

The Development of Community-based Media for
AIDS Education and Prevention in South Africa:
Towards an Action-based Participatory Research Model

by

Warren Parker

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Supervisor: Professor Keyan Tomaselli

ABSTRACT

This research explores the development of community-based media for HIV/AIDS education and prevention. The theoretical framework for the research was based in semiotic, cultural studies and participatory action research perspectives and is critical of conventional approaches to communication and media production.

Conceptual ideas for the media products emerged through interaction with small groups of participants utilising participatory action research and focus group methodology. A series of posters were produced and distributed within the communities studied. The research demonstrates a practicable and replicable methodology for deriving community perspectives around a range of issues and articulating these via small media products. The methodology is relevant to health education, but may also be applicable to a range of community-based initiatives that seek to facilitate social change.

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Contents

CHAPTER ONE

The South African context.....	7
Clinical aspects of HIV/AIDS prevention	9
Integrating approaches.....	11

CHAPTER TWO

Education for HIV/AIDS prevention	12
HIV/AIDS and behaviour change.....	13
The problematic of behaviour change.....	16
Complementary programmes for HIV prevention	18
Control of sexually transmitted diseases	19
Distribution of condoms.....	19
Promotion of general sexual awareness	20
Support services for HIV positive individuals.....	22
The nature of media products	24
Integrating media	25
Making media	26
Posters	28
The Relevance of semiotic approaches	34
Linear models.....	37
Semiotics and semiology.....	40
The relevance of signs.....	41
Interpretation of texts	48
Semiotics, semiology and ideology	50
The production of meaning.....	52
The relevance of readers.....	57
Culture, Ideology and Social Change	58
Participatory Research	64
Tying together the strands	69

CHAPTER THREE

Towards a research methodology and framework	71
The role of the researcher.....	73
Focus group methodology	74
Considerations of community.....	75
Group selection	76
The SAPC group.....	76
The Soweto group.....	77
Criteria for the group process	78

Discussion topics.....	79
Session one.....	79
Session two.....	81
Session three.....	81
Session four.....	82
Session f ve.....	82
Session six.....	83
Distribution.....	83
Evaluation.....	84

CHAPTER FOUR

The case studies	85
Case study one: Students of the SAPC	85
Sessions one and two: 20 September 1994	86
Session one	87
Feedback from session one	88
Ref ection on session one.....	90
Session two.....	91
Feedback from session two.....	92
Ref ection on session two.....	93
Sessions three and four: 22 September 1994	94
Session three	95
Feedback from session three	95
Ref ection on session three	95
Session four	96
Feedback from session four	96
Ref ection on session four	98
Examples of posters produced (SAPC).....	101
Sessions f ve and six: 27 September 1994	104
Session f ve.....	104
Feedback from session f ve.....	104
Session six	105
Ref ection on sessions f ve and six	107
Follow up: 28 September - 14 October 1994.....	108
Case study two: The Soweto anti-AIDS club	109
Sessions one to four: 1 October 1994	110
Session one	110
Feedback from session one	110
Ref ections on session one	112
Session three	112
Feedback from session three	113
Ref ection on session three.....	114
Session four	114

Feedback from session four	114
Ref ection on session four	115
Examples of posters produced (Soweto).....	118
Sessions f ve and six: 29 October 1994	120
Session f ve.....	120
Feedback from session f ve.....	123
Ref ections on session f ve	125
Session six	126
Feedback from session six	126
A further session with the SAPC group	127
Ref ections on the group process as a whole	128
Practical considerations	131
The environment.....	131
The groups.....	132
The researcher, facilitators, and supportive infrastructures	133
An integrated approach to HIV prevention	135

CHAPTER FIVE

Semiotics and the media development process	138
Theory and practice	138
Interpretive communities.....	140
Making signs.....	142
Reading and 'reading'	145
Ideological dimensions.....	146
Replicability of the methodology	147
Conclusions	149

PARTICIPANTS

SAPC participants	151
NPPHCN Soweto anti-AIDS club participants	151

FOOTNOTES

BIBLIOGRAPHY

CHAPTER ONE

THIS thesis explored the development of community-based media for HIV/AIDS education and prevention. The research was framed by a number of objectives and parameters with the primary objective being the production of a series of media products. Conceptual ideas for the products emerged through interaction with small self-selecting groups of individuals drawn from predefined target sectors using participatory methodology. The groups were also drawn into the process of determining mechanisms for the distribution and evaluation of the products produced. Prerequisites for the groups included the necessity for a degree of homogeneity in terms of geographic location, common ideological identification, a similar relationship to HIV/AIDS issues, and access to condoms.

In conducting the research, a methodology based on a range of theoretical perspectives was applied for the development of media products for HIV-prevention and it is believed that this methodology is relevant within broader health education scenarios and in situations where change is to be effected at local level.

The research emerged within the context of rapidly rising levels of Human Immunodeficiency Virus (HIV) infection worldwide, escalation of deaths from the Acquired Immunodeficiency Syndrome (AIDS), and diverging opinions around the issues of education about the HIV as well as measures relating to the

prevention of infection. In South Africa in particular, responses to HIV and AIDS by the National Party Government during the 1980s and early 1990s had been somewhat limited, reflecting both bureaucratic intransigence in the face of an emerging health crisis and an apartheid ideology that ascribed a lower import to the value of the lives of those infected during the early development of the epidemic – gay white men and marginalised and disenfranchised blacks.¹

AIDS was recognised as a physiological condition in the early 1980s when increasing numbers of gay men in the USA were found to be suffering from a similar range of unusual symptoms and diseases which, in many cases, resulted in death. Since those early discoveries, HIV-infected individuals have been recorded in virtually every country in the world.

Initially non-governmental organisations (NGOs), and later, governments, mobilised to analyse the progress of infection in their own countries and initiated wide-ranging strategies for coping with the HIV and AIDS. Estimates indicate that in 1995 some 17-million individuals would be infected with HIV, whilst some 4,9-million would have developed AIDS.² Longer term projections estimate that by the year 2000 some 38-million (low) to 108-million (high) would have been infected by HIV,³ with a cumulative total of some 8-million (low) to 24-million (high) AIDS cases.⁴ It is also estimated that by the year 2000, some 85% of persons with AIDS will have died.⁵

The clinical dimensions of HIV transmission and infection have been well documented and are limited to transmission through contact with infected body fluids. Modes of transmission include sharing of fluids during sexual intercourse; perinatal infection from mother to infant; post-natally during breast feeding; fluid-to-fluid contact through needle-sharing during intravenous drug

use and through the transfusion of blood and blood products.⁶ Prevalence of particular modes is framed by geographic regions and social contexts. Of particular importance is the incredibly long asymptomatic period where individuals are infectious – a factor that contributes dramatically to the escalation of the epidemic and which necessitates broad-based approaches to its management.

From the mid-1980s to mid-1990s numerous epidemiological investigations had identified a range of patterns of infection which were largely determined by the predominant mode of infection, geographic location and level of economic development. The Delphi survey, *AIDS in the World: 1992*, reflected a growing trend towards heterosexual infection as the predominant mode of infection with sub-Saharan Africa reflecting 93% of infections via this mode.⁷ Of the global total, this region also represented some 66% of the world total of HIV infections.⁸ Country specific studies have demonstrated a predominance of infections in urban over rural areas. In Rwanda, for example, it was found that 20% of urban women and 14% of urban men were infected, as compared to 1,4% of rural women and 1,3% of rural men.⁹ However, in countries with large rural populations, the total of rural infections may far exceed those measured in urban areas. A study in Uganda, for example, demonstrated that the total of rural HIV-infections comprised some 74% of the national total.¹⁰

A number of researchers have also identified a complex of socio-economic factors that influence the transmission of HIV. These factors include political instability, rapid population growth, rapid urbanisation, poverty, labour migration, squatting, homelessness, unemployment, poor education, an inferior social position for women, national diversities in language and culture and under-resourced health and social services.

As Rene Sabatier of the Panos Institute observes:

“Once the virus has entered the community, it tends towards the path of least resistance. Globally, that line runs directly through some of the world’s least powerful communities: the poorest, most disadvantaged and underdeveloped groups whose members constitute an increasingly disproportionate share of the world’s total AIDS cases.” ¹¹

Thus, within milieus that already compromise longevity, escalation in the levels of AIDS places additional burdens on already under-resourced socio-economic infrastructures. Of particular importance too, are fragmented social contexts where access to knowledge about the disease is scant. As South African AIDS worker, Shan Ramburuth puts it:

“The virus thrives in situations where the social and cultural norms which provide a stable framework for social relations have been destabilised – situations which are not untypical of the politically and socially fragmented townships of South Africa as they emerge from the apartheid era. The vulnerability of those who live there to HIV infection is heightened by a lack of access to information and communication resources.” ¹²

It is worth noting however, that within such environments, AIDS is not necessarily the leading cause of mortality. An analysis of selected causes of death for individuals of all ages in the developing world revealed, amongst others, the following levels of annual mortality (1988): Respiratory disease (10-million); Circulatory disease (8m), Diarrhoea (4,3m); Measles (2m); Injuries (2m); Neoplasms (2m); Malaria (1,5m); Tetanus (1,2m); TB (0,9-m); Hepatitis B (0,8-m); Whooping Cough (0,6-m); Typhoid (0,6m); Maternal mortality (0,5m); Meningitis (3,5m); Schistosomiasis (0,5-

0,2m), Syphilis (0,2m) and AIDS (0,2m).¹³

Obviously, an emphasis on AIDS emerges out of the threat of an exponential growth in HIV infection and consequent massive rise in potential mortality from diseases associated with AIDS. It is important however, to contextualise HIV/AIDS prevention programmes within the context of other health compromising diseases and phenomena with a view to engendering broader-based primary health care programmes.

Over and above environmental and socio-economic issues, researchers have identified a range of behavioural and physiological factors that influence the transmission of HIV. Studies of HIV infection in Uganda, for example, demonstrate that in the case of heterosexual transmission, these factors include high numbers of sexual partners, a history of sexually transmitted diseases or genital ulcers, lack of circumcision in men, and a history of giving or receiving money for sexual intercourse.¹⁴ Women are also more vulnerable to HIV infection through a combination of physiological and societal factors, and this has been increasingly reflected in HIV infection statistics, particularly in sub-Saharan Africa.¹⁵

Clearly then, although infection with HIV occurs at the level of the individual within society, the reasons for infection are closely tied to the complex interplay of socio-economic structures and phenomena on the one hand, and individual physiological and behavioural factors on the other.

Given the complex contexts which influence the way that individuals become infected with HIV, it is crucial that attempts to constrain continuing HIV infection accommodate multi-dimensional strategies for prevention and control. Approaches to the management of HIV infection and AIDS worldwide have placed an emphasis on five main areas:

- ❑ Investigation into clinical aspects of the HIV and management thereof. These include, for example, analysis of mechanisms of infection, investigation of therapies for those infected, and research into the development of preventative/ curative agents or devices;
- ❑ Investigation into epidemiological aspects of HIV infection and AIDS and analysis of socio-economic consequences;
- ❑ Investigation into social, economic and political aspects of HIV/ AIDS;
- ❑ Investigation into the provision of care for individuals who have developed AIDS and/or are severely ill or dying. These range from institutional provisions such as specialised sections in hospitals or hospices to home-based care;
- ❑ Investigation into prevention of HIV infection through a combination of educational and infrastructural methods. Examples include the use of mass and small media, social marketing and distribution of condoms, peer education and the like.

This study focuses on the latter aspect: the development of media products as a component of a process that contributes towards the reduction of HIV infection. Given the significance of the heterosexual mode of transmission within sub-Saharan Africa a further focus is upon young, sexually active heterosexual adults. The study is framed by the South African socio-economic and political context.

The South African context

HIV/AIDS prevention activities in South Africa have been varied. Government responses during the late 1980s included the introduction of donor-blood testing and monitoring, and the establishment of an AIDS advisory council. The promotion of AIDS awareness was however poorly conceived, particularly a high profile advertising campaign that was conducted in 1987.¹⁶ During this period too, a number of employers introduced HIV testing for prospective employees. The Chamber of Mines, for example, tested new recruits from regions of relative risk. Attention was also given by the Chamber to the development of policy relating to the employment of HIV-positive individuals. The immediate government response was to order the repatriation of over 1 000 migrant workers in late 1987.¹⁷ The period also saw the establishment of the South African Institute of Medical Research (SAIMR) AIDS centre, funded by private enterprise, and an AIDS Training, Information & Counselling Centre (ATICC) in Johannesburg by the Department of National Health and Population Development.¹⁸ Similar ATICC's were later established by the government in major urban centres throughout the country.

Given the limited state response, as well as a culture of mistrust of government interventions generally, a number of groups, organisations and institutions began initiating and implementing prevention and support programmes – albeit in an uncoordinated way and with divergent methodologies. These activities took place against a background of socio-economic and political factors identified as contributing to the exacerbation of HIV infection. As Zwi and Bachmayer note:

“The majority of the South African population exhibit a disease profile similar to that of any underdeveloped African country despite the availability of national

resources to overcome such diseases. The inequitable distribution of resources that results from apartheid policies has ensured that the disease of poverty, including STDs, have high prevalences in the black population. This is exacerbated by poor access to health and educational services.”¹⁹

Despite the erosion of legislated apartheid, and the entrenchment of a new political order committed to a more equitable distribution of resources, it is likely that many of the features of apartheid will remain entrenched for some time. Considerable commitment has however been made towards the restructuring of health care systems as well as the prioritisation of sexual health and AIDS. Item 2.12.8. of the Reconstruction and Development Programme (RDP) states:

“A programme to combat the spread of sexually transmitted diseases and AIDS must include the active and early treatment of these diseases at all health facilities, plus mass education programmes which involve the mass media, schools and community organisations. The treatment of AIDS sufferers and those testing HIV positive must be with utmost respect for their continuing contributions to society. Discrimination will not be tolerated. AIDS education for rural communities, and especially for women, is a priority.”²⁰

In this regard, the formation in 1994 of the National AIDS Convention of South Africa (NACOSA), a coalition of groups previously involved in HIV/AIDS work, including government agencies, can be seen as facilitating this process. Direct government commitment to the HIV/AIDS programme has been

demonstrated in the form of a higher financial commitment and recognition of broad-based strategies formulated by NACOSA.²¹

Incidences of HIV infection and AIDS have been documented in South Africa since the mid-1980s and analyses of the growth and potential growth of the epidemic have been applied. An actuarial model developed by Doyle, which is widely recognised, depicts two scenarios – continued infection with no behaviour change or significant behaviour change by the twelfth year of the epidemic. Working from a baseline of 97 000 HIV infections in 1991, this figure would increase ten-fold to 970 000 in 1995; to 4,1-m in the year 2000 for the pessimistic scenario; and to 3,7-m for the optimistic scenario. Figures for 2005 are 6,4-m and 4,7-m respectively. As a percentage of the 15-49 year age group the latter figures represent 18-24% of that group. Cumulative deaths from AIDS for the two scenarios by 2005 are not markedly different (2,5-m/2,3-m).²²

There is little reason to doubt the predictive accuracy of this model, as frightening and horrible as its implications are. What the model does do, is paint a picture of the consequences of intransigence and inaction and underscores the challenge for those working in the field of health and social research that there are millions of lives at stake and that interventions made now can radically alter the face of this impending human drama.

Clinical aspects of HIV/AIDS prevention

Viruses are acellular microscopic cores of nucleic acid (RNA or DNA) covered in a protein shell and which reproduce only if they invade the living cells of larger organisms. In the case of HIV the virus enters the body through contact with infected fluids. The structure of the virus is such that it targets and compromises a particular subset of cells in the human body – particularly the

thymus derived (T) lymphocytes which are known as helper/inducer cells. The surface of these cells carries a glycoprotein molecule called CD4 which allows for binding with the HIV. Other CD4 bearing cells such as monocytes and macrophages also provide for binding with the HIV and thus act as reservoirs for the virus, although their functions are not directly impaired. The helper/inducer T-lymphocytes contribute to the process of virus replication through their own replication. A further feature of the T-lymphocytes is that they perform a central role, along with a range of other cells, in the body's immune defence system and their compromise by the HIV results in a compromise of the immune system as a whole.²³ Two types of HIV have been documented – HIV-I and HIV-II – the latter being fairly uncommon outside West Africa. Presence of the virus in the human body can be reliably predicted via a number of tests – most commonly the Elisa and Western Blot tests – which are used to demonstrate levels of HIV antibodies in the blood.

Infection with HIV results in varied clinical responses, ranging from an acute initial seroconversion illness, to AIDS many years later. Initial reaction may be asymptomatic or symptomatic, with symptoms usually emerging some six weeks after infection and including a glandular fever-like illness. Whilst it is not possible to confirm that all persons infected will go on to develop AIDS it is known that immune depression occurs after a varying number of years in the vast majority of cases. It is generally accepted that individuals who develop AIDS will die prematurely although the time taken for AIDS to develop varies from individual to individual.²⁴

Clinical manifestations of AIDS also vary from region to region – Kaposi's sarcoma and Pneumocystis carinii pneumonia were predominant in infected gay men in the early 1980s along with

other opportunistic diseases and infections; in Africa, Tuberculosis and diarrhoeal wasting syndromes are more common.²⁵

Whilst the general mechanisms of HIV are well understood by scientists and researchers, the means of curing infection still appear to be a long way off, and as yet no drug has been able to disable the virus. During the late 1980s much hope was pinned on AZT, a chemical compound that seemed to inhibit the virus, although there is currently some contention amongst scientists as to its benefits.²⁶ This is largely due the ability of the virus to mutate within the body.²⁷ Considerable progress has however been made in the development of drugs that treat opportunistic infections associated with depressed immunity such as tuberculosis and *Pneumocystis carinii* pneumonia. It is also generally accepted that healthy lifestyles and positive psychological mindframes contribute to deferring the onset of serious AIDS related complications.

Integrating approaches

Given that scientific explorations are continuing, and within the context of pessimism regarding inoculation or cure, it is well accepted that measures that prevent initial infection through some form of behaviour modification are the central mechanism for reducing the rate of HIV infections in both the short and long term. It is also well understood that behavioural changes by individuals can only be brought about through a process where educational interventions and socio-economic infrastructures are integrated to provide a supportive framework. This potential is further discussed in the following chapter, and is further detailed in the penultimate chapter.

CHAPTER TWO

THIS chapter reviews a number of key concepts related to the research and provides a framework for the research design. A number of key concepts are analysed. These include the relationship between education and behaviour change and the nature of media products. These are positioned within semiotic analysis and further examined in terms of culture, ideology and social process. The latter concepts are then incorporated into participatory methodologies.

EDUCATION FOR HIV/AIDS PREVENTION

The contribution of education to the prevention of HIV infection is difficult to quantify, given that what is required is a lifelong commitment by an individual to a range of strategies that prevent infection. The relatively recent emergence of the HIV/AIDS phenomenon mitigates against the drawing of conclusions about long-term individual commitment to the prevention of HIV infection, whilst shorter-term studies have demonstrated varying 'success' rates.

In essence, on an individual level, what is required from an uninfected heterosexual person is an unwavering and lifelong commitment to safer sexual practices in his or her sexual relationships. It is also noted however, that sexual interactions are, as has been outlined, not simply a matter of individual choice, but a product of a wide range of social, economic and political forces. The social challenges thus incorporate a necessity for the normalising of safer sexual practices within whichever socio-economic and political context they take place.

HIV/AIDS and behaviour change

In a review of HIV/AIDS prevention in the United States, Nicholas Freudenberg summarises a number of findings relating to behaviour change. He states:

“One repeated finding is that accurate information is not by itself a predictor of behaviour change. It may be a necessary condition, but it is certainly not sufficient... Some studies show that perhaps 90 percent of urban gay men have made some changes in their sexual behaviour to reduce the risk from HIV infection. But this tells only half the story. Many men who have sex with men do not consistently practice safer sex. They may use condoms more, have unprotected anal intercourse less, and have fewer partners, but only a small minority always follow safer sex guidelines... The gay communities' experience with AIDS demonstrates that it is possible to make dramatic changes in sexual behaviour in a relatively short time; however, ongoing interventions are needed to sustain these changes over time.”²⁸

Clearly human behaviour emerges out of a complex gamut of psychological, socio-cultural and physical precipitates and therefore strategies for bringing about behavioural change have to take cognisance of these. Equally, sustained behaviour change requires maintenance of elements conducive to such change. It is worth noting too, that the epidemiology of the epidemic is greatly influenced by the size of the pool of HIV infected individuals, thus, even if preventative interventions do not bring about prevention of infection in the medium to long term, any delay in infection contributes to a reduction in the rate of growth of the epidemic.

Regarding the requirements for behaviour change, the

Population Information Programme of the Johns Hopkins University detail a simplified framework for personal behaviour change in relation to health education:

- ❑ The rational element, based on knowledge: People need to understand what the disease is, how it is transmitted, how they are at risk of infection and how these risks can be avoided.
- ❑ The emotional element, based on the intensity of attitudes or feelings: People need to feel intense and personal vulnerability to the disease, and have an emotional commitment to the behaviours needed to avoid it. This element also includes a compassion for those already affected, and concern to prevent others from contracting it. Emotions may be negative, based on fear or anger, or positive, based on love or hope for reward.
- ❑ The practical element, based on personal skill in the new behaviour. People need to be competent and confident in practicing the new behaviour, whether it is use of condoms, avoidance of multiple sexual partners or changes in sexual practices.
- ❑ The interpersonal element, or social networks: People need to associate with and be supported by others – in the family, peer groups, communities, etc. – whose knowledge, emotions and skills reinforce healthful changes.
- ❑ The structural element, or social, economic, legal and technological context in which behaviour takes place: People need to have access to the necessary supplies and services (such as condoms and blood testing) and to live

in an environment where safer behaviour is made easy, accepted and even routine, while risky behaviour is made diff cult.²⁹

The crucial issue in AIDS prevention is the bringing about of sustained behaviour change. Given that it is diff cult to demonstrate that this can be sustained over the long term, the concept is viewed by some health professionals with deep cynicism. In addition to this, it is becoming increasingly clear world-wide, that changes in behaviour, even in the short-term, occur within a broader context that is supportive, or otherwise, of that behaviour change. Strategies that seek to bring about behaviour change therefore, need to recognise the multi-dimensional nature of these contexts. In a review of HIV/AIDS prevention methodologies, Jonathan Mann emphasises the need for a broad-based approach:

“The failure of information to lead reliably, regularly, or predictably to behaviour change has been documented repeatedly in varying cultures and contexts and underscores the need for a comprehensive approach to prevention...”³⁰

The problematic of behaviour change

Behaviour change requires that individuals change from a set of behaviours, practices and strategies that are considered to be conducive to HIV-transmission to a set of behaviours, practices and strategies that are considerably safer. In the case of heterosexual intercourse these include consistent use of condoms, non-penetrative sex, and avoidance of contact with a

partner's body fluids. Other strategies might include HIV-testing, a commitment to monogamy, abstinence, and avoidance of sharing of toothbrushes and razors.

Implicit in the concept of behaviour change is the notion that an individual's current behaviour and practices are conducive to HIV transmission. This emphasis on risky sexual practices within HIV/AIDS education emerges out of a long history of emphasis on the study of high-risk groups such as homosexual men who practice receptive anal intercourse, commercial sex workers, persons already infected with other STDs, individuals with multiple sexual partners and the like. It is likely that such emphasis also emerged out of an historical emphasis on the biomedical aspects of HIV/AIDS which incorporated the scientific methodologies of measurability, and thus an obvious focus on the larger HIV-infected populations. Within these groups researchers have reported some measure of success using educational media. However, behavioural shifts are problematic. As Mann states:

“To achieve [that] behaviour change, earliest efforts in HIV prevention provided information about the dangers of AIDS along with recommendations for safe behaviour. This was the era of eager confidence – that when people learned about AIDS and knew what we knew, they would generally ‘take steps’ and ‘do the right thing’. This approach helped alert people but – not surprisingly – was insufficient to promote or sustain behavioural change.”³¹

Relatively few programmes have placed an emphasis on targeting individuals and groups, the majority of whose behaviours and practices are considered to be relatively safe, or whose levels of sexual interaction do not yet include what are deemed to be high-risk behaviours and practices. Instead, it has been assumed that

programmes targeting general populations would suffice for these sectors.

In the case of school-going youth however, there has been considerable emphasis on the need for the expansion of sexuality education programmes. Given the relatively short time since the initiation of the latter programmes, there has been little opportunity for systematic evaluation in terms of their effectiveness in delaying the age of first sexual intercourse, the use of condoms, the frequency of intercourse or the number of partners.

Behavioural change within the context the HIV transmission is a complex concept and it is too early on in the development of the epidemic to develop a coherent picture regarding long-term commitment by individuals to safer sexual practices. Longitudinal studies of gay men have demonstrated resumption of unsafe practices over periods ranging from months to several years by percentages ranging from 6-19% within the cohort studies.³² A British study however, showed that 40% of group members practiced safer sex, in Australia 43% practiced safer sex and in the Netherlands 6% were consistently safe and 46% had changed to safer behaviours.³³

Human sexual behaviour is subject to ebbs, flows and transitions in terms of sexual activity and an individual's beliefs, behaviours and practices may vary considerably over the passage of time.³⁴ In my view, therefore, a heavy emphasis on the evaluation of HIV awareness/prevention programmes in terms of their contribution to behavioural change should be reconsidered. This is not to say that the emphasis on a trend towards safer sexual practices be abandoned, but rather that emphasis lie with improvements in the effective transfer of relevant messages, the provision of complementary programmes/infrastructures that support change and issues of personal change and empowerment at community level – that is to say: the adoption of an integrated

approach. Such a broad-based and programmatic approach to HIV/AIDS prevention represents a move away from an overwhelming focus on the individual, providing instead a complementary framework of support that diminishes the need for extreme levels of motivation by individuals.

COMPLEMENTARY PROGRAMMES FOR HIV PREVENTION

HIV infection occurs in contexts of varying vulnerability relating not only to aspects of individual physiology and individual intellectual / behavioural response, but also within in socio-economic, political and cultural contexts that frame, and to some extent further determine, individual vulnerability. Whilst it is suggested that the mechanism for reducing HIV-infection incorporate social change that seeks to bring about rapid shifts in socio-economic, political and cultural environments, it may be naive to expect that this could happen easily. However, there are a range of programmatic provisos that can be relatively easily affected, and be seen as complementary prerequisites for activities that seek to bring about shifts in beliefs, behaviours and practices relating to vulnerability to HIV infection.

Control of Sexually Transmitted Diseases

Analyses of risk of HIV-infection per episode of sexual intercourse indicate that vaginal walls and the epithelium of the penis act as effective barriers against HIV transmission.³⁵ The risk of infection is assessed at less than 1% per episode in vaginal intercourse and greater than 5% per episode of anal intercourse. Such statistics are obviously relative to the number of HIV infections within an individual's social milieu. In contrast, the risk of contracting gonorrhoea in one episode of vaginal intercourse is

80% and chlamydia, 50%. A number of STDs – syphilis, genital warts, genital herpes and chancroid – result in ulceration and inflammation of the genitalia, a process which results in easier transmission of the HIV.³⁶ It is also interesting to note that the socio-economic and political factors that contribute to HIV infection – amongst others, labour migration, changing social structures, poverty and gender inequality, prostitution, and social strife – also contribute to the spread of STDs.

Given this relationship, it is crucial that HIV-prevention programmes incorporate educational aspects of STD awareness and behaviour change and that the mechanisms for the treatment of STDs be available within the target community.

Distribution of condoms

Properly used, condoms represent one of the most viable methods of reducing the potential of HIV infection during intercourse. Condoms are also effective in reducing the risk of infection from other STDs as well as contributing to broader sexual health issues such as pregnancy planning. Efficiency of condoms is however relative to 'correct' usage. The latter principle includes consistent use, correct procedures for use, prevention of breakages and correct storage.³⁷ Condom distribution programmes therefore, have to be supplemented by sufficiently comprehensive education programmes that contribute to usage efficiency.

The promotion of condoms nationally via social marketing campaigns is an important component. Programmes in a number of countries have demonstrated considerable success in significantly increasing condom use. A mass media, public relations and trade promotion intervention in Morocco, for example, saw a 21% increase in condom use within the general population, whilst peer education and condom distribution interventions in Cameroon,

Zimbabwe and Tanzania reported 'always used' condom use at levels ranging from 15-29% higher than pre-intervention levels. Similar methods amongst commercial sex workers in Africa have also resulted in increased levels of condom use.³⁸ The recent work of Population Services International in Zaire in the social marketing of condoms has demonstrated the viability of this technique. Interventions in that country saw condom sales – at a price equivalent to \$0,01 – increase from 1-million in 1987 to more than 18-million in 1991.³⁹

Promotion of general sexual awareness

Given that sexual and sexuality education does not form a significant part of school curricula, and that adults generally do not have ready access to information about sex and sexuality, it is likely that AIDS education is poorly contextualised. Infection by HIV occurs within a sexual context, and therefore education about HIV and AIDS must incorporate the dimensions of reproductive health and sexuality. The peer dimensions of sexuality education must also be recognised.

As an example, the desire for clear and detailed information about sexuality as it relates to HIV/AIDS was overwhelmingly apparent among members of the groups studied as part of this research and is described in Chapter Four.

The necessity for an understanding of safer sexual practices and the adoption of risk reduction strategies is discussed by Catania et al.⁴⁰ The authors describe a series of intellectual 'stages' that culminate in active commitment to safer sexual practices and ultimately reduced risk to HIV infection. The three stages are:

- ❑ Labelling, where an individual assesses his/her risk in relation to HIV infection and possibly labels this behaviour as risky.

This process requires in depth knowledge of risk factors and involves both personal perceptions and perceptions articulated within social networks.

- ❑ Commitment, where high risk behaviours are replaced with behaviours that are less likely to result in HIV infection. This involves cognitive processes that shift perceptions of safer sexual practices as less enjoyable than a previous sexual norm.
- ❑ Enactment, where the interpersonal and social contexts are engaged at a deeper level utilising strategies that include 'help seeking' and where safer sexual behaviours are concretised.

The relevance of mediated messages within this context is extremely important, and is problematised in the analysis of the model.

"The proposed model underscores the need to identify where in the change process particular types of public health messages have their greatest impact. Messages focusing on which behaviours lead to HIV transmission are hypothesised to influence labelling of high risk actions as problematic (stage one). The reluctance of many mass media health efforts to move beyond this type of message suggests that the major influence of these efforts will be on stage one outcomes. Education influencing stage two, commitment to change, is hypothesised to involve specific instructions on the health utility and enjoyment aspects of various changes (eg. condom use) for the individual. Hypothesised to affect stage three outcomes are programs that focus specifically on how to achieve

beneficial changes and which inform people as to where they could get help in accomplishing this task.”⁴¹

This observation once again reiterates that sexual practices which transform levels of risk to HIV infection from high to low require not only shifts in individual cognitive perceptions but also that social frameworks support such change.

Support services for HIV positive individuals

Counselling is a common intervention when dealing with HIV positive individuals and is usually provided formally, within government health services, or via NGOs. In South Africa pre- and post-test counselling is recommended, although this is limited to centres that provide such facilities.

A common feature of health policy relating to AIDS is an emphasis on the legal rights of those infected with HIV. This emerges from active lobbying by activists in the United States during the early years of the epidemic, as well as countless examples world-wide of a range of discriminatory practices against infected individuals. One mechanism for countering discrimination has been that of confidentiality – that individuals testing positive for HIV antibodies be assured that secrecy will be maintained regarding their condition. Whilst it is well recognised that there are considerable benefits to be gained from such policies, the issue of secrecy may tend to marginalise those infected with HIV. This latter point was emphasised in a magazine article featuring a young HIV positive woman:

“Coming out into the open... not having to hide it... has helped me to live more of a normal life... The people are doing it to themselves. That’s why the stigma is so bad.”⁴²

Such policies also mitigate against open participation by HIV infected individuals in programmes that serve their particular concerns and perhaps contribute to the lack of emphasis on broad-based HIV/AIDS support programmes by government and other organisations.

The value of HIV/AIDS support programmes has been demonstrated in a number of countries, although most organisations tend to emerge as small interest groups or NGO's with little state support or sanction. Benefits include, for example, the capacity to deliver sexual counselling to HIV infected individuals which could contribute to shifts in belief and the adoption of safer sexual practices. In some cases counsellors encourage both safer sexual practices and notification of partners. Further benefits emerge through the capacity to render a support framework for home base care of ill and/or dying individuals.⁴³

THE NATURE OF MEDIA PRODUCTS

Educational strategies in most countries have included the use of mass media as well as more specialised small media products such as posters, pamphlets, booklets, and video programmes. Media products have also been integrated into specialised educational events such as workshops, theatre, direct group and individual counselling as well as indirect counselling and advice through telephone 'hot-lines'. In many countries it has been possible for AIDS programmes to co-opt the organs of mass media – the press, radio and television – to deal with the exigencies of HIV and AIDS, and interestingly, to overcome their traditionally conservative approach to sexual matters.⁴⁴

Piotrow et al ⁴⁵ provide a comprehensive summary of research

findings relating to mass media including a contribution to behaviour change where media stimulated people to seek out ancillary information, services and products and encouraged discussion between partners. They also demonstrate considerable evidence of intended behaviour change when messages are incorporated into dramatic portrayals on audio-visual media. There is strong argument for the use of a wide range of media simultaneously to engender complementary dissemination of information. Hausser et al, in an analysis of the Swiss multiple media campaigns in 1987, place emphasis on "... multiplying phenomena [which] were numerous, and in themselves, contributed to the campaign's effect." ⁴⁶ Such programmes worldwide have certainly demonstrated measurable increases in general knowledge about HIV/AIDS and the mechanisms for prevention of infection. In South Africa however, given the context of varying and limited mass media educational interventions, as well as a lack of sustained access in many geographic areas to relevant information, levels of knowledge vary significantly.⁴⁷

Integrating media

It has been argued that HIV/AIDS education should be seen as encompassing issues that are broader than direct knowledge of the disease itself, and the promotion of broader-based knowledge should be seen as integral.

In a review of HIV/AIDS prevention in the United States Freudenberg notes:

"Too much AIDS education seeks only to provide information. Because of the success of previous efforts, most people now know the basic facts about AIDS. It is time to move on to the question of behaviour and the social environment in which that behaviour occurs..."

Too many AIDS education programmes rely on one-way communication. Changing drug and sexual behaviours requires engaging people on the most intimate subjects of their lives... Trust is an essential characteristic of an effective relationship between educator and learner. Such trust cannot develop if information flows only one way, from the educator to the learner... Too many AIDS prevention programmes focus narrowly on AIDS as a single issue... In many communities, AIDS is not the first issue people want to address. By having the flexibility to start with infant mortality, sexually transmitted diseases, substance abuse, inadequate schools, or lack of housing, AIDS educators can increase their chances of engaging people and creating a relationship in which AIDS can be discussed...

AIDS programmes lack a comprehensive approach to prevention and treatment... Unless AIDS workers can make the case for an integrated system of care, [these] pendulum swings between prevention and treatment will continue, each leaving in its shadows, deaths that could have been prevented...

Too few AIDS education programmes acknowledge and address the distrust that many people feel toward government, scientists, and health officials...

Most AIDS prevention programmes focus too much on individual behaviour and too little on the social and political factors that shape that behaviour..."⁴⁸

Perspectives similar to that provided by Freudenberg are quoted in various parts of this thesis. It is apparent that the central problematic in HIV/AIDS education is the lack of ability of prevention programmes to move beyond the level of basic

knowledge provision, to engage their audiences more dynamically and to acknowledge the necessity for multidimensional strategies that are based at the grassroots level.

MAKING MEDIA

Coyle et al, in an evaluation of the Centres for Disease Control (CDC) AIDS prevention programmes in the United States stress that "...explicit objectives be written for each of the major intervention programmes and that these objectives be framed as measurable biological, psychological and behavioural outcomes."

⁴⁹ Whilst there is little explicitness in the mechanisms of the development of media messages, it is clear that to a large extent, these have emerged through the perception of informational needs by health professionals with informational criteria being largely determined by the health workers themselves. In their discussion on evaluation therefore, Coyle et al place considerable emphasis on formative evaluation – which is defined as the testing of alternative campaigns and/or campaign messages on a small scale with target groups. This approach assumes that it is the domain of the health professional to generate and test messages – i.e. initial message content is derived via health professionals, based on perceived need and possibly qualitative/ quantitative research, and that the media products are then developed in conjunction with media professionals (often advertising agencies). This methodology incorporates target audience participation through focus groups whose primary activity is articulating responses to messages and assisting in their refinement. Indeed, the secondary role of these groups is positioned thus:

"The reader should [also] recognise that the search for a better campaign – the evaluation of what works

better – is inherently limited by the fact that the role of evaluation is to assess ideas rather than to generate them.”⁵⁰

The way media messages are created (manufactured) have a dynamic relationship with the way they are perceived and acted upon. By far the commonest methodology is that which places health professionals and/or media professionals in dominant decision making roles in the process. Whilst there is a developed awareness of the necessity to incorporate perspectives of the intended audiences, this process has been scientised (and expertised) in such a way that it continues to alienate intended audiences. There is also a tendency to assume that media products on their own, are able to engender behavioural change at the level of the individual – a concept that has been problematised in preceding discussion.

Of particular concern in this research is to develop a participatory methodology that leads to the development small media products – more particularly, that groups derived from target audiences facilitate the development of relevant media and messages as well as contribute ideas towards issues of distribution, possible complementary programmes and evaluation. Given the confines of this academic study, the research focuses specifically on posters and possibly complementary small media products as a production/ action goal. This does not preclude the provision of additional services and activities. For example, in the case of the college-based research group – one of the groups studied as part of this research – a range of activities have been fostered including peer condom distribution, peer counselling and general promotion of AIDS awareness at ‘community’ level.

POSTERS

Posters have obviously formed part of numerous HIV/AIDS educational interventions, but little research exists regarding the process of their development or their effect.

Posters were a major part of the gay-oriented protest group, ACT UP, which emerged in the late 1980s in the United States as a mechanism for vociferously articulating the interests of that sector. Many of these posters combined simple graphics with lucid powerful slogans that were action oriented. Examples included: A pink triangle against a black background with the words “Silence=Death” followed in with smaller text that read “Why is Reagan silent about AIDS? What is really going on at the Centers for Disease Control, the Federal Drug Administration, and the Vatican? Gays and lesbians are not expendable... use your power... Vote... Boycott... Defend yourselves... Turn anger, fear, grief into action.”; A graphic of skulls with the slogan “Time isn’t the only thing the FDA is killing” and a target alongside a picture of then president Ronald Reagan, with the slogan “He kills me”. These posters were incorporated into a series of marches, gatherings and protests.⁵¹

The ACT UP posters were developed by a number of small groups of graphic artists who were closely connected to the gay politics of that period. In discussing the Silence=Death poster Douglas Crimp and Adam Rolston note that the Silence=Death group preceded the formation of ACT UP, but made available the graphic design as part of ACT UP’s iconography.

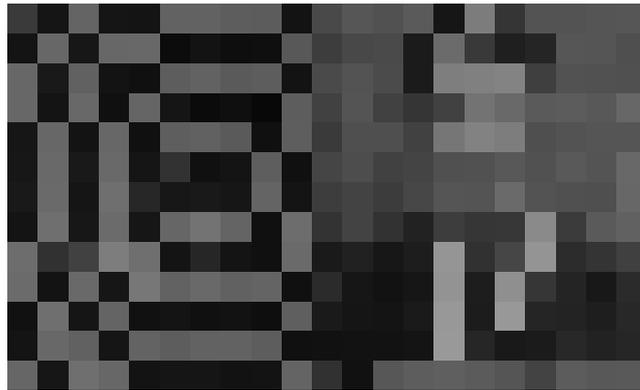
Figure 1. Silence = Death poster ⁵²



Figure 2. Time isn't the only thing ⁵³



Figure 3. He kills me ⁵⁴



Following artistic activities related to provision of work for the New Museum of Contemporary Art in New York, the art project committee regrouped to form “a band of individuals united in anger and dedicated to exploiting the power of art to end the AIDS crisis” called Gran Fury, and it was this group, amongst others, that were able to bring about the powerful graphic style that supported ACT UP activities.

Figure 4. We demand houses, security and comfort ⁵⁵

Posters have been similarly used world-wide as mechanisms for the articulation of a wide range of interests. In South Africa posters emerged organically within a range of political and economic struggles – notably the labour movement in the 1980s. Production for aspects of the latter was facilitated by the establishment of production units such as the Screen Training Project in Johannesburg and the Community Arts Project Media Project in Cape Town as well as smaller, less formal workshops.⁵⁶

Figure 5. Stop SIDA ⁵⁷



In other countries the use of posters for HIV/AIDS prevention have tended to follow a centralised approach. In Switzerland in 1987 a national programme began with a campaign logo “STOP SIDA (AIDS)” with the ‘O’ in ‘STOP’ being replaced with a condom. This logo was incorporated into a number of media products including posters which combined photographs with a variety of simple slogans – “Stay faithful to one partner”, aimed at married couples; “One hit is all it takes”, aimed at drug users; “Safety for the two of you”, aimed at homosexual men, and the incorporation of a condom as a moon over Geneva. Condom use increased considerably as a result of this campaign. In Uganda slogans such as “Zero Grazing”

and “Love Carefully” were used.⁵⁸

In South Africa, Evian et al report on the use of qualitative methodology in the evaluation of an AIDS health education poster under the auspices of the Johannesburg City Health Department. This involved the use of focus groups to assess an already developed poster that had been adapted from a cartoon in the Sowetan newspaper. Participants were recruited through quota sampling based on sociodemographic criteria. Through this process, it was possible to identify potential areas of misinterpretation of the poster, and allowed adaptations to be made. The authors also concluded that it was crucial that evaluation be done with representatives of the target audience and that “...much less reliance should be given to so-called ‘expert opinion’ eg. health professionals, which can be misleading, inappropriate and inaccurate.”⁵⁹

Stockdale et al report on an analysis of the British HIV/AIDS mass media campaign, focussing on interpretations of posters and printed advertisements. They found that messages aimed at gay men were more likely to result in perceptions of self-risk, whilst those messages aimed at heterosexuals did not result in significant perceptions of self-risk. Consequently there was little stated commitment to safer sexual practices after seeing the posters.⁶⁰

Of relevance in these observations are mechanisms of the production of messages on the one hand and contexts in which they operate on the other. Posters offer limited potential as vehicles for messages that require long sequences of words and pictures. However, within contexts where the images and are embedded within in deeper cognitive and social processes from a reader’s point of view, even simple words and images can engender a deep (complex) interpretation. On their own they are insufficient to engender behavioural change, or indeed any action, but when

positioned within a social framework where they serve to articulate educational aspects of HIV prevention – or other socio-economic and political perspectives – they can serve as mechanisms for action. It is this approach that is applied in the focus group component of this study – that audiences must be integrated into message development, and that utilisation of media products must be contextualised within supplementary and complementary social services and processes.

THE RELEVANCE OF SEMIOTIC APPROACHES

Of prime concern in any intervention that utilises media for the transfer of knowledge, is the necessary attention to effective message transfer. This function is obviously complemented by activities such as pre-testing of products on sample groups derived from the intended audiences and/or post distribution evaluation. However, conceptualisation of the process of communication on the one hand, and didactic methodology on the other, greatly influence both the content of the media product, and the intellectual processes required of the intended audiences to interpret the messages.

The process of developing graphic posters relevant to health education through interaction with target audiences is documented by Keyan and Ruth Tomaselli. The posters, aimed at semi-literate residents of the dormitory townships around Grahamstown in the Eastern Cape, and contextualised within the broader socio-economic and political conditions of the time (1983), dealt with approaches to issues such as breastfeeding and treatment of common ailments and injuries. Messages included both text and graphics and much of the research centred on assessing interpretation of the images and text by the target audiences. For the most part, it was intended that the messages be interpreted

design of the picture included:

- Simple clothing kept uniform throughout
- Young, well fed child
- A contented look on the mother's face
- A hat was used to give her a Westernised look
- Culturally-based symbols such as hearts were avoided
- Simple and sympathetic wording: "When you breastfeed your baby he feels warm and loved. You and your baby will be happy." ⁶²

This approach by the Tomaselli's and their students is consistent with a move away from the communication models of, amongst others, Shannon and Weaver, who employ a linear Communicator–Message–Receiver (C-M-R) approach to communication. Instead, the approach assumes that communication is not necessarily linear, but is a deeper, multifaceted process, where messages are shaped by subjective responses.

The design of the series of posters referred to was framed by previous social research that had analysed a range of health problems experienced in the township, and in the case of the breastfeeding poster the intent was to counter mother's choosing milk formula over breastfeeding. The media product was thus framed in terms of an action goal – the choice of breastfeeding over milk formula. The poster included explanation through positioning supplementary graphics alongside the dominant one, thus contextualising the central message 'breastfeeding is best' with

further information about 'how' and 'why'. Consideration was also given to the way the information could be read:

“All the pictures were designed to represent the message in the simplest and clearest way. The frames of the left hand side of the chart are ideally read from left to right, but even if this convention is broken, the pictures will make sense in any order”⁶³

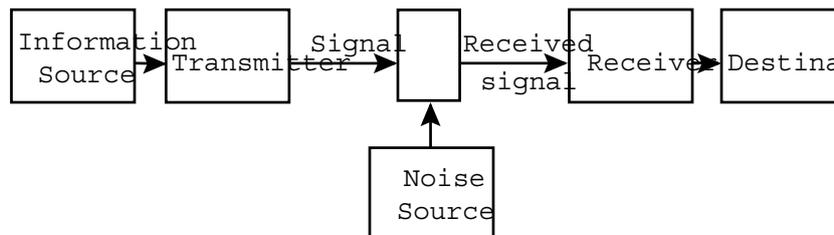
The posters were distributed and integrated into post-distribution evaluation that analysed interpretation of the messages and demonstrated high levels of comprehension. Whilst it is not clear how rigorous this latter research was in terms of behaviour change, a majority of respondents in one area studied indicated that they would change to breastfeeding. What is also important is that the posters were not seen as independent of other educational activities, but were instead integrated into, for example, demonstrations of the techniques and principles depicted in the posters. These were carried out by health workers at local clinics.

The approach as a whole can be seen as repositioning the communication process in such a way that a greater emphasis is placed on the receiver of the messages, than on the communicator. Insight into this latter approach can be provided by semiotic theory, but this requires some understanding of linear models of communication.

Linear Models

A linear model developed by Shannon and Weaver attempts to scientise the communication process with an emphasis on the effectiveness of message transfer from communicator to receiver and is described as the “Mathematical Theory of Communication”.

Figure 7. Shannon and Weaver's model of communication ⁶⁴



On one level this model, and those similar to it propounded by Gerbner, Lasswell, Westley and MacLean and Newcomb,⁶⁵ all propound fairly plausible approaches to communication – in essence the process of transmission of messages from source to receiver, with the possibility of the message becoming distorted somewhere between the two. This distortion occurs, for example, through ‘noise’ such as static on a telephone line, or lack of common codification systems such as language. These models are therefore process oriented, observing and measuring message generation and feedback in a linear way. Communication, within this context, is purposive and can be assessed in terms of how closely the message is able to impose itself within the mind of the intended receiver, and then, how closely this matches the intention of the source.

Such models easily engender popular credence, for, on the surface, they offer a logical appeal to what is surely a popularly held view – that communication is about how effectively a communicator transfers messages to a receiver.

In contrast to this approach, some semiotic theorists provide a more radical analysis of the communication process, placing far deeper import on communication contexts. Whilst their approach is not completely unified, and indeed, some remain locked into linear

approaches, their shift in analytical focus is of tremendous import. Primarily, this involves a shift towards analysis of the message content – referred to as the text. A further shift is away from the communicator (or sender) as defined in the previous models to the receiver, or in the preferred terminology of the semioticians – the reader. Fiske defines the areas of study as follows:

The sign itself. This consists of the study of different varieties of signs, of the different ways they have of conveying meaning and the way they relate to the people that use them. For signs are human constructs and can only be understood in terms of the uses people put to them.

The codes or systems into which signs are organised. This study covers the ways that a variety of codes have developed in order to meet the needs of a society or culture, or to exploit the channels of communication available for their transmission.

The culture within which these codes and signs operate. This in turn is dependent upon the use of these codes and signs for its own existence and form.⁶⁶

In essence then, semiotics challenges the assumptions of communication as an objective process, and proposes instead the notion that the communication process is deeply subjective. However, this is not to say that semioticians disregard the notion that communication can be theorised and studied in a 'scientific' manner, for in many ways, semiotics has become a 'science of signs'. Furthermore, the focus of the discipline is not purely sign-centric, but extends into systems of signs and thus adduces a structuralism within sign systems (semiology).

Overlapping these micro and macro perspectives is the notion of contexts – the ideological and cultural world within which signs and sign systems occur. Cullen, commenting on Saussure’s approach to semiology, alludes to the multidimensionality of semiology:

“Semiology is [thus] based on the assumption that insofar as human actions or productions convey meaning, insofar as they function as signs, there must be an underlying system of conventions and distinctions which makes this meaning possible. Where there are signs there is system. This is what various signifying activities have in common, and if one is to determine their essential nature one must treat them not in isolation but as examples of semiological systems.”⁶⁷

This deeper acknowledgement of context and the interrelationship of social forces thus positions communication integrally within human society and ensures that analyses of the communication process are coloured with the same brush as that of the context within which they take place.

Semiotics and semiology

Fiske, amongst other theorists, tends to see semiotics and semiology as one continuous, if disharmonious discipline – an assumption that should be applied with some caution. The two approaches appear to emerge from similar philosophical roots and have at their centre an exploration of the nature of signs. The Saussurian strand (semiology) emerges through a concern with establishing linguistics as a scientific discipline and “making a distinction between language as manifested by the countless

number of instances of speech (parole), and language as a system of rules which governs these individual instances (langue), arguing that the system of rules, being constant, is the proper object of linguistic study.”⁶⁸ The Peircian strand, semiotics, follows a different emphasis – an emphasis on the sign which is more deeply concerned with how meaning occurs through signs. As Tomaselli puts it:

“The method incorporates not only how things come to mean, but how prevailing meanings are the outcomes of encounters between individuals, groups and classes and their respective cosmologies and conditions of existence.”⁶⁹

The relevance of signs

In essence, in semiotic terms, signs are abstractions of reality – abstract means for representing reality. The word tree for example, represents a tree in the real world, and in the reader it is intended to evoke a mental concept of a real world tree. It must be accepted however, that what emerges within each individual mind is framed by the experiential and cultural history of that individual – i.e. the tree’s that emerge are only broadly comparable. As CS Peirce states:

“A sign is something which stands to somebody for something in some respect or capacity. It addresses somebody, that is, creates in the mind of that person an equivalent sign, or perhaps a more developed sign. The sign which it creates I call the interpretant of the first sign. The sign stands for something, its object”.⁷⁰

Thus, there is a triangular (triadic) relationship between the object, the sign and the interpretant. To analyse our example in Peircian terms we can see that the object would be the ‘tree’,

the sign would be the word 'tree', and the interpretant would be that 'tree' that emerges in the mind of any user of the word. The variation between the word 'tree' in the minds of multiple users incorporates both conventional understandings – i.e. what the sign has come to mean through social convention – and subjective interpretations based on experiential considerations. This more complex image/sign is the interpretant.

The work of Swiss linguist, Ferdinand de Saussure, although similar to that of Peirce, is more closely concerned with the relationship between the sign and the mental concepts evoked. For Saussure, the sign itself can be perceived as the 'object' and thus a sign comprises a signifier and a signified – the former being the word or image, and the latter, the mental concept to which it refers. Thus, while Peirce allowed for consideration of the external object, Saussure internalised the relationship between sign and mental concept (object) – the latter which it was assumed was common to the cultural group to which the individual belonged. The relationship between signifier and signified to the external reality was through a process referred to as signification. What is significant in Saussure's analysis, is the subjectifying of external reality – the explicit assertion that it is the interrelationships of signs within a sign system (or code) that determine an external reality, and that culture, to a considerable extent, colours that external reality. As Fiske puts it:

“According to this model of meaning the signifieds are the mental concepts we use to divide reality up and categorise it so that we can understand it. The boundaries between one category and another are man-made, not natural, for nature is all of a piece. There is no line between man and boy until we draw one... [So, then,] the area of reality of experience to which any one signified refers, that is the signification of the

sign, is determined not by the nature of that reality/ experience, but by the boundaries of the related signifieds in the system. Meaning is therefore better defined by the relationship of one sign to another, than by the relationship of that sign to an external reality.”⁷¹

We can thus see that there is a structuralism attached to the language (or sign system) which acknowledges an interrelationship between signs. This opposes reductionist positions that decontextualise signs and analyse them individually.

Another important aspect of Saussure’s perspective is that in language particularly, signs are arbitrary. There is no causal relationship between the word tree and the real world tree other than that the word is an agreed upon sign for the object. Visual signs however, may have a closer relationship to the signified, and are referred to as iconic. Says Fiske: “...an iconic sign is one where the form of the signifier is determined to some extent by the signified.”⁷² Thus a photograph of a particular tree has a closer relationship to what it signifies than a verbal description of what is depicted. However, this does not necessarily mean that it will not generate a multiplicity of interpretations – the use of camera angles, lighting and other treatments may also colour the way the tree is perceived.

A further dimension of this aspect is the relationship between arbitrary signs and the signified. These are described as motivation and constraint:

“The terms motivation and constraint are used to describe the extent to which the signified determines the signifier: they are almost interchangeable. A highly motivated sign is a very iconic one... An arbitrary sign is unmotivated. Or we can use the term constraint to refer to the influence which the signified exerts on the signifier. The more motivated the sign is, the more its signifier is constrained by the signified.”⁷³

Following on from this is the concept of convention – a term attributed to the social/cultural aspects of the interpretation of signs, i.e. what is the level of general agreement regarding the meaning of a particular arbitrary sign. An arbitrary (or abstract) sign is thus diametrically opposed to a highly motivated (or constrained) iconic sign. Such analysis leads towards the necessity of an understanding of the way signs are incorporated into broader systems of common understanding, e.g. language, or parallel systems such as the Highway Code, or alternative systems of signs such as Morse Code.

All codes are made up of units that are signs and depend on some level of agreement as to their interpretation, thus there is a relationship between culture/ideology and the codes themselves. It should be noted however, that this relationship is not a deterministic one. The English language, for example, is a code shared by diverse cultures, and even within cultures, a common language can be used to preserve the status quo, or to subvert it. As with the previously mentioned example of the word tree evoking different images in 'readers' from the same culture, it is clear that the arbitrary nature of signs implies a fairly loosely interconnected codification system that is malleable. Therefore, whilst certain aspects of structural determinism can be acknowledged – i.e. that signs and signs systems determine how the world of objects and ideas is interpreted – there is sufficient complexity and subjectivity to ensure that this structuralism is not deterministic of social relations.

Aesthetic codes provide a further example of the interpretive subjectivity of codes. This is to say that some aesthetic codes require specialised theoretical knowledge before they are fully understood. This is particularly true of, for example the modern art movement, which, as Tom Wolfe observes in *The Painted Word*:

“... What I saw before me was the critic-in-chief of The New York Times saying: In looking at a painting today, ‘to lack a persuasive theory is to lack something crucial.’ I read it again. It didn’t say ‘something helpful’ or ‘enriching’ or even ‘extremely valuable.’ No, the word was crucial. In short: frankly these days, without a theory to go with it, I can’t see a painting. Then and there I experienced a flash known as the Aha! phenomenon, and the buried life of contemporary art was revealed to me for the first time.”⁷⁴

This is not to say that a popular aesthetic is not possible, but rather that aesthetic codes are often complex and require a developed understanding. This may however emerge informally through experience of conventions rather than formal learning of them. For example, in film and video production, sequences of images are edited together so as to signify the passages of time. In this way, although there is seldom a close correspondence between real time as experienced by the reader to carry out certain activities, the compression of time frames in the audio-visual media is readily accepted – more often to the point where it is not consciously questioned.

It also bears restating that even overtly simple signs/messages can engender complex interpretations – the word tree is but one example.

The French theorist, Roland Barthes, adapted components of Saussure’s theories in constructing a deeper analysis of the signification process, asserting that the process itself could be understood bidimensionally – that is to say that a sign could be understood on a second (and more complex) level, working in tandem with the first. Part of this process he refers to as ‘myth’:

“It can be seen that in myth there are two semiological

systems, one of which is staggered in relation to the other: a linguistic system, the language (or the modes of representation which are assimilated to it), which I shall call the language-object, because it is the language which myth gets hold of in order to build its own system; and myth itself, which I shall call metalanguage, because it is a second language, in which one speaks about the first.”⁷⁵

In this system, signs have a literal denotative meaning as well as a secondary subjective or interpretative meaning – both of which emerge as part of the signification process. In applying this analysis, Barthes humanises communication, and (more profoundly) contextualises communication within a cultural and ideological framework. Thus, communication is positioned both objectively and subjectively and allows for intellectual and emotional dimensions which can include conscious and unconscious interpretations. The area of focus then, is that of meaning, and that area is essentially ideological.

If denotation, as the first order of meaning, incorporates the literal dimensions, then the second order of meaning can be seen as incorporating metaphorical or non-literal aspects. Barthes classifies these as connotation, myth and symbol. Connotation involves emotional responses to a sign as contextualised (or influenced by) an individual's cultural values. Connotation thus incorporates a sign that emerges out of a previous signifier. A picture of an AK-47 for example, might connote death. How implicit the connotation would be is determined by the authorial treatment of the photograph – which way the gun was pointing, the way the photograph was lit, background elements and so on.

“The first system is then the plane of denotation and the second system ... the plane of connotation. We shall therefore say that a connoted system is a system

whose plane of expression (i.e. signifier) is itself constituted by a signifying system: the common cases of connotation will of course consist of complex systems of which language forms the first system.”⁷⁶

The greater part of Barthes' analysis focuses on 'myth', a word which interestingly, within its general interpretation, is contradictory of the way in which Barthes uses it. For Barthes, myth is seen as the cultural components that surround the signified and that are deeply entrenched within the contemporary culture and ideology. An AK-47 assault rifle in the South African context of the 1980s, for example, may have been perceived within one cultural/ideological framework as incorporating the 'mythical' aspects of freedom and liberation of the oppressed, whilst from another perspective those myths may have included danger, death and subjugation of the existing social order. Currently this weapon can be seen to be mythically attached to crime and social crisis. Such meanings are external from the object, yet part of it.

The third interpretive element, that of symbol, occurs when a real world object acquires a secondary meaning through convention and is thus able to stand for something else. Thus, for example, a Mercedes Benz motor car is a symbol of wealth, or a toy car made of wire and common in economically depressed townships is a symbol of poverty.

What these analyses inform, within the context of this thesis, is that the subjectivity of sign systems must be acknowledged, and that a focus on the intended reader allows for profound insight into 'indigenous' sign-making and interpretive systems.

Interpretation of texts

Notions of authorial intent are important to the communication process and in some ways it is possible to derive authorial intent

(both conscious and unconscious) through analysis of the text – in other words the reader is not only able to read the text but read the author as well. Such analytic readings of texts can be used to further understanding of, for example, sexism in advertising through analysis of the portrayal of women.

An interesting (anecdotal) example can be found in the television portrayals of former South African president, PW Botha, who, during the time he was in power, was commonly portrayed in a tight close-up, three-quarter profile.⁷⁷ When Botha resigned however, the camera perspective used was a wider one, taken from above and including his hands which were holding his speech. This viewpoint was extraordinary in that we were shown Botha in a new light, vulnerable (his hands and papers were shaking), bitter and crazed.⁷⁸ The shift in convention begged a different reading.

How much of this portrayal was intentional cannot be inferred. However, one can assume there must have been some intent on the part of the camera operator and producer in that camera positions, lighting, etc. would have had to have been changed from their normal positions. Similarly, creative directors and media professionals working within the advertising industry use images and value systems with conscious intent, but are also influenced by unconscious value systems. In this way sexism, for example, may be apparent to some readers, whilst being less apparent in the mind of the author.

Interestingly, semiotic analyses of texts tend to be quantitative. For example, a researcher might count and compare the portrayal of women in subservient versus dominant roles in television programmes. This approach is embedded in the early semiotic analyses of texts by Barthes, as well as later researchers, and can be seen in some ways as one of the weaker tangents of semiotic theory – an approach which assumes that the interpretation of

texts by semiotic theorists (and practitioners) can be conflated with those of readers 'out there'.⁷⁹ Caution is required in this regard – if we are to underscore the importance of the subjective perspective of the reader, then it is of little value to assume intertextual understandings between semioticians and other readers. In the case of the example of a study of sexist portrayal of women in television, who has the right to draw the line between the notions of dominant and subservient – and ultimately, whose perceptions should be respected? This is not to say that there is no value in such analyses – for the semiotician is too a reader and his/her analyses do offer us a perspective on the text being analysed, and more often than not, considerable insights into aspects of the surrounding culture and ideology.

That said, where do we position the researcher/semiotician within the cycle of meaning. In the case of this research it is intended that there be an interrelationship between the researcher/semiotician, representatives of intended audiences and the readers 'out there'. In essence, this approach attempts to generate within semiotics, a methodology of applied semiotics where signs, messages, readers and contexts interrelate. In this particular case – where particular individual/social activities are promoted within a context – it incorporates the notion of the integration of a 'struggle for meaning' within cultural and ideological frameworks.

Semiotics, semiology and ideology

Of considerable importance is the relationship between semiotic theory and the notion of ideology. If we take the dualism within texts as expressed by Barthes then we can understand that within the process of communication there exist both overt and latent meanings, both of which contribute to the way the world is

perceived. This is a structured relationship, which contributes to a conceptualisation of ideology. As Larrain expresses it:

“The distinction between language and speech provides two spheres which can be transposed to express two levels of any discourse or system of signs, the manifest content and the latent content. The manifest content is analogous to speech, while the latent content represents the underlying structure of the discourse. The assumption can be made that this latent structure is equivalent to ideology; that is, ideology constitutes a sort of hidden structure in every discourse which is conveyed and received wrapped up in an external opaque form. Hence, this ideological structure cannot be consciously noticed by the addressees.”⁸⁰

Contextualising ideology in this way has a bearing on the central task of this research: to produce media products that serve in some way, education for the prevention of HIV infection. Reservation has been expressed however, in adopting deeply deterministic assumptions about ‘ideology’ as expressed in sign systems. In asserting this, the concept of ideology is problematised. Counterposing structuralist semiotic perceptions of ideology with those of classical Marxism produces conflicting notions of determinism. Marxist interpretations tend to conceive of ideology as a system of ideas that is dominated by the ruling class, and thus ideology is a ‘false consciousness’ that manipulates thought and action amongst the dominated classes.

“The ideas of the ruling class are, in every epoch, the ruling ideas: i.e., the class which is the ruling material force in society, is at the same time its dominant intellectual force... The ruling ideas are nothing more than the ideal expression of the dominant material relationships, the dominant material relationships grasped as ideas; hence of the relationships which

make one class the ruling one, therefore the ideas of its dominance.”⁸¹

Whilst structuralism within language, for example, is implied in such analysis, such structuralism is necessarily incorporated into the broader relations of production. Thus ideology is seen as an overbearing monolithic structure against which passivised subjects must struggle. Given this position, it is the process of articulation of interests of the dominated classes through (or as a component of) political struggle that is important in social transformation. However, it is important to consider the inherent problematic of ‘false consciousness’ versus ‘true consciousness’ notions of social change, for it is becoming increasingly apparent, certainly in the light of contemporary history, that the notion of a transition to ‘true consciousness’ (or socialism, in the Marxist paradigm) is an idealistic fabrication. Society cannot be divorced from ideology and thus there will always be elements of ‘false consciousness’ within society – in other words, ideology and culture determine ‘truth’ as opposed to truth being the determinant of ideology and culture.

Against this background, the ‘struggle for meaning’ does not necessarily presuppose that meaning and truth are the same. Indeed, if meaning is subjective, then the only truth we can derive from meaning is the assertion of its subjectivity. The struggle then is between the dominated and the dominating in terms of meaning, and if so, articulation of meaning is the dominant mechanism in this struggle.

Conceived in this way, ideology can be perceived in a more dynamic sense as ‘the struggle for articulation of meaning’ within society, and further to this, that the struggle can be perceived as being waged on fronts that are broader than those of economic relations per se. The articulation of meaning within society then, is of tantamount importance, given that the process incorporates

on the one hand a 'struggle for signs' and on the other a struggle for the entrenchment of a different order of social (and economic) relations. If articulation is a primary mechanism within this process then, the role of media can be seen as primary as well.

The production of meaning

An important further consideration in semiotic theory is the further development of the concept of 'myth'. The term has been latterly developed to extend beyond a conceptualisation as a relationship between particular signs and their mythical appendages to a deeper and more intrinsic relationship to ideology. In this sense myth is seen as an element within ideology (meaning) that can be perceived as hegemonic. For example, apartheid ideology required numerous myths to sustain it – intellectual inferiority of blacks, lack of western 'sophistication' of blacks, etc. As Tomaselli describes the concept:

"Signification at the level of myth(s) symbiotically interacts with the ideological grid of significations – it slides between the second and third orders. This happens when dominant groups are able to influence the formation of the mythic world views through control over institutions such as education and religion so that exploitative social relations appear to be the natural, irrevocable course of history."⁸²

Clearly there are parallels between the notion of myth and the notion of ideology. However, it is also clear that ideology extends beyond myth, for myths can only exist if they are believed (or are seen to be believed) whilst ideology is much more overarching. Myths can therefore be seen rather, as elements of ideology. A component of the 'struggle for meaning' then, is that component

that seeks to counter hegemonic myths with alternative mythmaking. Within this notion lies the process of articulation through signs, and more importantly through the dynamic application of sign systems to serve particular interests – i.e. to perform an ideological (mythmaking) function. The Silence=Death poster produced by the Silence=Death Project offers an example of how extraordinarily simple imagery ‘anchored’⁸³ by text can function on an ideological level. Crimp and Rolston offer an analysis of how the poster ‘worked’:

That simple graphic emblem – Silence=Death printed in white Gill sanserif type underneath a pink triangle on a black [background] – has come to signify AIDS activism to an entire community of people confronting the epidemic. This in itself tells us something about the styles and strategies of the movement’s graphics. For Silence=Death does its work with a metaphorical subtlety that is unique, among political symbols and slogans, to AIDS activism. Our emblem’s significance depends on foreknowledge of the use of the pink triangle as the marker of gay men in Nazi concentration camps, its appropriation by the gay movement to remember a suppressed history of our oppression, and, now, an inversion of its positioning (men in the death camps wore triangles that pointed down; Silence=Death’s points up). Silence=Death declares that silence about the oppression and annihilation of gay people, then and now, must be broken as a matter of our survival... But it is not merely what Silence=Death says, but also how it looks, that gives it its particular force. The power of this equation under a triangle is the compression of its connotation into a logo, a logo so striking that you ultimately have to ask, if you don’t already know, “What does it mean?”⁸⁴

What is significant about the above description is that there is a considerable value placed on making the text symbolic (in the Peircian sense), i.e. that the value and meaning of the pink triangle required interpretation based on convention (although in this case the convention was not always well entrenched). The pink triangle therefore carries with it an ideological portent. Interpretation of the symbol, despite its overt simplicity, takes place within a framework of profound intellectual and emotional responses in the reader. In this sense the sign is incorporated into the process of the 'struggle for meaning' – ie. there is a dialectical relationship between the 'true' meaning of the sign and that which it counterposes.

Similar analysis of the process of production of South African 'struggle' posters is provided by Potenza et al:

"The first common denominator lies in the imagery, which centres on a relatively small range of political symbols. Some reflect an international visual vocabulary of struggle, such as clenched fists and banners, drawing a link between the issues confronting people in all societies of the world. These images were not only repeated, but also reinterpreted, redrawn and redesigned in ways specific to, and often personally felt by, the people producing them. Other symbols are unique to South Africa such as the spear and shield of the ANC and MK, or the photograph of the dying Hector Peterson. Colour is also symbolic: black, green and gold for the ANC, red, yellow and black for the UDF and COSATU, and red for struggle, socialism and the SACP." ⁸⁵

As with the Silence=Death imagery, the symbols and their symbolism required an ideological (or mythical) framework for interpretation – again positioned as part of a struggle for meaning:

“Apartheid has left South African communities with a limited common vocabulary of images...Therefore almost every symbol of resistance or political demand had to be established through on-the-ground organisational activity. Each repetition of an image drove it deeper into the cultural awareness of the community. Fists and fags became ‘our fists’ and ‘our fags’. The image of Hector Peterson, the pictures of marching crowds and waving banners became, in some deeper sense, our own.”⁸⁶

There is thus an interplay between existing ideology (and its structuralisms) and emerging ideology through the creation/adaptation of symbols. These symbols counter the myth of powerlessness within poverty and oppression, generating instead a myth of strength through unity, common purpose and indeed, common insight. Nelson Mandela reinforces this perspective in his foreword to *Images of Defiance*:

“One way in which we could see the effect of posters was the change in the perceptions and in the level of political consciousness of the young people who came to prison. We realised that the propaganda that was being issued in the form of posters and other material contributed a great deal to the sharpening of people’s perceptions and developing their ability to articulate their ideas and aspirations”⁸⁷

And, on the nature of posters:

“Posters can be very useful as an educational medium in a society like ours... Many people do not want to read long dissertations on issues that affect their lives. They would like to see something that is brief and to the point, something to keep in the memory, take home and act on.”⁸⁸

It is important to note how the process of reflection that emerges through symbolic and mythic interpretation as described in the above examples enriches the process of understanding. Symbolism encourages a deeper reading of texts that requires reflection, which in turn become part of an individual's ideological and mythic perceptions. The dynamic nature of the system of communication, and the mechanisms of its use, thus engender a process of conscientisation.

The role of media within this process is an active one, for it wields the symbols in a dynamic way, and facilitates their expansion within and through social formations. The value of small media such as posters is that they are easily harnessed for they do not require the massive bureaucracies and complex facilities necessary to, for example, the functioning of mass-based broadcast and print media. Even mass production of posters can be effected by simple, low-cost, manual technologies such as silkscreening, or more costly, but equally accessible computer-based production and printing methods. This reasoning underpins the choice of posters as an action goal for the focus groups described in this research. Insight into the development and harnessing of symbols further informs the action goal, and attention is given to 'indigenous signmaking'.

The relevance of readers

The emphasis of semiotics on the reader is an important one, for it is that emphasis that informs a central hypothesis – that readers be involved in the creation of texts relevant to their lives. Thus, by incorporating groups derived from target audiences in a collaborative way with health promoters and media producers, it is hoped that texts that emerge will be of greater relevance to those target audiences. This emphasis is considerably different

from approaches closer to the linear Communicator-Message-Receiver model, where it is either health professionals or media professionals (or a combination of the two) who define and generate messages relating to AIDS and then use pre-testing or focus groups to refine the message. Instead, what is proposed is a shift from communicator to reader in a proactive way.

The latter hypothesis implies an assumption that health professionals and media professionals working in the field of AIDS, on their own, do not have a sufficient knowledge of target audiences to develop pre-testable materials that achieve preconceived objectives. Further to this we might assume that a health professional's level of knowledge and experience of HIV/AIDS is so considerably different from that of the target audience that certain types of messages may be ignored – i.e. these may not be considered as questions when assessing knowledge levels of target audiences. For example, health professionals working in the field of AIDS are likely to have interacted with people who are HIV positive, and/or who have developed AIDS related infections and/or who have died as a result of AIDS. This perspective is considerably different to that of the vast majority of the general population to whom persons who are HIV positive are currently 'hidden'. For these audiences the reality of HIV/AIDS is less apparent.

Obviously it is naive to make such assertions baldly. Health and media professionals regularly engage in both qualitative and quantitative research approaches for assessment of intended audiences, and through using these methods media products have been developed that have demonstrably achieved certain objectives. What is implied by the adoption of the framework of semiotic methods and ideology, incorporated into an action-based reader-centred methodology, is the assumption that the media production process would be enriched by a deeper and closer interaction with intended readers.

CULTURE, IDEOLOGY AND SOCIAL CHANGE

In arguing the above, the term culture has been referred to somewhat obliquely. Perhaps the broadest and most commonly held definition of culture which is rooted in anthropological and sociological perspectives is:

“The ‘social heritage’ of a community: the total body of material artifacts, of collective mental and spiritual ‘artifacts’, and of distinctive forms of behaviour created by a people in their ongoing activities within their particular life-conditions, and transmitted from generation to generation.”⁸⁹

This definition implies a fairly static perspective of culture which sees shifts and changes taking place slowly and undynamically. It is also inclusive of the realm of ideas and knowledge as well as that of social practice. What is problematic in the definition is that it assumes culture as a cohesive whole. This perspective is counterposed by Raymond Williams who states “...no ‘whole way of life’ is without its dimension of struggle and confrontation between opposed ways of life.”⁹⁰ Thus culture can be understood dialectically:

“We must suppose the raw material of life experience to be at one pole, and all the infinitely complex human disciplines and systems, articulate and inarticulate, formalised in institutions or dispersed in the least formal ways, which ‘handle’, transmit or distort this raw material at the other.”⁹¹

This view is easily incorporated into one of the dominant paradigms utilised by Cultural Studies (CS), that of practice and social process – a position expressed in a word borrowed from Marx’s concept of the unity of theory and practice in class

consciousness – revolutionary praxis. What the CS perspective allows is the distancing of the idea of praxis from a narrow class orientation to one that incorporates broader aspects of culture. Cultural Studies then:

“In different ways, [it] conceptualises culture as interwoven with all social practices; and those practices, in turn, as a common form of human activity: sensuous human praxis, the activity through which men and women make history.”⁹²

Such a perspective diminishes the importance of strictly class-based analyses that necessarily require social process to be determined by a political struggle between dominating and dominated classes. Culturalism, on the other hand, has as its problematic the lack of clarity as to what constitutes social change, or, more pertinently, whether that change is sufficient when plotted against the measuring stick of the relations of production. As Hall observes:

“They constantly return us to the terrain marked out by those strongly coupled but not mutually exclusive concepts culture/ideology. They pose, together, the problems consequent on trying to think both the specificity of different practices and the forms of the articulated unity they constitute.”⁹³

The argument or relationship between the two presupposes a dialectical relationship between conditions of existence (relations of production) and consciousness (ideology). This begs the question, “How do we measure social transition?” Interestingly, if somewhat fittingly, AIDS can provide a kind of back door way of providing a yardstick: the compromise of longevity. More euphemistically, compromise of the collective and individual consciousness (or unconsciousness).

The reality of the AIDS epidemic provides a framework for the urgent necessity of individual and social transformation. It requires that ideology and culture be dynamic, and as is argued in the following section, it requires shifts in cultural/ideological formations and in relations of production. Thus it can be argued instead, that there is a dialectical relationship between the exigencies of nature – as expressed in the AIDS virus – and the complex dynamics within human society – in whichever way it is determined or transformed.

It is worth noting that the contemporary 'post-revolutionary' phase of South Africa's history has as a central component, a state-sanctioned reworking of the socio-economic framework. Given that within this context, culture, ideology and economic relations are to some extent malleable, it can be hypothesised that there is greater potential at this moment in history, to reposition issues relating to health and HIV/AIDS. Caution is however necessary when positioning social transformation on a macro level. Both class and cultural analyses presuppose that social formations be perceived broadly, i.e. that although there may be subsets of class or culture, the important relationship is that determined by the broader socio-economic relations as encompassed under one particular state. What these mass-based perspectives deny is the attribution of importance to more locally-based or micro-level struggles. Instead, local struggles and victories are only of relevance when they can be seen as impinging directly on the whole.

But what is local, and indeed what is the relevance of local struggles if they do not necessarily impinge on the whole? Further to this, how are communities defined, and how can we understand these struggles.

Such explorations can be found in much of the research work engaged in by the Centre for Cultural and Media Studies (CCMS)

at the University of Natal in Durban. These activities on the one hand, reflect on the relationship between researchers and the 'researched', whilst on the other, the incorporation of researchers (and their skills and access to facilities) into goal directed activities. Such an approach offers an alternative position to the more widespread notion that researchers be objective and detached from the communities they research. As Tomaselli and Tomaselli express it:

“[Rather] we see the problem as one of position with regard to work done on behalf of organisations that have consulted us. A broad political agreement between the Unit and organisations with which we cooperate is a minimal precondition for a working relationship. This is not to imply that it is impossible – or even desirable – to achieve total 'identity' between the Unit and the client organisation.”⁹⁴

My own experience of these principles came about in 1989 during my participation in a number of projects which took place under the auspices of a coalition of political organisations referred to as the Mass Democratic Movement (MDM). In reflection on the process I observed:

“The MDM has built into it an extensive network of accountability and researchers [also] need to be aware of how to negotiate within these structures. This is not to suggest that researchers sublimate their needs completely to the organic demands of this Movement, but rather that the power relations that often exist under the guise of research be brought into the open and that these be negotiated with communities.”⁹⁵

Many of the projects undertaken by the CCMS have incorporated media as an element, and have been carried out within defined geographic areas. The production of a video in collaboration with

members of a Lamontville cultural youth group, for example, allowed for analysis of both the production process and the process of articulating particular 'community' perspectives. In essence the participants sought to utilise cultural events as a means to mobilise 'ignorant' youth within the community and it was hoped that the video would facilitate the process.⁹⁶

Community in this sense, enjoyed a geographic definition of locality. However, this understanding was not divorced from cultural, political and class (economic) issues. Geographic location based on residential boundaries, for example, does not necessarily imply cohesion in terms of political belief, cultural values and relationships to economic production. Contrasts and cleavages within geographic localities have been common to many South African dormitory townships established and manipulated within the context of apartheid ideology. There is considerable evidence to demonstrate that this was managed through both overt and covert manipulation of internecine political conflicts by agents and agencies of the apartheid state: for example, the extraordinarily violent episodes attributed to conflict between Inkatha and ANC aligned factions that took place during the late 1980s and early 1990s within various communities in Natal (and which are indeed continuing) and the varying roles played by political leadership, the South African Police and their KwaZulu counterparts.⁹⁷

Divergent economic and cultural interests were also apparent, and were articulated to varying degrees. Emergent interest groups included squatters, the unemployed, youth, the working class, and loosely organised criminal 'classes'. Whilst the articulation of interests was often through violent means, an important role can be ascribed to media as an alternative mechanism for articulation that promotes community cohesion. The role of posters in, for example, articulating political and economic issues and promoting a sense of common struggle within communities has been referred

to. Also of relevance are the community-based press formations that emerged during the 1980s such as Saamstaan, Grassroots, South, UmAfrica and The New African.⁹⁸ This was further concretised in my own research conducted into a 'knock and drop' newspaper, Stanger Weekly, which revealed that a local and community-based press initiative could serve as a democratising device that:

“... is well positioned to affect change on a local level, not only through raising awareness and stimulating debate around local issues, but actually becoming a conduit for the resolution of local conflict.”⁹⁹

Whilst deeper analysis of these assumptions lies beyond the scope of this thesis, what is implied is that communities, as geographic entities, are seldom cohesive on other levels and portray instead, on a micro level, the complex gamut of struggles that are evident on the macro level. What is important is the notion that the resolution of local conflicts and struggles is relevant to the cohesion of the broader social fabric, but also that such resolution involves and requires articulation of local interests within local environments. Where this is of further relevance to the research at hand is that initiatives around AIDS and health generally can be seen as of broader community interest and to some extent divorced of political baggage.

What the media production process requires then, is that initiatives attempt to incorporate the broader community through engendering notions of common struggle with regard to health issues. Of theoretical interest is whether such initiatives would serve as a basis for perceiving commonalities in parallel struggles, and thus serving a process of community cohesion.

PARTICIPATORY RESEARCH

Generally speaking, the predominant method for the production of health education materials incorporates a somewhat top-down approach where health professionals, in collaboration with media professionals, develop media products. As has been described quantitative and/or qualitative data may be analysed as a prerequisite for message development and media products are then produced and possibly 'pretested' using individuals or groups drawn from the potential target audience. In the case of the latter process, products and messages are usually revised before distribution. In some instances post-distribution evaluation also takes place. In this scenario the communication developers are placed in an active role, whilst the role of the target group is seen as passive.

A number of researchers have documented considerable benefits emerging from participatory approaches to HIV/AIDS education within communities and some of these have included the development of media products. Gordon et al describe the use of homogeneously organised focus groups that allowed for the development of ideas towards the production of a feature film.¹⁰⁰ Laver argues for small-group forums that explore issues of common concern which can lead to the development of educational strategies and materials.¹⁰¹

The research methodology in these cases is both participatory and goal or action oriented, and demonstrates an approach that is distinctly different from quantitative methods. Although currently a recently revived methodology within the field of social research, participatory action research (PAR) has shown a relevance across a range of objectives and activities. Whyte et al, for example, describe the use of PAR in the corporate environment in the United States as well as within a co-operative complex in Spain.¹⁰² Others

have demonstrated the applicability of the methodology in nursing¹⁰³ and education. Schoepf et al documented an action research process with commercial sex workers in Zaire on the issue of risk reduction:

“Our first workshops engaged women residents of a low-income community, with little or no literacy, in a problem-solving approach to risk-reduction. The workshop design uses active learning methods, including role plays, simple posters, small group discussions and structured group ‘processing’ to demonstrate to participants their own ability to reduce their risk of AIDS. Didactic presentations are kept to a minimum. The workshop leaders (or trainers) do not give advice; instead, they promote the search for solutions appropriate to the participants’ lifestyles. Because the exercises crystallise real-life experiences, cognitive learning is stimulated by the emotional impact of the situation. Processing participant’s reactions to what they have just done, seen and heard in a group (thus setting up) a social filter for the learning experience...”

The authors go on to say:

“...Grounded in principles of group dynamics, experiential training begins with the principle that people already know a great deal about their situation. Group leaders assist people to develop a ‘critical consciousness’ leading to co-operative social action and self reliance”.¹⁰⁴

This latter notion is grounded in the idea of conscientisation articulated by Paulo Friere as:

“... the process in which people, not as recipients, but as knowing subjects, achieve a deepening awareness both of the socio-historical reality that shapes their

lives and of their capacity to transform that reality”¹⁰⁵

Within the context of the above it is possible to see the parallels that exist between such methodologies and theories previously harnessed that relate to culture, ideology and social change. In particular, it is the harnessing of the transformatory aspects of the research process that can be seen as effecting social change.

Participatory action research involves an active collaboration between the researcher and persons from the community or sector of study throughout the research process – from initial design to final presentation of results and discussion of action implications.¹⁰⁶ This contrasts sharply with methodologies where research subjects are passivised.

PAR requires that members of the organisation, community or sector of study are actively engaged in the quest for information and ideas to guide future action.¹⁰⁷ Carr and Kemmis extensively detail the role of an Action Research approach within education, primarily as a vehicle for curriculum development. Within this context teachers are positioned as researchers and students as co-researchers – a fairly radical repositioning of classroom politics. The approach emerges out of a critique of positivist methodology which has tended to be incorporated into the solution of practical problems: “...that the all-pervading influence of positivism has resulted in a widespread growth of instrumental rationality and a tendency to see all practical problems as technical issues.”¹⁰⁸ To contradict such scientism it was necessary to re-examine practical and technical processes and reposition them within a framework of critical social science. Entrenched in the notion of critique is the assumption that problem solving has to acknowledge that the lived social experience, as coloured by existing ideological frameworks, influences the perception of problems. The basis of this approach draws, for components of the theoretical framework, from the

intellectual developments around 'critical theory' as advanced by theorists of the Frankfurt School, and is informed particularly by the work of Jurgen Habermas. Critical theorists (and theory) utilise aspects of a Marxist perspective to explore contradictions in society and provide cogent theoretical explorations of social formations within modern capitalist society. More particularly, they problematise the notion of emancipatory social transformation, which apparently do not necessarily emerge out of contradictory social conditions. Habermas was concerned with the translation of critical theory – a mechanism for understanding contradictory elements in society – into a critical social science that could incorporate within it, the notion of informed and committed action expressed as praxis. Thus, "... On the first level, the aim is true statements, on the second, authentic insights, and on the third, prudent decisions." ¹⁰⁹ Knowledge, emerging through analysis and reflection, and informed practice within such contexts, is politicised. As Carr and Kemmis state:

"It is [also] clear that critical social science is about social praxis (informed doing, or strategic action) and that it is a form of social science to be carried out by self-reflective groups concerned to organise their own practice in the light of their organised self-reflection. It is perhaps, in this [last] feature that we see the clearest distinction between critical social science and positivist or interpretive social science." ¹¹⁰

Clearly there are parallels between action research, as it is positioned here, and conclusions drawn previously in this chapter regarding the subjective nature of communication, the relevance of ideology and culture, and the nature of research per se.

Although variously defined, the notion of praxis – essentially purposive and goal directed social action – provides a mechanism for dynamic social practice, which, within the context of research,

recognises a participative, democratically oriented methodology. What is required then, is the bringing together of the various theoretical strands into a methodology that is sufficiently rigorous in terms of the theoretical underpinnings, yet at the same time, simple enough to be replicated on a broader scale.

TYING TOGETHER THE STRANDS

The first chapter of this thesis reviewed statistical aspects of HIV/AIDS both world-wide and in South Africa and positioned the role of education for prevention of HIV-infection as a primary mechanism for reduction in the growth of the epidemic. Given the vulnerability of economically depressed classes, an emphasis has been placed on the necessity of socio-economic programmes that seek to promote development at this level. In the case of South Africa, the Reconstruction and Development Programme is of particular relevance.

In this chapter, notions of individual behaviour change have been problematised – particularly aspects relating to sustained behavioural change. Argument has been made for the positioning of HIV-prevention and behaviour change at a social level, where a range of complementary programmes are integrated in such a way as to support efforts related to prevention. These include education, provision of facilities for the treatment of sexually transmitted diseases, distribution of condoms, promotion of general sexual awareness and support services for HIV-positive individuals.

The production of media products towards the promotion of HIV-prevention have also been discussed, and the mechanisms of their production problematised. Considerable attention has been given over to analysis of the communication process and particularly the relevance of semiotic approaches which place

emphasis on prospective audiences. This is contextualised within theoretical development of notions of culture, ideology and social change. With regard to the latter concept, emphasis is placed on the relevance of 'localising' the change process, of perceiving change as possible at community level. The role of media products in this context serve to facilitate the process by articulating local perspectives.

Both Cultural Studies and Participatory Action Research methodologies offer insight into goal oriented research activities and thus provide a framework for the articulation process. The following chapter explores the practical application of these methodologies through interaction with community-based groups.

CHAPTER THREE

TOWARDS A RESEARCH METHODOLOGY AND FRAMEWORK

This research seeks to be relevant to issues relating to the reduction of HIV infection as well as articulating and analysing a research methodology that is both practical and replicable for the development and production of media products for use in defined geographic locations.

Argument has been made for an integrated approach to the prevention of HIV infection that sees the production of media as one component within a range of overlapping strategies and services which relate both directly and indirectly to the prevention of HIV infection. These should, at very least, include access to condoms and to treatment facilities for managing sexually transmitted diseases. The availability of broader services should not however, be seen as absolute prerequisites for the development of the research methodology, but rather as possibilities for environments where the methodology would work best.

The approach is further contextualised by a number of theoretical strands that coalesce in the form of participatory research that seeks to achieve action goals. In summary, these include:

- The necessity of recognising the subjective elements of the communication process, and thus the relevance of the reader centrism of semiotic approaches. An emphasis on the incorporation of intended readers of texts within the development of communication messages is therefore central. A further emphasis has been placed on the relevance of

symbolic or iconic signs which promote interpretive responses in readers and which can be used to generate profound intellectual and emotional responses. Whilst it is well understood that the generation of unique symbols, or the modification and manipulation of existing symbols to serve particular ends requires that they be 'learned' by readers, an exploration of the creation of 'indigenous' symbols by action groups is not seen as beyond the scope of this research.

- ❑ The development of posters is a predetermined action goal selected by the researcher. The dynamic role that posters play in supporting educational interventions on the one hand, as well their potential for use as enabling devices for action on the other, suggest considerable potential. Their use on a symbolic level would also enable, to some extent, the transcendence of some language and literacy issues, although this is obviously framed by 'didactic' activities around the posters by both the groups that created them and readers that use them. A further practical consideration is the need to select a medium that could be easily produced within the confines of an academic study, and be easily reproduced and integrated into the broader community.
- ❑ The relevance of dynamic views of culture on the one hand, with the positioning of social action and transformation within micro-environments on the other. Whilst the research strategy framed by this thesis is interventionist in nature, and assumes that the issue of HIV infection is of sufficient local interest and relevance, it is hoped that by facilitating a process of articulation, an organic process of reflection and action might emerge. Although there is an obvious necessity to focus on communities and sectors that are depressed and therefore

more vulnerable to the exigencies of HIV/AIDS, it is important to note that all communities are vulnerable.

- The relevance of group oriented action research approaches as a mechanism for conducting intellectual activities that have action-oriented goals.

It must be stressed that this research is primarily about generating target group derived media products that can be used to serve a social function. Analysis of the effect of the posters in the broader community, and processes of social change require detailed qualitative and quantitative study and are therefore beyond the confines of this study. The programmatic considerations of access to condoms and treatment facilities for STD's as a prerequisite allows that the products produced will have relevance in the broader community, and wherever possible, group members will be encouraged to facilitate future prevention activities.

The role of the researcher

Argument has been made for the positioning of the researcher, not as objective and detached from the research subjects, but rather as integrated into a dynamic research process that incorporates subjects as co-researchers. Further to this is the introduction by the researcher of an action goal – a choice which in essence, diminishes the importance of allowing research 'subjects' to frame action goals through critical analysis and reflection. It must be stressed that this emerges as a result of the practical confines of the production of an academic thesis, and is therefore not perceived as an ideal scenario. However, it must also be noted that the role of the researcher is seen as goal directed and that it is the necessary task of the researcher to facilitate and co-ordinate research activities of this nature. It would therefore be naive to submit to

notions of democratic fervour that passivise the researcher.

The particular action goal – the production of posters – is framed by the particular skills of the researcher as well as by access to desktop publishing technology that would allow for the rapid production of working examples of the media products that emerge out of the research process.

Focus group methodology

Focus group methodology provides a framework for interacting with groups. Focus groups are commonly used by commercial companies for market research, but have also been used in a range of other contexts including health education.

Results derived from focus groups are non-quantitative, allowing rather for qualitative assessment of feelings or opinions of groups representative of larger audiences. The methodology allows research to be inductive rather than deductive and potentially allows for serendipitous discoveries.¹¹¹ Within the health education context Charles Basch observes:

“Focus groups emphasise understanding the participants perspective. Understanding community members’ wishes and views and taking them into account when planning programmes is consistent with the philosophy of health education and it is also of key importance for planning programmes that will not only be efficacious, but that will be accepted, successfully implemented, attended and maintained.”¹¹²

Basch also details a range of infrastructural requirements for the group process – criteria for venues, seating arrangements, audio and audio visual recording equipment and the like. In following sections of this report, facilities and formats intended for the group

processes in this research are described. Whilst they are not wholly different from criteria put forward by Basch, they are derived from my own experience in small group activities.

Considerations of community

Of particular concern, is the development of a strategy for the identification of sufficiently homogenous groups that would contribute participants to the study. It is not the intention of the research to draw participants through random sampling techniques, but rather to motivate groups of sufficiently interested volunteers who would be prepared to work on action/goal oriented activities relating to media production for HIV/AIDS education.

Whilst such an approach conforms to Whyte's assertion that representatives of the study organisation have an expressed interest in the process of the research and the emerging action, the studies undertaken by Whyte et al were based within existing economic infrastructures – a corporation and a co-operative – with clear interests and homogeneity in terms of directed activity.¹¹³ The formation of the research group at Xerox emerged through management and union negotiation, whilst at the Mondragón Co-operative Group in Spain reference is made to the use of roundtable debates involving persons from different parts of the organisation, which ran in conjunction with other PAR activities that oversaw these contributions.

Group selection

The process of selecting study groups for this research project was confined by a range of imperatives affecting the researcher and also potentially affecting the groups. In the main these involved cost, accessibility and ability to contribute time to the group

process.

A range of possible target groups were identified and assessed in terms of geographic location, homogeneity in terms of activity and practical considerations. It was also seen as imperative that some kind of organisational infrastructure was required to carry the work of the focus groups further. These latter functions included possible assistance in the distribution of posters, provision of access to condom supplies, and the facilitation of other related activities that might emerge.

Two groups were chosen: Students at the Southern African Printing College (SAPC) in Johannesburg, and members of a Soweto-based anti-AIDS club operating under the auspices of the National Progressive Primary Health Care Network (NPPHCN).

The SAPC group

The SAPC is a tertiary educational institution located on the outskirts of Johannesburg. Students range in age from 18-25 and are drawn from a range of racial, cultural, linguistic and economic backgrounds and attend the college for a period of one year. The facility includes a co-ed residence where some 180 students reside for the duration of their studies. A health facility is provided in the form of a small clinic and services of part-time nursing sister who is available for consultation during weekdays. Basic treatment and referrals are carried out and in the case of sexual health, birth-control pills, condoms, and sexual counselling are provided on request. On a practical level, this group was easily accessible to me as I lecture at the college.

Participants were recruited using a poster which provided an overview of the intended research and some 18 students volunteered to take part. Another lecturer with experience in AIDS counselling was drawn into the group sessions as a co-facilitator.

A Commitment to support any products and processes that

emerged from the group sessions was secured with the college administration.

The Soweto group

The National Progressive Primary Health Care Network is involved in AIDS work through their National AIDS programme. Part of this process involves facilitating anti-AIDS clubs through community-based fieldwork. The group selected comprises some 200 senior high school students drawn from three high schools in northwest Soweto. Called the 'Love People With AIDS Youth Club' the students meet twice a week to discuss issues relating to AIDS as well as develop songs and other activities for community-based AIDS awareness activities.

A group of fifteen students were recruited via the community fieldworker. The fieldworker also participated as a co-facilitator in the group sessions.

This group have ready access to condoms via the AIDS programme and are involved in distribution of condoms as part of their group activities.

Criteria for the group process

A number of choices were made regarding how the groups would be run and emerged, in the main, from my own previous experiences in group work. Facilities and equipment required included:

- A large, well lit room which allowed the participants to be seated in a horseshoe arrangement for general sessions, as well as sufficient space to break up into smaller discussion groups.
- A flip chart, where discussion topics could be displayed and emerging points summarised.

- ❑ Copies of a range of previous HIV/AIDS related posters which were to be mounted on the walls as reference material, and to further contextualise the task at hand.
- ❑ A bowl of condoms.
- ❑ A tape recorder to record group feedback.
- ❑ A camera for further documentation.
- ❑ Notebooks and pens for each subgroup to document discussion.
- ❑ Refreshments.

Other decisions made included:

- ❑ Limiting the number of participants to 15-20, thus allowing for three subgroups of 5-7 members.
- ❑ Running sessions over at least two separate days to allow for reflection and also for the development of media products.
- ❑ The use of co-facilitators who had some relationship to the group.
- ❑ The development of six discussion topics, which would require 30-45 minutes of subgroup discussion and 15-30 minute report-back sessions to the group as a whole.
- ❑ Subgroup members would be assigned particular functions to allow the group process to run efficiently:
 - A facilitator, whose task it would be to ensure that discussions are kept sufficiently close to the prescribed topics;
 - A note-taker, whose task it would be to ensure that comments, problems and suggestions are documented, and who would be responsible for leading the group's report back;

A time keeper, whose task would be to ensure that discussions reach sufficient conclusion within the prescribed time.

- Participants and facilitator/researchers would be provided with self-adhesive paper labels on which to write their first names and these would be worn on the chest to facilitate interaction.

Groups would be led through various subject areas which would culminate in the development and evaluation of one or more posters, and where necessary (and if possible), supplementary educational material.

Discussion topics

Session one

The objective of session one is to allow participants to assess their own knowledge of HIV/AIDS. This replaces quantitative Knowledge, Attitude, Behaviour and Practice (KABP) questionnaires that are typically used by AIDS researchers. Whilst it is not a necessary prerequisite that group participants be sexually active, studies of similar populations of young people indicate that relatively high levels sexual activity can be presumed. A survey of high school students in Cape Town found that 75.4% had had sexual intercourse.¹¹⁴ A study of residence students at the University of the Witwatersrand found that two thirds had previous sexual contact and that 38% were sexually active at the time of the study,¹¹⁵ whilst a study at the University of Natal in Durban found that over half the students were sexually active.¹¹⁶

At the outset the researcher provides a brief overview of the project, the format and the goals. Participants then introduce themselves. The parameters for the group discussions will be put

forward including the roles required of individual participants. These roles would be rotated throughout the sessions. Who forms part of which group will be determined by the participants themselves, within the guidelines of 5-7 to a group. The option of gender-specific groups will be put forward by the researcher. Questions would include:

- What do you not understand about HIV/AIDS?
- Where can you get more information?
- How do you feel about your own risk to HIV/AIDS?

Points that emerge will then be discussed. As far as possible answers relating to any questions that emerge as unresolved will be explored. A break will follow.

Session two

The objective of session two is to focus on measures for preventing HIV infection and measures that support the prevention of HIV infection. It is hoped that perceived barriers to prevention will emerge through the discussions. Questions would include:

- What are safer sexual practices?
- How do condoms prevent HIV infection?
- What are sexually transmitted diseases how do they relate to HIV/AIDS?
- What is required from you, and or the services and facilities around you, to help prevent infection of yourself and those around you?

Points that emerge will be discussed and questions addressed. A

break will follow.

Session three

The objective of this session is to examine how media influences perceptions of HIV/AIDS and how posters could be used to assist in HIV/AIDS education. Participants will be asked to examine the posters on the walls as examples and to choose those that they like best and those that they do not like. Points of like and dislike should be noted and reported back to the group. Questions would include:

- Can you recall how media has influenced what you know and feel about AIDS? Give examples.
- What posters did you like and dislike? Why?
- What value are posters to HIV/AIDS awareness? (examples of posters would be provided to facilitate discussion)
- What services/facilities could posters direct readers to for additional information?

Emerging points will then be discussed with the group as a whole. Points will be raised regarding poster design generally, and the use of symbols. A break will follow.

Session four

The objective of this session is to ask group participants to think of images and slogans for posters that would be relevant to their community. The concepts that emerge would not necessarily have to address HIV/AIDS specifically, but could deal with sexual awareness, condoms or STDs.

This session is concept rather than question based. Ideas that emerge will be discussed, assessed and critiqued by the group as a whole. Ideas considered to be relevant for production will be discussed in detail and refined with group participation.

Session five

The fifth session would take place following production of sample posters, preferably within one to two weeks of the initial intervention. Production will be carried out using Desktop Publishing technology by the researcher. Artists and other media professionals will be consulted wherever necessary. During this session the sample posters will be displayed and participants will be given time to assess them on an individual basis. Group discussions would follow. Questions would include:

- What problems, if any, do you have with the way the poster looks? Is it appropriate? Do modifications have to be made? What are they?
- How and where would the posters be distributed? How many copies would be required? How long should the posters be displayed? Are members of the group willing and able to participate in distribution?

Production deadlines will be set and a distribution strategy discussed. A break will follow. (The researcher will arrange funding for production and printing costs.)

Session six

Participants will be asked to reflect on the process they have engaged in and to discuss positive and negative feelings about the group interactions and the research process as a whole.

Suggestions for improvements in any of the processes should be put forward. Participants would also be asked to indicate whether they would be interested in contributing to further projects of a similar nature and how they could bring them about.

Distribution

Following the evaluation session any required revisions will be carried out and arrangements will be made to print the posters. These will then be handed over to the group for distribution. Wherever possible, feedback will be obtained. However, as has been stated, formative evaluation of the products and processes that emerge following distribution are beyond the scope of this research.

Evaluation

The primary goal of the research project is to assess the possibility of target-audience centred educational media production and to concretise the process into a workable, replicable methodology. The following chapter documents the case studies. Analysis and evaluation of the process itself frames the content of Chapter Five, where practical experiences are linked to the theoretical framework.

CHAPTER FOUR

THE CASE STUDIES

This chapter documents the physical research process which took place during September and October 1994. Two venues were utilised: The SAPC group used a small conference room on the college premises; the Soweto group, a training room at the offices of the NPPHCN in central Johannesburg.

The group sessions are described and analysed in the sequence they occurred. However, as a range of disciplines and theoretical perspectives frame the activities, reflection has been limited to analyses of the group process and emphases on emerging trends. To avoid lacunae in terms of theoretical argument and analysis, semiotic analyses are not pursued in depth in this chapter, but are incorporated within Chapter Five.

CASE STUDY ONE: STUDENTS OF THE SAPC

A short preliminary meeting was held with the 18 volunteers to describe the proposed format of the group sessions and to identify dates and times suitable to all. It was decided that the process would be divided over three evenings – 20, 22 & 27 September, from 6.00 to 10.00pm. During the weeks prior to this meeting I had discussed various aspects of the project with a colleague of mine, Fani de Clercq, who had previous experience in AIDS counselling and who had read parts of the research document. He agreed to take on the role of co-facilitator. I had also discussed aspects of condom distribution with Jesse Hayward, the nursing sister who

runs the college clinic, as well as members of the administration to secure support in principle for the project.

SESSIONS ONE AND TWO: 20 SEPTEMBER 1994

Prior to the start of the first meeting I spent some time setting up the venue. This involved arranging the chairs in a horseshoe shape, mounting on the walls a range of posters that had been used as part of previous HIV/AIDS campaigns in South Africa, and setting up the flip chart and tape recorder. A bowl of condoms was placed in a prominent position on a table at the head of the room and refreshments were set up to one side.

Participants arrived timeously and were given name tags as they came into the room. Introductions were made and the broad aims of the project were outlined. I emphasised that the goal was to develop ideas for posters related to AIDS using audience-centred methods, but that this did not preclude any other action goals emerging. The group process was also introduced and the roles to be taken by members of the groups – that of facilitator, note-taker and time keeper – were put forward. Volunteers were then asked to form themselves into three groups of six to seven people and a reporter's notebook and pen was issued to each group. It was initially hoped that gender specific groups could be formed, but as there were only three women this was not possible. Interestingly however, without direction, each group ended up with one female representative.

Session one

Discussion topics had been written up on the flip chart and this was placed in a position where the groups could easily see the questions. These were:

- What do you think that you do not know about AIDS?
- Where can you get more information?
- How do you feel about your own risk?

A time limit of 45 minutes was placed on the discussion. During the discussion period the co-facilitators remained withdrawn, and listened as unobtrusively as possible to the discussions. Points of clarification about the group process were answered wherever necessary, but no other information was provided.

Although participants were from various geographic, cultural and linguistic backgrounds, English was generally used as the language of choice. Some participants did lapse into their home language during parts of the discussion.

Interestingly, each group adopted a different seating position for the discussion: one group formed a tight circle and discussed the questions with their heads close together, another group formed a looser circle and their body language was somewhat more aloof, whilst the third group set up their chairs around a table. Given that the co-facilitators were external to the groups it was not possible to study actual group dynamics. It was however clear that as time went on group members were able to develop mutual trust and felt comfortable discussing the topics at hand.

The questions on the flip chart were an important reference point, and it was noted that they were constantly referred to during the group discussions.

Feedback from session one

It became clear at the outset that the role of timekeepers was somewhat redundant in that it was easier for myself and the co-facilitator to monitor the group discussions and to assess when the

topics had been exhausted.

At the end of the group discussions the chairs were once again arranged in a horseshoe and I led discussion around each topic. An audio recording of this discussion was made.

The first question to emerge was “Where does AIDS come from?” and the topic was discussed by the group as a whole. It was felt that knowing where AIDS came from would in some way contribute to its cure. One of the groups had also discussed the source of AIDS as being ‘green monkeys’ – this derived from long-ago media reports of a subsequently discredited study that drew this conclusion. It was also suggested that the disease was man-made and that it was an attempt to reduce the population. These questions were discussed loosely and I emphasised that little was known about where the disease came from, but that there were many diseases in this category, and perhaps what was more important were the mechanisms for cure.

Early on an emphasis was placed on informal openness in the broad group discussions – we made jokes, allowed for interjections and the co-facilitators were cautious about playing a directed didactic role. Instead we answered questions circuitously allowing knowledge to be built up through the group interaction.

Other questions were:

- ❑ How does the virus affect a person and why is it deadly? In this case the flip chart was used and I drew a rough diagram of how the virus infected cells and we discussed aspects of this. In retrospect, it may have been worthwhile to have provided better diagrams to describe the process.
- ❑ What happens if you give someone a blow job and swallow the come? This type of question was fairly prominent in group

discussions and it became patently clear, although there was fairly broad knowledge about AIDS, there were many questions about the actual mechanics of infection for specific sexual acts. Clearly participants had no source for this type of information and both myself and the co-facilitator provided insights to these questions, stressing that the central issue was the sharing of fluids, and contact with the bloodstream.

- ❑ Are condoms safe? Here, various aspects relating to the safety of condoms was discussed. Some concerns were voiced about condom breakage. However, as this was seen as part of the next session's discussion, the issue was not pursued in detail.

- ❑ Can the virus survive outside of the body? Can it be transferred by razor blades and toothbrushes? Can it be absorbed through the pores? Could it be passed on during a bar fight? Can you get it if you help someone in a car accident? Why are blood transfusions infectious? What is the window period? What is the difference between HIV and AIDS? What is the test procedure? Here, research data was put forward, as were general points relating to the questions. Clearly, it was necessary for the co-facilitators to have a fairly extensive knowledge about the disease, although we did try to de-emphasise the perception that we were 'scientific experts'. A fair amount of humour was generated around the various possible scenarios for infection. It was suggested that as far as possible, condoms should be used during sex, until partners were sure of their relationship and their HIV status.

- ❑ Various questions relating to relationships and sexuality emerged and individual responsibility was emphasised in the group discussion.

Responses to the second and third topics – “Where can you get more information about AIDS?” and “How do you feel about your own risk?” were discussed in lesser detail as the time taken reporting back on the first topic had taken more than 45 minutes.

Sources of information were seen as the media and health facilities. Peers were not mentioned as a source.

With regard to the third question, most participants assessed themselves as potentially at risk. The issue of condoms was raised again and just before ending the discussion I passed the bowl of condoms around the room and encouraged each participant to take one or more, which they did.

During the refreshment break, a number of animated discussions took place. One student said he believed that it was only necessary to put on a condom “just before coming” whilst another said that his brother had “lost a condom inside a woman after having sex”.

Reflection on session one

It was heartening to note at this stage, how easily the group discussions had flowed. The question – “What do you not know about AIDS?” – was important in that it allowed for a richer assessment of gaps in knowledge and can be considered to be a useful alternative to the standard KAPB questionnaire which has predetermined questions. The lack of knowledge, and of adequate sources for knowledge about the specificities of infection – particularly those of a sexually intimate nature – but also those relating to bar fights and car accidents – bear further consideration as they are obviously part of the lived experience. The use of terms such as ‘blow-job’ and ‘come’ also reflects a move away from more scientised descriptions of sexual acts in various media relating to AIDS – eg. oral sex, body fluids. As the group members clearly felt more comfortable with the former terminology, we encouraged its

use.

It was notable that discriminatory perceptions about AIDS did not emerge – AIDS was not seen as a gay disease or a racially exclusive disease. All participants accepted that they were potentially at risk – if not at the present time, then at some time in the future.

Session two

The rapport developed by the groups in the first session carried over into the second. Questions asked were:

- What are safer sexual practices?
- How do condoms prevent HIV infection?
- What are sexually transmitted diseases how do they relate to HIV/AIDS?

The predetermined question: “What is required from you, and or the services and facilities around you, to help prevent infection of yourself and those around you?” was broken up into three questions:

- How can we help prevent infection at the college?
- What about the effects of alcohol and drugs?
- Can we distribute condoms differently?

Feedback from session two

Responses to the first question – “What is safer sex?” produced a fair range of accurate responses: Use of condoms; sex without penetration; masturbation; sex toys and one faithful partner.

During the discussion participants were asked how they would go about actually 'doing' safer sex. Most felt that negotiating non-penetrative alternatives to sexual intercourse would not be easy in a young relationship, and the process of negotiating these held little attraction. Instead it was felt that penetrative sex with the use of a condom represented the most viable option.

With regard to the question on STDs, a range of diseases were named: AIDS, gonorrhoea, syphilis, cauliflower (genital warts), herpes and crabs. Here parts of a leaflet supplied by the Johannesburg City Health department on STDs were read out. We also discussed the greater risk of infection by HIV if a person already had an STD that resulted in inflammation or skin breakages. It was stressed that condoms prevented many STDs and that most of the infections were easily treated.

A number of ideas emerged for preventative strategies at the college. Peer counselling was seen as an option, but this necessitated a reasonable level of knowledge. Videos, posters, pamphlets and condom distribution were also seen as possibilities.

Alcohol and drugs were identified as possible problem areas, in that motivation to use a condom would be lowered. This issue remained problematic.

The last question – "Can we distribute condoms differently?" – elicited a fair amount of discussion the groups. The existing methods were to attend the clinic on the 'family-planning' days, where condoms were provided free on request, or to buy them. A number of alternatives were put forward, and the group finally settled on peer distribution as a viable alternative. For the males it was felt that condoms could be distributed by specific students in the residence. For females, it was felt that a better method would be one that was slightly more anonymous and it was suggested that a jar of condoms be placed in the toilets. The issue of privacy was discussed, but it was felt that the methods put forward would

not intimidate potential users. Role play was used to explore these ideas.

Given that a ready supply of free condoms could be secured I proposed that we could practically pursue the idea of peer distribution. Distribution via the clinic was seen as a viable alternative for those who wanted to ensure greater privacy. One idea was that condom distributors could wear t-shirts that said 'condom carrier.' After further extensive discussion it was decided that, in the case of males, one person would distribute condoms in each residence block and group members volunteered to take on these roles. The idea of a jar of condoms in the women's toilets was retained. Volunteer distributors were then given a supply of sixteen condoms each and agreed that they would advertise the fact that they were suppliers. I undertook to ensure that additional condoms would be provided to volunteer distributors via the college nursing sister.

Reflection on session two

The extensive discussion around potential infection and condoms as a preventative method, as well as handling and distribution of condoms, served to 'normalise' condoms within the group. There was considerable enthusiasm around the idea of peer distribution and the impetus of the group sessions allowed for a peer distribution system to immediately be put in place.

Arrangements were made the following day with the clinic sister, and an idea that had emerged during discussion – that condoms be made available in a bowl in the clinic waiting room – was also put forward for implementation. A record of condom distribution would also be kept.

It was significant that the gaining of new knowledge through the group process had generated impetus towards peer education

and a number of students who were not part of the first session said that they were keen to join the next session. This was not allowed however, as each session was seen as an essential part of the process.

SESSIONS THREE AND FOUR: 22 SEPTEMBER 1994

The purpose of these two sessions was to begin focusing on posters and other media as a means of conveying information and supporting HIV prevention activities. A further supply of condoms had been obtained, and these were once again made available in a bowl at the front of the room. At the start of the session we discussed briefly how the distribution programme was going and it was found that over half the condoms supplied during the previous session had been distributed, including those in the women's toilets.

It had been noted during the first sessions that there was still some confusion as to the correct use of condoms and a descriptive demonstration of correct usage was made. Correct means of disposal were also put forward. Participants were then broken into the same groups they had occupied previously and the next session began.

Session three

In this session participants were asked to reflect on how media had influenced their knowledge of AIDS, and also, what was missing from media messages. Although it had been planned to include discussion of posters at this stage it was felt that this would be better incorporated into session four.

Feedback from session three

Participants found media messages about AIDS to be frightening and overwhelming and tended to make them afraid to have sex. Media also tended to portray AIDS as a disease of gays, prostitutes and drug addicts. Most participants also remembered the highly publicised deaths of celebrities. One of the groups expressed concern that information was less readily available to less literate, poorer and rural communities, yet many media images had portrayed rural people dying of AIDS over and above urban, 'higher class' sufferers.

The lack of specificity in information that emerged in session one was once again reiterated, and it was felt that there was a need for some way to effectively convey this type of information. One group said that "...media didn't inform people that you could have sex with someone who had AIDS and if you used a condom you wouldn't be affected."

Group members were keen to meet people who were HIV positive, and/or who had AIDS and it was felt that it was important to find ways for people to feel personally at risk.

Reflection on session three

The lack of specificity about prevention mechanisms in the media generally, contributed in some way to generating impetus amongst group members. The group process had allowed them to accumulate important knowledge that had previously been denied them in the media. The concern for disadvantaged communities was also of interest, and in later sessions a number of participants indicated that they would like to take up issues of education within their own communities as well as amongst friends outside the college.

Session four

This session started out by allowing participants to examine the posters on the walls and to discuss those which they liked and disliked. This session was not seen as a formative evaluation of existing posters, but rather as a mechanism to get participants thinking about the potential of posters as a medium. The groups then discussed concepts for posters that could be used on campus.

Feedback from session four

One of the existing posters that gained a fair amount of support was one issued by the Johannesburg City Health department that depicted a child's drawing of two people crying, and captioned "AIDS hurts the ones you love". We discussed this poster in terms of its simplicity and effectiveness. Other posters were found to have interesting slogans - "Don't aid AIDS"; "Sex + condom = AIDS"; and "If its not on its not on". A poster developed by the Congress of South African Students (COSAS) held some currency with students who had been part of COSAS while at school. African language speakers were also attracted to posters with text in Xhosa.

Discussion was led on the use of design and colour in conveying meaning and the idea of using posters in community contexts such as the college was put forward. I also discussed the idea of using simple concepts to support complex ideas and the example I used was an image of a series of life saver sweets interspersed with condoms, and the slogan at the bottom - 'Life saver's.' We discussed how such a combination of images and words could work effectively.

The participants went back to their groups to discuss concepts and these were then put forward to the group as a whole. A fair range of ideas were generated and I selected from these ideas,

those that I felt could work within the context. These decisions related both to practicality – for example, some of the ideas involved condom promotion by famous people, which would have been difficult to carry out within the context – whilst other choices were made in terms of my own media experience as well as general feedback within the group.

There were ebbs and flows in the larger group discussion, and it took some time to develop the ideas into a usable form. After we had developed the 'Safety First' poster (described below), there was a distinct lull. It was decided to have a coffee break and another short group session to develop ideas further. We then returned to the larger group where additional concepts were concretised.

Given that it was only practically possible to produce three or four of the ideas, we chose the following concepts:

- ❑ The use of four rolled condoms incorporated into the college logo. The logo itself had been derived from a common iconic juxtaposition of printing press rollers to represent the printing process. As we developed this idea we felt that the rolled condoms could be used on their own, and perhaps to further entrench the connection, the four process printing ink colours – cyan, magenta, yellow and black – could be used to colour the condoms. A number of possible slogans to further frame the image were put forward – Be AIDS aware; Adapt or die; Printer's protection... Finally we settled on the slogan 'Safety First'.
- ❑ The 'Life Saver's' idea that I had put forward earlier as an example was discussed and we decided to go with the concept.
- ❑ One of the groups had been working on slogans such as 'Burn some rubber' and 'Ride Safely' with images of a condom holding a steering wheel, or a condom on a motorcycle.

- The idea of merging the new flag on a condom had been tossed around and we felt that this also had potential. Slogans weren't immediately clear, but one put forward was 'Protect your country.'

Two of the participants indicated that they were keen to assist with preparing the graphics for the posters. We ended the session and I noted that the condom bowl (which had contained approximately 100 condoms) had been emptied during the various breaks. A short time was spent discussing the brief and deadlines with the two volunteer artists.

Reflection on session four

At the outset of this session I had felt some trepidation as this was the real testing ground for the theory that groups could be used in this way to effectively derive concepts for media. The process itself was not particularly easy in that I had to strike a balance between nurturing concepts within the groups, whilst at the same time using my own media experience to make choices about those concepts I believed would work best. The 'Safety First' concept was particularly exciting as it had been derived from the immediate experience of the students – they were constantly being exposed to the image of the printing rollers in their learning material, in the college logo, and on the walls of the on-site printing factory. It had also been of interest to see how the concept had developed, with input from many members of the group.

Further concepts were harder to tease out. Given that the meetings took place after a normal teaching day, most of us were tired, and ideas did not always flow easily. There was however a high level of motivation amongst the group members and when I suggested that they return to their groups to further pursue ideas there was, as far as I could tell, no dissent. In the end I felt

extremely relieved at the quality of the ideas that had emerged. It was also significant that the posters all focused on condoms – a phenomenon probably related to the general condom promotion activities, but also to the fact that condoms were seen as the simplest mechanism for HIV prevention.

A fair amount of time was spent on producing the posters. I used Adobe Photoshop and Aldus Pagemaker on an Apple Macintosh. Images were scanned on a flatbed scanner. For the 'Safety First' poster I scanned a condom directly, and then manipulated the shape and colour to conform to the design. A life saver sweet was scanned for the 'Life Saver's' poster. The graphics for the other posters were prepared by the artists on art paper using magic markers and these were also scanned into the system. All images were retouched in Photoshop and then imported into Pagemaker for the addition of text. The drafts were printed to A3 size on a colour thermal wax printer.

In terms of design I had opted for a white background with a thick black border to help frame the poster against any background that it was mounted on. Gill Sans bold was used for the slogans and these were set in caps and condensed within Pagemaker. The simple lines of the typeface allowed it to be set narrower than standard and careful attention was paid to kerning (the reduction of space between particular letter pairs) to give an even appearance to the words. The graphics themselves were floated centrally within the white space. Although different images and slogans were used, the posters were made uniform through their overall design treatment.

I decided to take the liberty of changing the slogan of the poster with the flag coloured condom to 'Viva Condoms'. The graphic of the motorcycle had not come out very well so it was decided to only produce the 'Ride Safely' poster using a condom holding a steering

wheel.

The student group was credited with the concept in small type below the bottom border. Full colour was used for the graphics as the posters were not required in large quantities, and it would be fairly cost effective to produce these on the colour laser printer.

The posters are reproduced on the following pages.

SESSIONS FIVE AND SIX: 27 SEPTEMBER 1994

The objectives of these two sessions were to present the draft designs to the group for comment as well as to investigate aspects of distribution. Session six would review the research process and investigate possibilities for further projects. Prior to the meeting the posters were mounted on the walls. I again filled the bowl with about 100 condoms.

During the previous session one of the group members had asked whether it was possible to get a certificate for attending the group sessions as he felt that he had "learned a lot". I expressed some reservations about this, but suggested that perhaps badges with an AIDS oriented message might be an alternative as these could be used to initiate discussions about AIDS. Consequently, I had a number of badges made up with the slogan 'I'm AIDS aware'. These were available for later distribution to the participants.

Session five

Participants were asked to spend some time assessing the posters and then to discuss these in group sessions. The option for alternative slogans was put forward. The groups also had to address the idea of linking slogans that could be added to the posters that would relate the posters to services available on campus. Distribution sites were also to be considered.

Feedback from session five

Most groups had problems with the 'Life saver's' poster as the sweets had not scanned particularly well and it was felt that they would not immediately be recognised. It was felt that the slogan still had some value and an alternative concept put forward was to photograph a range of condoms in different colours, rolled and unrolled and run these with the 'Life Saver's' slogan. 'Come in colours' was also mentioned as a possible alternative slogan for this image.

The 'Viva condoms' poster went down particularly well, and all liked the new slogan. The other two posters were well liked and the only concern was that the condom in the 'Ride safely' poster looked a bit too much like a potato and it was proposed that it be modified slightly. It was felt that the 'Safety first' poster was relevant to the printing industry as a whole and might have application beyond the college environment.

There was general consensus that a linking statement be used. One suggestion was 'Be wise, condomise'. It was decided however, to be more explicit and we settled on the statement 'Condoms prevent AIDS and are available free on campus from the Clinic or from residence distributors. Don't get caught without one.'

Sites for mounting the posters were assessed. These included residence block exit doors ('Ride Safely'); the printing factory entrance ('Safety first'); noticeboards ('Viva condoms') and various other sites on campus including the clinic. It was decided that the posters would remain in prominent positions for a period of two weeks and then be moved to more subdued positions such as the factory wall, lecture rooms and the like where they could be left for a longer period.

Session six

This session sought to analyse the group process as well as to examine possible ways of carrying the experience forward into other projects.

The response to the process was extremely positive. Comments in the notebooks included:

- Small groups make you feel more open
- A way of exchanging thoughts and listening in patience
- It gave us that 'freedom of speech and expression'
- A very co-operative and team spirit promoting session
- Everyone got a chance to talk in the small groups. Each group have their own ideas and when they combine they make good solid ideas
- Simplicity of sharing ideas between different cultures
- Experienced openness and helped to speak openly about AIDS, sex and condoms.

All groups expressed a desire to follow up the process in some way. Ideas included monthly meetings; videos; design and production of t-shirts, stickers, buttons, pamphlets and posters; articles in the college newsletter; participation in World AIDS Day and organising visiting plays and speakers. It was suggested that a co-ordinating committee be formed and that the co-facilitators could be called upon to assist where necessary. Three participants volunteered to form the committee.

At the end of the session participants were asked to indicate

their personal feelings about the process. Most of the young men indicated that they understood the dangers of HIV infection and that they were committed to using condoms.

Rashaad: “For me it was really an eye-opener. Especially the information we got here. For me AIDS was just something that happened to the next guy, so I realised it could happen to me... about the condoms – I never took any notice of condoms, but now I’m condom wise”

Two of the participants indicated that they wanted to use the knowledge they had gained during the group sessions for AIDS educational activities in their home communities.

Ndate: “... Now that we have been involved in this project many things have changed... It settled most of my concerns about AIDS – most of the worries I had. I had many doubts about AIDS... and now I feel that I know more than I did, such that I feel like taking this project back to the community where I come from because I know that most of us are still having the very same feelings that I had. Perhaps if someone could come with this information to them it might change their lives as it changed mine...”

At the end of the session ‘I’m AIDS aware’ badges were handed out and photographs were taken of the whole group.



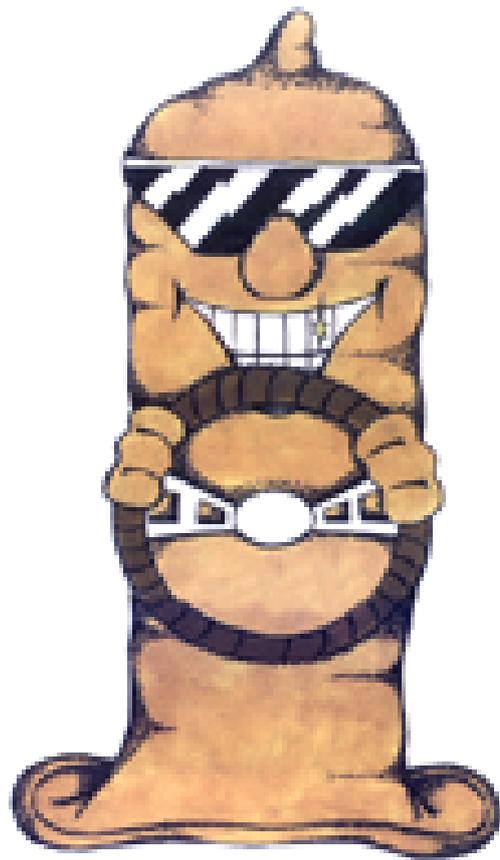
VIVA CONDOMS

Condoms prevent AIDS and are available free on campus from the Clinic or from residence distributors. Don't get caught without one.

SAFETY FIRST



Condoms prevent AIDS and are available free from your local clinic. Don't get caught without one.



RIDE SAFELY

Condoms prevent AIDS and are available free on campus from the Clinic or from residence distributors. Don't get caught without one.

Reflection on sessions five and six

It was heartening to see the level of enthusiasm for the posters and the sense of pride amongst participants that they had been part of the process. The responses derived in session six were way beyond expectations and it was of considerable significance that the group process had generated a commitment to future action, and more particularly, a commitment to condom use.

During the sequence of group sessions I had distributed some 300 condoms, both to individuals and to residence distributors. During the period of the group sessions the clinic nursing sister also reported that condoms were being taken from the container in the clinic waiting room.

It was regrettable that there was no comprehensive structure available to systematically carry forward all the ideas that had emerged from the group sessions.

Follow up: 28 September - 20 October 1994

Suggested modifications were made to the posters and colour laser copies printed up for distribution. These were handed over to a member of the co-ordinating committee. Due to time considerations the 'Life Saver's' poster was not produced.

An article for the student newsletter was written by one of the group participants and plans were underway to show a video on campus. The group had also initiated discussions with a group who organise puppet shows – 'Puppets against AIDS' – to present a show at the college. I followed up the initial contact, and arrangements were made with the administration for the show to take place in early November. The clinic sister reported that some 200 condoms had been distributed via the clinic. The jar of condoms that had been placed in the women's toilets was inexplicably removed after the first day. This was replaced and

there had been no further problems.

A number of posters were removed shortly after distribution. The co-ordinating committee were supplied with additional copies for redistribution, and the process of checking and remounting posters was maintained during the two week period. This principle is similar to the concept of 'sniping' referred to by Crimp and Rolston as a means for ensuring that posters were distributed effectively during ACT-UP poster campaigns:

"Sniping is a means of ensuring that posters pasted on hoardings will remain there for a specific time period without being covered over by anyone else's posters. In New York City 'snipers' are usually paid by promoters to put up rock concert advertisements and to replace them if they are torn down or pasted over" ¹¹⁷

During this period, sessions one to four had been carried out with the Soweto group. They had indicated that they liked the 'Viva Condoms' poster and arrangements were made to have additional copies of this poster printed on a litho press. The supplementary slogan was changed to read: 'Condoms prevent AIDS and are available free from your local clinic. Don't get caught without one.'

It was planned that the co-facilitators would continue to support activities wherever possible. It was however regrettable that a longitudinal study of these activities was beyond the scope of this study, as this would have allowed for further development of previous theoretical arguments relating to social change.

CASE STUDY TWO: THE SOWETO ANTI-AIDS CLUB

Access to this group was secured via Shan Ramburuth, National Co-ordinator of the AIDS programme of the NPPHCN.

Requirements for the group sessions were put forward and arrangements were made via the community worker, Mandla Hlatshwayo, to recruit 15-20 volunteers for the project. A venue in the form of a training room was provided at the NPPHCN offices in central Johannesburg and Saturday, 1 October was set aside for the sessions.

Given that the participants would have to travel to and from Soweto by taxi or train, it was decided to run the first four sessions in a single day. Funding for transport and luncheon were provided by myself. It was not possible to have a face-to-face meeting with the community worker due to conflicting work schedules, but it was agreed that he would join the sessions as a co-facilitator.

SESSIONS ONE TO FOUR: 1 OCTOBER 1994

Session one

The training room was set up in a similar way to the SAPC venue and posters, including finished copies of those generated by the SAPC group were mounted on the walls. The exigencies of the travel arrangements were soon apparent and only the co-facilitator and one participant had arrived within half an hour after the starting time. The availability of the extra time did allow for me to give more detailed information to Mandla (as co-facilitator) as well as to explore the activities of the group with the participant who had arrived.

The session started about an hour late and a format similar to that used with the SAPC group was followed. The broad aims of the process were introduced and responsibilities for note-taking, facilitating and timekeeping outlined. Participants introduced themselves and the topics for discussion were put forward. Given that the group had different linguistic characteristics to the SAPC

group, it was stated that discussion could be held in any language, but that note-taking and report back should be done in English. Although there were more male than female participants, females were represented in each group.

Feedback from session one

This session proceeded fairly quickly as most participants had gained a good knowledge of AIDS through their participation in the anti-AIDS club. Questions that emerged were:

- ❑ Where does AIDS come from? Here we explored the reasons why it was necessary to answer this question. I used the same analogy that I had used previously – that there was limited knowledge about where a wide range of diseases came from. One of the participants said that this question was commonly asked when they were teaching others about AIDS.

- ❑ How does the virus infect you? Here we discussed viruses and the immune system and I drew a rough diagram on the flipchart to show how the AIDS virus infected other cells.

Other questions that emerged were not directly related to the group's lack of knowledge, but rather questions that were regularly addressed to them during their work. Possible responses to these were discussed fairly broadly. There was a fair amount of discussion around the issues of confidentiality and discrimination and the need expressed by people to be shown persons infected with HIV or suffering from AIDS. Input from the co-facilitator included reflections of his own experiences with people who were dying from AIDS and contextualisation of the needs for confidentiality. Another idea that emerged was the need

for national leaders to begin actively endorsing condoms and highlighting AIDS as a serious social concern – a suggestion that had also been made by the SAPC group.

In discussing sources of information, none of the participants felt that the media had conveyed sufficient information about AIDS. During this discussion I was able to refer to ideas and questions that had come up during the sessions with the SAPC group.

It was felt that there needed to be a greater openness about sexuality and AIDS and a fair amount of debate took place around the issue of young children's knowledge of sexuality. Reference was made to incidents of child abuse and rape and it was felt that children were an important target group in sexuality education.

Reflections on session one

It was fairly clear at the outset that the dynamics of this group would be different from the SAPC group because of their deeper knowledge of AIDS. Broader issues emerged such as confidentiality, discrimination and awareness amongst children. Areas of knowledge about AIDS were explored to address questions that were commonly asked during group members' own AIDS awareness activities. Given this level of prior knowledge I decided to skip session two, as it would have dealt once again with prior knowledge.

As far as group dynamics went, the participants easily developed a rapport amongst themselves. The timekeeping role was also of lesser value as groups generally took similar times to exhaust topics. Any time limits set would be arbitrary and I felt it was better for me to assess when the group sessions were nearing conclusion and then prompt groups to indicate how much more time they required.

During the broader group discussion humour was used extensively and this helped to create a relaxed atmosphere that was conducive to discussion.

Session three

This session followed the same question format as that of the SAPC group, with questions exploring how media had influenced participants' ideas about AIDS, omissions in the media, potential for media in their community context and expression of like and dislike for the posters on display.

Feedback from session three

Most participants had seen AIDS portrayed in television programmes as well as posters and pamphlets. They felt that media had promoted an interest in the disease, but lacked information about important details relating to infection – ie. specific intimate acts. It was felt that there was little emphasis on ways that HIV could not be transferred and there was also concern that media information about AIDS was sporadic.

Television programmes, pamphlets and posters were identified as relevant means of transferring information about AIDS. It was stressed that language choice was important, and that on the whole most of the media products used English instead of local African languages.

Participants expressed strong preference for posters that used African languages. A poster also liked by the SAPC group – a child's drawing with the caption "AIDS hurts the ones you love" – was well liked by the group. A poster produced by COSAS and a poster that listed the ways that one could not get AIDS were also liked. The 'Viva Condoms' poster, conceived by the SAPC group,

held strong currency with participants and all groups selected the poster as one that they liked, whilst one group also pointed out the 'Ride Safely' poster as one that they liked. During this session I discussed briefly how the SAPC group had conceived the posters on display. The 'Safety First' poster was not easily understood without additional explanation.

During this discussion we talked about how posters that had simple words and images worked and the need to understand that posters complemented other educational activities, rather than providing extensive information.

Reflection on session three

It was interesting to note how strongly the idea for posters in Southern African languages came through, and for many of the participants, this was the primary criterion for liking a poster. The high degree of commonality between the groups in terms of the posters they liked, as well as commonality with the SAPC group was also worth noting. The strong partiality towards the 'Viva condoms' poster (and 'Ride Safely') was extremely heartening as this indicated that although the poster was designed for use within one context, it could be applied in others. As stated previously, based on this finding, I arranged for a larger quantity of 'Viva Condoms' posters to be printed.

Session four

This session focused on generating concepts for posters that could be used to further the work of the anti-AIDS club within the communities they serve. I also stated that, given the expressed need for posters in other languages, that this could be seen as one of the criteria.

Feedback from session four

During this session a range of concepts were developed. What was significant was that messages for peace were intertwined with the AIDS slogans – a phenomenon that drew attention to pervasive violence of township life. These slogans included: 'Let's unite and fight the virus – not each other'; 'Parents, let's restore culture and restore the nation'; and 'AIDS attacks everybody – Let's make South Africa a safe place to live in.' Other slogans were: 'Let your life fill you with joy – use a condom'; 'AIDS can hit you hard – use a condom' (with a picture of a boxing glove); 'AIDS is a train to the grave' and 'Support people with AIDS because they need us'. The idea of political leaders promoting condoms and AIDS awareness was put forward, but this was seen as difficult to bring about within the context of the project.

During discussion on which ideas to carry forward, I broached the issue of language. Participants said that the community they lived in was multilingual and that there was no single language that could be chosen for the slogans. It was decided therefore to have one poster in English, one in Zulu and one in Sotho.

The concepts we adopted were 'Let's unite and fight the virus, not each other' with an image of hands clasping each other; 'AIDS can hit you hard – use a condom' which was modified to 'Don't let AIDS knock you out. Use a condom'; and 'Let your life fill you with joy – Use a condom' with an image of a condom in a woman's hand. I advised that I would design the posters and that there would be a feedback session to discuss the products. No date was set however, as I was unsure of the time it would take to produce the additional posters.

The group then demonstrated some of the songs that they had developed as part of their AIDS education work. They planned to return to Soweto by train and distribute condoms on the way.

Reflection on session four

I was most relieved that the methodology for deriving concepts for posters had once again elicited sufficient results. However, I was somewhat concerned that the sessions were less refined than those of the SAPC group. The late start, combined with a fairly cursory briefing with the co-facilitator had disrupted the schedule. In addition to this, I had to deviate from the planned format by dropping session two. This latter adjustment however, should not be seen as a serious problem, since there should be sufficient flexibility in the format to allow for changes during the process. It was also necessary for me to have complete clarity about levels of knowledge amongst the group was, and thus a change of format could not be considered prior to the meeting. Locating the meeting closer to the community might also have improved the process, but this was constrained by logistics of venue.

Subsequent days were spent producing posters of the concepts put forward. I commissioned one of the artists who had prepared the artwork for the SAPC posters to produce graphics for the new series. These were done fairly quickly. It was difficult to portray the picture of the condom in the woman's hand and I decided to drop the poster as the addition of the 'Viva condoms' poster still allowed for three posters to be available to the group. I was unhappy with the graphic of the boxing glove provided by the artist and decided instead, to use clip-art from a CD-ROM collection that showed a pair of boxing gloves hanging from a hook. The slogan was translated into Zulu and included the linking statement that had been applied to the 'Viva condoms' poster – 'Condoms prevent AIDS and are available free from your local clinic. Don't get caught without one.' The slogan of the remaining poster was changed to read 'Let's unite and fight AIDS, not each other' and this was translated into Sotho. As the Sotho statement was longer, I elected

to use upper and lower case letters instead of the all caps style of the previous posters as this would improve readability. The linking statement was also included and the group was credited on the posters.

The process of translation was not an easy one – I had engaged student's at the SAPC to assist with this and there appeared to be contradictory opinions about the exact wording. The translation was therefore carried out as accurately as possible, with the view of checking this with the Soweto group when the posters were presented.

The posters were set up in four colour and printed to an A3 colour thermal-wax printer. At this stage there was little clarity as to the quantities required and thus an assessment of printing options could not be made. I therefore made allowance for the production of the posters in two colours – black and red for the boxing glove and brown and red for the hands – as this would offer a cheaper cost option for certain quantity configurations.

The posters are depicted on the following pages.

SESSIONS FIVE AND SIX: 29 OCTOBER 1994

An arrangement was made with the fieldworker to organise an afternoon session starting at 1.00pm at the same venue on 29 October 1994. Prior to this meeting taking place a few concerns had arisen regarding the 'Viva Condoms' and 'Ride Safely' posters. These related to two individual comments within a range of comments I had received from people outside of the group process. In the case of the former poster, the incorporation of the flag with a condom was perceived as 'insulting', whilst in the case of the latter, the image was perceived as 'sexist'. My initial reaction to these comments was to say that because the posters were conceptualised within particular contexts it was to be expected that they wouldn't

necessarily be perceived in the same way outside of those contexts. Although both the SAPC and Soweto groups had previously been able to evaluate the posters, none of the members had expressed concern at the images.

These concerns did however raise questions about how judgmental the facilitator/researcher should be when conducting the research. I had made judgements regarding the 'practicality' of the ideas that emerged for the posters – ie. ideas were assessed in terms of my own media experience regarding the relationship between messages and images, as well as the practical execution of the ideas – but I had not closely explored other aspects inherent in the imagery. I decided therefore, to explicitly ask the group about the two posters in question in terms of the concerns that had been raised.

Session five

The constraints of long distance transport arrangements were once again apparent, with participants arriving between 1.00pm and 2.00pm. I had also been concerned that the so-called 'taxi war' – random shootings of commuters and taxi driver's at taxi ranks in the Johannesburg area the previous day – might have deterred participants as well as the fact that the meeting was set close to the start of the matriculation examinations, which most of the participants were due to write.

These concerns proved to be unfounded, with only four members of the previous group being unable to attend. Instead, the numbers had increased with the addition of some five individuals who had not attended the previous session. Whilst this was not perceived as ideal – given that the sessions were seen as part of a single process – the additional participation was not discouraged.

The delay in the start of the session allowed me to pursue some

questions informally with those who had arrived – the fieldworker, two participants and an NPPHCN staffer (who adopted a negative stance to the ‘Viva Condoms’ poster). The negative perception related to the ‘erect’ forcefulness of the condom image and problems with the incorporation of the flag. The other participants however, saw the image extremely positively. “It shows the nation accepting the use of condoms – it shows that the government is interested in preventing AIDS”, said one. The ‘Ride Safely’ poster was also discussed and participants felt that it would appeal to youth. I didn’t put forward the idea of the implied sexism at this stage, but this was done later in the formal group sessions.

We also briefly discussed the two posters that had been conceptualised by the group – ‘Don’t let AIDS knock you out’ and ‘Let’s unite and fight AIDS, not each other.’ The fieldworker, Mandla Hlatshwayo, provided a deeper reading of the image of the gloves: “In the township condoms are seen as gloves and are called gloves. Also, the image of the boxing gloves... Politically it says hit, but in terms of AIDS and gloves, it says protection.” The image of the hands in the second poster was seen as problematic in that the colour of the hands in the second poster were seen as too uniform and a bit too ‘white’.

By the time we finished this discussion the remaining participants had arrived. The two posters conceptualised by the group were mounted on the wall (including a second, more complex, depiction of the hands), as were copies of the ‘Viva Condoms’ and ‘Ride Safely’ poster.

I welcomed the group, explained that it had only been possible to carry forward two of the four ideas that had been raised previously, and introduced the questions for discussion. I also summarised the requirements for the group process and handed out the reporter’s notebooks and pens. Given that some

of the previous participants had not arrived and that there were additional participants, I did not prescribe that the configuration of the groups had to be the same as in previous sessions. New participants were however equally distributed amongst the groups so as to maintain continuity in terms of the group 'method'.

Questions posed were:

- Are the posters what you expected them to be?
- Is the translation correct?
- Have you had any additional ideas since the last session?
- How can the posters be distributed?
- How many copies are required?
- What do you think of the 'Viva Condoms' and 'Ride Safely' posters?

No time limit was set for the discussion, but I assessed the groups during the session, and ended the discussion when all groups had exhausted the topics. A refreshment break followed.

Feedback from session five

All three groups reported problems with the uniform colour of the hands and it was suggested that these be reworked into various shades including 'white' thus conveying a broad-based sense of unity. It was also felt that some of the hands could be modified to include nail varnish to strengthen their depiction as female hands. One group mentioned that the image could be decoded in other ways – for example, as supporting people with AIDS. Two minor corrections were also put forward for the Sotho translation.

The poster of the boxing gloves was accepted without

modification. Mandela also put forward the observation he had made earlier – the relationship between ‘gloves’ and condoms – to the group as a whole.

There was consensus that the ‘Viva Condoms’ poster provided a strong and relevant message. One group said: “The fag binds everyone and shows that everybody has the right to use a condom”. Another group responded: “This is the new South Africa, people are free and people should use free condoms”.

No problems were directly reported with the ‘Ride Safely’ poster. Groups liked the link between safety and condoms and sexism was not perceived. I suggested that the poster had been seen by some readers as sexist (which I defined as ‘insulting to women’) and asked for response. I encouraged the women in the group to respond to the suggestion but there was no direct response and eventually male group members responded by moving away from the topic. Whilst this does not deny that the poster may be seen as sexist by members of the group, the group process had allowed for a level of trust to be built up within the larger group and should have allowed for concerns to be raised if there were any.

In terms of the general design of the posters some participants felt that the longer statement – “Condoms prevent AIDS and are available...” should be set in larger type. None of the groups pursued the question relating to any new ideas.

In terms of distribution, the posters were seen as useful in contexts where the group was carrying out AIDS education activities as well as at shops, shebeens, on busses and trains, clinics, schools, churches and on walls. The concept of distribution was problematised. None of the groups had put forward clear ideas in terms of quantities required and I suggested that I could organise the printing of 500 copies of each poster. There was some

NINGAVUMELI IAIDS ININQOBE



Amazondom avimbela iAIDS, atholakala mahala emakliniki aseduzane nawe. Ingakutholi ungenawo.

**Ha re ikopanyeng, re
lwantsheng AIDS, eseng
re lwane ka bo-rona**



**Condom e thibela AIDS. Condom e fumaneha mahala
cliniking e haufi le uena seke oa tshoaroa ntle ho cona.**

reluctance by a few participants to allow general distribution of the posters, as it was felt that these would soon be removed or damaged, and that the stocks would soon be finished. Fairly heated discussion followed with little clarity as to how the problem could be tackled. Mandela said that his experience with distributing political posters had seen most of these posters damaged or removed on the same day. I noted that posters had disappeared during the SAPC distribution process and that 'safe' venues needed to be found. It was agreed that the posters had to "reach the people". A number of strategies were suggested – wheatpasting (four & water mixed to form glue) on walls would discourage the removal of the posters, as well as finding venues where the posters could be looked after such as inside shop windows, at clinics and the like. I suggested a strategy that could incorporate both concerns – that 100 copies of each poster be retained for direct use by the anti-AIDS club and that the remaining posters be distributed more generally. I also put forward the idea that posters that were put up should be monitored and replaced if they were removed, and that the group should monitor the distributed posters over a period of at least four weeks.

Reflections on session five

In spite of the four week period between the first four sessions and this session, the participants easily resumed the group activities. It was interesting to note the deeper reading of the poster of the hands – where the link was made to caring for people with AIDS – and the 'Viva Condoms' poster – where links had been made with freedom and free condoms. One participant had said "we need to tell people what the posters mean".

The issue of perceived sexism in the 'Ride Safely' poster was not

thoroughly tackled. However, it did affirm my view that context-based development of messages – in this case a youth orientation – was likely to result in different interpretations outside of that context – ie. that it would reveal different discourses. There is little doubt that the expression on the face of the ‘condom’ is rather lascivious – however, if, even under sustained intervention, the image was not problematised it does suggest that the ideas should be carried forward. In view of the limited debate however, I decided to hold a further meeting with the SAPC group to again examine the ‘Ride Safely’ poster. In addition, the exuberance around the ‘Viva Condoms’ poster suggested that the image and words had struck a deep chord with the group members and I felt this might also be worthy of follow up amongst the SAPC group.

Overall the process of developing messages about AIDS had been extremely rich. Prior to the meetings I had expected that there would be considerable naiveté in terms of ‘political correctness’ and ‘correctness’ in terms of AIDS in the messages and images that would be generated. This did not occur to any great extent, except perhaps in the case of the ‘Ride Safely’ poster.

The extensive debate around distribution was important – particularly the fear by a minority of participants that the posters would have a very short life after distribution. These concerns needed to be recognised and it also underscored the problem that the research process was limited in terms of time, resources and infrastructure – factors which impinged on a sound distribution and evaluation strategy.

The translation of the text in the posters was also problematic. I had co-opted non-professional translators to assist during the production process and it was therefore necessary to make some minor changes during this session. Whilst this was not too serious a problem in that the errors were easily corrected, it would have

been more appropriate to engage professional translators who could also proofread the posters.

Session six

The objective of this session was to assess reaction to the group process and was fairly brief.

Feedback from session six

Comments elicited were similar to those gleaned from the SAPC group:

“It gave us an opportunity to exercise different opinions in a constructive manner”

“People who are normally shy to talk in larger groups were able to give their views”

“We had a chance of exchanging different opinions and agreeing on one thing”

“Participation was good... without fear... it was fun”

This session was shortened as the group had planned to return to Soweto by train at 5.00pm. It was also intended that condoms would be promoted and distributed during this journey. I handed out 100 copies of the ‘Viva Condoms’ posters that I had brought with me and explained that the remaining posters would be printed over the next ten days and passed on to the group via the fieldworker.

A FURTHER SESSION WITH THE SAPC GROUP

A brief meeting was held with the SAPC group to review processes underway (condom distribution, the forthcoming puppet show, etc.) as well as to assess the 'Ride Safely' and 'Viva Condoms' posters. Eleven members of the group were able to attend, including the three female members – one of whom had produced the 'Ride Safely' graphic. I put forward the idea that the 'Ride Safely' poster could be seen as sexist and described briefly what the implications of sexism might be. The group were also asked to assess the 'Viva Condoms' poster. Participants were broken up into two groups – one of which included all the female participants.

The results that emerged once again reflected a discourse that did not prioritise gender perceptions in terms of sexism. Comments included:

“Both women and men drive, and need to be cautious.
The same applies to condoms”

“The smiling face shows that you can enjoy sex with a
condom because there is less risk involved”

“The poster applies to those who have a particular
attitude and these are the ones who we are trying to
reach”

My own analysis of the poster is that it is not so much sexist as it is crass. The slogan and image suggest a macho forcefulness and casualness about sex that implies that the act is devoid of emotional elements such as love and commitment. In this sense, the last of the above comments is perhaps the most significant.

Reaction to the 'Viva Condoms' poster again reflected the power of the image and slogan as a motivating device:

“Exceptionally good”

“The f ag represents the people as a whole”

“Everyone (in the country) is threatened by AIDS. You should wear a condom, not only for yourself, but for your country”

At the end of this analysis I discussed issues that had emerged during my experiences with the Soweto group and the concepts that had been derived in terms of posters.

REFLECTIONS ON THE GROUP PROCESSES AS A WHOLE

Overall, the information derived from the groups had exceeded expectations and even within a context of limited resources and time constraints, it had been possible to create, print and distribute a range of posters. In the case of the SAPC group, the process had engendered numerous additional activities that allowed for further conscientisation within their ‘community’. The initiation of, and to date, successful, implementation of peer condom distribution was also an important supplementary process.

In the case of the Soweto group, the process had ‘honoured’ the work of the anti-AIDS club and had supplemented existing activities by extending knowledge and providing media products.

The parallels between the two groups were worth noting. These can be summarised as:

- ❑ The recognition that media depictions of AIDS needed to be more explicit and more regular;
- ❑ The positive perception of condoms as an effective and acceptable means for preventing HIV infection;

- ❑ The need for endorsement of condoms and AIDS prevention by famous people – particularly politicians in the new government;
- ❑ In the case of the Soweto group, the acceptance of images and messages developed by the SAPC group who were similar in age and to some extent similar socio-economically and culturally;
- ❑ In the case of both groups, the unmitigated acceptance of the 'Viva Condoms' poster;
- ❑ The ready acceptance of the group process and the ability to engender trust and open discussion within the groups.

As a research methodology the approach was clearly able to derive important and relevant data without the complexities and limitations of questionnaire-based studies. The relevance of the data was further emphasised by the commonalities between data derived from two separate but similar groups.

The relationship between the methodology and the CS and PAR perspectives articulated previously is also clear – the methodology allows the researcher to raise the status of the participants to co-researchers, whilst at the same time sharing knowledge and data and, in the case of this research, providing the groups with media products that could be used within a community context. The approach can thus be seen as an amalgam of organic and interventionist styles: organic in the sense that the target community is central to articulating the essence of the action or product; interventionist in the sense that the researcher frames the broad basis of the perceived problem, co-ordinates research events and facilitates discursive and production activities. As Reason states:

“Co-operative enquiry is a way of doing research in which all those involved contribute both to the creative thinking that goes into the enterprise - depending on what is to be looked at, the methods of the enquiry, and making sense of what is found out - and also contribute to the action which is the subject of the research. Thus, in its fullest form, the distinction between researcher and subject disappears, and all who participate are both co-researchers and co-subjects. Co-operative inquiry is therefore, also a form of education, personal development and social action.”¹¹⁸

By incorporating self-selection of participants around an action goal predetermined by the researcher, the approach elicited not only a contribution to the action goal, but also a range of supplementary goals that emerged through the group process.

What was particularly significant (and extraordinary) was that the participants had made rapid shifts in terms of their assessment of their perception of their own risk to AIDS. In the case of male participants within the SAPC group, most indicated directly that their knowledge of HIV/AIDS had increased sufficiently to motivate a commitment to condom use. Beyond this was the commitment to promoting awareness within and outside of their immediate community, including promotion and distribution of condoms.

Whilst the significance of such phenomena can only be accurately assessed through longitudinal study, the group process clearly (if momentarily) was able to promote change on an ideological level – ie. it had generated shifts within the terrain of meaning. If this phenomenon is incorporated into analyses of culture, then clearly, the methodology contributed to shifts in social practice. If, as has been argued, a dialectical relationship

exists between ideology/culture and the exigencies of nature, then potential ideological/cultural shifts emerging through the methodology can be perceived as significant.

PRACTICAL CONSIDERATIONS

A number of practical considerations frame collaborative research utilising focus groups. Whilst dogmatism is discouraged, a range of programmatic provisos require consideration.

The environment

Considerable attention was given during the group sessions to the environment within which discussions took place. The venues selected were large open spaces with moveable seating. During the group discussions participants were encouraged to sit in circles facing each other, whilst seating was arranged in a horseshoe shape for the larger group discussion. Lighting, ventilation and sound interference also require consideration and the provision of refreshment breaks helped to facilitate less formal discussion.

The groups

Self-selection was seen as an important criterion for the focus groups. However, within many scenarios this type of participation might not be easily achieved and further analysis of selection methods may have to be carried out. Given that the methodology required considerable time commitment from participants, it was significant that dropout levels were low.

The notions of the roles of intra-group facilitator, note-taker and time-keeper emerged out of my own previous experience of group work. The latter function – that of time-keeper – proved to be redundant as group progress was easily monitored by the research

facilitators. This method also allowed for variation in discussion times according to topic requirements, rather than arbitrary time allocations.

The written notes served as an important record of group discussion, but were limited by variations in note-taking style. Audio recordings were only used during the report-back sessions, although the facilitators did informally monitor issues emerging within the groups and supplementary notes were made. Basch stresses that audio recordings of the entire group process be made and transcripts prepared as these enhance the veracity of the research findings.¹¹⁹

In the case of this research a small cassette recorder was used – the recording capacity of which was insufficient for the preparation of comprehensive transcripts. It was however possible to capture much of the discussion and, combined with the various written notes, it was easy to reconstruct and document the process.

Although there was little direct analysis of how the group process had worked, the feedback provided by participants on the group process indicated that the establishment of a trusting environment that allowed for solid and open discussion was relatively easily achieved. Humour was clearly an element within the small group discussions, and was usefully employed in the larger group sessions to facilitate openness and discussion.

The researcher, facilitators and supportive infrastructures

As a researcher I was bringing to the process a number of skills and experiences. Previous experience in group work had influenced the success of the practices adopted in this research. Sufficient grounding in group theory however, should allow even inexperienced researchers/facilitators to initiate this type of research.

Knowledge of AIDS and media skills and experience were incorporated within one researcher and it may be more practical for this to be divided between two or more researchers. The role of the co-facilitators was seen as supplementing the former aspect – that of HIV/AIDS knowledge and experience.

The media production process required not only access to a range of expensive production machinery, but also extensive design and production skills. It may be possible for the media researcher to take responsibility for concept and design aspects, and commission production work to other individuals or agencies.

The costs of poster production were considerably reduced through use of my own resources as well as contributions by volunteers. In this way production and printing costs were kept to a minimum. Although litho offset was used in this research, various other cost-effective printing methods are available, depending on quantities required. These include silk-screening, photocopying and laser printing. It is crucial that the groups be able to utilise the products they conceptualise within their own communities, and therefore funding requirements for production processes need to be assessed beforehand.

Costs for the sessions varied considerably. In the case of the Soweto group, travel costs as well as luncheon costs during the first sessions had to be met. Venues were provided at no cost, but stationery, audio cassettes and other supplementary items cost approximately R200. Refreshment costs ranged between R50 and R120 per two sessions. Condoms were obtained at no cost via the NPPHCN and also family planning clinics.

Clearly, the success of the process is framed by the necessity for the researcher(s) to incorporate a range of skills – an ability to facilitate the group process, a knowledge of HIV/AIDS, a knowledge of media and a knowledge of the conceptual framework

that lead to this methodology – as well as sufficient resources to run the group sessions and produce and distribute the media products that are conceptualised.

Divorced of supportive infrastructures and resources, the media products are of little value. Communities must have access, at very least, to condoms (free or subsidised) and to treatment facilities for STD's. Some level of community organisation is also necessary, although it may be possible in some cases for the group process to engender such organisation, as occurred in the case of the SAPC group.

Beyond these considerations lie a range of other programmatic provisos. Chapter One and the early parts of Chapter Two explored research in the field of AIDS relating both to epidemiological projections and aspects of HIV prevention. An overarching finding was the interrelationship between depressed socio-economic conditions and vulnerability to HIV infection, and further, that economically depressed communities were also vulnerable to a broad range of life-compromising diseases and phenomena. If these communities are most vulnerable, then interventions necessarily have to place emphasis on redressing the socio-economic aspects that make them so. Bringing about such change however, is a complex and long-term process requiring deep political commitment and considerable resources. Of relevance in South Africa are the extensive policy guidelines expressed in the Reconstruction and Development Programme (RDP) which include the principles of integrated development and incorporate principles relating to sexual health and AIDS.¹²⁰

A range of findings relating to HIV prevention were also documented in Chapter Two. Given the commonalities within these findings it is possible to derive an integrated approach for HIV prevention. A role is also seen for community-based goal-oriented

group activities within many of the interventions.

An integrated approach to HIV prevention

- ❑ **Integrated socio-economic development programme**
– as expressed within a range of governmental and non-governmental activities and further emphasised within the principles of the RDP.
- ❑ **Strengthening of local and regional health care infrastructures** – as expressed within a range of governmental and non-governmental activities and further emphasised within the principles of the RDP.
- ❑ **Epidemiological and medical research** – incorporating research into HIV/AIDS and STD prevalence and trends as well as investigation into therapeutic aspects of these.
- ❑ **Programmatic treatment of sexually transmitted diseases** – incorporating sustained public awareness campaigns utilising a range of methodologies including media and conducted at local, regional and national level. Research and evaluation of methodologies applied.
- ❑ **Programmatic provision of HIV testing and counselling as well as treatment infrastructures for HIV infected individuals** – incorporating sustained public awareness campaigns utilising a range of methodologies including media and conducted at local, regional and national level. Research and evaluation of methodologies applied.
- ❑ **Programmatic provision of free and/or subsidised condoms** – incorporating sustained public awareness campaigns utilising a range of methodologies including media

and conducted at local, regional and national level. Research and evaluation of methodologies applied.

- ❑ **Sustained investigation into social and legal aspects** – incorporating sustained public awareness campaigns utilising a range of methodologies including media and conducted at local, regional and national level. Research and evaluation of methodologies applied.
- ❑ **Regular and sustained mass media interventions relating to HIV/AIDS** – expressed as a component of the above interventions, but also incorporating the notion of ‘normalising’ sexuality and HIV/AIDS. Research and evaluation of methodologies applied.

Within this model it is possible to recognise the potential that community-based, goal-oriented group methodology could play across a range of interventions. Indeed, this research reflects the potential for a replicable methodology that is relevant to the promotion of aspects of HIV/AIDS education and prevention, amongst other social interventions.

Clearly, the above guidelines could benefit from the incorporation of the approach for aspects of information development. However, some caution should necessarily counterpose any blind evangelism around group centred methodologies, for it is clear that the approach cannot be adopted wholesale as an alternative to other approaches.

What the methodology does suggest is that group research should take place within the context of a framework of support that can carry forward aspects that emerge within the group process – thus the necessity for condom supply, STD treatment, community organisation and the like.

The complexities that influence HIV infection and AIDS require integration of a range of approaches, many of which incorporate media as a component. No single intervention can be divorced from the other. Instead, sustained complementary interventions offer enormous potential for resolution of the problem at hand – that of HIV infection and AIDS – but are also likely to facilitate a range of social benefits beyond health promotion per se.

CHAPTER FIVE

The theoretical component of this research has traversed considerable ground across a range of disciplines that can be loosely aligned within the Cultural Studies paradigm. This chapter draws on the theoretical underpinnings previously put forward with a view to integrating these with findings elicited during the field research.

SEMIOTICS AND THE MEDIA DEVELOPMENT PROCESS

The relationship between the media production methodology and the framework of semiotic theory requires further exploration. It is important to note that the research was, for the most part, confined to the development of particular media products and did not set out to incorporate extensive evaluation of the products beyond the production process, nor longitudinal evaluation of processes that the products might have engendered.

Theory and practice

A dominant trend in semiotic theory and practice is towards retrospective analysis – ie. semiologists tend to evaluate images and text produced by others, and through this process, draw conclusions that relate to signs and sign systems as well as the ideological and cultural frameworks within which they operate. In semiotics, the repositioning of emphasis away from the communicator (as expressed by CMR theorists) and towards the reader (or receiver) represents an important theoretical shift in communication theory, and these assumptions can be incorporated

to varying degrees, when producing information.

Reference was made in Chapter Two to the deployment of reader centred research as a mechanism for refining messages within their intended contexts of use. For designers and media producers semiotic theory promotes a consciousness around the ideological aspects of images and words thus informing a deeper understanding of the communication process. A further application of the approach is that it allows for semiotic analysis of media products which can contribute to understanding of ideological components in messages – an approach which is problematic if an analyst too fervently generalises his/her own perspectives and analysis and assumes intertextuality with other readers.

What this research sought to investigate was the possibility of integrating the researcher/semiotician with representatives of intended audiences (and thus potentially larger audiences) with the intention of generating a methodology of applied semiotics where signs, messages, readers and contexts interrelate. Further to this was the notion of incorporating the 'struggle for meaning' within cultural and ideological frameworks. Theories of semiology, derived from the Saussurian strand, were clearly of less utility than the application of semiotics as expressed by Peirce, amongst others. Of concern was sign making, not sign systems. This is not to say that signs should be perceived as asystemic, but rather that the development of new signs adds to sign systems, contributing to new ways of seeing.

The approach adopted moved beyond the retrospective application of semiotic theory, positing instead a methodology where semiotic theory could be applied proactively – where the process of message generation profoundly incorporated the perspectives of intended 'readers'. The information production process was thus democratised.

What was significant in the research process was that unschooled 'readers' were able to develop indigenous 'signs' that were deeply relevant to their own context and to the problem at hand – that of AIDS education. Whilst the theoretical perspective that informed the elaboration of the group process was grounded in semiotic theory, didactic exposition of semiotic perspectives within the group process was scant and informal. In spite of this, many participants reflected an intuitive ability to express ideas semiotically. For example, the various analyses of the 'Viva Condoms' imagery. The indigenous nature of the signs was further demonstrated by the 'Safety First' poster, with the condoms juxtaposed as rollers, where interpretation could only be made by those familiar with the icon of the printing press rollers.

Interpretive communities

Of further relevance is the notion of interpretive communities. This concept, articulated by Stanley Fish amongst others, allows for divergencies between authorial intent and reader response, based on the ideological components of particular communities of readers. As Fish puts it:

“...if the self is conceived of not as an independent entity, but as a social construct whose operations are delimited by the systems of intelligibility that inform it, then the meanings it confers on texts are not its own but have their source in the interpretive community (or communities) of which it is a function.”

121

We can thus see how homogeneity in terms of culture influences interpretation, but also further, that authorial intent is to some extent independent of how a text will be read. Ideological positions occupied by readers are thus of relevance. Texts are read in

relation to the dominant ideology – ie. are not independent of the dominant ideology – but can be read in discrepant ways in relation to that ideology. As Tomaselli states – “If ideology accounts for the ‘lived’ relations between people and their world, then we must accept that meaning is saturated with the ideological imperatives of society.”¹²² In the case of the research at hand, dominant ideologies had shifted – the state had moved from being oppressive and negatively perceived, to being positively perceived and the notions of nationhood and freedom could now be incorporated. Thus the ‘Viva Condoms’ poster was read in a particular way within a particular context, whilst the imagery of the ‘Ride Safely’ poster became controversial when read within the framework of feminist discourse.

Fish is particularly scathing of reductionist approaches to semiotic analyses of texts, cogently and amusingly demonstrating how semiotic analyses can be misapplied. He cites, as an example, numerous occasions where he wrote up on the board a series of authors names and then asked students to analyse these words as representative of a religious text. What followed was a range of well argued responses that provided a logical ‘religious’ interpretation of the words, thus demonstrating the problematic of this form of interpretation.¹²³ As Tomaselli observes:

“In nearly every case, the conditions we ‘see’ through decoding the signs contained in the code are only imaginary. Readers appropriate the meanings which best fit their imaginary solutions as interpreted by their individual, cultural and class experiences. These interpretants coincide most closely with their individual subjectivities.”¹²⁴

Making signs

Semiotic theory provides a mechanism for understanding the arbitrary and abstract nature of signs, whilst the work of Barthes, amongst others, allows for understanding of metaphorical aspects of signs. What emerged in this research was a process of 'indigenous signmaking' – a process that resulted in the creation of images anchored by text that expressed new and unique perspectives. Whilst the intention was to generate messages relevant within particular communities, it was significant that some of the messages held currency with similarly homogenous groups in other geographic locations.

It was not easy to document the way that ideas for particular concepts and messages emerged. Part of the process occurred within the groups, but most ideas were further influenced and developed within the larger group discussion as well as through 'professional' judgements within the production process. The 'Safety First' poster which, in its final form juxtaposed four rolled condoms in process printing colours, was derived through broad discussion. In the process it was possible to employ dominant imagery – that of the printing rollers – and creatively co-opt (subvert) it to the task at hand.

During the exploration of ideas I had put forward the notion of using images in such a way that they could be read more deeply. What was significant was that participants were easily able to engage this discourse and immediately generate viable messages that worked in this way.

In the case of the 'Viva Condoms' poster, the concept was not discussed deeply and initially the only generally accepted slogan put forward was 'Protect your country'. The application of the 'Viva Condoms' slogan took place during the production process and emerged through my own reflection.

It is expected that the media designer be free to make creative and/or conceptual judgements whilst executing the media product. However, this should take place within the premise that changes made be assessed by the groups.

The 'Viva Condoms' slogan dramatically shaped the meaning of the graphic and was enthusiastically received by both the SAPC and Soweto groups. Analyses of this poster reflect aspects of the second order of meaning as expressed by Barthes. The flag was associated with "freedom", "the people as a whole", and "binding the nation" and carried with it a range of emotional responses that were grounded in perceptions of South Africa's recent political liberation.

In the case of the two posters produced for the Soweto group, two apparently contradictory images emerged – one of the hands, which sought to connote peace, and one of the boxing gloves which was associated with hitting. During production of the boxing glove poster I had commissioned the artist to create a graphic that implied hitting – ie. similar to comic book depictions that typically include a flash border with the words 'POW!' or 'BAM!'. The graphic produced did not have sufficient motion and I reviewed choices available in a clipart library. The image that was chosen, a pair of gloves hanging on a hook offered (to my mind) possibilities for a range of interpretations – "hanging up one's gloves", "the fight is over", "death" – ie. the potentially active violence of the gloves was passivised in the graphic. These authorial 'semiotic' choices, however, did not predict Mandla Hlatshwayo's analysis – "In the township condoms are seen as gloves and are called gloves. Also, the image of the boxing gloves... Politically it says hit, but in terms of AIDS and gloves, it says protection." This phenomenon is revealing in terms of some semiotic approaches that propound on the one hand, that semiotics can be used by 'authors' (designers,

media producers) to reflect 'semiotically' on choices made in terms of message and design during the production process, and to make allowances for deeper readings – whilst on the other, that texts can be analysed by semioticians to the point where an accurate view of how a text will be 'read' consciously and unconsciously can be projected.

Analysis of the 'Ride Safely' poster further underscored this point. Within some contexts and perspectives, including my own, the 'text' reflected a certain crassness and sexism, yet amongst group participants there was little perception nor concern about this. On one level this indicates the necessity to embrace the notion that meaning is relative to context, thus, just as it is problematic to assume intertextual understanding between semioticians and other readers, so too is it problematic to assume intertextual understanding by readers representative of different contexts.

It is the express purpose of the methodology developed within this research to, as far as possible, be non-judgmental about ideas and concepts that emerge. This does pose a dilemma when the concepts that emerge undermine struggles that run parallel to (and/or form part of) the struggle against AIDS. An important aspect revealed by the research was that of different levels of familiarity with various progressive discourses. More particularly – whilst anti-discriminatory discourses relating to racism, for example, were part of the lived experience of the group participants, discourses relating to gender issues had been far more difficult to acquire. Within the context, it would be wholly inappropriate for the researcher to deny pursuit of a concept which, in spite of dogged analysis, was not problematised by the group. However, if we assume the struggle against AIDS to be a progressive one, how much should this struggle be permitted to impinge upon other progressive struggles?

There are no easy answers, save to say that what the methodology reveals in the context of AIDS education can be utilised by researchers working in the field of gender studies. More particularly, that there exists considerable need to investigate popularising of feminist discourses.

Reading and 'reading'

A further aspect that requires emphasis is that of language. Many participants had been deeply concerned that most media about HIV/AIDS was in English. During the exercise where participants were asked to assess existing posters, many indicated a positive response to a poster primarily because it had utilised an African language. We can thus assume that the choice of language carries with it an ideological portent that frames the text positively or negatively depending on the perspective of the reader.

A further aspect that could not be explored within this research is how placement of the text affects its reading. The posters would surely lend themselves to different interpretations (even within the same interpretive community) by virtue of their placement. A poster placed at a clinic may be interpreted differently to one placed on the back of a toilet door, or in a supermarket window, pasted onto a wall, damaged or further extended with graffiti, or indeed, analysed within a focus group context.

Whilst this assumption cannot be made without testing, it bears consideration that texts are not necessarily stable but are framed by ideological and physical contexts.

What I have stressed is that texts, in this case relating to health promotion, do not function (and should not be expected to function) independently of supplementary processes. If posters promote condoms, then condoms must be freely available. If HIV/AIDS awareness is a criterion, then this must be promoted

through a range of media and other interventions. If peer support of HIV/AIDS prevention activities can be engendered, it must be engendered.

Ideological dimensions

Such findings draw attention to the ideological dimensions of particular contexts. More especially, how the process of promoting 'indigenous signmaking' was able to reveal social relations – ie. relations on an ideological level.

One context specific aspect that emerged was that of a 'peace' orientation as expressed in the slogan "Let's unite and fight AIDS, not each other". Internecine violence has long been a feature of South African townships, a trend that has continued in spite of a change in government. The articulation of this slogan, along with an image of multi-hued clasped hands, demonstrated how the participants were able to incorporate their own lived experience and consciousness into perspectives of the task at hand – that of HIV/AIDS awareness – into a viable 'text' that expressed not only the ideas of 'peace' and 'unity' but also HIV/AIDS prevention. A further interpretation of the image was also put forward – that it portrayed the idea of supporting people with AIDS.

Such profound articulation demonstrates the significance of the methodology that was applied. It allowed for the development of images and slogans that were unlikely to have emerged utilising conventional (top-down) approaches to health media development. The nature of the images and slogans that were generated also indicates that dominant assumptions regarding the 'professional' components of information production need to be questioned. Within dominant models of information production where, in the case of health promotion for example, health professionals and media professionals jointly conceptualise media products

and messages, the perspectives of target audiences are seldom directly assessed. At best, focus groups are used to test and modify the ideas generated within the 'professional' context. It is also worth noting that such professional producers are likely to occupy considerably different class (social, economic and cultural) positions and this contributes to lesser awareness of grassroots issues and thus undermines the possibility of intertextual perceptions.

The collaborative approach adopted in this research indicated that considerable creativity can be engendered within the group process, and that the ideas that emerge are of sufficient standard to compete with 'professional' products. The accumulation of knowledge of HIV/AIDS was also easily achieved through interaction between the researcher(s) and the participants and this knowledge was sufficient to produce relevant messages.

The posters themselves became icons for the group process and served as reference points for further activity. At the SAPC the posters framed condom distribution processes and in Soweto the posters had utility in a range of educational activities.

REPLICABILITY OF THE METHODOLOGY

A stated aim of this research was to generate a methodology that was not only relevant to the task at hand – the production of health promoting media products applicable within particular contexts – but also that the methodology be replicable. Of primary concern is that the theoretical underpinnings as informed by theories of semiotics, semiology, ideology, culture, cultural studies and participatory action research are acknowledged as relevant to the research process.

In putting forward descriptions and analyses of the group process, an emphasis has been placed on transparency. Whilst it is

believed that this would contribute to replicability it is important to draw attention to a number of possible problem areas. A cautionary note by Manoff is relevant here:

“... with the gathering acclaim for the focus group interview has come the inevitable mythic distortions as to what it is and how it should be conducted. What now imperils the technique is the inclination... to dogmatise it. This will have the regrettable effect of rigidifying a technique notable for the pliability it offers a small homogenous group to exchange freely on a specific subject... It is the quality of the interchange that is important and not the religious adherence to prescribed conditions that may not always be available in the real world.”¹²⁵

Conventionally, focus groups are utilised to derive data rather than to bring about action goals. However, as applied in this research, the approach was easily extended to include action goals. What was of concern was that the group process, particularly in the case of the SAPC group, generated impetus which lead towards a range of complementary activities which required a framework of support to carry forward.

Given that the research process is finite, and quite often short lived, necessary attention must be given to a supportive infrastructure that is able to carry forward some, if not all, of these complementary processes. In this regard there exists a role for longitudinal research and evaluation that may be quantitative in nature. If the goals are to produce relevant media products, then these must be tested over a period of time. If social (ideological/cultural) change is a criterion, then these aspects must be assessed longitudinally.

CONCLUSIONS

This research has demonstrated the relevance of incorporating a range of theoretical approaches into a practical methodology that seeks to facilitate articulation of community perspectives. Of particular significance has been the practical implementation of semiotic theory. Whilst none of the semiotic theorists and practitioners reviewed had propounded methodologies that directly incorporated reader-centered methodologies in information development, the importance of reader-centrism was underscored. That the methodology applied in this research was able to adapt semiotic theory to a practical task, and that in doing so, generate a profound series of relevant 'texts', indicates the significance of semiotics within communication theory.

Whilst I have stressed that this methodology is relevant within specific contexts and within particular homogenous groups, it is clear that data and products derived through the process can, to some extent, be generalised. It is obviously impractical to run group research projects for media development with communities throughout the country. However, the products derived during group processes potentially have currency with similarly homogenous groups, and possibly with dissimilar groups. The 'Viva Condoms' poster for example, demonstrated strong currency within both groups researched, whilst informal responses that have emerged during distribution and discussion of the research indicate that the poster is relevant across wider audiences. In this case, conventional approaches to evaluation of the products might be applied and wherever applicable, distribution could take place. It must be noted, however, that the group process generated valuable additional processes such as peer condom distribution, as well as other educational activities that further enhanced the value and relevance of the media products and that therefore, some

integration of group methodology should be considered.

The practical application of the methodology focused on the development of media products that could be utilised to facilitate HIV/AIDS prevention activities within communities. However, this narrow focus does not preclude that the approach could be applied to a range of community-oriented action goals.

Some level of community organisation is necessary, for it is crucial that the researcher engage the community in such a way that products and processes that emerge through the application of the methodology be carried forward. Sufficient resources and infrastructures are also important. Such considerations problematise the potential for application of the approach within depressed communities that are under-resourced and socially fragmented.

In the final analysis it is clear that media cannot be divorced from social processes that seek to promote change, and further to this, if media is to be functional to these processes then the incorporation of community perspectives into the production of media products is of tantamount importance.

PARTICIPANTS

S. A. P. C

Secca Antonie
Stephen Cramonn
Cecil Kekane
Matthew Knowles
Ndate Magwaza
Simon Maphanga
Elsie Matselela
Manley Molefe
Vanessa van As
Chris Witbooi

David Coetzee
Rashaad Jacobs
Blessing Khobo
Hardy Krüger
Colin Makhubalo
Brian Mashishi
Mololo Matselela
Jennifer Seabela
Paul Whitton

Soweto Anti-AIDS club

Kagiso Kgosing
Tumi Koko
Joseph Lesemela
Rebecca Maboa
Nelisiwe Malinga
Brian Molale
Edmond Motshegoe
Thato Mothibedi
Thabiso Nathane
Timothy Phomodi
Ephraim Setenane

Erens Khumalo
Abie Legodi
Emily Letsoalo
Zanele Malinga
Thabo Mokhethi
Donald Mookisi
Mapaseka Motaung
Rose Mutlwane
Tshepo Phatlane
Moses Pitseng
Moses Teme

FOOTNOTES

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4. Ibid p.131
5. Ibid p.132
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8. Ibid, p.29,105
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13. Sepulveda, M.D. et al (1992) p.326
14. See Goodgame, R. (1990) p.383 and Berkley, S.F. et al (1989) p.23
15. Mann, J. (1992) p.31, 42, 373
16. See Zwi, A. & Bachmayer, D. (1991) pp.316-326. More than R1-million was spent on a high profile national media campaign in 1988. The material that was directed at blacks featured a coffin and a funeral, whilst the campaign directed at whites was directed at youth and featured graffiti on a wall that supposedly denoted promiscuous (heterosexual) relationships. Research after the campaign indicated that most white people saw AIDS as a 'black' disease, whilst research examining knowledge, attitudes and practices amongst black patients attending an STD clinic indicated that there had been no increase in awareness, nor change in practices.
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18. Ibid pp.322-324
19. Ibid pp. 319
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21. Business Day, 20 July 1994, p.1
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28. Freudenberg, N. (1990) p.592

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68. Sless, D. (1986) p135
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70. Fiske, J. (1982) p.45
71. Ibid, p.49
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76. Barthes, R. in Hawkes, T. (1986) pp.133-134
77. Fiske reports research that found this viewpoint promoted connotative understandings that saw the person portrayed as having greater expertise, reliability and sincerity. See Fiske, J. (1982) pp.130-131
78. SABC TV, (1989)
79. See Sless, D. (1986) pp.53-55
80. Larrain, J. (1982) pp.132-133
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97. See Tomaselli, R.E. (1989) pp.22-26

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