

The Role of Language in Mass Media Anti-HIV/AIDS Campaigns: A Case of a Patriarchal Community, Kenya

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Abstract: This paper examined how language used in mass media in HIV/AIDS prevention campaigns influenced social action towards ill-health behaviors based on the ethnographic data collected from 100 young people aged 19- 40 years over a period of nine months. The sample was selected using snowball and purposive sampling technique. The sample size was determined through saturation method after taking into account diversities such as gender, marital status and level of formal education. Data was collected using themes guided in-depth conversational interviews. Augmentative data was collected from two purposively selected key informants. Data which was in form of narratives was transcribed ad verbatim and was thematically analyzed using the hermeneutics methodological framework. The study found that the language used by mass media in HIV/AIDS campaigns did not take into account language use contextually as it intersected with gender and gendered sexual practices in relation to HIV/AIDS. This created discrepancy in the interpretation of what was being communicated by mass media texts and expected action. As a result, the language used to sensitize and create awareness about HIV/AIDS risk was found to reinforce existing social practices which HIV/AIDS prevention mass media campaigns aim to change. Therefore, any health communication relying on mass media should take into account gendered use of language and sexual practices in relation to HIV/AIDS contextually for maximum effectiveness.

Keywords: Health Communication; HIV/AIDS; gendered sexual practices; mass media texts; social action

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Introduction

Health communication involves the use of communication strategies to inform and influence decisions that enhance health. In the fight against HIV/AIDS, it plays an important role by providing relevant information and motivating sexual behavior change that improves health outcomes (Hornik, 2002).

Basically, communication is typified into verbal, non-verbal, written and mass media. Verbal communication, which is also considered as oral communication, is the use of words for expression in the context where there is direct and physical proximity with the recipient (Trevithick, 2008;

Media and Williams, 2014). In health communication, it is used for interviewing, counselling, talking about therapies, conducting case management and reporting of cases.

Verbal communication involves close interaction with the targeted recipients. Close attention should be paid to the words used in order to create a favorable environment for mutual exchange of information. The communicator should also have good listening skills and it should pay attention to recipient's emotional state and socio-demographic background. In addition, the communicator is expected to show respect and a

non-judgmental attitude towards the recipients (Trevithick, 2008; Diggins, 2004).

Non-verbal communication is the nonlinguistic transmission of information or signal through nonverbal platform such as eye contact, facial expression, gestures, paralanguage and the social space between two people. This type of communication accounts for two thirds of all communications (McCornack, 2019). It is characterized by the use of multiple channels and it is most prone to multiplicity of meanings especially when contexts are not taken into account. This makes decoding of information in nonverbal communication to rely on previous experiences and culture (Craighead and Nameroff, 2004).

Written communication involves any type of interaction that makes use of written words. It is a formal method of communication and is less flexible. For written communication to be effective, it should be clear, complete, concise, correct and courteous. This means that written communication should answer basic questions like who, what, when and where; it must be relevant and not too wordy; it should focus on the receiver and his/her interests, use conversational tone for readability and be accurate and nondiscriminatory. It is the most preferred form of communication when records are needed (Lishman, 2009).

Mass media communication entails the use of technologies to disseminate information to a large segment of the population either through broadcast or digital media. It neither takes into account the contexts of the recipients nor involves them. Instead, recipients are required to decode disseminated information and subsequently act accordingly (PANOS, 2006).

All these forms of communication can be categorized into interpersonal and mass communication. Interpersonal communication takes place between two people who are interdependent and have some kind of relationship with each other. This is the most used form of communication in problem identification, assessment, intervention, planning, evaluation and termination. It involves close interaction where the communicator and recipient have equal power relationships in the exchange and sharing of information (Reith-Hall and Montgomery, 2019).

According to Masese (2011), interpersonal communication is either formal or informal. Formal interpersonal communication is characterized by well-structured organization with clear objectives and methodology. It is mostly conducted by people who have undergone training. Informal interpersonal communication is a form of endogenous communication system where people use informal media for personal and group sharing of information. This form of communication utilizes values, symbols and institutions contained in the social system to communicate.

Communication can only take place if the source has information and emits it, the target recipient wants the information and accepts it and an appropriate channel is available to them. This implies that, the source/originator of the message does not simply pass information to the recipients but must also seek their active involvement and participation. This active involvement will be possible only when the targeted recipient of the message decodes the message as intended by the sender and acts accordingly.

In health intervention, earlier models viewed health communication as primarily focused on empowering target groups with information for health behavior change (Storey and Figueroa 2014). Recent models have underscored the fact that information empowerment alone does not lead to behavioral change. Instead, health behavioral change is influenced by social, economic, cultural and political contexts (Corcoran, 2007).

Subsequently, health communication is seen as a process that operates on multiple social and ecological levels (Storey and Ahanda, 2014). This makes health communication an integral part of interventions that seeks to intervene on structural and contextual factors that negatively impact health behavior outcome at individual and community levels. In HIV/AIDS contexts, health communication can motivate people to adopt safe sex practices, reduce stigma and seek treatment and care (Limaye, Bingenheimer, Rimal, Krenn & Vondrasek, 2013).

Communication as a process relies on language as a tool to be effective. Language is a product of people's ways of life and is a system of conventional, spoken or written symbols which enable communication for everyday functional

interaction. Language provides software of understanding, interpreting and informing action towards what is being communicated. However, all this depends on what, where, when and how language is used and the targeted receipt in terms of age, level of formal education, gender, social class and marital status (Masese & Masita, 2013).

In communication, people are not mere consumers of information given to them. Instead they synthesize such information into a common shared knowledge as it exists in their institutions. This common shared knowledge is constructed through socialization as a result of interaction, negotiation and power (Huber & Gillasp, 1998).

Logically, this means that people will construct their own realities about information disseminated through any media platform. The constructed realities may or may not be accurate translation of what the specific communication espouses, though it will guide action. Of critical importance is the fact that these constructed individual realities are influenced by both cultural and historical factors (Blurr, 2003). In essence, this means that the knowledge which will guide young people's translation and interpretation of mass media texts about HIV/AIDS is not only determined by specific cultural factors but also by the prevailing social, economic and political contexts.

Health communication, especially those that make use of mass media, plays an important role in HIV/AIDS prevention efforts. However, its potential to improve health behavior outcomes at individual level is not fully realized. This is partly due to lack of clear understanding on how individuals translate health communication theories into practice in HIV/AIDS prevention. This paper therefore focused on how language used in Anti-HIV/AIDS mass media campaigns is translated and how it informs health behavior outcomes among young people aged between 19 and 40 years ago.

Methodology

This study was done among the Abagusii, a patriarchal community in South-Western Kenya. The study site was Suneka Sub County in Kisii County. Suneka was purposively selected because; first, it is one of the places in Gusii which has consistently recorded high prevalence rates of HIV/AIDS since the first case of HIV/AIDS was diagnosed in 1987. Second, Suneka is one of the

sub counties in Gusii with poor socio-economic development. It is characterized by high poverty and illiteracy levels. Third, there is rampant insecurity due to presence of Sungusungu vigilante groups. Fourth, the sub county exhibits both urban and rural characteristics, that is some of the locations like Bomerenda and Bogiakumu are within Kisii municipality, thus regarded as urban areas. Iyabe, Riana and Bomariba, on the other hand, are located in rural areas. All these factors have a major bearing on HIV/AIDS intervention programs.

To examine how language used in Anti-HIV/AIDS mass media campaigns is translated to inform health behavior outcomes, data was collected from 100 young people aged between 19 and 40 years for a period of nine months. The young people were generally classified to be more at risk of contracting HIV/AIDS and were selected using snowball and purposive sampling techniques. The sample size was determined by saturation method after taking into account diversities such as gender, marital status and level of formal education. Augmentative data was also collected from two purposively selected key informants.

Data from young people was collected using in-depth conversational interviews. These interviews were guided by an interview guide who addressed their experiences about HIV/AIDS prevention, mass campaigns texts and how they decoded these texts and subsequent actions towards HIV/AIDS. Interviews were conducted in English, Swahili, Ekegusii and codeswitching (English and Swahili). The use of language in each interview was influenced by the level of formal education of young people and the topic under discussion during the interview. For example, young people with primary and secondary level of education preferred the use of Swahili and Ekegusii while those with post-secondary education preferred English. Also, most young people preferred codeswitching (English and Swahili) when discussing sensitive topics especially those touching sexuality.

Before each interview, verbal consent was sought from all young people after they were fully briefed about the purpose of the study, the kind of questions they would be asked and their right to decline to participate in the study, to withdraw at any stage or decline to answer to any enquiry which they felt uncomfortable with. In addition,

respondents were assured that they would remain anonymous and their information would not be revealed to anyone else. All the interviews were tape recorded with consent from research participants. The research participants' names were replaced with pseudonyms and any identifying information was omitted for confidentiality purposes.

The narratives from in-depth conversational interviews formed a large corpus of data analysis. These narratives were taken as discourses that not only transferred information on young people's lived experiences with HIV/AIDS prevention through mass media campaigns texts but also indicated what individuals or cultures can accomplish through language. Audio taped narratives from in-depth conversational interviews were first transcribed *ad verbatim* to ensure that all emerging issues were captured during analysis. To understand the influence of language use on the effectiveness of HIV/AIDS prevention mass media campaigns, all the narratives were analyzed using hermeneutics methodological framework. In this case, each young person's narrative was examined in relation to other participant's narratives.

In addition, the analysis utilized Ricoeur (1980) notion of "symbolic senses" to examine symbolic use of language and the common metaphors that young people used in reference to their lived experiences with HIV/AIDS prevention mass media campaigns texts. All the themes that emerged consistently in most narratives were noted. Themes which were unique were also noted. These themes were then shared with some of the young people who participated in the study to determine if they were a true reflection of what they said for validity and reliability's sake. After this, the themes were used to discuss how language use in mass media campaigns affects HIV/AIDS prevention strategies.

Results and Discussions

Mass media campaigns against HIV/AIDS take the form of posters, leaflets, billboards, radio and television advertisements. In order to reach a large population, most of them use English and Swahili. The use of these languages in various settings create different perceptions and meanings. This in turn influences how different people perceive and identify with what is being communicated as captured by the experience of

one key informant, who was the Head of constituency AIDS Control Committee on the use of leaflets:

Although leaflets are rich in details regarding various aspects of HIV/AIDS, they lack connectivity between the message and the target group. From the various campaigns I have been involved in, I have noted some trends in the use of either English or Kiswahili written leaflets among young people in various social contexts. In learning institutions like high schools, English written leaflets are well received. This is not the case with Kiswahili written leaflets. One possible reason for this difference is that Kiswahili is often taken in learning institutions as a language for the semi illiterate people. Therefore, leaflets written in Kiswahili are taken by young people in learning institutions as not meant for them. A similar trend is also observed in rural areas. In rural areas English is taken as a language for the elites, while Kiswahili is seen as a language for people living in urban areas. Consequently, whenever we use English and Kiswahili written leaflets in rural areas, such leaflets are immediately discarded by our participants even before our campaign is over.

Similarly, the experience of not identifying with what is being communicated happens when HIV/AIDS prevention posters use pictures of celebrities and a language such as *Sheng* which some target population do not relate with. *Sheng* is mix of English and Kiswahili jargon often used by young people in urban areas. Consequently, HIV/AIDS prevention campaigns which used this language (*Sheng*) excluded those in rural area as demonstrated in the following interview with 26-year-old Mr. Aura:

Researcher: Have you come across any poster in this area dealing with HIV/AIDS?

Aura: Yes, but they are very few nowadays.

Researcher: Do you think the message in these posters concerns you?

Aura: Not at all.

Researcher: Why?

Aura: You see these posters are not meant for us people in rural areas.

Researcher: Implying?

Aura: Look at most posters and you will agree with me. All the young people featured are well to do or come from well to do families and reside in towns. Not like us poor rural people. Those guys are urbanites and even the language these posters are written in is for urbanites I think it is because HIV/AIDS is so rampant in towns and that is why these posters are meant for young people in town.

In addition, some mass media used lexemes and euphemism in HIV/AIDS campaigns. Lexemes and euphemism are commonly used in most African cultures in communicating sensitive discourses such as sex which is deemed a taboo subject (Horne, 2004). The fact that they are time and context specific, they are more prone to misinterpretation as observed in the song *Manyake all sizes* by artist Circuite and Joe (2004) which was used to encourage condom use among young people.

In the song, the artist uses lexemes *Manyake* which is a jargon word for meat to refer to women genitalia and *Juala* which is also a jargon word for plastic paper to refer to condom. This is captured in the song when the artist states; "*Eeh naongea kuhusu manyake, na wala si zile za butcher*" ('Eeh, I am talking about girls' genitalia and not those pieces of meat found at the butchery). The picture is enhanced further when the singers use *manyake* as a metonym for the girls and their genitalia that drive men crazy - "*manyake zikipita mtu anakula kucha*" ('when the girls with their genitalia pass by, men are left looking at them biting their nails'). Therefore, when you encounter the girl's genitalia, you need a condom for protection.....; "*manyake kama loons na maji. Juala ndio wahitaji*" (Girls' genitalia are like balloons with water. A condom is what you require).

As noted by Moses, a 26-year-old man, with secondary level of education, the use of lexemes in the song not only provided them with vocabulary of talking about sexuality but also acted as a yardstick for measuring their manliness. According to Moses, the lexeme *Manyake* which in its ordinary meaning is meat, to refer to female genitalia, means it is fashionable or a norm for him as a man to have many sexual partners. This was based on his lived experiences that meat from different animals tastes differently. Therefore, to him, having sex with multiple sexual

partners gives one different "tastes" or "experiences."

Mary, a 30-year-old university graduate who worked as a gender activist with a local Community Based Organization observed that the use of lexemes such as *manyake* to promote safe sex practices only ends up objectifying women as sex objects. She explained:

A woman, regardless of anything, is a person. But when you equate her to meat especially on issues of sexuality you are merely saying she has no power over her body. She is just a thing for a man's sexual pleasure. In addition, she has no role in determining the practice of safe sex.

Lexemes and euphemism play an important role in communicating information on sensitive issues such as those touching sexuality especially in a conservative society. However, when their use in HIV/AIDS communication do not take into account the context, they create or enhance stigma for persons living with HIV as elaborated by Esther, 36-year-old mother of five children:

There is this program in one of the local radio stations which discusses how to live positively with HIV. It is a good educative program. But what sometimes makes me feel bad with the program is when they start warning those not infected with HIV the dangers of sex with multiple sex partners. It is not that I hate the message. When it is said that you will be infected with HIV if you act like a public booth where everyone dials....as a woman who is infected what does this mean? I was sexually loose that is why I am infected, yet the reality is the opposite. The worst of this kind of language is that it is the woman to blame. What about those who dial?

The primary function of language is to convey information and aid in interpretation which is important in guiding action. However, the context in which language is used determines how such information is interpreted. Despite this, mass media campaigns use single universal language to reach the targeted population regardless of contextual contexts. This was found to create different perceptions among the target population. For example, in one Television

advertisement meant to promote condom use, one music artist by name Prezzo is featured holding a packet of Trust™ Condoms. The artist is closely surrounded by young ladies dancing, some of them holding him. As the background music plays towards the end, Prezzo speaks audibly in Swahili “*Prezzo ana yake, je una yako?*” (Prezzo has his and what about you?). In this advertisement, the audience is not told why he is holding the condom, what he uses it for, when, how and with whom. Although the language used is ambiguous, the prevailing context in which it is used was found to create different meanings among young people as illustrated by a 20-year-old Mr. Nyandusi:

Researcher: Have you ever watched any advertisements on HIV/AIDS?

Nyandusi: Yes

Researcher: Which one have you watched recently?

Nyandusi: There are many but the one featuring Prezzo holding a packet of Trust™ Condoms surrounded by young beautiful ladies.

Researcher: Oh yeah.... I have watched it also. Now Mr. Nyandusi, what do you think is the information being conveyed?

Nyandusi: To be frank with you, Prezzo is my artist. I love his music and lifestyle. Whenever I watch this advertisement, I admire how he is enjoying his life as a celebrity...surrounded with very beautiful young ladies. I think it brings out what it means to be a celebrity. Every beautiful lady wants you. That is why he says he has his condom ready to “groove”. This is what differentiates commoners and celebs.

Citing the advertisement by Prezzo on condoms, *Je, una yako?*” A 29-year-old Mr. Omosa also observed that the use of condoms is a man’s decision given the question was basically addressed to men. In the advertisement it is the male condom that is referred to and not the female condom. The fact that ladies who are featured in the advertisement are silent but only dancing around the artist while some are holding him, shows that women have no role to play in negotiating condom use but are there for the man’s sexual pleasure.

Women vulnerability to HIV/AIDS has been reframed in terms of gender inequality which is embedded in everyday heterosexual relationships. Gender inequality is characterized by gender power imbalance between men and women in sexual decision making (Masese, 2011). This limits women’s sexual autonomy and ability to negotiate safe sex practices. To deal with women powerlessness in sexual relationships, HIV/AIDS prevention campaigns have focused on how to enable women to develop safe sex negotiating skills and self-efficacy.

However, as observed by Jane, a university graduate social worker aged 24 years, some of the campaigns instead of empowering women, they reinforced their powerlessness in issues of sexuality. According to Jane, this is evidenced in a Television advertisement featuring a bride and bridegroom exchanging vows. In the advertisement, the bride is visible to the public while saying “*I promise to accept your infidelity and never mention condoms.*” These uttered words are also transcribed in large bold font across the screen. As the bride utters these words, the bridegroom is literally hidden with his smiling face only visible. Immediately after this, written words in small font appear “*Zi, Tusikubali tabia zinazoweza kueneza Ukimwi*” (No, we should not accept behavior that can spread AIDS). This is also followed by written words in small font just below the bridegroom “*It’s shocking the kind of behavior Kenyans accept these days, just to fit in. What’s even more shocking is that the same behavior often leads to HIV.*”

According to Jane, although the woman is given a chance to speak in the advertisement, she endorses the man’s decision, “*I promise to accept your infidelity and never mention condoms*” This endorsement is given prominence through spoken words which are also transcribed in large” bold font. The man, though invisible from the public view also affirms to this by smiling boldly. This kind of scenario as per Jane, fits into the contexts which are characterized by gender power imbalance where a woman is not supposed to question the sexual behavior of her sexual partner. Communication in the advertisement which is supposed to induce behavior change is not given prominence as it is not spoken and is written in small font. In addition, the language used reinforces women’s powerlessness in sexual relationships as normal behavior.

Supporting Jane's assertion, the Head of constituency AIDS Control Committee cited another Television advertisement targeting young people. In the advertisement, a young lady in a graduation gown is featured addressing fellow graduands. In her address she says, *"I've learned that I must sleep with my boyfriend to prove my love."* These words are also transcribed in large and bold fonts across the screen. This is followed by written words in small font, *"ZI, Tusikubali tabia zinazoweza kueneza Ukimwi"* (No, we should not accept behavior that can spread AIDS). On the screen below the graduand are written words in small font, *"It's shocking the kind of behavior Kenyans accept these days, just to fit in. What's even more shocking is that the same behavior often leads to HIV."*

According to the Head of constituency AIDS Control Committee, in this advertisement the most important thing the young lady learnt in college and which is given prominence by both spoken and written word is that she "must" have sex with her boyfriend "just to prove" her love. The fact that the advertisement is in a graduation context (which is associated with higher learning) affirms what the young lady says is true. Despite the facts that the communication that followed was negating the former communication as unacceptable behavior, it was instead given more prominence by both spoken and written word. Thus, the audience is more likely to capture what the lady learnt in college than what is unacceptable behavior in sexual relationships.

Mass media anti HIV/AIDS campaigns continue to play an important role in mitigating the impact of HIV/AIDS through awareness creation, promotion of HIV/AIDS prevention strategies and information empowerment which is important in contestation and (re)negotiation of structural factors that hinder adoption of HIV/AIDS prevention strategies. In order for mass media to be effective, there must be congruence between what is being communicated and the expected and intended action. For this to happen, the audience must decode and encode the message communicated as intended.

In mass media, the audience is not mere consumers of media texts. They are active producers of meanings as drawn from their social and cultural contexts (de Carteau, 1986). Depending on which language is used in the text, the audience interprets such texts in relation to

their lived experiences regarding use of various languages in different contexts. To reach a wider audience, for example, mass media anti HIV/AIDS campaigns use English or Kiswahili which are official and national languages respectively. In rural areas local people do not identify with these languages. The fact that language goes hand in hand with personal identity, the use of English or Kiswahili in rural settings made young people to have a perception that what was being communicated about HIV/AIDS was not meant for them. As a consequence, messages on HIV/AIDS risk and advocated prevention strategies were perceived as irrelevant to them.

Ideally language helps in shaping people's understanding of the world they live in. As a medium of communication, people use language to define and give meaning to everyday experiences by drawing from gendered social, cultural, economic and political repertoires. This means that the use of words, not only influences beliefs about gender but shapes the perception of the social world and the position of men and women on what is being communicated.

In HIV/AIDS discourse, lack of assertiveness among women and hegemonic masculinity are risk factors to HIV/AIDS vulnerability. In patriarchal communities women are socialized to be submissive and passive in matters of sexuality. This makes it difficult for women to negotiate safe sex practices. On the other hand, men are socialized to be aggressive, domineering and active in sexual matters such as having sex with multiple partners as a sign of "manliness."

The use of masculine and feminine generics without taking into account contextual factors of gendered sexual practices was therefore found to convey and reinforce the social practices that anti-HIV/AIDS campaigns aim to change. This is because the audience makes sense of what is being communicated by synthesizing it into common shared knowledge as contained in their institutions and everyday language. Common shared knowledge which in turn informs social practices is constructed through socialization as a result of social interaction, negotiation and power (Huber & Gillasp, 1998).

Similarly, Crystal (1987) observes that utterances in communication can have different effects on the behaviour of both the communicator and the recipient contextually. This effect is evidenced

when a speech act is analyzed using a three-fold distinction, that is the locutionary act, which is the bare fact that a communicative act takes place, the illocutionary act, which is the act performed as a result of the speaker making an utterance, and the perlocutionary act which is the particular effect the speaker's utterances has on the listener.

In this study when the gendered context of sexual practice was not taken into account, the illocutionary force of an utterance and its perlocutionary effect did not coincide due to diverse interpretations of what is being communicated and expected action. For example, health communication which aimed to empower women with safe sex skills and self-efficacy used implicatures which reinforced women powerlessness in sexual relationships as normal behavior.

In mass media anti-HIV/AIDS campaigns, a combination of written, verbalized and visual semiotic modes of communication are commonly used. This makes communication multimodal where meaning making and information dissemination is a combination of language and various forms of semiotics modes. This means that each mode used in a single communicative act must support, compliment and substitute each other (De Vito 2001). However, when there is lack of co-concurrence between the image and verbal texts, the audience appositionally (Hall, 1996) interpreted such texts by drawing from culturally socialized gender and sexuality repertoires.

Opposition interpretation occurs when the media audience interprets the media message 'within some alternative framework of reference' (Hall, 1996, p. 48). Corner (1980) expounded on the notion of oppositional reading, with an argument that this kind of reading often occurs when the audience is aware of the difference between the intended meaning and that which they choose to interpret. For example, posters which promoted condom use, featured a male celebrity holding a condom while being surrounded by young ladies, some holding him. The image of the celebrity and that of young ladies is given more prominence than the message on condom use. This in turn made young men to interpret condom use as an enabler of having sex with multiple partners as a sign of "manliness" and means of attaining "celebrity status."

Conclusions and Recommendations

Conclusions

Health communication, especially that which uses mass media plays a significant role in HIV/AIDS prevention efforts. To reach a wider population, mass media anti-HIV/AIDS campaigns, however, do not take into account language use and how it intersects with gender and gendered sexual practices in various contextual contexts. This creates discrepancy between what mass media texts espouse and the expected behavioral outcome when the audience synthesizes and translates them in relation to their lived experiences. As a consequence, mass media texts which are decontextualized from the audience lived experiences in terms of language use and gendered sexual practices end up reinforcing the social practices which anti-HIV/AIDS campaigns aim to change.

Recommendations

The study recommends that Health communication on anti-HIV/AIDS campaigns relying on mass media should take into account how language is used in different contexts for effective dissemination of information. In this regard language used in anti-HIV/AIDS mass media texts should be contextualized to target groups lived lives.

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