high-profile persons like media personalities gain distinction as effective models based on how the public holds them in high esteem; hence they have “greater functional value” for observers (Bandura, 1977: 88). In this way, Bandura’s theory explains how people’s perception of a model is also influenced by their status in society or personal attributes that are seen to be desirable. Ultimately, it appears that media personalities may be useful in conveying important behaviours either as models that exemplify socially desirable behaviours or as advocates of those behaviours.

Social Learning and Mass Media

Mass media has not only increased exposure to modeled activities, but also the range of models available to children and adults alike (Bandura, 1977). For example, via the television medium audiences can learn socially desirable behaviours from models – in this case, fictional characters – depicted in a television series. A second advantage found in television relates to how the models presented in televised form are very effective in capturing attention so that audience members learn much of what they see without conscious effort (Bandura et al., 1966). Accordingly, time spent by individuals in front of the television may help viewers, inadvertently, learn new social norms by observing dramatic models of behaviour.

These modeled behaviours can be learned vicariously by the audiences through observing the character’s behaviour and its consequences. According to Bandura (1977), visual media such as television and film portray settings and experiences which can influence audience members’ behaviour through symbolic representations of modeled activities. By watching these representations observers can acquire new patterns of behaviours which can serve as a guide for appropriate future responses.

Accordingly, entertainment-education television programmes which aim to change behaviour regarding an educational issue or topic use characters that represent good role models to promote socially desirable behaviours (Sabido, 1989). Hence, when a character representing the value being promoted performs a socially desirable activity, he/she is rewarded immediately.

Conversely, when a negative role model performs a transgressive act that counteracts the value being promoted, he/she is immediately punished (Singhal et al., 1993). For this reason, exposure to models that display inappropriate or antisocial behaviour and are thereafter punished may discourage or restrain similar behaviour in observers.

Such learning is due to vicarious reinforcement, because learning occurs when observers feel as if they are also being rewarded or punished for some behaviour (Bandura, 1965). In this scenario, audiences do not actually experience the rewards or consequences; rather they experience them vicariously through the use of media representations. Television audience members have also been shown to be empowered by the choices and experiences positive role models make as they evolve towards the adoption of positive behaviours (Singhal et al., 1993). Arguably, television lends itself as one of contemporary society's most dynamic mediums because of its ability to involve viewers in the lives, loves, and losses of familiar fictional characters who serve a greater purpose within society.

Self-efficacy

Social learning theory distinguishes between acquisition and performance because people do not enact everything they learn from others (Bandura, 1977). Social learning theory recognises a number of factors that determine whether people will act on what they have learned. As has been discussed, people are more likely to adopt modeled behaviour if the outcome is rewarding than the reverse. However, performing an exemplified or advocated health-related behaviour that affects an observer's sexual and reproductive behaviour may demand a stronger stimulus inducement. This refers to an activator that increases the likelihood of a learned behaviour being tried (Bandura, 1977).

Consequently, self-efficacy is an important factor to examine, especially with regards to executing self-directed actions after exposure to models enacting socially desirable behaviours. Self-efficacy refers to an individual's capacity to recognise their own ability to effect change with a view to achieving control over prospective situations (Bandura, 1995). The concept draws attention to the importance of a person's cognitive reflections when he or she evaluates a media message (Papa et al., 2000). This makes an individual's perceptions of self-efficacy a necessary step before he/she engages in meaningful behavioural change.

Self-efficacy is also important in determining how long a chosen course of action will be sustained in the face of difficulties and an individual's resilience after encountering obstacles (Bandura, 1995). Modeling and self-efficacy feature widely as dual variables in HIV and AIDS campaigns as such a duality creates a holistic approach to providing knowledge and skills to individuals, along with the confidence needed to carry out necessary preventative behaviours (Melkote and Steeves, 2001). One may theorise self-efficacy as the deciding factor which impacts an individual's performance of a new behaviour.

Conclusion

This chapter started with a discussion of how mass audiences actively engage with media content, rather than passively receive media messages. This perspective is central to understanding how media messages may influence audience thinking and actions within a mediated context. With regard to celebrity-communicated messages, an important predictor of influence is involvement with the celebrity, or in some cases involvement with a fictional character that endorses a message.

Past studies of audience involvement have considered the imaginary relationship and attachment that could take place between media users and media figures (from celebrities to fictional characters). Viewers also tend to be more attracted to celebrities and characters who they perceive are similar to themselves. Consequently, audience members may also exhibit varying degrees of identification with a media persona. Higher levels of identification are expected to increase the adoption of attitudes, beliefs, and behaviour modeled or advocated by that media persona. Therefore, audience involvement with a media persona through parasocial interaction is expected to mediate the effects of exposure to their HIV and AIDS messages.

Bandura's social learning theory provided psychological insight into how a media personality's actions serve as a cue for audience members' future responses and behaviours. The theory suggests that audience members can learn new behaviours by observing a model. In this way, modeling serves as the principal way of transmitting new forms of behaviour, as well as new ideas and values. Social learning theory also acknowledges that high levels of identification are expected to result in cognitive and behavioural effects. Social learning theory also points out the importance of self-efficacy as the last step in ensuring that an individual turns cognitive reflections into actions. This is especially important for the performance of HIV preventative behaviours.

This chapter brings to the fore how media personalities and television characters can effectively influence attitudinal and behavioural changes among audience members, but these changes are not due to direct effect of exposure, rather the critical factor underlying messages effectiveness is identification. These theories explain how media personalities are more expected to increase the likelihood of audience members adopting health-related attitudes and behaviour, rather than directly changing them. Having established an academic foundation for this thesis, the methodological approach to this study will be outlined in the following chapter.

Chapter 4

Research Methodology

Outlining the Methodology Chosen for the Research

This chapter outlines the research methodology that has been applied to conduct this study and articulates the activities the researcher undertook in carrying out the study. In this study, the researcher was interested in exploring how media personalities influence the way audience members think and act within the context of HIV and AIDS education and prevention. As discussed in the theoretical framework, audience involvement with popular media personalities can have an important influence on their attitudes, beliefs, knowledge, and behaviours. Given the growing reach and proliferation of entertainment media during the last several decades, the social influence of celebrities has likely never been greater than it is today – in the 21st century (Brown, 2010). Hence, it was on this basis that the study sought to explore and describe:

- The role media personalities play in the fight against HIV and AIDS through mass communication channels – namely, television and radio.
- Audiences' responses to Hlubi Mboya with regards to her portrayal of an HIV-positive character in *Isidingo* and off-screen as an HIV and AIDS activist.
- Audiences' responses to Criselda Kananda as a celebrity living openly with HIV and as a radio host who uses her talk show to provide HIV and AIDS information.

Research Design

In order to address the research objectives stated above, the study adopted a qualitative research approach. Given the exploratory and qualitative nature of the study, its goals were best accomplished through use of a qualitative research methodology. With regard to audience research, qualitative methods are designed to help explore and understand media audiences, media-related reactions and behaviour, and the impact of the media through procedures that produce descriptive data – that is, people's spoken words and observations (Gunter, 2000). This research approach is preferable to a quantitative audience study, which mainly focuses on the

collection of numerical or quantified data that produces outcome-based findings, as opposed to the processes that represent these findings.

In this context, a qualitative approach facilitates a more in-depth and detail-orientated study (Patton, 2002). Hence for audience research, the approach entails the use of research techniques that enable respondents to converse freely about their media experiences as they express their thoughts and feelings about media content in their own terms (Gunter, 2000; Morley, 1980). The qualitative approach was, therefore, particularly useful in collecting the data needed to address the study's exploratory objectives and aims. The study's exploratory design was determined by how there has been little analysis regarding the impact of celebrity involvement on HIV and AIDS within the South African context thus far. Hence this study's exploratory nature will assist in gaining insight into this subject matter.

Data Collection

Data was collected between February 2011 and March 2012. An empirical research design using both primary data (in-depth, semi-structured interviews) and secondary data (existing textual data and content analysis) was applied to the study. With regard to collecting primary data, the interviewing process is considered as "the major way in which qualitative researchers seek to understand the perceptions, feelings, and knowledge of people" (Patton, 2002: 21). Practically, the interviewing process was useful for gathering information from audiences about their media-related experiences.

Interviews

The semi-structured interview approach was specifically used. In this form of interview, the researcher is not confined to a rigidly set framework; therefore allowing the respondents to provide detailed and diverse responses to questions posed by the researcher (Babbie and Mouton, 2001). Hence, the semi-structured interview approach was chosen because it provided the researcher a certain degree of flexibility to explore related topics that might arise during the interview. Subsequently, while a carefully drawn-up interview schedule was used as a guide, the interview process also made allowance for the discussion of individual experiences and perspectives that somewhat diverged from the interview schedule.

Moreover, the interviews were also structured in a manner to avoid eliciting specific responses

from audience respondents who might be living with HIV or AIDS. This was in keeping with the study's stated objectives of focusing on audiences' media-related experiences and perceptions in relation to celebrity-communicated HIV and AIDS messages without implying a direct correspondence to audiences that are personally affected by the pandemic.

The data collection process commenced with identifying South African media personalities who were actively involved in communicating HIV and AIDS messages. The search was narrowed down to two media personalities – Hlubi Mboya and Criselda Kananda – who had some presence in the media in terms of their dissemination of HIV and AIDS messages during the months preceding the writing of this study. In addition, their involvement is believed to be based on a genuine need to contribute to the fight against the pandemic.

The selected media personalities were then contacted through Facebook for individual face-to-face interviews. Individual interviews are regarded as the best means of obtaining information from persons in high-level positions (Barker and Angelopulo, 2010). Alternatively, if the selected media personality seemed willing but did not have the time to meet with the researcher, it was suggested to them that they could answer questions via email at their leisure. Although social networking does allow members of the public to reach out to and interact with celebrities, it is not enable one to solicit high profile individuals for formal purposes. Due to this limitation, only one face-to-face interview could be arranged.

For this study, Mboya granted the researcher a face-to-face interview which took place on July, 2011. The researcher travelled to Johannesburg to interview her at the agreed meeting place. The interview lasted forty-five minutes. On the other hand, Kananda gave the researcher her email address to enable the researcher to forward her questions. The questions, along with a detailed description of the study, were duly sent. However, there was no response. The researcher resent the questions, but still there was no response. Finally the researcher had to rely on secondary interview data, which entailed monitoring print and online media for articles that featured Kananda and included information about her HIV and AIDS-related endeavours.

The questions posed to the selected media personalities attempted to uncover the following: When did their involvement with the pandemic begin and what was the motivation behind this decision? What HIV and AIDS-related activities do they engage in and what response or feedback have they received from their respective audiences? Where does the main focus of their HIV and

AIDS-related messages lie for example in encouraging the public to live positively with the disease or in providing young people with the needed skills to negotiate sexual relations? For the full interview guide please refer to Appendix A. In addition, this study made an effort to include primary data from individuals who play a role in producing HIV and AIDS media messages during the programme compilation stage such as programme producers.

To elicit the audience members' responses on celebrity-communicated HIV and AIDS messages, focus group interviews were used. One of the benefits of using focus groups lie in the group's interaction which generates data that reflects the diverse ways individuals perceive and do things. Thus, focus groups are more likely than individual interviews to produce "the element of unpredictability that enriches the analysis, taking it beyond the limits of what the researcher was capable of anticipating as being of interest in the area of study" (Schroder et al., 2003:153). Since Mboya and Kananda's HIV and AIDS-related activities do not overlap, the respondents were grouped according to their knowledge of either Mboya or Kananda. In order to effectively moderate and facilitate the focus groups discussions a relatively small number of 3 to 6 respondents was used for each group.

Sampling and Selection

Respondents were selected using the purposeful sampling technique. This meant that the respondents were "selected non-randomly because they possess a particular characteristic" (Frey et al., 1991:135). Thus, each of the respondents possessed a characteristic that was central to the purpose of the study. In other words, the respondents were "information rich" (Patton, 2002: 40). This enabled the researcher to adequately gain insight and in-depth understanding, as opposed to empirical generalisations, about the particular topic being researched.

The demographics of the study sought individuals who met the following criteria: The respondents needed to display active interest in Mboya and first-hand, in-depth knowledge of the Nandipha storyline from *Isidingo* because of regular exposure during the airing of that particular storyline on the series. Alternatively; respondents needed to display routine interest in Kananda because they regularly listen to her weekly radio talk shows or have often watched her being interviewed on television and read newspaper/magazine articles written on her. Since the study establishes its place in celebrity culture, it was fitting, therefore, that the selected respondents ranged between 21 and 29 years of age.

The respondents were recruited using the snowball technique. This involves locating information-rich respondents through referrals offered by well-situated friends, family members, and colleagues (Patton, 2002). In this way, the snowball gets bigger and bigger as potential respondents are recommended. As a University of KwaZulu-Natal (UKZN) student, the recruiting process started with approaching other students who suggested further contacts that possessed the specified criteria and were, moreover, willing to be part of the study. This meant that respondents were all geographically located in Durban and represented a university demographic. Although focus groups may comprise a demographically-homogenous audience, a range of opinions can still emerge owing to the diverse social and cultural backgrounds present among the respondents (Gunner, 2000). This was the case with the students who participated in the focus groups whose various backgrounds and experiences meant that the study was able to derive various responses.

There were 15 respondents who participated in the study, 13 females and 2 males. The female gender represented the majority, as statistically they were the predominant watchers of *Isidingo* and were found to display more interest in the selected media personalities who are also female. Once the chosen respondents confirmed their availability, the aim of the study and purpose of the interview were clearly explained and consent obtained. The interviews were conducted in one of study venues located on UKZN's Howard College campus which provided a private space to facilitate an open and confidential discussion. Four focus group interviews were conducted in all each lasting between 30 and 45 minutes, and were recorded using a voice recorder. The interviews were later transcribed verbatim and then analysed.

Summary of Focus Groups Interviews

With regards to the focus groups, other than the HIV and AIDS-specific questions that were posed to the respondents, the researcher attempted to address the following questions: Are you familiar with the HIV and AIDS-related activities that Mboya or Kananda are currently or have been engaged with? Do you consider them effective communicators of HIV and AIDS messages, if not why? What are the factors, if any, that are aiding their delivery of HIV and AIDS media messages? How does their involvement with the HIV and AIDS issue affect your health-related attitudes, beliefs, and behaviour? For full interview guide please refer to Appendix B.

The first focus group discussion was centered on Kananda and it consisted of three female respondents. The discussion was found to be upbeat and yielded valuable findings about how

audiences perceive Kananda as a celebrity role model. The second group discussion also focused on Kananda and it consisted of one female respondent and two male respondents. It was important to include males in this study so as to obtain variations in response in terms of how celebrity-communicated health messages influence audiences. However, the recruitment of male respondents for this study was a challenge because of lack in-depth knowledge about Kananda. In order to mitigate this challenge the focus of discussion was widened to include other HIV and AIDS-related topics. Nonetheless, discussion did include reference to segments from the most recently aired broadcast of *Wellness Talk*. Generally the group needed a lot of prompting.

The third and fourth focus group discussions were centered on Mboya. The third group consisted of three female respondents who were well-versed about Mboya in relation to her role as Nandipha in *Isidingo*. Although discussion was not lively, respondents gave well-considered comments about the issue of celebrity involvement. Overall, the tone was skeptical about the role celebrities play within the realm of public health and development. The fourth group comprised of six female respondents. This relatively larger number of group members proved beneficial for discussing Nandipha as the respondents were able to trigger one another's memories on aspects of the character's HIV storyline. Respondents in this group represented a younger age bracket – early 20s. The discussion frequently went off-topic to include other popular culture references. However, discussion gave insight into young people's increasing apathy of HIV and AIDS media messages.

Data Analysis

It is during this stage that unprocessed and unstructured data is organised into a format that is easy to work with. In qualitative studies, data analysis is described as “the process of bringing order, structure, and meaning to the mass of collected data” (Marshall and Rossman, 1995:111). After this initial phase of analysis, the interpretation stage guides the research process towards determining the relevance and usefulness of the research findings (Du Plooy, 1995). The final stage is when the qualitative researcher achieves rich, in-depth understanding of the studied people or phenomenon (Atkinson and Hammersley, 1994). However, before this can be achieved a qualitative researcher needs to follow systematic procedures to analyse their primary data.

The open coding (Creswell, 1998) method was used to analyse the verbatim transcripts of the interviews. Coding is defined as a systematic way of developing and redefining interpretations of

textual data (Lincoln and Guba, 1985). As a method, open coding is described as the “process of breaking down, examining, comparing, conceptualising, and categorising data” (Strauss and Corbin, 1990:61). The process also helps the researcher reduce the volume of raw data, separate trivia from significance, and identify noteworthy patterns (Patton, 2002). The process, therefore, allows the researcher to effectively make sense of highly-detailed interview data.

In this study, open coding was done in a similar way to Tesch’s (1990) suggested eight steps which can be used as a guide to code data. This involved: 1) reading through the data several times and making notes as ideas came to mind; 2) picking up one interview and going through it and finding out what it is about. Tesch suggests that at this stage the researcher should be concerned with uncovering its underlying meaning, not thinking about the substance of the information; 3) after doing this for all the interviews the researcher then started listing of all the topics, grouping similar topics together, then arranging them into columns under the following headings: major topics, unique topics, and leftovers; 4) taking the list and going back to the data, abbreviating the topics as codes and then placing the codes next to the corresponding sections in the data. From this preliminary process, the researcher then noted any emerging categories and codes; 5) grouping the topics that are similar in order to reduce the list into fewer categories, identifying the relationships between categories; 6) making a final decision on the abbreviations made from the categories and alphabetising these codes; 7) assembling all the data material belonging to each category in one place and performing a preliminary analysis; and 8) recoding the existing data.

The topics and codes that emerged from the data during this analytical process are: HIV and AIDS (H/A), HIV and AIDS-related Radio shows (H/ARS), HIV and AIDS-related Television Shows (H/ATS), *Wellness Talk* (WT), Criselda Kananda (CK), Celebrity Advocates (CA), Hlubi Mboya (HB), Nandipha (N), HIV-positive Celebrities (HpC), and HIV-positive Television Characters (HpTC).

Ethical Considerations

In an effort to respect the rights, dignity and welfare of the respondents, the researcher observed and adhered to the following basic principles of ethical conduct:

The right to privacy, confidentiality and anonymity: The researcher adhered to this principle by not using the respondents' real names and disclosing findings that the respondent doesn't want recorded. All tape records and transcripts will be destroyed upon the completion of the study.

Informed consent: Respondents were explicitly informed of the purpose and objectives of this study through an informed consent form. The consent forms were given prior to the interviews wherein respondents were presented with the option of anonymity and guaranteed confidentiality, as well as the option to withdraw from the research study at any time. A consent form is attached as Appendix C.

Deception of respondents: The nature of the research is based on honesty; hence effort was made not to withhold important details from the respondents. The investigator is aware of that the respondents participation is voluntary; therefore the option to withdraw from the research process was made known from the onset.

Right to protection from discomfort and harm: This study may pose an emotional challenge to respondents in that it requires them to talk about issues surrounding HIV and AIDS such as stigma and discrimination. Even though respondents were selected on the basis of possessing certain media-related criteria, the focus group interviews were still conducted in a professional manner in respect of respondents who may be personally affected by the disease. Hence, questions were formulated beforehand in order to stay away from negative or offensive overtones that may possibly upset respondents.

Limitations

One of the major limitations of this study had to do with the recruitment of respondents. It was difficult to find respondents who had started watching *Isidingo* from as early as 2003/2004 when Nandipha's storyline started to revolve around her HIV-positive status or a reasonable number of respondents who regularly listened to Kananda's talk show on Metro FM given the talk radio format's unpopularity with younger audiences. Hence, the size of the sample makes it impossible to generalise the findings of this study to the broader South African society.

Secondly, the respondents mostly represented the female gender, therefore it is possible that their responses might have shown a gender bias. Thirdly, failure to acquire primary data from the other selected media personality, Kananda, limited this study's full understanding of her involvement with the pandemic, especially during 2003 when the relationship between celebrity and HIV and AIDS had just started in South Africa. Fourthly, by focusing on only two celebrities, even with the inclusion other notable celebrities, the present study offers only a snapshot of the role South African media personalities play in the fight against HIV and AIDS. Despite these limitations, this study's findings still help to shed light on a topic that has not received much scholarly attention.

Conclusion

The chapter discussed the research methodology chosen to conduct the study and explained the reasons for adopting such a methodology. The research methodology was determined by the study's general objective to understand the impact of celebrity involvement on HIV and AIDS. Based on the research's exploratory nature, the qualitative research approach was deemed the most appropriate choice. Thereafter, the chapter clearly defined the steps followed when conducting the study starting with the data collection techniques used for collecting empirical data (individual and focus group interviews), sampling and recruiting techniques used for gathering a suitable sample, and lastly data analysis procedures used to shape data into information. Chapter 5, 6 and 7 will then present and analyse the data by addressing the research objectives.

Chapter 5

Hlubi Mboya

Examining the Role of Celebrity Advocacy

“HIV/AIDS awareness is my life’s work” Hlubi Mboya, 2011

The purpose of this chapter is to examine the role of celebrity advocates who support HIV and AIDS awareness and prevention efforts. The standard view of celebrity advocacy focuses on the ability of celebrities to help causes garner news coverage and draw public attention to issues such as hunger, global warming, and disease eradication (Thrall et al., 2008). Actress Hlubi Mboya’s involvement with the pandemic can be traced back to her widely-watched portrayal of Nandipha Sithole – an HIV-positive character – on the television South African soap opera, *Isidingo – The Need*. During the years (2000 – 2011) that Mboya was on the series she was viewed by millions of people in South Africa and neighbouring countries (Tlelima, 2011). The role not only launched Mboya into stardom, but it also influenced her to take on the real-life role of an HIV and AIDS activist.

As one of the most recognisable faces in southern Africa, Mboya works alongside various pro-social organisations communicating health messages across the country and in other African states. Her frequent appearances in the media allow her to further communicate and increase awareness about the HIV and AIDS issue. In order to frame the context of this examination, background information is first provided about Mboya, which is drawn both from the researcher’s personal interview with Mboya, as well as previous media interviews and other print sources.

The Rise of Hlubi Mboya

Hlubi Mboya was born in the Western Cape on March 2, 1978. After completing her studies at the University of Cape Town (UCT), Mboya decided to pursue an acting career. Subsequently, she moved to Johannesburg and got her first acting job on *Isidingo* in late 2000. On *Isidingo* she played the role of Nandipha Sithole, a role she took on after the actress who originally played the role was dismissed from the show (TVSA, 2011).

Bringing Nandipha to Life in the Time of HIV and AIDS

Since *Isidingo* began broadcasting in July 1998, the series has provided social commentary on issues affecting South Africans such as racism, domestic violence, and HIV and AIDS (Tlelima, 2011). The series first attempted to address the HIV and AIDS issue through the character Trish (played by Dorothy Ann Gould) who was declared HIV positive in 1999. However, according to one of *Isidingo*'s head writers, Mitzi Booysen, the show withdrew from fully playing out the character's story, stating that they "chickened out" (Blignaut, *Mail and Guardian*, 1999). This decision may be understood in relation to the sensitive nature of the topic at the time. It can be noted that during the previous year (1998) a HIV-positive woman, Gugu Dlamini, who was a public campaigner for HIV and AIDS was stoned and stabbed to death by residents from her Durban township. Her death came after she publicly announced her status during a radio broadcast on World AIDS Day, 1 December 1998 (Singhal and Rogers, 2003).

Speaking on the incident Dlamini's 26-year-old daughter, Mandisa Dlamini, states, "Community members thought my mother was endangering them with her illness [and] disgracing them by speaking out. So little was known about HIV back then" (cited in Horning, 2012:100). The incident remains an extreme display of the stigma and discrimination associated with HIV and AIDS which make it difficult for people living with HIV and AIDS (PLWHA) to be open about or to disclose their HIV-positive status.

Isidingo's producers waited a few more years before re-addressing this social issue through the series' storyline. This shows how soap operas cautiously pursue social concerns in order to avoid affronting audiences and losing viewership (Geraghty, 1991). A contributing factor to the cautious approach has been the need for broadcasters to provide advertisers with a relatively regular and quantified market. Hence, it is important that soap operas do all they can to "attract and hold a national audience" (Allen 1987:144). These economic and social imperatives inevitably define

the parameters within which a prime-time serial can engage with social problems such as HIV and AIDS.

Nonetheless, from the outset the producers wanted the show to be recognised as ‘real’ as purported by the show’s publicist David Wilson (*SABC Radio and TV Talk*, 2000). With this in mind, the producers’ eventual decision to tackle the HIV and AIDS issue can be explained by how they endeavoured to “deal with the reality of the country” as stated by head *Isidingo* producer Pumla Hopa (Interview, 2011). Subsequently, *Isidingo* once again decided to broach the HIV and AIDS issue.

In 2003, during Mboya’s third year of playing Nandipha the show’s producers, with the actress’ consent, decided that the character’s storyline would change to incorporate the HIV and AIDS theme. The actress explains that the change in Nandipha’s storyline was in reaction to the mounting health crisis posed by the HIV and AIDS pandemic in the country; hence various mediums, including those of the arts, felt compelled to act (Mboya, Interview, 2011). In tandem with the above, the show’s producers felt it was necessary to represent the television drama field and add their voice to the multi-disciplinary discussion that was taking place at the time with regards to HIV and AIDS (Hopla, Interview, 2011).

Mboya, thus, was the first actor to portray an HIV-positive character on television at a time when it was not common to see an HIV-positive television character, especially one who was portrayed as an advocate for positive living (IRIN/Plus News, 2006); Mboya, *Soul*, 2008).

Isidingo’s head writer, Greig Coetzee, states that Nandipha was used to change the public’s “fatalistic approach” by showing audiences that one can live with the disease and still lead a healthy and productive life (Blair, 2006). In this manner, both actress and producers were poised to break new ground by taking on the responsibility of bringing such a weighty character to life.

In this regard, Mboya credits her father for encouraging her to take on the challenge. She describes him as being socially aware due to working for The New Partnership for Africa’s Development (NEPAD) (Mboya, Interview, 2011). Mboya adds that because her father works for an organisation that operates as a vehicle for fostering socio-economic development within African countries, hence he understood the importance of such an enterprise. He told her that nothing bad could come from ‘planting a good seed’ since people needed to be educated and her character was right there to do that. Furthermore, he helped her reason that since the series was also using

Nandipha's storyline to inspire hope it was going to be worth her effort to be part of this positive impact (Mboya, Interview, 2011). Hence, it was against this social and personal context that the actress made the decision to portray South Africa's first HIV-positive character on television.

The Nandipha Sithole Story

Isidingo is set in a fictional mining town called Horizon Deep which is located on the outskirts of Johannesburg. Nandipha is a glamorous television presenter on the community's television station, ONTV! The character uses this medium to publicly announce her HIV-positive status, in effect attaching a 'real' element to the announcement (Hopa, Interview, 2011). According to the producers, Nandipha's public announcement garnered a huge response from viewers.

Followers of the series learned that Nandipha had survived abduction and rape at the hands of an abusive ex-husband, an ordeal that left her HIV-positive. Nandipha's background story helped audiences empathise with her and see that her status was not the outcome of any indiscretions on her part, but "due to an external perpetrator" (Hopa, Interview, 2011; Wildermuth, 2006:17). In a sense, Nandipha is exonerated from blame and culpability for her HIV positive status – thus, issues of "personal responsibility, sex and sexuality are not raised" through the character's depiction (Wildermuth, 2006: 16). In this regard, it should be noted that ideas about HIV transmission are linked with ideas about immoral and/or irresponsible behaviours (Ross and Levine, 2002; Stein, 2003).

Furthermore, research conducted among community dwellers in KwaZulu-Natal indicates that PLWHA are purposely stigmatised by fellow community members as way of punishing for "step[ping] out of line" (HIVAN, 2005). By depicting Nandipha as an innocent victim of HIV, one may argue that the show attempted to minimise any social or moral judgments on the part of audience members – a factor that could potentially hinder their full engagement with the character.

Nandipha's storyline was essentially about survival from a troubled childhood to eventually leaving an abusive relationship (Mboya, Interview, 2011). Based on how and why Nandipha was portrayed (to educate and inspire audiences) the show's producer states that Nandipha may be considered a role model (Hopa, Interview, 2011). Besides dealing with her HIV-positive status as well as with love and work problems, audiences also witnessed how Nandipha managed to

empower herself and make a success of her life. This was first by leaving an abusive relationship and finding employment as a domestic worker; then later as a fledgling TV star and by marrying a man (Parsons Matabane) who loves and respects her (van der Linden, 2005). The depiction of Nandipha's shift from 'victim' to empowered person provides a unique opportunity to examine Nandipha as a role-model.

Nandipha: The Role-Model

Her (Nandipha's) story was a sad one, but as the years went by, Nandipha proved that people who are HIV-positive should not sit around waiting for death, but rather grab life by the horns and make the best of it. It was because of her I became an activist for HIV and AIDS (Mboya, *TV Plus*, 2011).

From the actress' perspective, the driving force behind her character was to show people that HIV is not a death sentence, and that with proper care and support an infected person is able to live a long and productive life. Thus, after Nandipha discovers that she is HIV-positive her storyline begins to revolve around her paying attention to her health, such as taking ARVs. In this manner, the character served to raise awareness about the correct response to and treatment of the disease.

The importance of this message may be appreciated against the context of the time. During Thabo Mbeki's presidency (2000 – 2009) the provision of ARV treatment (ART) for PLWHA by the government was delayed due to the government proposing an alternative vitamin cocktail as an alternative to ART (Nattress, 2005). This decision placed President Mbeki and his Minister of Health, Manto Tshababala-Msimang, as well as his government at odds with the general public, including doctors and AIDS activists (Abdool Karim and Baxter, 2010). During 2003, in a surprising turnaround Mbeki's government decided to provide ART for free in public health services. However, it is believed that if the decision had been made 3 years earlier it would have saved an estimated 330 000 lives (Abdool Karim and Baxter, 2010).

In addition, another factor that may have hindered the public's uptake of ART is the fact that many African people favour traditional remedies over western medicine which is in line with the belief that the disease (and its accompanying opportunistic illnesses such as TB) is caused by witchcraft (Ashforth, 2005). In this manner, *Isidingo's* inclusion of ART in Nandipha's HIV storyline proved to be an essential component of the show's response to the pandemic.

Thus, the show's stance to educate audiences about HIV and AIDS was well received by a number

of health-related organisations, for example the Centre for AIDS Development Research and Evaluation (CADRE) (IRIN/Plus News, 2006). CADRE's then executive director, Warren Parker, remarked that *Isidingo*'s portrayal of someone coping with infection through the correct course of action offered a fresh approach to talking about HIV prevention, treatment and care. Parker's observation may be viewed as a direct response to the 'AIDS fatigue' situation in many Southern African countries, whereby people are tired or bored of constantly hearing about the pandemic and its impact (The Panos Institute, 2005: 11). Hence, as a communication strategy, the combination of educational messages with entertainment value television shows, otherwise known as entertainment-education (EE) (Singhal and Rogers, 1999) is recognised as countering this effect in a different, yet effective, way.

While *Isidingo* is not an entertainment-education show per se with a set mandate to educate the public about HIV and AIDS, its recurring address of HIV-related issues has given rise to "unsubstantiated, yet optimistic claims regarding *Isidingo*'s role as a communicative agent of change" (Wildermuth, 2006:4). In this respect, one may argue how Nandipha's portrayal has contributed to the awareness and discussion of HIV and AIDS, and in so doing played a role in challenging harmful social beliefs and practices.

On the other hand, arguments may be raised concerning the series' depiction of a HIV-positive person through a black female character. The danger lies in how such a representation "may reinforce stereotypes of HIV/AIDS as a 'black' disease and as an issue largely for women, not men", thus causing other population sectors to be perceived as immune to the disease (USAID/South Africa, 2003:9). That is why in recent years, the media has been called to show how HIV and AIDS affects everyone by "ensuring a broader representation of PLWHA in terms of demographics such as race, gender, age, and geographic location" (2003: 9). Notwithstanding the validity of such arguments, the counterpoint is that the character of Nandipha may be read as mitigating stigmatised images of PLWHA.

The production of stigma-mitigating messages relates to the use of various forms of media to produce awareness messages and storylines that counteract stereotypical representations (USAID/South Africa: 2003). Encouragingly, the character was portrayed by someone who is considered beautiful; hence for the show's producers there was a feeling that Nandipha could counteract the negative perception that the pandemic only affects those who appear to be unattractive and improvised or socially disadvantaged (Hopa, Interview 2011). Because the

symptoms of AIDS-related illnesses are considered repulsive, ugly, and disruptive to social interactions, the HIV and AIDS body is highly stigmatised (Herek, 2002). Hence stigmas of body inform how people ‘see’ PLWHA (Gilbert and Hall, 2009). This also informs stereotypical representation of PLWHA as “sick and dying” (USAID/South Africa, 2003: 8).

Based on how Nandipha’s appearance contrasts with these perceptions, it can be noted how *Isidingo* appropriates a stigma reduction intervention. This is done by challenging stereotypical perceptions of PLWHA with regards to personal appearance and attributes. Considering how stigmatisation has an extreme and often debilitating impact on PLWHA, social responses that target stigma reduction qualify as being equally important in addressing the HIV and AIDS pandemic (HIVAN, 2005).

In agreement with the show’s producers and writers, Mboya also feels that the series transformed audiences’ understanding of living with HIV, in that her character provided a means to “demystify HIV and AIDS” and to “de-stigmatise the stigma” (Mboya, Interview, 2011). That is why she feels that characters like Nandipha are vital because they educate audiences from a non-medical standpoint, but through a relatable narrative, that the disease is manageable and the stigma is not necessary. Thus, through the inclusion of characters like Nandipha valuable information is dispensed in an “entertainment context thus making it more palatable and reaching larger audiences (Marx, 2007).

The social impact of Nandipha’s story may be tentatively measured through the actress’ account of how she is often approached by *Isidingo* viewers who expressed their appreciation for Nandipha. However, the encounters that stand out the most for her involve viewers who have been personally affected by the actress’ portrayal of an HIV-positive character. Mboya states that during two separate encounters she was approached by male viewers who were living with HIV, each expressed how Nandipha gave them a new way to view living with HIV. Up until viewing Nandipha they felt very alone and unsupported; afterwards they regarded Nandipha as offering a way out of the “psychological prison” that the virus imposed on them (Mboya, Interview, 2011). In other words, they used the character to assist them out of feelings of hopelessness and aloneness. Such expressions show the extent of audiences’ involvement with a television character and the effect such a character can have on them.

The Influence of Television Characters

Research indicates that television programmes are well situated to convey health-related messages. This is because of their ability to involve audiences in the imagined realm of character relations and scenarios (Green, 2006). Henceforth, the increasing incorporation of HIV and AIDS issues in fictional television narratives has provided public health practitioners with viable means to further communicate health-related messages. In developing countries these mass communication efforts are also increasingly being used to effectively bring the public's attention to health and development issues through the production of EE television and radio programmes (Singhal et al., 1993; Singhal and Rogers, 1999; Singhal and Rogers, 2003). It is hoped that such exposure will impart knowledge which, in turn, will stimulate attitudinal and behavioural change in audiences.

This is in keeping with research findings which indicate that television characters developed within EE programmes *can* effectively engender desirable social effects among audience members (Singhal et al., 1993; Papa et al., 2000; Sood and Rogers, 2001). This assertion also extends to television drama characters that are not consciously created to promote health and social issues, but whose storylines also intermittently incorporate pro-social issues (Murphy et al., 2011). However, as described in Chapter Three, the process between media exposure and media effects is determined by various mediating factors.

Speaking from the Heart – Not Script

After a decade of playing Nandipha, Hlubi Mboya states that she felt she had learnt a lot about the HIV and AIDS pandemic and was, therefore, equipped with information to educate the public with messages that stemmed from the heart – not from script (Mboya, Interview, 2011). She fulfills this endeavour by working alongside various social development organisations which include: Reach for a Dream (which deals with children who are living with chronic diseases, not necessarily HIV), United Nations World Food Programme (WFP), 46664 Bangle Initiative (which aims to raise funds for HIV and AIDS awareness), loveLife, and other pro-social initiatives. As an AIDS Ambassador, Mboya states that she takes on the ameliorative role of sister, agony aunt, friend, mother, confidant, supporter, therapist to anyone in need (Mboya, Interview, 2011). As a celebrity who is not living with HIV, Mboya perceives herself as playing more of a supportive role through her affiliation with various organisations.

Mboya's Impact as An AIDS Ambassador

In 2008 Mboya became WFP's National Ambassador Against Hunger. WFP is the world's largest humanitarian agency fighting hunger worldwide, which feeds, on average, more than 90 million people in more than 70 countries (WFP, 2012). Mboya is one of the many celebrities world-wide that support the WFP's efforts by using their position in the public eye to raise awareness about hunger issues in developing countries, to draw attention on the organisation's alleviation efforts, and to raise funds to further feeding operations (WFP, 2012).

For example, on the WFP website Mboya features in a short video clip talking about the overall impact of diet and nutrition, especially for PLWHA who need proper nutrition to enhance the ARV treatment process. Pro-social organisations like WFP that engage in the patronage of celebrity not only recognise the value of using celebrities to raise awareness because of their visibility and fame, but to also to ensure that their causes are maintained as public concerns (Russell, 2007).

This is exemplified by how Mboya as a WFP Ambassador travels throughout Africa raising awareness about WFP's work by participating in various campaigns centered on feeding people. These include a trip to Mozambique in 2009 to visit the WFP's school meals projects where she entertained the children and assisted the WFP staff as they distributed food at local orphanages (WFP, 2011).

In addition, Mboya visited Swaziland and joined the organisation's efforts of feeding OVCs and other vulnerable sectors of the population in 2011. Swaziland is one of the 72 countries around the world benefitting from WFP's food supply programme (Dhladhla, 2011). While she was in the country various news media outlets – television, radio, and newspaper – reported on her activities with the organisation. These included visiting hospitals and Neighbourhood Care Points (NCPs) located at various areas across the country.

At one of the main hospitals, Raleigh Fitkin Memorial (RFM) Hospital, staff members had the opportunity to talk and interact with the actress. As part of WFP's Food by Prescription Programme, Mboya visited the hospital's food storage facility which assists malnourished patients, especially those who are on ART, have TB, and are on the Prevention of Mother to Child Transmission (PMTCT) programme (Hlatshwayo, 2011). Mboya states that visiting hospitals affords her the opportunity to see the quality and quantity of food being given to patients infected

with HIV and TB (Mboya, Interview, 2011). This demonstrates Mboya's hands-on involvement with pro-social issues, which extends beyond being seen or heard in the media to being part of real-life and grassroots situations with people who might not recognise her from television.

She also appeared on the country's national television broadcaster, Swazi TV, during the prime news to talk about her visit and encourage the public to support the organisation's initiative. Studies indicate that media coverage of celebrities' association with a health issue allows them to draw public attention to the issue they seek to promote and, in turn, expose the public to important information (Brown and Basil, 2010). Through the media coverage of her visit the public got to learn about the WFP's food supply programme, the impact of HIV and AIDS on vulnerable sectors of the Swazi population such as orphaned children who have lost parent/s to the pandemic. In this manner, Mboya helped set the media and public agenda on the WFP's relief and recovery operations and the increasing hunger crisis facing the country's OVC population.

Mboya's Involvement with the Youth

Mboya also cites her longtime involvement with loveLife, an organisation that she has been affiliated with for over the past five years (Mboya, Interview, 2011). loveLife is a HIV prevention initiative that focuses on the reproductive health of young people (aged 12-17) in South Africa (loveLife, 2012). In order to promote its campaigns, the organisation works with South African celebrities who lend their "time and voices" to endorse the organisation's message through various multi-media platforms – social media, broadcast media appearances, and billboards and advertisements (loveLife, 2011). This highlights how pro-social organisations have come to view celebrities as one of the most effective tools for drawing in new and younger audiences (Bunting, 2010). Thus, organisations like loveLife that are oriented toward connecting with young people welcome Mboya's involvement as they believe her celebrity appeal will help their cause.

The latest media campaign that Mboya is involved with is the 'Nakanjani (loosely translated as 'no matter what') Campaign which aims to "inspire and motivate young people to take charge of their health, lives and futures, by taking small steps everyday to realise their goals and aspirations" (loveLife, 2012). Mboya observes that it is through her affiliation with loveLife that she gets the opportunity to realise her passion for mentoring the youth. She is committed to spreading messages that encourage young people to make healthy choices and be accountable for their actions, build self-love, and raise awareness about responsible sexual behaviours, such as

waiting for the right time before committing themselves to sexual relationships (Mboya, Interview, 2011).

Conclusion

The chapter examined actress Hlubi Mboya's involvement with the HIV and AIDS pandemic which started when she was cast as Nandipha Sithole on *Isidingo* in late 2000. In reaction to the mounting health and social crisis that the HIV and AIDS pandemic posed in the country, the show's producers decided to make a timely change to Nandipha's storyline. In 2004, followers got to learn that Nandipha was HIV-positive. Mboya's decision to play a HIV-positive character was significant because at the time the HIV issue was socially regarded as a taboo topic. However, with her father's support and encouragement she took on the challenge and portrayed the first HIV-positive character on South African television.

According to the show's producers and writers, the character was developed to show the public how someone who is HIV-positive can still live a healthy and productive life. Through the character's evolving storyline, the show also addressed HIV-related issues such as the stigma attached to HIV and AIDS and ARVs as the proper treatment course. Nandipha, thus, became a role-model for PLWHA by showing audience members how the disease is manageable.

The enduring significance of Nandipha's portrayal is found in the actress's on-going promotion and endorsement of HIV and AIDS-related messages. As a celebrity HIV and AIDS champion, Mboya works alongside various health and development organisations, whereby she uses her public status to increase public awareness of the issue being promoted, as well as enlist support and raise funds for the furtherance of the organisation's operations. Mboya also demonstrates the extent of her social activism by not only teaming up with humanitarian organisations, but by personally establishing connections with people affected by health and social issues and by involving herself in activities that improve their lives. The next chapter will focus on the role of celebrity disclosure, by examining radio personality Criselda Kananda.

CHAPTER 6

Criselda Kananda

Examining the Role of Celebrity Disclosure

“HIV is a viral infection like the many viruses we know. It can be managed, my life is proof!” Criselda Kananda, 2007

As previously reviewed, celebrity involvement in the fight against HIV and AIDS may be typified by celebrities who do not personally have the disease, but who are involved with the pandemic as advocates. While there is a growing number of South African and international celebrities taking center-stage in bringing awareness to the pandemic with a view to its eradication, on the other hand only a few of them have gone public about their HIV-positive statuses.

Yet it is argued that the latter kind of celebrity involvement is likely to produce a more authentic and sustained impact on HIV and AIDS education and prevention. Presumably, “since the social issue has become personal to the celebrity [thus] he or she may be perceived to be a credible source on the issue given their direct experience” (Casey et al., 2003: 250). The preference of celebrity disclosure over celebrity advocacy may be a matter of debate – however, the basic factor contested by scholars is that any kind of celebrity involvement must not distract the public’s attention from the scope of the pandemic (Noland et al., 2009).

Often, when an individual considers publicly disclosing an HIV-positive diagnosis, they are dealing with the decision to share personal information about themselves through public means (Greene et al., 2003). In the case of a celebrity, public disclosure entails a decision to openly declare or share information about an HIV diagnosis, usually for public benefit. This was illustrated in Chapter two by reviewing studies that emerged around the most famous celebrity disclosures such as Rock Hudson, Earvin “Magic” Johnson, and Fana “DJ Khabzela” Khaba. In order to grasp the role celebrity disclosure plays within the South African context of HIV and AIDS, the chapter primarily focuses on media personality Criselda Kananda who openly lives with HIV.

Criselda Kananda

Born on September 9, 1969, Criselda Kananda is a South African radio and television personality living openly with HIV. Since being diagnosed in 1998, Kananda has managed to live a healthy, symptom-free life for over 14 years, and has gone on to spread messages about living positively with HIV (*Hello Doctor*, 2011). She is also recognised as one of the first few celebrities in South Africa to publicly disclose her HIV-positive status Kananda, along with singer Musa Njoko and the late radio personality DJ Fana “Khabzela” Khaba, and has received praise for challenging the stigma attached to the disease (Horning, 2012).

The Wellness Activist

The exact date of Kananda’s first public disclosure is not documented. However in 2003, after having left her corporate job, she became publicly known when she started hosting a talk show on national radio station Kaya FM, called *Positive Talk*, which focused on how HIV and AIDS impacts health and wellness (*JET Club Magazine*, 2008). Kananda later joined Metro FM and presently co-produces and hosts two shows – one on Wednesday called *Own Your Destiny* and the other on Thursday called *Wellness Talk* – during the station’s daily talk radio slot (19:00 – 21:00). Both shows focus on the development of a healthy body, mind and spirit, with *Wellness Talk* being more HIV and AIDS-focused. Thus, using radio as a channel of communication, Kananda advocates HIV and AIDS awareness by spreading messages that enhance the audience’s understanding of the pandemic, promote behaviour change, and stimulate discussions on poorly understood aspects of the pandemic.

Using Talk Radio to Educate

Using radio as a public platform, Kananda states that her mission is to help people find ways of living and to move away from just surviving (Kananda, *Move*, 2012). On her radio show she frequently uses the phrase ‘managing the monster you know’. For PLWHA this means that despite living with an inescapable infection, they can still gain control of their lives by resolving to learn how to deal with their condition.

In keeping with her vision to educate through talk radio, the last half-hour of the *Wellness Talk* is dedicated to exclusively discussing topical issues that are HIV and AIDS-related. These discussions are initiated by Kananda herself and have included: medical aid options for

PLWHAs, the impact of HIV and AIDS among the youth, behaviours that increase the risk of HIV infection, traditional remedies that help to strengthen the immune system, the benefits of HIV counseling, and managing the side-effects of ARV treatment. Essentially, the show covers the parts of people's lives that HIV infection affects, from their emotional health to their physical health.

The show's main objective is to provide listeners with information that is accurate and factually-based, but at the same time the aim is to not reduce HIV and AIDS issues to mere statistical information. This is reflected in the show's tagline: 'Start by bringing back human in HIV through facts not fiction'. Through the show, Kananda hopes to help listeners make informed health decisions and, in effect, empower them to take responsibility for their lives (Metro FM, 2012). The show's educational resolve is further strengthened by the inclusion of guests who serve as experts on the issue being discussed; such as health care professionals, public health officials and policy makers. In this manner, Kananda's radio talk show provides comprehensive information which guides people on how to live with HIV infection.

As a talk radio show, an important feature is the call-in segment, where listeners are afforded the opportunity to call the show or have their letters read during a live broadcast. Listeners' questions are either answered by the show's guest or by Kananda, whose own experience forms a valuable part of the mutual educational process. On the last Thursday of every month listeners are invited to call the show to discuss any HIV and AIDS-related issue, this is the only time Kananda will not discuss a predetermined topic. This feature facilitates the clearing up of any misconceptions or queries that may be raised regarding the issue of HIV and AIDS. In addition, it also allows listeners who may be experiencing confusion or despair to voice out their feelings and concerns with regards to their HIV diagnosis and get help (Personal listening, 2012).

Talk Radio's Role in HIV and AIDS Communication

As a communication channel, talk radio is characterised by its conversational nature. This makes interaction within the context of talk radio especially significant because it allows for “spontaneous interaction between two or more people”, thus facilitating a two-way communication process (Avery et al, 1978:5). This correlates with how two or more people would normally interact with each other through face-to-face communication where “one person’s communication becomes data for another person’s verbal response” (1978:5). However, compared with face-to-face conversations, talk radio conversations are visually limiting while at the same time both parties are aware that the conversation is public.

Talk radio, then, offers audience members a mediated interpersonal communication experience (Rubin and Step, 2000; Avery et al., 1978; Rubin and Rubin, 1985). More specifically, it provides listeners with a “sense of personal contact” as well as a “forum to discuss and learn about societal issues” (Rubin and Step, 2000: 635). In turn, people consider talk radio as an information source and an outlet for their need to express themselves (Avery, 1978). Talk radio’s interpersonal character provides a rich environment for parasocial interaction to occur, hence parasocial relationships may be observed between listeners and talk radio hosts who serve as both a reference and a companion.

With regard to *Wellness Talk*, besides providing listeners with HIV and AIDS information, the show also offers them an opportunity to express their feelings and concerns about HIV infection (particularly if they are keeping their HIV diagnosis a secret or have been newly diagnosed). In this manner, a talk radio host serves not only as a source of information, but also a responsive partner “who confirms or disconfirms a caller’s self-concept” (Avery et al., 1978:14). Furthermore, a talk radio host can invite interpersonal attraction by appearing to be receptive and responsive to callers’ and listeners’ needs and comments (Avery et al., 1978). One may argue that the source of Kananda’s appeal is her own HIV-positive status and work as an HIV and AIDS campaigner. Hence, her status and work endear her to call-in listeners who are seeking an outlet to express their suppressed feelings and possibly support from somebody who has already been through the same experience.

Beyond Radio

In addition, Kananda has also written a booklet which provides simplified and practical information on HIV and AIDS, and has recorded an audio CD called *Positive Talk*. In the CD, she explains why it is important for people to know their status, whether positive or negative. She also provides simple explanations for medical terms that are commonly used with regard to HIV and AIDS, and suggests treatment options, medical and non-medical (Positive Talk Services, 2012). Furthermore, through her consultancy and talk service company called Positive Talk Services, Kananda offers her services as a motivational speaker to members of the public and offers consultancy services for employers about workplace wellness programmes. Kananda has also gone on to serve as an Agony Aunt; answering the public's HIV and AIDS-related questions on the youth magazine television show *Live It* as well as in *Bona* magazine's health column.

The Path to Wellness

When Kananda was diagnosed HIV-positive in 1998, she states that she knew very little about health issues, let alone HIV. During this time she shared in the general misconception that the virus only affected people who were promiscuous (Kananda, *The Sunday Times*, 2010). Ironically, at the time of her diagnosis Kananda was in a monogamous relationship and was seven months pregnant. However, she describes the relationship as being fraught with abuse and ultimately leading to her contracting HIV (Kananda, *True Love*, 2011).

So when the doctor told her that the HIV test came back positive, but that her baby was healthy she states that it sounded like “Japanese to this Xhosa woman” (Criselda Kananda's Blog, 2007). Moreover, to her the diagnosis meant imminent death and this was confirmed by her doctor who told her that she had a maximum of two years to live. In addition, he advised her to get an abortion believing that her unborn baby would not live past six months – however her daughter was later born HIV-negative (Kananda, 2007).

In this confused state, Kananda desperately searched for cures, but at some point she reflected on what she was doing and how she was speeding up her own death by being pessimistic. From then onwards she refused to let the diagnosis rule her life and took a stand to turn it into triumph (Criselda Kananda's, 2007). That's when she decided to learn how to live with HIV. The first step was getting information about the disease, resulting in the accomplishment that today everything she knows is self-taught (Kananda, *Sowetan*, 2011).

Kananda's nursing background helped her make informed decisions about whether or not to immediately start on a drug-based treatment regimen. Hence, she made it her mission to search for information about living healthily with HIV, which she states was hard to find (Kananda, 2007). Through this process, Kananda gained a sense of control over her diagnosis by arming herself with knowledge which led her to pioneering a positive approach to living with HIV.

Pursuing a Healthy Lifestyle

After being diagnosed with HIV, Kananda recounts that the first positive step she made was to learn the difference between HIV and AIDS. Appearing on the television health programme, *Hello Doctor*, Kananda revealed that since her diagnosis she has made it her mission to inform the public that there is a huge difference between HIV and AIDS, and that being diagnosed with HIV is not tantamount to being given a death sentence (Kananda, 2011).

She recalls that when she received her diagnosis, it was this lack of knowledge that led her to compromise her health further by choosing to eat not for nutritional reasons but to ensure that when she eventually died she appeared overweight and deceptively healthy. However, she has now come to understand what it means to be diagnosed with HIV and what her responsibilities, health-wise, are in this regard (Kananda, *Hello Doctor*, 2011). This attitude is reflected in how she has modified the HIV acronym to stand for 'Health is Vital' and, in effect, states that this outlook has presented her with an opportunity to live a more whole and meaningful life (Kananda, *O Magazine* Twitter Page, 2012).

In the process of advocating for a healthy lifestyle, Kananda hopes to serve as an inspiration to others by demonstrating how pursuing such a lifestyle rewards one with a good life. For this reason, she started the Know Your Numbers Campaign. According to Kananda, this is an internationally encouraged habit of managing one's chronic medical condition – whether hypertension, diabetics, or HIV – through eating healthy food, going to the doctor for regular check-ups, using self-administered testing kits to monitor the level of one's condition e.g. insulin levels, and being aware of one's CD4 count (Kananda, *Sowetan*, 2011). A CD4 count is a reading gives a person living with HIV an indication of how well their immune system is working and how much damage the virus has done. For example, a CD4 count that is below 200 is cause for concern because that puts a person living with the disease at risk of opportunistic infections (Coleman and

Yalo, 2009).

Kananda has also gone public about how she is not yet on anti-retroviral treatment. She attributes this to her paying close attention to detail and understanding the nature of her illness, such as the fact that she has an immune-deficiency causing viral infection and that, like all viral infections, it weakens the immune system (Kananda, *Hello Doctor*, 2011). Therefore, in a practical sense this means she must avoid over-drinking and smoking and must eat with a view to strengthening her immunity. Her health is not her sole concern, for she also emphasises the importance of portraying a positive outer image of herself, of looking and feeling good. Therefore, by striving to always look her best, she hopes to defeat the fearful and negative face which HIV has been given (Positive Talk Services, 2012). This is because the fear, stereotypes, and negativity associated with the disease often discourage people from processing HIV prevention messages (Herek and Glunt, 1988). Public knowledge of Kananda may, therefore, increase the public's receptivity of HIV and AIDS messages.

Making Something Positive out of Something Negative

Through redefining and understanding what the infection means, and inadvertently what it does not mean, Kananda has made her condition seem less fatal. This positive approach allows her to view the disease as treatable (Kananda, *Hello Doctor*, 2011). Another way Kananda has chosen to respond to living with the disease is through her outlook, for instance she prefers not to live an "HIV-contextualised life" whereby everything about her is connected to the disease (Kananda, *True Love*, 2011:111). Hence, she views herself less as a person with HIV and more as a person who is alive and still interested in life. In this regard, she states that what seemed to be like a death sentence when she tested positive for HIV has turned into the greatest opportunity to learn and teach others the methods of living and growing in any challenge (Kananda, Positive Talk Services, 2012). By thus choosing to focus on the positive, Kananda, in turn, helps PLWHA understand that life is continuing, but under different circumstances.

Other Recent Celebrity Disclosures

Singer Koyo Bala and actress Lesego Motsepe are two South African celebrities who have recently disclosed their HIV-positive status to the public. Bala is popularly known for being a member of the first openly gay music group, 3Sum, in South Africa (Chiloane, 2011). The public came to learn of Bala's HIV-positive status through *DRUM* magazine's December 1, 2011 issue. At the time, Bala had been living with HIV for over a year (he was diagnosed on July 7, 2010). He decided to go public about his HIV status in order to put to rest the speculation concerning his health (Bala, *DRUM*, 2011).

In the article titled "*I'm Stronger than My HIV*" Bala asserts that, rather than taking a defeatist stand by viewing his diagnosis as a death sentence, he regards it as a condition which he can manage through a healthy lifestyle. Evidently, his attitude towards his medical condition is similar to that of Criselda Kananda and, therefore, similarly uplifting. As a celebrity, Bala states that it is important for him to come open about his HIV so that he can "help those struggling to come to terms with their status and instill a sense of hope" (2011: 14). He also states that despite living with HIV, people (especially young people) should know that they can still be anything they want to be as HIV is a condition much "like a headache" and is, thus, not the end of the world (2011:15). To prove his point he has returned to working on his music career and is in the process of developing a reality show and a clothing label.

December 1, 2011 (World AIDS Day) also proved to be the same day that actress Lesego Motsepe publicly disclosed her HIV-positive status. Motsepe is best known for portraying the role of Lettie Matabane on the South African soap opera *Isidingo – The Need*, from 1998-2008 (TVSA, 2012). As part of an awareness-raising initiative for World AIDS Day, Motsepe announced her HIV-positive status on two national radio stations – 702 Talk Radio and Kaya FM revealing that she had been living with HIV for 13 years (she was diagnosed in 1998) (Motsepe, *Sowetan Live*, 2011).

Up until that point, she had not felt confident enough to reveal her status, as she observes: "Thirteen years of being quiet is a very long time, full of guilt, deception, more guilt and fear of rejection. That's why I decided that if people disown me, it is their choice, but I'm taking a stand for myself" (Motsepe, *Real*, 2012). The second reason she had not gone public earlier was due to the stigma attached to HIV and AIDS. She relates how the death of Gugu Dlamini, who in 1998

who was stoned to death for disclosing her status, greatly affected her decision to remain silent (Motsepe, *Real*, 2012).

After years of keeping her condition a secret, Motsepe went on Twitter to express her new-found freedom: “Out and proud in more ways than one. God is love and I am a channel to help heal the wounds of the infected and affected. HIV is not who I am” (Motsepe, Twitter, 2011). Online commenters applauded her for the courage it took to reveal that she has spent the past 13 years living with HIV. “What a wonderfully brave disclosure! I wish you a long, happy life and much, much success,” wrote Anonymous (Independent Online, 2011). Even HIV and AIDS activist groups expressed their support for her brave announcement (Segage-Modise, 2012).

Overnight, Motsepe became an ambassador for HIV and AIDS. Like Criselda Kananda, Motsepe wanted to use her disclosure as a channel to inspire and make a difference in the lives of those affected by the virus. For instance, after the announcement, she started writing an HIV advice column in *Real* magazine where she encourages readers to ask her any HIV-related questions that they have always been shy to ask. She also voiced how as a theatre actress and poet she wanted to use these art forms to spread messages of love, hope and resilience (Motsepe, *3Talk*, 2012). Similarly, Motsepe’s attitude towards HIV infection also reflected how she was not going to allow the disease to take over her life. In this regard she states: “I don’t say I’m HIV-positive, I say HIV lives in my blood” (Motsepe, Independent Online, 2011). She even went as far as saying she would dictate the terms under which the virus lived in her body – it would not dictate to her (Motsepe, *The Sunday Times*, 2012). However, earlier this year Motsepe’s approach to living with HIV came into question.

Positive Role Model?

On February 10, 2012 *3Talk* host Noeleen Maholwana-Sangqu invited Motsepe to talk about her HIV infection. In the middle of the show, Motsepe revealed that she is no longer taking ARVs and is instead using alternative methods to treat her condition. She informed Maholwana-Sangqu that she took such a stand because she did not want to be dependent on ARVs to suppress the virus for the rest of her life. Although Motsepe did not refute the role ARVs played in restoring her to health in October 2011 when she fell seriously ill with her CD4 count dropping to a mere 99, she still maintained that following a drug-based regimen was not for her and would rather continue to pursue more natural forms of healing. Against her doctor’s advice, Motsepe decided to follow

former Health Minister, the late Dr Manto Tshabalala-Msimang's beetroot, garlic and ginger remedy for the disease. Motsepe also told Maholwana-Sangqu that she also meditates, prays, and maintains a healthy lifestyle.

After the show aired, the public admiration she had so far enjoyed, following her courageous disclosure quickly turned into outrage. One newspaper article accused Motsepe of failing to use her celebrity status to help advance the fight against HIV and AIDS by sending out wrong messages about ARV treatment. In her column 'The 411 Word on the street' Phumla Matjila (*The Sunday Times*, 2012) asked how Motsepe, in the capacity of being an HIV and AIDS ambassador and role-model, could denounce ARV treatment on national television. The article pointed out that this is despite South Africa having one of the largest numbers of PLWHA and where millions have died due to not having access to ARVs and where millions more will die because of poor adherence to therapy.

In addition, Matjila questioned the value of harnessing celebrity support to drive campaigns and causes. To support her stand, she cited English journalist and author Peter Stanford's skepticism about celebrity ambassadors. Stanford has expressed his misgivings about celebrity spokespersons and representatives by questioning their ability to articulate the complex issues tied to social causes, be they HIV and AIDS, drug abuse, or teenage pregnancy. He has also questioned what would happen if a celebrity who fronts a particular charity were to appear on a front-page expose in the tabloids and in the process besmirch the organisation's name. There is also the danger that a celebrity might go "off-message" and possibly hinder, as opposed to help to further a social issue (Stanford, 2011). Essentially, therefore, Motsepe's stand on ARVs was viewed as a drawback rather than a positive contribution to the HIV and AIDS prevention movement.

While Matjila's article raises a very legitimate concern about the potential harm that Motsepe's stand on ARVs may cause, she fails to acknowledge the social benefits of Motsepe's disclosure as a celebrity. Unlike other diseases, HIV and AIDS is a medical condition that is socially stigmatised (Simbayi, 2008). The social stigma is derived from the fact that HIV infection is primarily spread through sexual (not medical) transmission. As such, PLWHA may internalise these negative attitudes about the causes of their HIV infection, leading them to feel personal shame on account of the taboo and moral judgment surrounding sex and sexual relations (Simbayi, 2008). Also, for the most part, society has displayed negative and unaccepting attitudes towards PLWHA, thereby creating a climate of fear and silence. It is within this context that celebrity

disclosure by may be conceived as playing an important role in changing both the public's and PLWHA's stigmatising attitudes and beliefs.

It has been suggested that among the tools available in potentially reducing the stigma associated with HIV and AIDS is public disclosure, particularly by individuals who hold prominent social statuses (Muula and Mfutso-Bengo, 2005). This recommendation was made following statements made by notable public figures who disclosed how HIV and AIDS affected their families. For example, former South African Deputy President, Mangosuthu Buthelezi, made it known that he had lost two children to the disease (Voice of America News, 2004). Judge Edwin Cameron, who was the first senior official in South Africa to publicly disclose that he was living with AIDS in 1998, felt called upon to use his high profile status to off-balance the stigma attached to the disease after the brutal killing of HIV and AIDS activist Gugu Dlamini (Singhal and Rogers, 2003). Given that celebrities (like politicians) represent high profile members of society, they have in effect show how all members of society susceptible to HIV infection, thereby reducing the stigma surrounding HIV and AIDS through its association with marginalised population groups.

Conclusion

The chapter set out to examine the role celebrity disclosure plays within the South African context of HIV and AIDS, by primarily focusing on media personality Criselda Kananda. The discussion opened up by contextualising Kananda's disclosure within a longer history of disclosures internationally and in South Africa, mention is made of American actor and icon, Rock Hudson; American basketball superstar, Earvin "Magic" Johnson as well as the late South African radio personality, DJ Fana "Khabzela" Khaba whose disclosures precede that of Kananda. The chapter also discussed recent celebrity disclosures (musician Koyo Bala and actress Lesego Motsepe) and the effect they had on the media and public.

The present study suggests that celebrities are positive role-models who can prompt changes in the thinking and behaviour of audience members. The chapter found that while some disclosures were brought on by a need to address public speculation, others were motivated by a desire to demystify HIV and AIDS, foster positive public attitudes, as well as help the affected view HIV and AIDS as a disease they are capable of managing. The chapter also raises questions about whether HIV-positive celebrities, though having firsthand knowledge of the disease, should take a leading role in disseminating messages on such a complex and critical issue that may be better dealt with by trained health professionals. That said, the chapter also highlighted the positive aspect of a

celebrity using their own lives to empower PLWHA to understand how nothing about having the virus warrants feeling like a victim.

The chapter explored how Criselda Kananda has actively used her position as a radio personality to advocate for a positive approach to living with HIV. Kananda is a true advocate who uses different platforms – radio and television, print material, the Internet, and her talk and consultancy services – to emphasise the importance of taking care of one’s emotional and physical health. However, with more celebrity disclosures bound to take place, and with the previous disclosures having managed to reduce the fear, shame and stigma associated with HIV and AIDS, the question arises whether the public will continue to view these disclosures positively. The next chapter focuses on audience reception of celebrity messages, in an attempt to answer this question.

Chapter 7

Audience Reception

Exploring Audience Responses

Having established the role that Hlubi Mboya and Criselda Kananda play in disseminating HIV and AIDS messages, this chapter explores audience responses to these messages in order to assess the impact of celebrity involvement within the South African context. The study was conducted in Durban, South Africa, and used a qualitative approach to yield descriptive data about audiences' media-related experiences and observations. Focus group interviews were then used to obtain the respondents' responses.

Respondents' Prior Knowledge of HIV and AIDS

Over and above the study's main objectives, the focus group interviews were structured to encourage the respondents to talk openly about HIV and AIDS. As a way to introduce the discussion, the following question was posed: How much do you know about HIV and AIDS and what are your main sources of information? A high level of knowledge about the key aspects of HIV and AIDS – such as how the virus is transmitted, how to protect oneself from infection and the treatment once infected – was noted among the respondents.

In addition to television and radio, respondents also listed the Internet, books, billboards, clinic brochures, magazines and newspapers as media channels through which they obtained information about HIV and AIDS. Other cited sources of information were university or college courses, health workers, parents, family members and/or friends living with the disease. However, a distinct drawback raised by the respondents concerned how they were tired of constantly hearing, seeing, or reading about HIV and AIDS in the media. The respondents also held the view that the messages were repetitive and dull, therefore at this point there was nothing new to learn about the pandemic. This finding confirms previous research that desensitisation in response to HIV and AIDS coverage has led to the phenomenon of 'AIDS fatigue' wherein individuals have a strong emotional response to HIV and AIDS-related coverage after receiving continual messages about its impact over an extended period of time (Kinnick et al., 1996).

In the context of ‘AIDS fatigue’, the media is now faced with the task of enhancing its capacity to convey HIV and AIDS messages “in as creative, innovative and effective a way as possible” so as to reinvigorate coverage of the pandemic (The Panos Institute, 2005: 11). The media’s success in accomplishing this endeavour can be exemplified by how the study’s respondents remarked that the EE television drama series *Intersexions* had managed to successfully communicate HIV and AIDS-related content in a way that was generally perceived to be new. A similar consideration may be applied to celebrity-communicated HIV and AIDS messages that also stem from a more entertainment-based source, as opposed to a traditional information-based source, and may thus offer audience members a new way to engage with pro-social content.

Discussion

Once all the data from the focus group interviews was coded and analysed, three main themes emerged with sub-themes. These are discussed and supported with quotes from the respondents and references to existing literature.

Theme 1: Perceived Impact of Hlubi Mboya

Information gathered from the respondents was analysed to uncover how audience members perceived Hlubi Mboya’s role in advancing HIV and AIDS education and prevention. The views and perceptions that respondents expressed about Mboya related predominantly to her past portrayal of the character of Nandipha. This can be attributed to the trajectory of Mboya’s career to date: her 10-year role as Nandipha on *Isidingo* and the more recent AIDS ambassadorial work. Based on the respondents’ submissions, two sub-themes further emerged: perception of Mboya in relation to portraying Nandipha and perception of Nandipha’s HIV storyline in *Isidingo*.

Perception of Mboya in relation to portraying to Nandipha

To kick-start the discussion, respondents were asked how they perceived Mboya in relation to portraying the first HIV-positive character on South African television. The respondents were all adamant that it was admirable of the actress to agree to play an HIV-positive character, as this meant she was willing to face the possibility of being perceived as HIV-positive herself. One respondent observed:

The fact is some people really have a hard time separating ‘Nandipha’ from Hlubi and for her to be out and about like it doesn’t matter, now that’s a brand worthy of respect . For her to be like ‘you

know what, I'm not HIV-positive and I don't have a problem if you think I am'. It really does attack the problem of stigma...I think it's brave. For me, Hlubi is an appropriate ambassador for people who still need to deal with their fear of HIV.

(Female Respondent, 2011)

This suggests that the respondent recognises the role that celebrities play in making a private issue a public one through the fact that they are seen as public figures. In this regard, one may refer to the way that Mboya has tethered her media persona to the HIV and AIDS issue by not only portraying a HIV-positive character, but by continuing to champion the issue off-screen through AIDS ambassadorial work. Thus, Mboya becomes more than a soap opera actress that has portrayed an HIV-positive character, but can be understood as having a stake in eradicating the disease, which makes her brand as a celebrity more noteworthy. In agreeing with the above statement, another respondent stated:

For her [Mboya] to be okay with ordinary, illiterate people thinking that she is HIV-positive. It really does say something.

(Female Respondent, 2011)

Overall, the respondents deemed Mboya's decision to portray Nandipha as fulfilling a very legitimate, even edifying, role in addressing HIV-related stigma. Complementing the respondents' views, research findings suggest that influential people such as celebrities may help to reduce stigma by modeling non-stigmatising attitudes and behaviours that directly address fears and misconceptions about HIV and AIDS and those affected by the disease (UNAIDS, 2007). Given that respondents based their perception of Mboya mainly on her past portrayal of Nandipha and not on her current role as an AIDS ambassador, self-reported behaviour change as a result of celebrity input was not reflected in the respondents' responses.

Perception of Nandipha's HIV storyline in Isidingo

Each respondent, when prompted by the interview question, was able to recall at least one specific episode or situation that included the HIV and AIDS theme. It was apparent that the female respondents had more to say about Nandipha. This may be explained by how women tend to care about what happens to female characters much more than they care about what happens to male characters (Geraghty, 1991). In addition, soap operas attract mainly female viewers (O'Connor and Boyle, 1993).

The respondents perceived the storyline to be creating awareness around the following issues: HIV testing and confronting the possibility of being HIV positive; disclosure; HIV prevention through condom use; coming to terms with one's HIV-positive status, impact of HIV on social relations, including intimate and sexual ones; management of the disease through antiviral treatment (ART); the range of beliefs and attitudes directed toward PLWHA (from rejection to acceptance); and issues surrounding reproduction as an HIV-positive individual.

Some of these issues are reflected in the following observations by respondents:

The mother-in-law [Agnes Matabane] was a problem. She had a really tough time accepting Nandipha. Her concern was grandchildren. I think it was ignorance. However, once she figured out that she could have healthy children, she was behind Nandipha all the way.

(Female Respondent, 2012)

At one point in time they [Nandipha and her husband Parsons Matabane] thought about having a child. I didn't know that an HIV-positive person could actually carry a baby and the baby would not be HIV-positive. That was the first time I heard that you could bear a child when you're HIV-positive and the child would come out just fine. So I think that part was really good.

(Female Respondent, 2012)

Nandipha did have an influence on us because the show [*Isidingo*] was showing us reality ... The show made us realise that there is HIV in society. With TV you get to see a character struggling with coming out with it [HIV] and struggling to gain acceptance.

(Female Respondent, 2012)

In comparison to the Matthew HIV storyline in another popular local television programme, *Generations*, the Nandipha storyline was perceived as being more effective in conveying HIV and AIDS information, as the following comment illustrates:

I liked the way they [*Isidingo* production team] portrayed the character [Nandipha]. It felt so real. We saw her take her medication, go to the doctor, and do all those things that happen in real life. Had Nandipha been said to be HIV-positive, but [if] we never saw her falling sick or taking her medication her character would have been unconvincing. But there were moments when she'd get sick and weak and they'd [her family and friends] worry about her. And that's what happens in real life. For instance, I found that Matthew in *Generations* was not that rich in HIV information, they [*Generations* production team] just used to remind us at different times (like when he took drugs) that he was HIV-positive. I think with Matthew's character they [*Generations* production team] portrayed the drug addiction part more than the HIV-positive part.

(Female Respondent, 2012)

These comments demonstrate how Nandipha's storyline has had a direct influence on viewers' knowledge and general awareness about HIV and AIDS. This is particularly as it represents the reality of living with HIV, and some of the more intimate details of living with the virus, that people without HIV would not know about. Respondents hailed the series for its realistic approach which enhanced the way HIV and AIDS information was conveyed. Correspondingly, other studies have shown that entertainment television provides an important, often primary, source of HIV and AIDS information for many South Africans (USAID/South Africa, 2003a; KKF, 2007). Although the respondents felt that the show had increased their awareness and knowledge of HIV and AIDS, there were no explicit references to changes in behaviour.

However, respondents did express emotional involvement with the character. For example, in reaction to seeing Nandipha deal with the symptoms of her medical condition one respondent said, *"As the viewer you become so emotional, yet you know it's just fiction."* In addition, respondents pointed out that as a result of their regular exposure to Nandipha they were able to develop a relationship with the character, as stated by one respondent: *'It helped that Nandipha was one of the main characters in Isidingo, so we saw her on a daily basis and could therefore engage with her storyline.'*

In this manner, the female respondents displayed a strong parasocial relationship with Nandipha. Due to identification being an important dimension of parasocial, the way in which respondents identified or related with Nandipha was taken into account. Respondents perceived themselves as similar to Mboya along lines of gender, ethnicity, and age. This can probably be attributed to the respondents' gender and cultural identity – the majority was female and black. Although most respondents were either teenagers or in their early twenties when they first started watching *Isidingo* they saw Nandipha (who was portrayed as being in her twenties) as being closer in age than the other central female characters. This line of reasoning may also be extended to the character Lettie Matabane who also represented a younger age bracket. Similarities also encompassed specific behaviours demonstrated by the character and personality traits. For example, one respondent, in comparing Nandipha with Matthew, admired the way Nandipha dealt with her HIV-positive diagnosis by choosing to focus on finding viable solutions, as opposed to Matthew who started using illegal drugs to deal with his condition.

Overall, this recognition of similarities accounts explains why the respondents were emotionally moved by the character's HIV storyline. Thereby, affirming the value of creating television characters that viewers identify with, like, and feel as if they know, as viewers appear to learn more from messages communicated by such models (Bandura, 2002).

Though the majority of the viewers who participated in the study gave positive feedback about Nandipha, some were critical of certain episodes. Firstly, Nandipha's involvement in a sexual threesome with two male characters, Len and Johnny, was questioned. Some respondents thought that given Nandipha's HIV-positive status, it was expected that she would not necessarily want to engage in such risky behaviour.

In reaction to Nandipha's actions, one respondent even went as far as saying that she stopped watching the series for a while after that particular episode was aired. Such an occurrence is likely to happen among viewers of long-running serials due to how they become "quite familiar with characters that they often experience strong reactions to the things that they do and the things that happen to them" (Hoffner and Cantor, 1991:63). Thus, the respondent's decision to turn away from the series after the airing of that particular episode illustrates the implications of a supposedly positive role model behaving in a negative way which may, in effect, undermine their authority.

Secondly, some respondents viewed Nandipha and Parsons' marital break-up as problematic. These respondents felt that Nandipha's HIV-positive status was the main reason behind her divorce and this, therefore, negated all the other positive aspects of the character's portrayal thus far:

Although it was nice seeing Parsons marrying Nandipha, my concern with Nandipha and Parsons is that I didn't like the way they divorced. It got me thinking 'so these TV people are encouraging men to leave their wives because of their HIV statuses'.

(Female Respondent, 2012)

With me, I felt Parsons couldn't be patient enough to wait for Nandipha; instead he married another girl (Thandi) because she wouldn't have a problem falling pregnant and Nandipha would because of her status. We the audience felt that Parsons wanted to leave Nandipha, but had no excuse until Nandipha finally gave him an excuse (her wish to pursue modeling overseas) and he took it just like that.

(Female Respondent, 2012)

The way in which the storyline was progressing until the end when they (Nandipha and Parsons) actually got divorced wasn't really clear. There were so many translations that we the audiences had hence we were not clear about why they actually got divorced.

(Female Respondent, 2012)

In this regard, it is important to note that it was actually Parsons who struggled with this issue, not Nandipha. However, irrespective of who was wrong – it has a negative impact on how the character of Nandipha was portrayed and made audiences feel differently about both the character and the show.

Theme 2: Perceived Impact of Criselda Kananda

Information gathered from the respondents in the focus group discussions revealed how audience members perceived Kananda's role in advancing HIV and AIDS education and prevention. Their views have been categorised into three sub-themes: perception of Kananda as a celebrity living openly with HIV, as a role model for people living with HIV and AIDS (PLWHA) and, as a radio host who provides HIV and AIDS information.

Perception of Kananda as a celebrity living openly with HIV

From the views articulated by the respondents, Kananda has contributed to their gaining a different perspective of what an HIV-positive person looks like, as stated by one participant:

I think she's a legend because she has broken the stereotype of what an HIV-positive person looks like. We're used to seeing people look all skinny and sickly and pale. She looks healthy. She shows people that there's hope. She should go down in the history books.

(Female Respondent, 2011)

This is an encouraging statement, suggesting that celebrities who act as advocates for positive living can challenge the negative way PLWHA are perceived in relation to their physical appearance. Furthermore, one may argue that this may also encourages the public to practice safer sex with people despite their apparently healthy appearance. Another participant voiced a similar view:

She's the perfect portrait of positive living. She's gorgeous and well-spoken. She's a radio personality yet she's not afraid to say I'm HIV-positive. I think she plays an important role in breaking the stereotype to a certain extent. For a long time all we knew was that if you're HIV-positive then you're most likely thin and skeletal.

(Female Respondent, 2011)

Though common, stereotypical ideas about HIV infection remain highly significant in the context of HIV and AIDS-related stigma. Negative stereotypes cause concern because they serve as yet another tool that subjugates and categorises people either living with or associated with HIV and AIDS. Hence, there is wide consensus that linking PLWHA with highly held negative stereotypes reinforces stigmatising responses from the general public (Parker and Aggelton, 2003; Link and Phelan, 2001; Herek et al., 1988; Fiske, 1998; Oliver, 1992).

With a view to reducing HIV and AIDS-related stigma, national AIDS authorities advocate that the media should “steer away from sensationalised, fear-inducing coverage that perpetuates negative stereotypes and [should instead] produce more accurate, positive portrayals of people living with HIV” (UNAIDS, 2007:34). Accordingly, these measures have already improved national attitudes towards PLWHA, particularly among the youth. Thus it may be conceived how Kananda through her radio show and various appearances on television and in popular print media has changed public perceptions about PLWHA.

Perception of Kananda as a role model for PLWHA

Many of the respondents expressed that they viewed Kananda as a role model for PLWHA and put forward a number of reasons of why they think so:

If she can make it so can I and other people. If she can survive and not be ill then so can I. She taught me that you can be HIV-positive and still lead a positive life and live life to the fullest.
(Female Respondent, 2011)

She gives us a positive aspect; she’s beautiful and successful. So why not live positively if someone like her does the same.
(Female Respondent, 2012)

She’s my role-model – I look up to her. I love her a lot. She has taught us a lot about HIV and AIDS. We’re used to being shown adverts of people dying, but seeing her being that healthy and working and doing her thing, you just want to be like her.
(Female Respondent, 2011)

The findings described above touch on the ability to learn new behaviours vicariously by observing the actions of others which ties in with social modeling. This is because models in the media – in this case, celebrities – have the ability to help initiate behaviour change by showing the benefits of specific courses of action (Bandura, 1986). In this regard, media role models such as

Kananda may be effective in contributing to changes in health-related practices and behaviour by providing knowledge about HIV and AIDS, as well as strategies to cope with stressful situations and overcome helplessness. Exposure to media role models, therefore, has an impact upon perceptions of self-efficacy.

Perception of Kananda as a radio host who provides HIV and AIDS information

Based on a discussion of the most recently aired show, respondents were all adamant that they found Criselda Kananda's Metro FM talk show, *Wellness Talk*, informative and enlightening. They reported that the knowledge and insights gained from the show were due to the inclusion of ongoing research findings and discussion of topics that were socially and culturally relevant, as well as interesting. The show's informative nature was key to establishing listenership among the respondents. One respondent pointed out the value of its being a talk show, thereby providing a forum for HIV and AIDS education through dialogue:

It's good that Metro FM has such a show because it's useful to have a platform to talk about HIV and AIDS. Right now there is still on-going research on it, ongoing questions and needs that arise every day. For example, people want to know if circumcision is the new way of preventing HIV. It's good that there is a platform that provides an ongoing debate as well as information about HIV and AIDS.

(Male Respondent, 2011)

This respondent recognises how Kananda addresses HIV and AIDS through a talk radio format, which means her educational efforts also encompass getting listeners to talk about the pandemic. Efforts that encourage radio listeners to engage in open and frank discussion about the disease, its causes, and how to prevent it have helped to reduce HIV infection rates in Uganda. It is believed that the simple act of talking has been the key element of the country's success in reversing the pandemic (UNAIDS, 2004).

Secondly, respondents highlighted how *Wellness Talk* stood out from other radio shows that contain HIV and AIDS information due to the fact that it is hosted by a presenter who is HIV-positive. The respondents pointed out how Kananda's own HIV-positive status has meant that the show is better able to deliver HIV and AIDS-related messages – particularly from a PLWHA's perspective – and handle the social issues and sensitivities surrounding the HIV and AIDS pandemic:

Everytime comments are made about HIV-positive people she [Kananda] will remind the person talking that Criselda is also one of those people. So she's acting as a voice for HIV-positive people. People who are diabetics are not judged for having diabetes. But people who have HIV are being judged for being HIV-positive.

(Female Respondent, 2011)

The above comment points to one of the advantages that celebrities living with HIV have over other members of society who are also living with disease. In this case, HIV-positive celebrities are seen to have more authority which means that their messages will more likely be heard and attended to. Thus by their involvement, HIV-positive celebrities may play an influential role in education initiatives that oriented are toward tackling HIV and AIDS-related stigma.

Theme 3: Critical Analysis of the Perceived Impact of Celebrity Involvement in HIV and AIDS Education and Prevention

This section focuses on the misgivings that arose during the focus group discussions about celebrity involvement in HIV and AIDS communication. For the most part, respondents were suspicious of celebrities who are co-opted to front pro-social campaigns, causes or fund-raising events as ambassadors or spokespersons. Respondents felt that their relationship with these organisations is not based on a genuine need to help raise awareness about development issues, but rather on a desire to create more publicity for themselves. There is evidence that the public have now also become skeptical of pro-social organisations through comments posted online on newspaper websites. For example, some believe that these organisations have now outgrown their initial purposes and have now turned into money-making businesses given their tendency to pay out large amounts to secure endorsements from international celebrities (The Guardian, 2011).

Respondents felt it was better to co-opt individuals (celebrities or not) that were actually living with HIV and AIDS:

I question their motives as celebrities – is this just an opportunity to get their photo taken or are they genuinely interested in these issues? I think it would be good to hear from someone who lives with HIV. I think it would be quite striking to find a campaign that features a guy or girl next door. For me it's a question of motives and whether they [celebrities] are bringing the right kind of attention to that issue.

(Female Respondent, 2011)

They [PLWHA] tend to be less scripted. For example, if Lesego [HIV-positive celebrity discussed in chapter 6] were an official ambassador, she probably would have been fired because she said she stopped taking ARVs by weaning herself off them and she's now following a healthy diet. You get a more complex idea of HIV because she's living with it. If she were tied to an NGO she would be accused of making these public relation mistakes. She's a 'proper' ambassador because she represents someone on the ground. And that holds more value.

(Female Respondent, 2011)

These views would seem to imply that skepticism about celebrity involvement also includes their lack of sufficient knowledge of the pandemic and credibility. By implication, celebrities may actually get in the way of an organisation's campaigning efforts, thereby posing more of a hindrance rather than a help (Stanford, 2011). This view seemed to resonate with respondents who felt that the majority of celebrity supporters do not communicate clear and convincing messages to the public. One respondent commented: *'I believe celebrities just bring notoriety to issues. For instance, when they glamourise orphaned children and issues like that.'*

From this perspective, a celebrity's lack of expertise in promoting development issues yet again results in inaccurate communication. As a way to reduce such risks, pro-social organisations are encouraged to engage individuals who are not only high profile and charismatic, but who are genuinely interested about the issues they are trying to promote and willing to make a long term commitment (InterMedia, 2012). In this regard, this study sought to point out how celebrities such as Mboya and Kananda, in addition to raising awareness, display their genuine interest in HIV and AIDS through their in-depth knowledge and the years they spent working first-hand with PLWHA.

Conclusion

In order to assess the impact of celebrity involvement on HIV and AIDS education and prevention, the chapter presented the study's findings through discussion of the themes and sub-themes that emerged during the focus group interviews. The interviews sought to explore the role played by media personalities in the fight against HIV and AIDS by focusing on Hlubi Mboya and Criselda Kananda.

For the most part, the respondents based their perception of Mboya on her 10-year role as Nandipha in *Isidingo*. Her decision to play an HIV-positive character despite the social stigma surrounding the disease was viewed as admirable, especially given audiences' tendency to mistake soap opera narrative for reality. Hence, respondents perceived her contribution to HIV and AIDS education and prevention as genuine, as opposed to self-serving. The respondents also confirmed that watching the series increased their knowledge and general awareness about HIV and AIDS. Their views illustrate television's – in this case, a long-running drama series – potential to communicate health-related information through an engaging storyline and through a character that audiences can identify with.

In relation to Kananda, a consistent thread running through all respondents' perspectives was the many benefits derived from hearing or seeing celebrities living positively with HIV through the media. Some of the benefits concerned how positive and accurate portrayals of PLWHA can challenge negative stereotypes. Another advantage related to how celebrities model positive attitudes and behaviours that can help PLWHA develop the knowledge, skills and confidence needed to deal effectively their medical condition. Also, the presence of PLWHA in broadcasting can help ensure that the right person at the right time with the right information delivers appropriate HIV and AIDS messages.

Critical perspectives about celebrity involvement in HIV and AIDS education and prevention related to what was perceived to be a lack of genuine interest on the part of most celebrities in bringing awareness to health and development issues. An aspect of celebrity involvement in HIV and AIDS communication that was perceived as honest and authentic considered the support of celebrities personally affected by pandemic and impassioned celebrities that are deeply involved in the cause. Conclusions will now be drawn as a reflection of the research questions.

Chapter 8

Conclusion

This study set out to assess the impact of HIV and AIDS messages that are communicated by media personalities on audience members, in order to gain a deeper understanding of whether celebrity involvement contributes to attitude and behaviour change among message recipients. This study emphasises the fact that the HIV and AIDS pandemic is still a matter of great concern. Moreover, because of its potential to harm future economic growth and social progress in developing countries it is now a concern that has transcended the health sector (Hope, 1999).

Thus efforts are being made by all members of society, including those in the entertainment industry and sports, to respond to the pandemic. The practical importance of these efforts lie in their capacity to potentially change high-risk sexual practices and reduce the stigma attached to HIV and AIDS. In the course of this study I argued that through their HIV and AIDS-related endeavours, both Hlubi Mboya and Criselda Kananda have contributed to a lineage of celebrity involvement that connects with the roles played by Rock Hudson, Earvin “Magic” Johnson, Elisabeth Taylor, and Fana “DJ Khabzela” Khaba in the fight against HIV and AIDS.

The first research question asked: *What means do media personalities employ to communicate HIV and AIDS messages?*

The study found that media personalities played a pivotal role in the fight against HIV and AIDS, especially given mass media’s tremendous reach and influence. By examining Mboya and Kananda this study was able to highlight how media personalities have become an important source of information about HIV and AIDS for large numbers of viewers and listeners. This was exemplified by Mboya supporting the integration of the HIV and AIDS theme in her character’s existing storyline through her performance capabilities. Therefore, viewers of the most keenly watched soap opera in South Africa were educated about the pandemic while watching an enjoyable programme at the same time. On the other hand, Kananda who is the producer and host of a health-themed radio talk show helps to educate millions of Metro FM listeners about the pandemic. Her publicly known HIV-positive status, in combination with her national celebrity status, may have influenced radio audiences becoming regular listeners of her talk show.

The second research question asked: *What are the audiences' responses to celebrity-communicated messages?*

The data for this study came from focus group interviews conducted with 15 respondents who are students at UKZN in Durban, South Africa. This study examined how exposure to the Mboya and Kananda engaged in their various HIV and AIDS-related endeavours influenced audiences' health-related responses. Although the findings did not indicate any self-reported behaviour change as a result of exposure to either media personality, they did shed light on how exposure increased knowledge of HIV and AIDS. This increased knowledge closely related to shifts in attitudes and perceptions toward PLWHA, especially away from negative stereotypes.

Involvement with Mboya (and Nandipha) and Kananda through parasocial interaction proved the best predictor of change in relevant knowledge, perceptions, and attitudes. For example, with regard to Nandipha, respondents revealed how they were emotionally affected by the character's HIV experiences. In Bandura's view, this may be explained by the respondents identifying with the character given their similar ethnic background and age.

As a result of their involvement with Kananda, respondents also esteemed the example of positive living illustrated by Kannada as an HIV-positive media personality. There was a common understanding expressed in the interviews that Kananda provided a new perception of what a person living with HIV looks like and a new model for how to manage the disease through pioneering a positive approach. In this way, media personalities may influence attitudinal and behavioural change by showing how they are worthy of imitation, or being perceived as exemplary through role modeling (MacCallum and Beltman, 2002).

The third research question asked: *What benefits or drawbacks are attached to using a celebrity to promote pro-social issues?*

There remains a critical aspect associated with celebrity involvement in the HIV and AIDS pandemic. The most long-standing problems include their inability to fully articulate the complex concerns involved in any health or development issue and the tendency for celebrities to detract attention away from those truly qualified to speak on the issue of HIV and AIDS, consequently leaving the latter in the "shadow of stardom" (Stanford, 2011; Noland et al., 2009:207). Arguably, it is their fame that bestows celebrities a distinctive feature that PLWHA and activists do not habitually possess; hence they are able to play a very public role through their

association with the HIV and AIDS issue. This is because the media attention that surrounds celebrities in many cases is transferred to the issues they are trying to promote and, in effect, pushes them onto the public agenda (InterMedia, 2012). Furthermore, celebrities have the resources, the power, and ultimately the access to develop HIV and AIDS-related discourses – through media, corporate, and governmental outlets that others involved with the pandemic may not (Noland et al., 2009).

On the other hand, celebrities openly living with the disease have an important role to play in mitigating HIV and AIDS-related stigma. Given their fame and privileged lives, celebrities by implication show that HIV is indiscriminate in who it affects. The idea that the disease only affects certain members of society stems from how HIV and AIDS was predominantly associated with homosexuals, drug users, and the poor – these were people who were already socially disadvantaged before they contracted HIV (Frohlich, 2010). Even though the disease affects individuals from all groups, the stigma remains just as strong for those diagnosed with the disease. Hence, when celebrities speak openly about their HIV status they, in effect, show that people from all backgrounds are vulnerable to the disease. It is argued that this recognition will help to develop a sense of ownership for dealing with the HIV and AIDS pandemic, as well as to reduce the current stigma (USAID/South Africa, 2003a).

Celebrities' appeal with younger audiences may be found to be quite beneficial. For example, Mboya's affiliation with loveLife relates to how celebrities are effective in raising the profile of social issues due their popularity among the general public. Consequently, the bulk of health-related content orientated towards connecting with young people has prominently featured in broadcast media, as well as in popular culture (Berger, 2004). As a result, many young people who might not necessarily pay attention to traditional HIV and AIDS campaigns, or would choose not to watch AIDS programming, are nevertheless exposed to HIV and AIDS-related content – especially during this period of increasing 'AIDS fatigue'.

Conclusions and recommendations for future study

Celebrities have enormous potential to help stop the spread of HIV and AIDS by increasing awareness and knowledge of the disease, while celebrities living with the disease have an unprecedented opportunity to provide much-needed insight and guidance for other PLWHA. However, in an age of openly HIV-positive celebrity role models, there is the sense that the public is growing apathetic about HIV and AIDS, and more importantly about celebrities who publicly disclose their HIV-positive statuses (Horning, 2012). Moreover, there is the belief that recent celebrity disclosures are now contributing to a sense that HIV is no longer remarkable or frightening, but an ordinary disease, especially among young people. This realisation begs the question if there is still a need for celebrity disclosures today?

The answer to this question would be yes because there is still no sign that the spread of HIV has reached its limits. Celebrities still have a role to play, especially in view of these recent developments regarding the public's waning concern about HIV and AIDS. Celebrities are now not only faced with the challenge of reducing the stigma attached to the disease, they are now faced with combating what some AIDS authorities are calling 'a new apathy around AIDS'. With this mind, celebrities are now urged to talk about the harsher realities of living with HIV – the opportunistic illnesses and side effects of ARVs (Horning, 2012).

In addition, there is still a need for more celebrity champions from certain communities such as the Indian, white and Afrikaans communities. These communities tend to be more conservative and fear of stigma persists (Horning, 2012). As previously discussed, this relates to the way "Magic" Johnson increased concern about the risk of HIV to heterosexuals and African-Americans when he became the first African-American to disclose his HIV-positive status and, thus, provided the U.S. public with a new image of an HIV-positive person. Nevertheless, audience research on celebrity disclosure and advocacy is a relatively undeveloped field. By revealing how audiences receive celebrity-communicated messages, it is hoped that this study will illustrate the potential of celebrity involvement to help curb the spread of the pandemic in South Africa and prompt further studies into how a celebrity's association with other health-related issues influences positive change among the public.

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Appendix A

INTERVIEW GUIDE for the MEDIA PERSONALITIES

CRIESLDA KANANDA

1. When and how did your involvement with HIV and AIDS start?
2. What motivated you to become involved during this period?
3. You use the medium of radio, specifically talk radio, to educate people about HIV and AIDS, and do consider this an effective means? Why?
4. What has been the response or feedback from your audiences?
5. In addition to your talk show on Metro FM, what other HIV and AIDS-related endeavours are you engaged with?
6. What aspect of the HIV and AIDS pandemic do you consider is your main focus?
7. With regards to your HIV and AIDS-related endeavours, what do you hope to achieve?
8. As a celebrity living openly with HIV and AIDS, what message do you wish to communicate to people who are also living with the disease?

HLUBI MBOYA

1. What do you consider to be the benefits of having a HIV-positive character on a prime time soap opera like *Isidingo*?
2. The character that you play on *Isidingo*, Nandipha, has a sad story, she was sexually assaulted and was later diagnosed with HIV, but she still manages to be an appealing character to watch, why is this so?
3. What motivated you to take on the responsibility of playing such a weight role?
4. What has been the response from television audiences that watch you as Nandipha?
5. When did you become an AIDS Ambassador and what does being an AIDS Ambassador involve?
6. What motivated you to become involved with HIV and AIDS post-*Isidingo*?
7. Which pro-social organisations do you mostly work alongside with?
8. As a celebrity advocate, what aspect of the HIV and AIDS pandemic do you consider is your main focus?
9. With regards to your HIV and AIDS-related endeavours, what do you hope to achieve?

Appendix B

INTERVIEW GUIDE for the FOCUS GROUPS NANDIPHA/ HLUBI MBOYA

1. Which character in *Isidingo* do like? Why?
2. Do you identify with any characters in the programme?
3. What do think of Nandipha's story?
4. Do you think it is a relevant story or not?
5. Why do you think the HIV and AIDS theme was included in her storyline?
6. Through the character's storyline did you learn anything new about HIV?
7. What aspect about the character's storyline stuck out for you?
8. Do you think that the story of Nandipha has had any influence on your own health-related attitudes, beliefs, or behaviours?
9. Are you familiar with the work that Mboya does as an AIDS Ambassador?
10. Has her involvement with the HIV and AIDS issue had any influence on your health-related attitudes, beliefs, and behaviours?
11. Do you believe that Hlubi Mboya as an AIDS Ambassador is a good choice especially considering that she is not HIV-positive?
12. In general, what are your thoughts about celebrities that promote HIV and AIDS or are associated with pro-social issues?

CRISELDA KANANDA

1. When did you start listening to Wellness Talk and why?
2. How often do you listen to Kananda on Metro FM?
3. What benefits, if any, are attached to using talk radio to communicate HIV and AIDS messages?
4. Have you come across other radio programmes that address HIV and AIDS?
5. What do you think of Kananda, what do you like or dislike about her?
6. What do you think is the significance of Kananda living openly with HIV?
7. Has Kananda's show had any influence on your health-related attitudes, beliefs, and behaviour?

8. Beside Kananda do you know of any other celebrity living with openly with HIV and have they had any impact on you?
9. What do you think about Kananda's positive approach to living with HIV?
10. When you see a person that looks like Kananda living with HIV, what does that make you think about the disease?
11. What role does celebrity disclosure play within the context of HIV and AIDS in South Africa?

Appendix C

INFORMED CONSENT FORM

Dear Respondent

The title of my study is *Spotlight on AIDS: Assessing How Media Personalities Advance HIV and AIDS Education and Prevention*.

This thesis aims to examine the social influence that media personalities have on audience in terms of HIV and AIDS education and prevention. You will be asked to participate in a focus group discussion about issues surrounding the pandemic and the possible effects of media personalities on education and prevention. You will be asked to give their honest views and opinions about HIV and AIDS.

The focus group discussions will run between 45 min – 1 hour. The discussions will only take place once. Participation is voluntary and subjects are free to withdraw from the study at any stage and for any reason as this will not result in any form of disadvantage.

Your involvement will prove highly beneficial as it will become part of a body of academic research that will be geared towards responding to the critical issue of HIV and AIDS. You will not be paid for your involvement during the research process, nor will you incur any financial expenses as the researcher will provide the necessary provisions (food, transport, etc.) needed to facilitate the group discussions.

The group discussions will be documented through the use of a voice recorder and later transcribed into a written report. In case you require that certain information disclosed during the group discussions remain confidential, allowances will be made in such regards. You are also assured of anonymity and will be asked to sign next to whether you want to use your real name or pseudonym. As the researcher I assure all respondents confidentiality, information or names that are disclosed in private will remain strictly between the respondent and the researcher.

I.....

- (Full name of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.
- I understand that I have the right to request that certain information disclosed during the group discussions remain confidential.
- I understand that I am assured of anonymity.

Please sign next to whether you want to use your *real name* or *pseudonym*.

The investigator may use my real name.....

I request that my real name be withheld

I understand that I am liberty to withdraw from the project at any time, should I desire so.

.....
SIGNATURE OF RESPONDENT

.....
DATE

Name of Researcher: Lungelo Dlamini

Contact Details: 072 279 8404 / lungelo@ymail.com

Qualification for Project: M.A. (Coursework)

School: Literary Studies, Media and Creative Arts

Faculty: Humanities, Development and Social
Sciences

