An analysis of how Zimbabwean women negotiate the meaning of HIV/AIDS prevention television advertisements.

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by

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ABSTRACT

Within the context of debates concerning the impact of media on audiences, this study takes the form of a qualitative audience reception analysis; to investigate how a particular group of female audiences situated in Zimbabwe interprets televised HIV/AIDS prevention advertisements. It examines the extent to which the social context influences the audiences' acceptance or rejection of preferred readings encoded in the texts.

The study is situated within the broad theoretical and methodological framework of both the communication for development and the cultural studies approaches to the study of the media. Data for the investigation was collected through the focus group and in-depth interview methods as well as through the websites and organisational documents produced by the encoders of the advertisements.

The findings indicate that the female audiences' interpretative strategies were informed by their lived experience as well as pre-existing knowledge. Based on the findings it can be deduced that, contrary to earlier beliefs and media theories such as that of the "hypodermic needle" theory the audience of public communication is not a passive homogenous mass that easily succumbs to media influences, rather the audience is active in the production of meaning, but under determinate conditions in particular contexts. The texts, the producing institutions and the social history of the audiences supply these conditions.

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CHAPTER ONE

Introduction

1.0. Introduction

This first chapter provides a general and personal background to the study, highlights the theories underpinning the study, states the research problem which generated my interest in undertaking the study, and explains the significance of the study. It also outlines the objectives of the study and pertinent research issues, including the thesis structure and methods used to collect data.

1.1. Background to the study

This study investigates how a sample of Zimbabwean women situated in Harare[1] negotiate the meaning of HIV/AIDS prevention television advertisements in the context of their daily lives. The investigation is done by analysing advertisements that were conceptualised based on the communication for development social marketing theory. This theory argues that the media has direct effects to determine the meanings audiences take from them, therefore it is a powerful tool to influence attitudes and behaviour change. Accordingly, the prime objectives of these advertisements are to inform and change people's attitudes so that they adopt safe sex practices. Another aim is to prevent stigma and discrimination associated with HIV/AIDS.

To investigate this theme, the study is situated within the broad theoretical and methodological framework of the communication for development approaches influenced by social marketing theories and its critique from the cultural studies reception analysis approaches. The former approaches are premised on the linear transmission model that regards audiences as passive victims of media messages and views communication as a linear process in which messages carry univocal meaning intended by the encoder (Waisbord, 2001). Therefore it argues that the media is powerful enough to determine the meanings audiences take from the messages and influence them to change their beliefs and attitudes, which would in turn create social transformation and modernisation (Servaes *et al.,* 1996).

[1] Harare is the capital city of Zimbabwe.

However, these assumptions are contested by approaches that argue that meanings of media texts are not fixed, or inherent within the texts, rather meanings are generated socially as a process of negotiation between the texts and discourses of the socially situated readers (Hall, 1980; Morley, 1989; Moores, 1993; Strelitz, 2003). As such, theorists in this tradition take the view that audiences, just like encoders, are active participants in the production of meaning from media texts (Hall, 1980; Ang, 1985 and Morley, 1989). The active audience theory is based on the premise that, although texts have the power to propose and prefer particular ideological readings, meanings from a media text will depend on the needs that audiences derive from or bring to the message and the context in which the message is decoded (Morley, 1986). Therefore the active audience will not necessarily accept the reading being offered by the text and this also implies that media texts are polysemic. Meaning, it is argued, is passed through frameworks of knowledge, which are themselves structured in dominance. That is, ideological and material circumstances dictate how the audiences decode the texts (Tomlinson, 1991). That is why the emphasis in reception analysis is on the qualitative analysis of the negotiation between texts and readers situated within specific socio-cultural and socio-historical contexts when assessing what particular texts mean to specific audiences.

Drawing insights from both approaches, this study specifically investigates whether or not the diverse social conditions (socio-cultural, socio-historical, socio-economic and socio-political) in which the HIV/AIDS prevention television advertisements are being produced and consumed, influences the audiences' acceptance or rejection of preferred readings encoded in the texts. The investigation is done in view of the assumptions made by the two competing approaches as regards the power of the media, to directly impact on audience understandings and behaviour. The ultimate objective is to test which of the two approaches provides the best explanatory framework to what actually takes place when Zimbabwean female audiences consume the HIV/AIDS prevention texts.

1.1.1. A personal note

My interest in investigating the reception of HIV/AIDS prevention television advertisements transmitted by the Zimbabwe Television began in 2002 while I was working for the Zimbabwe Broadcasting Corporation (ZBC) as a programme

manager. It was then that I became fascinated by the ways in which local audiences in Zimbabwe consume, and make meaning from, local and global media messages. Two different but related circumstances I found myself situated in as regards to consumption and dissemination of media messages provided the impetus of this study.

The first was linked to my interaction with my family as consumers of media messages, and me as a mother of a five-year-old child. The second was the interaction I had with the rest of the television viewers in Zimbabwe from my position as the broadcaster of the perceived sexually explicit and perverted media content. My family, while acknowledging the need to inform people about HIV/AIDS and the prevention strategies, raised concern about discussing "sex" in the public sphere. They questioned my cultural values and accused me and my colleagues at the broadcasting centre of disseminating information that would influence people to adopt foreign cultures. Such cultures they argued, encouraged perverted sexual behaviour which would eventually lead to the rapid increase in the spread of HIV/AIDS.

On the other hand the complaints and compliments I handled from the general public concerning media content transmitted by the national broadcaster generated public debate and illustrated the contradictory role played by the media at certain points in people's lives. Such contradictions that arise out of the text audiences encounter, it can be argued have been shaped by the discursive practices of the Zimbabwean culture, colonialism discourses and other ideological state apparatus such as the family, the school, the church, the media they consumed and one's social position. This interaction I had with my family and other viewers first introduced me to Zimbabwean female audiences' reception of HIV/AIDS prevention texts.

In 2005, I began the MA programme in the Department of Journalism and Media Studies at Rhodes University in South Africa. I soon found myself immersed in the field of audience studies. During the course of my studies, Professor Larry Strelitz introduced me to cultural studies approaches to investigating the encounter between local audiences and media texts. In cultural studies we learnt about the Centre for Contemporary Cultural Studies (CCCS) in Birmingham, where cultural studies theorists analysed the behaviour of ordinary people who watched television. We were introduced to some of the work done by Stuart Hall, David Morley, John Fiske and

Ien Ang, among others. These theorists analysed what people watch, and why; why people enjoy soap operas; what the key is to Madonna's success and what meanings people take from the television texts they watch.

My interest in looking at the factors that underlie the Zimbabwean female subjects' reception of HIV/AIDS prevention messages follows insights gained from cultural studies approaches to text audience relationships, particularly Hall's (1980) model of the encoding and decoding of media discourses and the conception of audiences as active participants in meaning-making. These insights could be used to investigate and explain my earlier interaction with the television viewers in Zimbabwe. I was therefore interested in investigating the meanings audiences take from the texts in an effort to establish which of the two approaches best helps to explain the relationship that female audiences in Zimbabwe have to the HIV/AIDS prevention texts. Thus, the course provided me with the tools to understand the interaction between media messages and local audiences in Zimbabwe.

1.1.2. HIV/AIDS prevention television advertisements

In Zimbabwe, 1.8 million people are living with HIV/AIDS, which translates to a national HIV prevalence rate of 24.6%; of these, females (15-49 years)[2] represent 60% of HIV positive people (MHCW, 2004). This makes Zimbabwe the fourth highest country in terms of HIV/AIDS prevalence rates in the world after Swaziland (38.8%), Botswana (37.3%), and Lesotho (28.9%) (UNAIDS, 2004). Notably, the epidemic is taking a heavy toll on women who are not only in the reproductive and productive sector, but are also caregivers. The epidemic therefore presents a social tragedy, with huge implications for social and political stability, human security and economic development.

In an effort to assist the government of Zimbabwe to curtail the spread of HIV/AIDS, Population Services International (PSI), an international non-profit social marketing organisation, working within the communication for development approach to health communication (see Melkote, 1991:24-29), implemented social marketing media intervention programmes (PSI, 2005). The government of Zimbabwe, through the

[2] This is the United Nations definition of adults who are engaged in sexual activity in Zimbabwe.

Ministry of Health and Child Welfare, is one of PSI's principal local partners. The concept of communication for development involves the production of Information, Education and Communication (IEC) media programmes in different formats (for example, soaps, dramas and advertisements) and transmitting these through electronic, print, billboards or any other media so as to create awareness about HIV/AIDS prevention strategies.

Boller and Bush (1991) argue that since there is currently no chemical cure or vaccine to prevent HIV/AIDS, the only weapons available are public information and education. Countries like Uganda have shown that it is possible to reverse national epidemics through implementation of combination prevention programmes supported by strong political commitment and open discussion of the HIV/AIDS threat (Boller and Bush, 1991: 28). Combination prevention entails an amalgamation of risk avoidance and risk reduction approaches, such as media campaigns involving posters, radio messages and public rallies. In addition, the teaching of life education skills and HIV/AIDS education in schools as well as the mobilising of community leaders, churches and the general public are all essential (Boller and Bush, 1991). Combination prevention also involves the government working alongside various independent organisations, using different messages to address different groups of people according to their needs as well as to their ability to respond.

This study focuses on HIV/AIDS prevention television advertisements produced by PSI and aired on the sole state owned Zimbabwe Television (ZTV) station during the period January 2005 to December 2005. This period was chosen because that is when the campaign was scheduled to run, after which an evaluation would be conducted. According to The Global Media Company[3], the target audience for the advertisements is males and females, aged 15-45, with special emphasis on the disadvantaged and poor (living standard measure (LSM) 1-6[4]), who live in rural, peri-urban, middle- and

[3] The Global Media Company are the media consultants for PSI.

[4] The LSM index was designed by the Zimbabwe Advertising Research Foundation (ZARF) to profile the market into relatively homogeneous groups. It is based on a set of marketing differentiators which group people according to their living standards, using criteria such as degree of urbanisation and ownership of cars and major appliances (assets). LSMs are broken down into 10 segments, with 1 being the lowest and 10 the highest. For example, a person categorised as being LSM 1 will probably have very few assets, while an LSM 10 would more than likely possess most household durables, their own home, mains electricity, a telephone (either fixed or mobile), and at least one car. Source: http://www.zarf.co.zw/lsm.htm. Accessed 10 March 2006.

high-class urban areas. Their education levels vary from almost illiterate through informal traders to those with professional jobs like teachers and office workers. LSM's 1-6 constitute about 5 265 000, or 45%, of Zimbabwe's total population; of these, 2 737 800, or 52%, are women (Interview with Global Media, 2005). Previous research has shown that of the different types of media people consume, audiences have a higher reach on radio (65%) and TV (71%)[5].

The decision to focus on analysing women's interpretation of the HIV/AIDS prevention texts was influenced by the fact that women are the most infected and affected, as earlier stated. Women are infected at higher rates owing to biological as well as social cultural practices (e.g. women's low social status, culturally accepted inheritance discourses of widows and widowers, traditional and religious beliefs, polygamy and traditional healers' discourses) that inhibit women's control over their bodies (UN, 2004). Given the vulnerability of women due to a combination of factors, I argue that the task of preventing the spread of HIV/AIDS transmission in women must be recognized as posing different challenges to that of preventing infection in men.

1.2. Research problem and significance of the study

The impact of the HIV/AIDS messages on target audiences has been the subject of studies by several media theorists over the past two decades (e.g. studies by Philo, 1993; Kitzinger, 1993 and Kelly, 2000). In Zimbabwe, studies have been undertaken on the effects and consequences of HIV/AIDS on the national economy, on health systems and structures and on the general social fabric. However, these studies and analyses have not explored the question of how local audiences make meaning from the HIV/AIDS prevention messages from an African context, let alone from a Zimbabwean one. A study from the Zimbabwean perspective is particularly important because most researchers tend to ignore key gender dynamics as well as African values such as the coexistence of the public and private life and cultural consensus-making, all of which play a key role in the meaning-making processes of the target audiences. The significance of this study therefore lies in recognising this discrepancy

[5] According to ZTV's marketing rate card, 70% of Harare's population watch television between 1800hrs and 2200hrs daily.

and attempting to contribute to a Zimbabwean perspective on the audiences' use of HIV/AIDS prevention texts.

1.3. Research purpose and goals

The general purpose of this study is to undertake a qualitative audience reception analysis from the perspectives of female social subjects in order to explore social advertising as a social and cultural phenomenon. The study is aimed primarily at investigating the factors (social, cultural, political, economic, ideological etc.) that underpin the distinctive nature of the women's decoding of HIV/AIDS prevention messages. I achieved this by conducting focus group discussions with the decoders and in-depth interviews with the encoders. Through the interviews, I investigated how Zimbabwean women's lived realities affect their decoding of HIV/AIDS prevention texts within their shared cultural space. Thus, the research goal is to examine the complexity of the decoding moment, shaped as it is by the social context and cultural practices of decoders. Understanding the relationship between the audiences and the social conditions under which the HIV/AIDS prevention texts are being produced and consumed in Zimbabwe is important not only to the field of media studies, but also to the encoders of health promotion messages so that they can construct effective messages.

1.4. Thesis structure

This thesis comprises six chapters. **Chapter One** presents a general background to the study. It highlights the theories that guide the study, states the research problem and spells out the significance of the study. It also outlines the purpose, objectives and scope of the study, as well as other pertinent research issues. **Chapter Two** discusses the theoretical issues that inform the study. It presents a chronological evolution and comparison of approaches under which the subject of the reception of media texts by audiences situated within specific socio-cultural and socio-historical contexts has been studied. Then addresses debates surrounding communication for development approaches premised on the passive audience and the shift in focus to cultural studies premised on the active audience theory. It also identifies the findings and common themes that run through these previous studies. All the arguments in this chapter correspond with the research goals and assumptions outlined in **Chapter One**.

Chapter Three portrays the social context within which the texts under investigation are being produced and consumed. The chapter explains the socio-economic background of the epidemic, the epidemiology of HIV/AIDS in Zimbabwe, factors related to the rapid increase of HIV/AIDS and socio-cultural barriers to safer sex. It attempts to locate the Zimbabwean female subjects under investigation within the broader historical and social context of the country. This is important, given that audience reception theorists suggest that the study of reception of media texts must be rooted in an understanding of the historical and cultural experiences of the group being researched.

Having provided the theoretical justification for this study, as well as the social context within which it takes place, **Chapter Four** presents the research methods that were employed in order to generate the empirical data for this research. The methodological approach employed is principally based on qualitative (interpretative) methods of enquiry, because the objective of the study is to investigate how the female audiences in Zimbabwe socially produce meaning from the HIV/AIDS prevention texts. Jensen (1982: 4) advises that the qualitative interview approach enables the researcher to enter into the world of the study's participants and to attempt an understanding of the text in terms of the socio-cultural and historical contexts of both the reader and the producer He argues that this approach provides an opportunity to develop a richly descriptive understanding of, and insight into, the beliefs, concerns, motivations, aspirations, lifestyle, culture, behaviour and preferences of individuals. This chapter therefore outlines the philosophical underpinnings of qualitative research and gives a rationale for the adoption of qualitative methodology.

In Chapter Five, I present and interpret findings of a qualitative study whose principal objective was to investigate how the female audiences in Zimbabwe socially produce meaning from the HIV/AIDS prevention texts they consume. The findings are based on qualitative data that was gathered through focus group discussions with the decoders and in-depth interviews with the encoders as well as data that has been collected through websites and organisational documents of the encoders. The interpretation and discussion of the findings is informed by the objectives of the study as well as the theoretical considerations as proposed by communication for development and cultural studies approaches discussed in **Chapter Two**. The analysis

is mainly based on Hall's (1980) encoding and decoding model, with its three reading positions and social marketing theory. It also draws insights from Tomlinson's (1991) discussion of the 'interplay of mediations' as well as the analytical approaches of Strelitz (2002), Leadermann (1990), Liebes and Katz (1990), Philo (1993) and Kitzinger (1993).

Chapter Six gives a general conclusion by summarising the key issues that arose from the study. It identifies the major factors that lead to the acceptance or doubting of, or opposition to, the preferred readings so as to show whether media has a powerful influence upon its audience, or whether it is the audience of viewing and reading who wield the most power. The concluding chapter also reflects what the study has achieved. It goes on to identify further research questions which the study poses and makes recommendations in light of the study's findings.

CHAPTER TWO

Literature review

2.0. Introduction

This study is located within the broad theoretical frameworks of communication for development approaches, drawing on social marketing theory, and cultural studies audience reception analysis, to investigate how a sample of Zimbabwean women negotiate the meaning of HIV/AIDS prevention television advertisements as part of their daily life. These two approaches make competing claims regarding text/audience relationships. The main point of contention is whether audience members are passive recipients or active participants in their media consumption.

This study investigates the meanings audiences take from the texts in view of the competing claims made by both approaches regarding the power of the media to directly impact on audience understandings and behaviour. It seeks to establish whether and how the diverse social conditions (socio-cultural, socio-historical, socio-economic and socio-political) in which the HIV/AIDS prevention television advertisements are produced and consumed has impacted on the readings of these texts by their female readers to create preferred or oppositional readings. To this end, this chapter presents a review of literature dealing with the theoretical arguments surrounding the negotiation of meaning from media texts by readers situated within specific socio-cultural and socio-historical contexts. This discussion is important in that it forms the conceptual basis on which the study is grounded, in addition to providing the theoretical framework that will be employed to analyse the research findings.

Much debate has taken place in the academic arena as to whether audiences of popular culture are passive recipients or active participants in their media consumption (Thompson, 1988: 375). I will review the literature by presenting a chronological comparison of approaches and findings of the main research traditions that have explored the nexus between the mass media and their audiences. These traditions can be summarised as having a concern with "effects, literary criticism, uses and gratifications (U and G), cultural studies and reception analysis which stretches into the latest ethnographic research strand" (Jensen and Rosengren, 1990: 207).

The first section discusses the powerful media and passive audience traditions that underpin communication for development approaches. It does this by defining and outlining the modernisation approaches to development followed by a discussion of key issues that underpin communication for development, influenced by social marketing theory, after which a critique of modernisation approaches will be provided.

2.1. Passive audiences more powerful media approaches

2.1.1. Development and communication for development

According to Melkote (1991: 229), the ultimate goal of development is to raise the quality of life of populations, including increasing income and well-being, eradicating social injustice, promoting equitable distribution of resources (for example, through land reform), ensuring freedom of speech and establishing community centres for leisure and entertainment. However, during the 1950s "development" originally referred to the process by which Third World societies could become more like developed Western societies by adopting their political systems, their economic growth, and educational levels (Inkeles and Smith in Waisbord, 2001:1). Thus development was equated to political democracy, rising levels of productivity and industrialisation, high literacy rates and longer life expectancy, to give just a few examples (Waisbord, 2001: 1). The assumption was that there was one model of development - namely, the Western model - and that underdeveloped societies needed to imitate this model (Waisbord, 2001: 16).

Since then a number of theories and concepts have emerged to explain development. However, although a variety of theories have emerged, development studies and interventions offer two fundamentally different approaches to the problem of underdevelopment. The first approach is based on the modernisation paradigm of development, and argues that, "the problem of underdevelopment is largely due to a lack of information among populations; while the second is based on dependency paradigm and suggests that power inequality is the underlying problem" (Servaes *et al.*, 1996: 31). The next section therefore discusses the modernisation paradigm and its social marketing theory, after which a critique from the dependency paradigm will be provided.

2.1.2. The modernisation paradigm

The modernisation theory identifies the main problems of the post-war world in terms of a lack of development or progress equivalent to that being achieved in the Western countries (Servaes *et al.*, 1996: 32). Theorists in this tradition argue that the problems of underdevelopment in developing countries could not be resolved only through economic assistance (*à la* Marshall Plan in post-war Europe) since it was related to a lack of knowledge and the existence of a traditional culture that inhibited development (Linden, 1998: 72). Hence communication was presented as the instrument that would change people's attitudes and behaviour, and solve the problems of underdevelopment in developing countries (Rogers 1976: 226). This understanding led to the development of communication for development as a theory.

Communication for development involves using a variety of interpersonal and mass media communication channels to engage motivate and educate beneficiaries of development programmes. The aim is to promote change in people's attitudes and behaviour and to increase their participation in the development process (Servaes *et al.*, 1996: 31). On recognising the powerful effects the media had on people in the 1950s, communication for development experts adopted the media effects (hypodermic needle and magic bullet) and social diffusion theories that were influential then and theorised that the media were crucial in diffusing critical modernisation information (Melkote, 1991: 24-29).

Research in the effects tradition assumes direct effects, adopting a "hypodermic" injection concept of mass media also described as the "transmissional" model based on Shannon and Weaver's communication model. As Waisbord points out, this model "simplistically describes communication as transmitting a message from sender to receiver" (2001: 4). Thus, the media injected media content into the thoughts of the audience, who then accepted the attitudes, opinions and beliefs expressed by the media without question (Bennett, 1982: 30-55). Researchers investigating media effects applied scientific methods because they conceived media messages as symbolic stimuli with recognisable and measurable physical characteristics, and therefore measurable effects (Pitout, 1998: 65). Although the theorists differed in their political perspectives and their focus on short term behavioural changes or long term cultural and ideological changes - (Strelitz, 2002: 13; Jensen and Rosengren, 1990:

209) - the conclusion drawn from studies they conducted on media effects indicate that they share the view that the media are powerful institutions with the power to inject a repressive ideology directly into the consciousness of the masses (Morley, 1992: 45). This knowledge-transfer view meant a one-way flow of communication from development agency to the audience (Lerner, 1958; Schramm, 1974).

One of the most influential theories was Rogers's "diffusion of innovations" theory. In fact, it has been widely acknowledged that Rogers's model presided over development communication theory for decades and became the blueprint for communication activities in development (Melkote, 1991: 34). Rogers argued that development communications entailed a process by which an idea is transferred from a source to a receiver with the intent to change his behaviour. Usually the source wants to alter the receiver's knowledge of some idea, create or change his/her attitude toward the idea, or persuade him/her to adopt the idea as part of his regular behaviour (Rogers, 1983). He suggested that innovations diffuse over time, according to individuals' stages. Therefore, he posited five stages through which an individual passes in order to adopt innovations: awareness, knowledge and interest, decision, trial, and adoption/rejection. In this framework, populations were divided into different groups according to their propensity to incorporate innovations and their timing in actually adopting them. Rogers argued that society has early adopters, opinion leaders and late adopters. Because of their social status and influence, early adopters and opinion leaders are used alongside the media to spread ideas. Thus, mass media could be a "magic multiplier for development" (Rogers 1983: 226). His views on development reflected a transmission bias similar to that of Lerner and Schramm.

Reflecting on the modernisation and effects theories position, Berger *et al.* point to the role of mass mediated popular culture as a "carrier of modernity" when they argue that while modernisation is the "growth of a set of institutions rooted in the transformation of the economy by means of technology" (1973: 15), it also gives rise to a set of discourses and ways of seeing the world. This "modern world view" is diffused through a multiplicity of channels, so that it is no longer dependent upon any direct connection with the process of technological production (Berger *et al.*, 1973: 43).

Drawing on the ideas of Lerner, Rogers and Schramm, who had become the fathers of communication for development, Western communication experts, their Third World counterparts and international development organisations such as the United Nations Educational, Scientific and Cultural Organisation (UNESCO) - which had taken an interest in helping Third World countries to develop in the 1960s - introduced communication for development projects (Waisbord, 2001: 7). This was during the period of decolonisation, at a time when most of the new generation of African leaders looked for ways of securing independence, ensuring national unity, modernising infrastructure and enhancing human development (SADC review, 2000).

For instance, development communication was equated with the massive introduction of media technologies to promote modernisation. The widespread adoption of the mass media (newspapers, radio, cinemas, and later television) was seen as fundamental for communication interventions to be effective. The media were viewed as both channels and indicators of modernisation. They would serve as the agents of diffusion of modern culture, and would also reflect the degree of modernisation in a society. Such an understanding and emphasis on the diffusion of media technologies meant that modernisation could be measured and quantified in terms of media penetration (Melkote, 1991).

Hence the numbers of television and radio sets and newspaper consumption were accepted as indicators of modern attitudes (Inkeles and Smith, 1974). Statistics produced by the United Nations Educational, Scientific and Cultural Organisation (UNESCO) showing the penetration of newspapers, radio and television sets became evidence of development. Researchers found that in countries where people were more exposed to modern media, they adopted more favourable attitudes towards modernisation and development (Melkote, 1991: 38). Based on these findings, national governments and specialists agreed to champion the media as instruments for the dissemination of modern ideas in order to improve agriculture, health, education and politics. It followed then that during the liberation wars, the media were used for propaganda purposes, and after political liberation the newly independent states used the media to inform, educate and mobilise people into development action (Melkote, 1991).

Another important and widely used model that developed from communication for development approaches around the 1970s was the social marketing theory. This theory carried forward the premises of diffusion of innovation and behaviour change models. It is the same concept that was adopted by the producers of the HIV/AIDS television advertisements under investigation in this study. The following section will therefore review the premises of the social marketing approach in order to show the possible roles that it could play to influence people to change their beliefs and attitudes.

2.1.3. Social marketing theory

Social marketing refers to the application of standard techniques in commercial marketing to promote acceptability of a pro-social behaviour (Kotler *et al.*, 2002). Whereas the commercial advertising/marketing campaigns strive to meet the desires of their target market in order to generate profit, social marketers aim to change the attitudes and behaviours to the same target audience without profit (Winett and Wallack, 1996: 173). In promoting the pro-social idea social marketers treat audiences as consumers, who they are seeking to establish "brand loyalty" of specific products associated to the idea/behaviour (such as condoms) (Waisbord, 2001: 7).

By focusing on behaviour change, coupled with its understanding of communication as persuasion (transmission of information) and a top-down approach to implement change, social marketing suggests an affinity with modernisation and diffusion of innovation theories. In a similar manner to diffusion theory, social marketing conceptually subscribes to a sequential model of behaviour change in which individuals cognitively move from acquisition of knowledge to adjustment of attitudes and finally to behaviour change (Waisbord, 2001).

In most developing countries, "early health applications of social marketing emerged as part of the international development efforts and were implemented around the 1960s and 1970s" (Walsh *et al.,* 1993: 107-108). Among the first social marketing programmes was the Nirodh condom contraceptive program that was developed in India in 1967 (Rockefeller Foundation, 1999). The Indian experience was quite successful as evidenced by the substantial increase in condom sales, which was attributed to the distribution and promotion of condoms at a subsidised price

(Waisbord, 2001: 8). This success informed subsequent social marketing interventions in many developing countries. To date social marketing has become one of the most commonly used communication for development models in HIV/AIDS communication (Kotler *et al.,* 2002).

In HIV/AIDS communication, social marketing adopts behaviour change marketing strategies focusing on behaviours often included together under a comprehensive 'ABC' approach - A for abstinence (or delayed sexual initiation among youth), B for being faithful (or reduction in number of sexual partners), and C for correct and consistent condom use as the three key behaviours that can prevent or reduce the likelihood of sexual transmission of the HIV/AIDS virus. This involves use of advertising manipulation tactics such as fear, guilt, shame or positive emotions like humour, love or joy when promoting social or health issues. The theory suggests that the elements of fear and shock in advertisements have proven to be effective in the process of changing behaviour.

In Zimbabwe - although social marketing programmes have been implemented - there is little qualitative research that has been undertaken in the area of social marketing and audience reception of HIV/AIDS prevention television messages. MacPhail and Campbell (1999) support this view when they suggest that work on mediated HIV/AIDS prevention strategies in most developing countries has concentrated on knowledge, attitudes, practices and behaviour (KAPB) surveys. Although these surveys provide valuable information, they usually make use of narrow quantifiable variables, with little regard to the societal, normative or cultural contexts within which phenomena such as knowledge, attitudes and behaviour are negotiated and constructed (MacPhail and Campbell, 1999).

The concept of social marketing has been criticised mostly by theorists identified with participatory communication. They argue that social marketing is a non-participatory strategy because it subscribes to a utilitarian ethical model that prioritises ends over means. In the name of achieving certain goals, social marketing treats people as consumers rather than as protagonists, and in that way it deceives and manipulates people into certain behaviours (Buchanan, Reddy and Hossain, 1994). For them social marketing's concern is on selling its products rather than participation. They also

view social marketing as an approach that intends to persuade people to engage in certain behaviours that have already been decided by agencies and planners. Hence they suggest that it does not involve communities in deciding problems and courses of action, whereas the goal in development projects should be to assist populations in changing their actions based on an understanding of social reality and participation or engagement of the target beneficiaries (Waisbord, 2001).

Others have expressed concern over the social marketing ABC[6] model, arguing that HIV/AIDS prevention messages such as 'one partner' and 'love faithfully' neglect the cultural reality of many societies, although they are addressing the needs of the audiences. For example recommendations to live a monogamous lifestyle are not likely to be followed in many African societies where polygamy is still prevalent. This argument finds support in MacLachlan and Carr's (1994) study of social marketing programmes in Africa, which established that some African peoples have diverse understandings based on different belief systems regarding the actual cause, prevention and treatment of HIV/AIDS (MacPhail and Campbell, 1999). It can be argued that such diverse beliefs affect the way people interpret HIV/AIDS prevention messages.

2.1.4. Critique of the modernisation paradigm

The main critique of modernisation approaches to development came from the dependency paradigm that originally developed in Latin America. Dependency analysis was informed by Marxist and critical theories, according to which the problems of the Third World reflected the general dynamics of capitalist development. Dependency theorists argue that the problems of underdevelopment were not internal to Third World countries but were determined by external factors and the way in which former colonies were integrated into the world economy (Servaes *et al.,* 1996: 72). They suggest that what kept Third World countries underdeveloped were social and economic factors, namely the dominated position that developing countries were subject to in the global order. In other words, the problems of the underdeveloped world were political rather than the result of a lack of

[6] ABC means Abstinence, Be Faithful and Correct and Consistent Condom use

information (Hornik, 2002). Therefore, media alone could not make underdeveloped countries become developed.

As a result of these arguments, the advocates of the modernisation/diffusion theories (such as Rogers and Schramm) acknowledged that politics, interpersonal communication, personal sources and the specific socio-cultural environments in which communication took place all played a key role in the process of development. They then urged their colleagues to go back to the drawing board. In a widely quoted article, Rogers admitted to "the passing of the dominant paradigm" (Schramm in Waisbord, 2001:16). This revision, which took place around the mid-1970s, was also a result of a general realisation that the original "trickle down" model of communication had proven to be ineffective in bringing about change. Rogers's stages model was therefore adopted but the top-down perspective, according to which innovations come from above, needed to be modified. Other positions suggested that the traditional model needed to integrate a process orientation that was not only focused on the results of intervention, but also on communication content; and to address not just behaviour but the cognitive dimensions of attitude change (Waisboard, 2001).

Since then, various scholars have attempted to incorporate insights from modernisation theories and contemporary traditions that have championed a participatory view of communication, but no comprehensive view has evolved, and both traditions have dominated the field (Servaes *et al.*, 1996: 32-36). Some of the integrative attempts include participatory theories, media advocacy and social mobilisation approaches; all of which foreground the idea of viewing communication as a process of exchange. Moemeka suggests that "communication should be seen both as an independent and dependent variable. It can and does affect situations, attitudes, and behaviour, and its content, context, direction, and flow are also affected by prevailing circumstances" (1994: 64). In a similar vein, participatory theorist Linden argues that communication should be understood as communities and individuals engaging in meaning-making. It is a horizontal, de-institutionalised, multiple process in which senders and receivers have interchangeable roles (1998: 89).

Against this background, communication is no longer focused on persuasion (the transmission of information between individuals and groups), but is understood as a "process by which participants create and share information with one another in order to reach a mutual understanding" (Servaes *et al.*, 1996: 35). However, despite these new insights it would seem that development experts have not heeded recommendations for a review of approaches to communication, and Rogers's ideas, beliefs and methods are still being implemented in most parts of the world. For example, the social marketing approach under investigation in this study is based on a strong belief in media effects and its role in development (Kotler *et al.*, 2002). Basically, the assumption is still that audiences are there as objects, to be targeted by a powerful media.

2.2. Active audience less influential media approaches

As a result of evidence from research that refuted the claims of effects traditions (e.g. Klapper, 1960; Katz and Lazarsfeld, 1955; Rogers, 1962; Gerbner, 1990 cited in Morley, 1992), attention began to turn from the question of what the media do to the audience to what the audience do with the media. The later question in turn gave birth to new approaches built on the active audiences less influential media understanding. These approaches can be summarised as being concerned with, "uses and gratification, cultural studies and reception analysis that stretches into the latest ethnographic research strand" (Morley, 1992: 45-49). In the next section I discuss these approaches, starting with the uses and gratification.

2.2.1. Uses and gratification

The uses and gratification theory takes a more humanistic approach to looking at media use. It is essentially grounded in the individual, psychological meanings rather than social ones (Seiter *et al.*, 1989: 2; Silverstone, 1990:177). Research conducted in this tradition questioned the patterns of media exposure, and what gratifications people get from the media. See for example studies by Herzog, (1944); Greenberg, (1974); Rubin, (1981) and Katz and Lazasfled (1985) cited in Fiske (1987a:62-83). The studies revealed that people use the media for "diversion, personal relationship, personal identity and surveillance" (Jensen and Rosengren, 1990: 210). These needs generate certain expectations about the mass media, leading to differential patterns of media exposure, which in turn result in both the gratification of needs and in

unintended audience responses (Jensen and Rosengren, 1990: 210). The theory highlights the important fact that different members of the mass media audience may use and interpret any particular media text or programme in a different way from what the communicator intended, or in different ways from other audience members (Morley, 1992: 50-51). It denies the possibility that the media can have an unconscious influence over our lives and how we view the world.

2.2.2. Cultural studies approaches to understanding text/audience relationships

Critics of uses and gratification theory, like O'Sullivan *et al.,* argue that by concentrating on individual psychological and personality factors, the approach romanticises audience freedom tending to ignore issues of ideology, the situational and socio-cultural determinants of media use:

> the tendency [is] to concentrate solely on why audiences consume the media rather than extending the investigation to discover what meanings and interpretations are produced and in what circumstances, i.e. how the media are received. (1994: 131)

Morley suggest that by attributing differences of media interpretation to individual differences of personality, the uses and gratification theory fails to adequately explain the complex cognitive process involved in the experience and interpretation of media (1989: 7). Although he acknowledges that individual differences in interpretation do exist, he stresses the importance of sub-cultural socio-economic differences in shaping the ways in which people interpret their experiences with television via shared cultural codes (Morley, 1989).

What this points to is the need by researchers to focus on the interplay between text and context in the production of meaning represents (Ang, 1990). This perspective introduced qualitative interview research methods that examined what people see in the media and how different readers interpreted texts differently (Jensen, 1988). Such interviews are often with small groups (e.g. with friends who watch the same TV programmes). The emphasis is on specific content (e.g. a particular soap opera) and on specific social contexts (e.g. a particular group of working-class women viewers). Such approaches were advanced by Hall (1980) and other cultural studies theorists at the Birmingham Centre for Cultural Studies. They started investigating texts not in terms of their "manifest message", but in terms of their ideological structure, issues of

power, and the discourses they encounter in a specific context; issues that had largely been absent from past approaches (Fiske, 1987a: 254-260).

Early strands of cultural studies viewed media as powerful agents of ideological hegemony and audiences as being subject to the ideological work performed by media institutions, which together with the family and school are considered part of the ideological state apparatuses (Moores, 1993: 6). In this framework it is argued that those with "cultural capital" control ideological state apparatuses such as the media, education and religious institutions (Hall, 1982: 56-90). Through this control, the dominant ideology is spread to other members of society and hegemony on the part of the powerful is accepted and adopted as something natural (Moores, 1993: 6). Hegemony is defined by Lull as "the power of dominance that one social group holds over others" gained through "a tacit willingness by people to be governed by principles, rules and laws which they believe operate in their best interests", even though in practice they do not (2000: 51).

The later cultural studies strands, which developed around the 1980s, shifted focus to audiences and viewed media as less influential (Moores, 1993: 6). The shift in focus led to the development of a strand that is generally referred to as reception analysis, which extends into the ethnographic study of qualitative audience research (Dahlgren and Corner, 1997: 51). This approach ushered in what Curran terms "a reconceptualisation of the audience as an active producer of meaning" (2002: 115).

2.2.3. Reception analysis and the active audience thesis

Cultural studies blend into reception analysis in several ways, as exemplified by the works of scholars such as Ang (1985), Morley (1986) and Moores (1986). Ang defines reception analysis as "the study of audience interpretations and uses of media texts and technologies" (1990: 242). It is concerned with issues of power, ideology and the circulation of meaning within a specific context, with an emphasis on the negotiation between texts and readers situated within specific socio-cultural and socio-historical contexts (see Hall, 1980; Morley, 1986; Moores, 1986; Kitzinger, 1993; Philo, 1993; Ang 1996; Alasuutari, 1999).

The key assumptions in reception analysis are that meanings of texts are never merely transferred from the media to their audiences (Schroder *et al.*, 2003). Meanings of media texts are not fixed, or inherent, within the texts (Ang, 1990: 160; Hart, 1991: 60; O'Sullivan *et al.*, 1994: 84). Rather, meanings are generated as a result of negotiation between the texts and discourses of the socially situated readers (Hall, 1980; Morley, 1989; Moores, 1993; Philo, 1993; Alasuutari, 1999; Strelitz, 2003). This does not mean that the reader's social position mechanically produces meanings in a way that would parallel the authoritarian way that texts are understood to work in the effects tradition. Instead, it means that the context of media production and reception sets the limit and boundaries of interpretation. These boundaries can be based on class, socio-cultural, socio-historical, and socio-economic practices etc. (Hall, 1980; Morley, 1989; Moores, 1993).

Since the 1980s, a number of reception analysis audience studies have centred on analysing the ways in which audiences actively construct meaning by resisting the constructions of reality preferred by the mass media and constructing their own, often oppositional, meanings for media texts (e.g. Hall, 1980; Morley, 1980; Radway, 1984; Katz and Liebes, 1984; Turnball, 1984; Hodge and Tripp, 1986 and Palmer, 1986 cited in Fiske, 1987). Hall's seminal article "Encoding and Decoding in the Television Discourse" (1980) is widely recognised as having set the basic conceptual framework that has informed most subsequent audience reception studies, to the extent that it is argued that all work on empirical reception research makes reference to Hall (Schroder *et al.*, 2003: 128). In the next section I discuss the key theoretical issues underpinning Hall's encoding and decoding model.

2.2.4. The encoding and decoding model

Hall's (1980) encoding and decoding model starts from the premise that in analysing media texts, audiences should be regarded as active producers of meaning. Secondly, the communication process has to be taken as a whole, with the moment of production or "encoding" at one end and the moment of reception or "decoding" at the other end (Moores, 1993: 17). The theory emphasises that consideration should be taken not to view the process as dealing with a fixed structure of meaning, but as dealing with a volatile phenomenon resulting from the codes that are at the disposal of both the producers and the recipients of the text (Schroder *et al.*, 2003: 128).

In the encoding and decoding model, Hall (1980) conceived of media consumption as a cultural activity in which an individual grapples with meaning making; a process that involves both decoding and encoding a text. He suggested that media producers may "encode" certain meanings into a text, based on their own social context and understandings. However, since media texts are encoded (made up of signs), audiences' reading of them will be based on their own social context, and preconceived knowledge or understandings, and they are likely to interpret it differently (Newbold *et al.*, 2002: 41). Hence, Hall concluded that while any text has the power to propose or suggest particular ideological readings, media texts are polysemic and audiences are active decoders who will not necessarily accept the preferred reading being offered by the texts (1980: 209).

To explain the different readings, Hall proposed that there are three hypothetical positions from which the construction of decoding a television discourse occurs: these are the dominant, negotiated and oppositional positions. The dominant ideology is typically described as the "preferred reading" of a media text, but is not automatically adopted by audiences because the social situations of audiences may lead them to adopt different stances (Hall, 1980). For example, the messages that PSI would prefer the Zimbabwean female audiences to decode from the advertisements may be modified by the audience or even be interpreted in a totally different way. This is because meaning arises out of the interaction between texts and the discourses of the socially situated reader (Fiske, 1987a: 15). Therefore the socio-cultural practices of Zimbabwean women and girls, as discussed in Chapter One, may lead them to adopt different stances.

Those whose social situation favours the preferred reading produce dominant readings. Negotiated readings are the ones produced by those who inflect the preferred reading to take account of their social position. Lastly, those whose social position puts them into direct conflict with the preferred reading produce oppositional readings. Therefore, when conducting research focusing on the lived realities of one's research subjects, there are various factors - including socio-economic, socio-historical and socio-cultural frameworks – that are of paramount importance. The assertions of Hall's (1980) encoding and decoding model will inform this study, which seeks to investigate how the preferred meanings encoded by the producers of

the HIV/AIDS prevention advertisements are negotiated by Zimbabwean women who possess different cultural and interpretive codes. The point of analysis is to investigate whether they have decoded preferred, negotiated or oppositional readings.

Morley's study, "Family Television" (1986), is widely recognised for marking the turning point in reception analysis. "The rediscovery of audience power in revisionist reception studies" was an important development in media effects theory (Curran, 2002: 145) which led to new thinking that proposed "interdiscursive processes in audience reception" (Curran, 2002: 119). The new approach, commonly referred to as the ethnographic turn to a discursive view, is concerned with investigating audience diversity in audience reception within their natural settings (Moores, 1993). This idea is developed further in the next section.

2.2.5. Cultural studies: the ethnographic turn to a discursive view

The ethnographic view in cultural studies is interlinked with the sociological perspective, which proposes that audiences are located socially, economically and culturally and should be studied within specific socio-cultural and historical contexts (Alasuutari, 1999). The sociological view does not abandon ethnography but extends it to incorporate the concept of contemporary media culture, in particular, the role of the media in everyday life.

Rather than generalise, ethnographers ask how specific audiences differ in the social production of meaning within their daily lives and especially in view of the diverse social settings in which media are received. The bulk of literature in this approach stresses the importance of the diversity of textual interpretation. Secondly, it asserts that audiences' reception is reframed within the broader discourses of specific audience situations. It is implied that audiences are investigated within the broader social, cultural and economic context. Thirdly, the sociological approach to audience reception rethinks the uses that audiences make of the prevailing concerns in their world, the viewpoints and subject positions taken in relation to media texts, how and by whom they are discussed in public, and how people in everyday life comment about them (Lull, 1990 and Alasuutari, 1999). In other words, the approach is holistic in emphasis and fundamentally concerned with analysis of the relationship between

three dimensions of facets of the communicative event: namely text, discourse practice and social cultural practice (Lull, 1990; Alasuutari, 1999).

Several researchers - Ang (1985), Morley (1986), Philo (1990), Kitzinger (1993) and Strelitz (2003) - have contributed to the ongoing debate on ethnographic research. Kitzinger's (1993) study investigated audience understandings of HIV/AIDS media messages among diverse communities in Britain. She established that "people can know something on one level but reject it on another, or they may know that they ought to think but find it hard to act on" (1993: 293). Her findings reveal some complexities and contradictions in the negotiation of HIV/AIDS media messages. For example, some women wanted to prevent their children from mixing with other children on the mere suspicion that the other children could be HIV positive, but these same women were themselves reluctant to try using condoms with their husbands, even though they had suspicions that their husbands were not being faithful (Kitzinger 1993: 295).

Another relevant study conducted by Strelitz (2003), explored how South African youths responded to texts that were produced internationally, but distributed locally. Using a combination of quantitative and qualitative research methods, Strelitz's interviews with students at Rhodes University, South Africa, indicated that the students' lived realities influenced their negotiation of media messages. He identified how particular social and cultural contexts inform the readings made by his research participants. It is worth noting that - although Strelitz's focus was on the importance of media consumption and lived context in the process of identity formation, and not the complex meaning that audiences make at the point of media consumption, his study reaffirmed Hall's (1980) encoding and decoding theory.

Like those utilising uses and gratifications approach, ethnography researchers acknowledge that social interaction within and outside the television viewing context can produce meaning. For example, Kaatz and Liebes, in their study of ethnic audiences for *Dallas*, found that during and after the programme, people discuss what they have seen and come to collective understandings:

> viewers selectively perceive, interpret and evaluate the programme in terms of local cultures and personal experiences, selectively incorporating it into their minds and lives. (1984: 24)

Thus, they argue that "conversations with significant others help viewers to select frames for interpreting the programme and possibly, incorporating it into their lives" (Kaatz and Liebes, 1984: 188). Focusing on this study, the point of analysis is to investigate whether the female audiences in Zimbabwe discuss the advertisements to construct audience-driven meanings within their families or communities.

Important to note is that the studies conducted in the context of contemporary cultural studies strands conclude that political ideology, culture, gender or class differences within audiences affect the way in which information from the media is received. Researchers using these approaches find that people draw diverse meanings from the media they consume and reveal contradictions in how people consume mass media (Newbold *et al.*, 2002: 41). For example, research has indicated that people are "quite capable of conforming to prevalent social disapproval or depreciation of certain categories of texts on one hand, while continuing to take pleasure from those same texts on the other hand" (Newbold *et al.*, 2002: 38).

Reflecting on cultural studies approaches in general, Fiske argues that it is the audience, not the media, which has the most power (1987b: 260). He sees media texts as providing multiple potential meanings and pleasures on the one hand, while on the other he conceptualises audiences as active, powerful and possessing an oppositional stance in their cultural struggles against the dominant powers (1987: 260).

Also relevant here is the concept of semiology, or the study of signs and how they are constructed to produce meaning in particular human societies. Semiotic theorists, such as de Saussure and Barthes, argue that people share meanings through the interpretation of signs (Hall, 1997: 21). The interpretation is dependent on socio-cultural circumstances. For example, shaking your head sideways means disapproval among Zimbabweans, but it symbolises approval in Chinese and Japanese cultures. This analogy demonstrates that a sign is polysemic. Reflecting on this position, Hall (1997) argues that such multi-accentuality of the sign implies that meaning making is negotiable, because people have to assign meaning to the signs. He further emphasises that nothing has meaning in itself because every code has to be interpreted by an

active audience, whose semiotic powers are constrained by the existing social conditions in which it is structured (1997: 41-52).

Finally, Tomlinson's (1991) argument is also relevant to this study. He states that the power of the media has been overstated and explains that we can view the relationship between the media and culture as a "subtle interplay of mediations" by other modes of cultural experience (1991: 61). On one hand, we have the media as the dominant representational aspect of modern culture. On the other hand, we have "lived experience" of culture (Tomlinson, 1991: 61). The media are seen as the dominant representational aspect of modern culture. They are constantly mediating culture, as well as being mediated by culture as lived experience (Tomlinson, 1991). This study will therefore investigate the role of media in mediating the cultural experience rather than determining the cultural experience; and in cultural experience mediating media reception.

2.3. Conclusion

This chapter has outlined the theoretical issues that inform the study. It did this by presenting a chronological evolution and comparison of approaches under which the subject of the reception of media texts by audiences situated within specific socio-cultural and socio-historical contexts has been studied. These are the effects tradition, literary criticism, uses and gratifications theory, cultural studies and reception analysis. The chapter addressed debates surrounding communication for development approaches premised on the passive audience and the shift in focus to cultural studies premised on the active audience thesis. It then identified the findings and common themes that ran through the previous studies and explored other theoretical factors that have a bearing on this research. The literature review provides the basis on which the complexity of the interaction of HIV/AIDS prevention texts and female audiences in Zimbabwe can be examined.

Given the importance of context in the production of meaning, chapter three will discuss the social context in which the texts are being produced and consumed.

CHAPTER THREE

The social context of the study

3.0. Introduction

An audience reception study must be rooted in an understanding of the historical and cultural experiences of the group being researched. This position developed out of the cultural studies approaches to audience reception studies. The argument is that mediated communication is always a contextualised social phenomenon and is an integral part of, and cannot be understood apart from, the broader context of social life (Thompson, 1995). People influence, and are influenced by, their physical environments and social discourses when making meaning from media discourses (Fiske, 1987a).

This chapter attempts to locate the Zimbabwean female subjects under investigation within the broader historical and social context of the country. The aim is to contextualise the location of this study, as well as to give the reader an introduction into the social conditions under which the texts are being produced and consumed. This is important in order to establish how the social context is interlinked with women, the HIV/AIDS epidemic in Zimbabwe and the meanings that female audiences take from the prevention texts.

To outline the social context, the first section presents a brief background to the people of Zimbabwe, after which section two gives an overview of the epidemiology of HIV/AIDS in Zimbabwe. Section three outlines the prevailing socio-economic conditions together with the health care options available to the people of Zimbabwe. The final section discusses the socio-cultural context together with factors influencing women's susceptibility to HIV/AIDS. All these set the backdrop for the interpretation of the HIV/AIDS prevention television texts by female audiences.

3.1. The Zimbabwean people and geography

Zimbabwe is a landlocked country, located in southern Africa, between the Zambezi and Limpopo rivers, bordered by South Africa to the south, Botswana to the west, Zambia to the north and Mozambique to the east. It has a land area of 390 757 square

kilometres, of which 85% is agricultural land and the remaining comprises national parks, state forests and urban land (GOZ, 2004). Because of this, the economy is agriculture based and about 70% of the population resides in rural areas, earning a living largely from subsistence agriculture. Official population figures based on the last census conducted in 2002 state that there are approximately 11.6 million people, with men representing 49% and women 51% (GOZ, 2004).

There are two key aspects underlying the Zimbabwean people's way of life which are important to this study. The first is that Zimbabweans have different cultures, which include a variety of beliefs, ceremonies and practices. The most common emanate from the Shona and Ndebele people, who make up 90% of Zimbabwe's population. However, due to inter-tribal marriages, the majority of Zimbabweans now practice similar cultural practices (Ndlovu-Gatsheni, 2003). Therefore the term Zimbabweans will be used to refer to all Zimbabwean nationals regardless of their race or tribal differences.

Second, Zimbabwe is a patriarchal society. Brown (1991) defines patriarchy as rule by men. The implication of this arrangement is that men are treated as superior to women and therefore men's interests take precedence over women's. More importantly it should be noted that patriarchy is an ideology that permeates all facets of life and may negatively affect the relationship between men and women in Zimbabwe (Folbre, 1988). Based on this understanding I argue that patriarchy may also play a key role in the interpretation of media messages. These key social cultural issues set the basic framework for the social and cultural beliefs and practices that emanate and are practiced in Zimbabwe.

According to the Ministry of Health and Child Welfare (2004), the HIV/AIDS epidemic in Zimbabwe is driven by socio-economic and socio-cultural determinants, which I highlight in the next section. In highlighting these key determinants the major point to note is that the history and the spread of the AIDS epidemic in Zimbabwe is closely intertwined with the country's economic difficulties. This means that the economics, politics and social, religious and cultural customs are so intertwined that it is difficult to discuss them in isolation. These will therefore be discussed in a similar intertwined manner. To this purpose, the following section gives a summary of

Zimbabwe's socio-economic background, after which subsection 3.3 gives an overview of the epidemiology of HIV/AIDS and the health care options available to the people in Zimbabwe.

3.2. The socio-economic background

In 1980, Zimbabwe inherited a dual economy characterised by a relatively well-developed modern sector and a largely poor rural sector that employed about 80% of the labour force (GOZ, 2004). Soon after independence in 1980, the government sought to address some of the inequalities that existed due to colonialism. Priority was given to poverty reduction, and government spending was geared towards increased social sector expenditure, expansion of rural infrastructure, and redressing social and economic inequality including land reform (GOZ, 2004). The overall outcome of these policies was very successful and was a strong social indicator for development. For example, primary healthcare services were subsidised, and primary school education was free and enrolment became almost universal. By 1995 Zimbabwe had registered a net school enrolment of 86%, thus signalling the near attainment of universal primary education (GOZ, 2004).

However the decade of the 1990s witnessed a turnaround of economic fortunes, as there was an economic decline and structural problems of high poverty leading to persistent inequalities. The key social indicators began deteriorating, in comparison with a commendable improvement in the same indicators during the 1980s. Some of the explanations behind this turnaround included recurring droughts as well as the failed realisation of the objectives of some of the economic recovery policies such as the Economic Structural Adjustment Programme (ESAP). Contrary to the perceived benefits, the ESAP programme caused rampant inflation, widespread price increases and loss of jobs (Sachikonye, 1993). It also brought about the reintroduction of school fees and medical care fees, resulting in reduced accessibility of health and education, especially by low income families (Chinemana and Sanders, 1993).

By 1996 there was accelerated deterioration in the socio-economic situation. The government replaced ESAP with a "home grown" reform package, the Zimbabwe Programme for Economic and Social Transformation (ZIMPREST) in April 1998. However, the lack of resources to implement this reform package undermined its

effective implementation (GOZ, 2004). Since then it has been a trial and error situation of one policy after another in an attempt to address the declining economic performance. Some of the recent explanations of the causes of the declining economy include: the country's 1998-2002 involvement in the war in the Democratic Republic of the Congo, which drained hundreds of millions of dollars from the economy; the suspension of financial and technical support from the International Monetary Fund (IMF), because of the country's failure to meet budgetary goals: the impact of land reform, which has badly damaged the ability of the commercial farming sector to gain foreign exchange (GOZ, 2004).

More recently, following the aftermath of Zimbabwe's handling of the land crisis, which moved to redistribute land to blacks by forcefully removing previous owners without compensation, and Mugabe's 2002 presidential election victory which was marred by violence, Zimbabwe was suspended from the Commonwealth of Nations on charges of human rights abuses and of election tampering in 2002 (Ranger, 2004). Later, Zimbabwe countered this by telling their people that they were withdrawing from the Commonwealth. In 2005, following the parliamentary elections, the government initiated 'Operation Murambatsvina', meaning 'Drive out the Trash', in a supposed effort to crack down on illegal markets that had seen slums unfit for human habitation emerging in towns and cities. This action has been widely condemned by the opposition and the international community, who charge that it has left a large section of the urban poor homeless and poorer than before (UN-HABITAT, 2005).

Currently the government of Zimbabwe faces a diversity of difficult economic problems as it struggles to consolidate earlier progress in developing a market-oriented economy. Current problems include a shortage of foreign exchange, soaring inflation (586% in 2005), and supply shortages (GOZ, 2004). The economic difficulties have also caused a critical shortage of financial, human and technical resources, hampering developments to either existing or new health delivery service initiatives that are crucial to curbing the problem of HIV/AIDS (MOHCW, 2004). This has further resulted in the deterioration of health delivery services, failure to access health services by patients and increased levels of poverty. Rivers and Aggleton (1999) and Kelly (2000) argue that poverty is a key factor leading to behaviours such as "transactional sex" which exposes women and girls to the risk of

HIV infection. Similarly, SAFAIDS notes that "HIV/AIDS is known to be a disease that tends to impoverish families, particularly because infected individuals are often the main income earners in the household. As a result, families end up earning less but spending more on health care, leaving few resources available to purchase other goods" (2001: 6).

3.3. Overview of the epidemiology of HIV/AIDS in Zimbabwe

The first HIV/AIDS case in Zimbabwe was recorded in 1985; coincidentally this was the time when the country was experiencing its first economic crisis after independence. Following this recognition, the government immediately took measures to protect the national blood supply and an AIDS education campaign was started (MOHCW, 2004). However, this did not last long as the international epidemic of blame and counter blame also induced official denial of and subsequent silence concerning the Zimbabwean AIDS epidemic. The nation went silent over the epidemic and ignored implementing the education campaigns for some time.

This period of official denial lasted until 1990, a time when Government policy changed to openness. By this time, the Ministry of Health and Child Welfare estimated that the number of sero-positives in Zimbabwe had approached 400 000. Two years later in 1992, the official estimates had risen and ranged from 700 000 to 1 000 000, which was close to 10% of the population (MOHCW, 2001). Since then, HIV has continued to spread, while the number of AIDS patients also increases, and as noted in Chapter one, to date 1.8 million people in Zimbabwe are living with HIV/AIDS in Zimbabwe.

Meanwhile in December 2005, while I was still in the process of carrying out this study, Zimbabwe's HIV prevalence rate was reported to have fallen, making it the first country in Southern Africa – the epicentre of the global epidemic – to show a decline. An epidemiological review by experts found that the rate among pregnant women fell from 24.6% to 21.3% between 2002 and 2004, pushing the HIV-sero prevalence rate among Zimbabwe's adult population down to 20.1% (UNICEF, 2005). The drop has been attributed to successful interventions in behaviour change programmes on the part of Government, partners and donors, and even more so due to strong government commitment. This led to early investment in education and health

sectors, and the establishment of an AIDS Trust Fund to mobilise resources to fight the epidemic, in addition to the early creation of a National AIDS Council to oversee development of HIV/AIDS prevention programmes in Zimbabwe. However, UNICEF Zimbabwe suggests that the drop must also be attributed to mortality due to AIDS related deaths, because HIV/AIDS related illnesses kill 3 000 Zimbabweans every week (UNICEF, 2005).

As the infected and affected try to cope with the effects of the epidemic, the most common health care options for the people of Zimbabwe are biomedical health care (Western), traditional healing and spiritual healing (religious).

3.4. Health care options in the era of HIV/AIDS

3.4.1. Biomedical (Western model)

According to the Ministry of Health and Child Welfare, the government of Zimbabwe provides public health systems that focus firstly on primary health care which is provided by nursing staff in urban and rural clinics. Secondly, there are district and provincial hospitals, where a doctor and occasional specialists can be consulted. Thirdly, there are central hospitals located in major towns and cities which offer a wide range of services (MOHCW, 2001). Before independence, health care options for black people were limited and expensive. After independence and up until the late 1990s, health care was free of charge for those earning a minimum wage and below, and government policy banned racial segregation at hospitals (Bassett and Sherman, 1994). This ensured that everyone could get medical health care wherever they wanted. However, due to persistent economic difficulties government reversed the free access to health services policy and now everyone has to pay to access medical health services (Bassett and Sherman, 1994).

Besides the Government public health services, there are private general and specialist surgeries and hospitals. These charge commercial rates, and for this reason they are mostly accessible to patients from urban middle and higher income groups (MOHCW, 2001). However, although there are a variety of biomedical health care options, doctors remain in short supply all over the country, overburdening some establishments and resulting in a number of people failing to access medical services (MOHCW, 2004).

3.4.2. Traditional healing

The second health care option is the traditional healers or *n'angas* (traditional healers) health model. The traditional healers vary widely in their fees, treatment methods, and explanations for illnesses, quality of service and the general approach to their patients. Their fees are negotiable; they do not prescribe scientifically proven drugs, but concoctions and herbs. They offer different explanations for illness (e.g. witchcraft) and they claim to be able to cure whatever case is presented to them. According to the Zimbabwe National Traditional Healers Association's (ZINATHA) last census, there are approximately 45 000 traditional healers in Zimbabwe, whereas the country has only 1 400 medical doctors (MOHCW, 2004). ZINATHA also estimates that as many as 90% of the Zimbabwean people, regardless of educational level, utilise the services of traditional healers, because, due to socio-historical and socio-cultural practices, traditional healers have become a trusted source of health information and treatment (MOHCW, 2004).

This scenario indicates that potentially traditional practitioners are able to reach far more people than medical doctors, although in the eyes of Western critics the traditional healers' claims of their abilities are often excessive (Foster, 1993). Traditional practitioners have played both a negative and a positive role in the fight against HIV/AIDS. Their role has been negative in the sense that their treatment methodologies conflict with biomedical methodologies, creating confusion for the Zimbabwean people who believe in both models of treatment, and positive in the sense that they have helped quite a number of people who believe in traditional healing to manage their illness (Waldstein, 2003). Realising the role that traditional practitioners have played in Zimbabwe, the Government through the Ministry of Health has in recent years made progress in trying to incorporate their views and scientifically test their herbs in an attempt to bring them to the mainstream biomedical health practices (Waldstein, 2003). From the preceding discussion we can see that although they may not be able to prescribe the latest scientifically proven drugs, it is clear that the role played by traditional healers in the war against HIV/AIDS in Zimbabwe cannot be ignored.

One problematic issue that emanates from the traditional practitioner's discourses, which is important to point out in this study, is the issue of myths and misconceptions about HIV/AIDS they perpetuate to their patients (ARHNe, 2000). These myths, it

has been argued, further fuel the spread rather than the prevention of HIV/AIDS (ARHNe, 2000: 45). The Ministry of Health and Child Welfare has identified some of them, for example the 'virgin cure' myth, which states that sex with a virgin cleanses an infected person of the HIV/AIDS virus and other sexually transmitted infections (MOHCW, 2004). This practice has led to the rape of countless young women, girls and sometimes children in Zimbabwe. The second myth is that semen contains vitamins necessary for a woman to stay young, healthy and fertile, and this has contributed to a reluctance to use condoms. Then there is the myth that says HIV is caused by vengeful people using witchcraft. This leads to an apathetic view of AIDS prevention where people feel that, because they cannot know who their enemies are who will inflict AIDS upon them, practicing safe sex is not worth the effort (Simmons, 2000).

3.4.3. Spiritual health healing

In competition with traditional healers is the faith healers' (religious) model. Between 60% and 70% of the population belong to the mainstream Christian denominations, with between 17% and 27% of the population identifying themselves as Roman Catholic (USDS, 2003). The remainder of the population consists of mostly evangelical denominations, and very small populations of practitioners of Muslim, Greek Orthodoxy, Judaism, Hinduism, Buddhism, Baha'ism, and atheists and traditional indigenous religions (USDS, 2003). The faith healer's model emanates from the evangelical denominations, mostly Pentecostal churches, and Apostolic Independent Churches (Cavender, 1991). The evangelical groups are the fastest growing religious groups in the country. They appeal to large numbers of disillusioned members from the established churches that reportedly are attracted by promises of miracles and messages of hope at a time of political, social and economic instability. However one does not need to be a church member to be able to access the faith healers' services.

According to the faith healers' health model, malevolent spirits or witches who are working through the devil often cause illness, and faith in the healing power of God is all that is needed to cure the illness (Cavender, 1991). In this respect the healer strengthens this faith through the use of holy water, bible readings and prayers. When illness is presumed to have been caused by sinfulness, the treatment calls for

purification techniques such as induced vomiting or cleansing of the patient. Unlike biomedical care and traditional healers, who allow their patients to consult other health care options, some healing churches and their leaders forbid their members to consult Western doctors and *n'angas*, arguing that this indicates a lack of faith in God (Cavender, 1991).

Also important to note are religious and spiritual healing beliefs, and practices emanating from these religious groupings. For example some churches, among them the Roman Catholic Church and the Apostolic Faith movement, openly discourage the use of contraception and condoms, arguing that this is contrary to the teachings of the bible. The Apostolic Faith (AF) movement goes further to encourage wife inheritance and polygamy, and forces young girls to marry elders within their social grouping. Such beliefs and practices are known to increase women's vulnerability to HIV/AIDS transmission (Gregson and Zhuwau, 1999).

It is through such institutions, which Althusser describes as the ideological state apparatus (Hall, 1997), that patriarchal ideas of god sanctioning gender differences, women's subservience to men and men's superiority to women are indoctrinated. Such religious inculcation is so much part of the Zimbabwean's daily life that in some quarters it is mistakenly thought to be part of the country's cultural tradition (Hallencreutz and Moyo, 1988).

3.5. Analysis of the health care options in the context of HIV/AIDS

The definitions of health, sickness and sexuality have different meanings in traditional Zimbabwean society as compared with the Western world. Some people in Zimbabwe strongly believe that every illness is a product of destiny and has a specific cause. Therefore in order to eliminate the illness, it is necessary to identify, uproot, punish, eliminate and neutralise the cause, the intention behind the cause and the agent of the cause and intention (Chavunduka, 1986). Zimbabweans do this by looking at all available health care options. From the traditional healers' perspective, illness, according to cultural beliefs, can be a result of "disharmony" between a person and the ancestors, or brought about by a god, by spirits, witches or sorcerers, by natural causes, or by a breakdown in relationships between people (Chavunduka, 1986). However, although the people in Zimbabwe differ in their views on witches and

sorcerers as causal agents of HIV/AIDS, the assumption is that traditional medicine can correct the shortcomings of modern medicine, thus many patients use Western medicine for improving symptoms, then traditional and faith healing for eliminating the supernatural causes underlying the symptoms (Simmons, 2000). Others consult both biomedical and traditional healers, herbalists and faith healers in the event of any other illness, including HIV/AIDS related illness (USDS, 2003).

Helman (1990) observes that individuals who feel socially and economically powerless may be prone to believe illness results from external forces such as sorcery, over which they have no control and therefore no responsibility. Furthermore Helman (1990) states that sorcery beliefs are common in societies plagued by poverty and general feelings of personal inadequacy and powerlessness, while those with better economic control over their lives tend to have more confidence over their health. Helman's (1990) theory could explain why Zimbabweans shift from one system of health to the other or simultaneously use all systems, despite being barred from doing this by advocates of some health models.

While most Zimbabwean patients have no reservations about shifting from one system to the other, it is also possible to find healers who combine both traditional and Christian healing practices. According to Wilson *et al*. (1993), such medical pluralism is found in most African societies. Lastly, for many Zimbabweans, faith healing or traditional healing are sources of hope and support when everything else in biomedical treatment has failed or when they cannot access biomedical services due to economic constraints or socio-cultural beliefs. In other words the manner in which individuals in Zimbabwe decide which health service option to access in order to deal with their health care partly depends on their financial resources, beliefs and on the explanatory model they use for health and ill-health (Simmons, 2000).

The unfavourable prevailing economic conditions, coupled with the health care options and health seeking behaviour discussed above, form part of the social context which impacts upon this study of audience reception to HIV/AIDS messages. Given that the focus of this study is on female audiences, the next section will present the situation of women in Zimbabwe by discussing the socio-cultural practices and factors that increase women's susceptibility to HIV/AIDS. This discussion is pertinent

in order to emphasise the implications of societal beliefs, attitudes and practices in interpreting events in the public sphere. I will argue that commonly held attitudes and practices may influence the interpretation of media messages in the target audiences negotiating meaning from the HIV/AIDS prevention texts leading them to create make oppositional readings (see Hall, 1980).

3.6. Socio-cultural background, women in Zimbabwe and HIV/AIDS

First I present the general situation of women in Zimbabwe, and then I discuss the key factors that increase women's susceptibility to HIV/AIDS. Zimbabwe has made notable achievements in the social sector during the post independence era of the 1980s and early 1990s. In addition to the gains made in the health sector and education sectors, considerable progress has been made in terms of policy formulation and legislative measures to address gender imbalances and improve the status of women. Particular emphasis was placed on changing the legal status of women, particularly African women who were governed by customary law and tradition. As a result, legal reforms have been made in the areas of civil rights, family and labour laws, to demonstrate government's commitment to equality and equal opportunities for all citizens and the promotion of women's rights (GOZ, 2004).

However despite notable improvements in policies and legislative measures, gender inequality persists in pervasive ways throughout society and even those institutions established to deliver justice for all have often failed to do so for women. There still remain major differences between policy and practice. A recent study which explored a range of injustices and gender imbalances that exist in the justice delivery system, with particular regard to family law, reproductive and sexual rights, concluded that despite various pieces of gender-neutral pieces of legislation, legal loopholes remain which do not protect women and girl children against a number of socially defined and prescribed inequalities (UNIFEM, 2002).

Given the combination of these legal loopholes and the powerful role that socio-cultural beliefs, attitudes and traditional practices play in society, the effectiveness of legislation is diminished and women and girls face reduced status and limited rights within the embracing rule of the law. In addition, the prevailing societal beliefs,

attitudes and practices influence interpretation of the law and the media messages targeted at improving women's status.

3.7. Factors related to the rapid increase of HIV/AIDS

Although the overall sero-prevalence rate of HIV/AIDS infection in Zimbabwe is generally high, it is clear from the statistics discussed earlier that women are most severely affected. Several researchers have identified factors, which are common to many countries in sub-Saharan Africa, as contributing to the rapid spread of HIV (Runganga and Kasule, 1995; and Gupta and Weiss, 1993). In Zimbabwe women and girls are infected at higher rates, owing to factors such as biological, limited economic empowerment, the imbalance of power in male-female relationships, violence against women, limited education, lack of affordable woman controlled methods of prevention, and poor communication between men and women on issues of sexuality (UNAIDS, 2004). These factors reduce women's control over their bodies and put them at greater risk of HIV infection than men.

Biologically, women in Zimbabwe are more susceptible to HIV infection than men, primarily because the main mode of HIV/AIDS transmission is heterosexual (92%) and vertical transmission (7%), and it has been established that there are a larger number of copies of the virus in semen than in vaginal fluids (MOHCW, 2004). Besides heterosexual infections, the process of childbirth exposes women to HIV/AIDS. It has been established that during pregnancy and childbirth, there are high chances of parent to child transmission (PTCT) (MOHCW, 2004).

As in any other patriarchal society, the women of Zimbabwe are economically dependent on men, therefore having a man within a family household is considered key to economic survival. In relationships, women have culturally assigned gender roles such as mothers, wives, caregivers, community mobilisers, and family food providers, and these roles come with certain expectations (UN-TASK FORCE, 2004). For instance, women are expected to defer to men at all stages of their lives. Girls must obey their fathers and other senior male relatives during their pre-marriage years. After marriage, a woman must obey her husband. Furthermore, wife beating is culturally considered to be normal: 'that's how marriages are'. This view finds support in a study conducted by a UN task force on women and girls in Southern

Africa, where it was revealed that in Zimbabwe 51% of married women believe husbands have the right to beat them whilst one in four women report having experienced sexual violence from an intimate partner (UN-TASKFORCE, 2004).

Domestic violence accounted for over 60% of murder cases in the Harare High Court in 1998 (Osirim, 2003). In addition girls are taught that men are born leaders and that married women, even if they assume the highest office, must always respect and serve their husbands (Ndlovu-Gatsheni, 2003). Such dual standards exist for sexual behaviour of both men and women, before and after marriage. The dual standards and cultural stereotypes are captured in one of the adverts I chose for this study, which states that

> …A real woman will protect herself from AIDS by refusing to have sex until *lobola* is paid. A real woman has pride and respects herself, she waits until her time has come …

The connotation is that the time comes when *lobola* has been paid. Thus young girls and women are expected to preserve their virginity until they get married, whereas boys are not sanctioned. If a woman gets pregnant before marriage, her family has the right to demand financial compensation (known as damages fees) from a boy's family for spoiling the girl, whether the boy and girl are going to marry or not. In a marriage procedure the bridegroom's family pays a bride price (*lobola*) to the family of the bride to secure the exclusive rights to the bride's sexuality, and the right to the children she bears. The implication of this tradition is that for wives infidelity will be considered as a severe offence, while for men extramarital relationships are condoned and men can marry as many wives as they wish.

According to Bassett and Sherman (1994) marrying several wives is seen as an indication of a man's status and wealth in most African societies. At the same time a woman is not expected to refuse to have sex with her husband, wives do not have a right to challenge their husbands on their sexual behaviour, and they may not suggest safe sex practices such as using a condom. Consequently wives have little control over their sexual health (Mbizvo and Adamchak, 1992; Meursing *et al.,* 1995). One can therefore conclude that the likelihood of women in Zimbabwe negotiating safe sex, especially if married or cohabiting is extremely low if not impossible. To this

end, Varkevisser (1995) argues that women's sexual subordination has been identified as leading to an abundance of social, mental and health problems.

Also influencing women's susceptibility to HIV/AIDS is poverty. Approximately 64.2% of Zimbabweans live on less than US$2/day, and 34.9% are living under the national poverty line (GOZ, 2004). The hardest hit by the economic hardships are women and girls. Hence they are forced to enter polygamous relationships, indulge in risky behaviour such as transactional sex, and engage in intergenerational sex, where young girls sleep with older men for economic reasons. Recent research has indicated that nearly a quarter of women in their twenties in Zimbabwe are in relationships with men 10 years older than them (UN, 2004). It also revealed that 15.7% of married men are reported to have had extramarital sex in the previous 12 months, while only 4% of men report using a condom with a married or co-habiting partner.

However, it is important to point out that although some of these traditional practices are beginning to change with the increasing awareness of HIV/AIDS risks, many women fear economic hardships that follow in the absence of a man in the household, hence they willingly opt for widow inheritance in the event that the husband dies, while those women who are not married enter into polygamous relationships or transactional sex in search of financial security. This financial insecurity of women further places a heavy burden on them as they fail to cope with the demands of HIV/AIDS (Ndlovu-Gatsheni, 2003).

Apart from the issues outlined above, a good number of both men and women in Zimbabwe prefer specific sexual practices. For example, some prefer *dry sex* arguing that it increases pleasure during sexual intercourse. Dry sex refers to the preference for a dry, tight vagina during sexual intercourse. According to Runganga and Kasule (1992) women in Zimbabwe and elsewhere who practice dry sex use a variety of traditional agents and pharmaceutical products to achieve the desired physical effects. In a study on the impact of dry sex on condom use and effectiveness, participants reported that drying agents had physical and psychological consequences (Runganga and Kasule, 1992). That is, agents were said to dry and tighten a woman's vagina, and also to serve as love potions to attract sexual partners and ensure their faithfulness. Because of this practice some women were reluctant to use condoms for fear of

blocking the 'magic' of drying agents. Other researchers, such as Gupta and Weiss (1993), found that dry sex is related to genital inflammation and abrasion, which may increase the efficiency of HIV transmission in a similar manner to other STDs.

One more challenge related to prevention is accessibility and affordability of HIV/AIDS drugs, care and treatment. According to the Ministry of Health and Child Welfare, Voluntary Counselling and Testing (VCT) facilities are scarce and uptake of Prevention of Mother To Child Transmission (PMTCT) is low (MOHCW, 2004). UNAIDS reports that of the 290 000 people who are in need of ARV treatment in Zimbabwe; only 6 000 are currently receiving this treatment (UNAIDS, 2004). Besides scarcity, barriers to women accessing the services include lack of financial resources and stigma associated with HIV/AIDS. At the same time HIV/AIDS has created a large number of orphans. To this end UNICEF states that there are approximately 782 000 children who have been orphaned by AIDS in Zimbabwe and most of them are cared for by older women and young girls (UNICEF 2003). The burden of caring for the sick deprives women of their ability to earn an income while girls are withdrawn from school to care for their sick parents. Clearly women are under more pressure than men in coping with the challenges of HIV/AIDS.

The above discussion on factors influencing women's susceptibility to HIV/AIDS leads to the conclusion that the epidemic is inextricably bound up with the social and cultural values and economic relations that underlie the interaction between individuals and within communities. Patriarchy is the major ideology at the centre of women's relationships and daily practices. The issue of socio-cultural and economic factors among Zimbabwean women, especially those in Harare, is important to this study as these are likely to affect the understanding, interpretation and adoption of the preferred readings of HIV/AIDS prevention messages.

3.8. Conclusion

This chapter highlighted the social conditions under which female audiences produce meaning from the HIV/AIDS advertisements under investigation. It discussed factors such as the history, political, socio-economic and socio-cultural context that underlie production and reception of HIV/AIDS prevention texts in Zimbabwe. I have argued that while the epidemic is inextricably bound up with the social and cultural values

and economic relations that underlie the interaction between individuals and within communities, patriarchy is the major ideology that that may negatively affect the reception of media messages because it permeates all facets of the Zimbabwean woman's life. From this context, the main focus of this study is to investigate the impact that social location, social networks, cultural practices, economic influences and other contextual issues have on the consumption of HIV/AIDS prevention messages by women in Zimbabwe. My interest lies in understanding to what extent these interact with audiences and their decoding of HIV/AIDS prevention texts to create preferred, negotiated or multiple readings. A related concern of my study is with investigating whether or not media have an overwhelming power to create intended or unintended consequences. Chapter four will therefore address the methodological considerations that guided the investigation.

CHAPTER FOUR

Research methodology

4.0. Introduction

As noted in chapter one, this study investigates the meanings a particular group of female audiences in Zimbabwe take from the televised HIV/AIDS prevention advertisements as part of their daily life. With a view to generating empirical data with respect to this research focus, a three pronged qualitative methodology was designed. The purpose of this chapter is to justify the methodological approach employed, and describe and discuss the three stages of this research process including the specific qualitative methods used for data collection. It also establishes the physical location of the study, and explains the sampling procedure, the role of the moderator and the use of the interview guide as well as explaining the research procedure and modes of data analysis that were employed. The methodological approaches are discussed in line with the theoretical framework and the aims and objectives of the study.

4.1. Choice of Qualitative methodology

This study took the form of an audience reception analysis which is part of the qualitative (interpretivisit) research tradition. Unlike quantitative (positivist) approaches, which believe that reality is objective, qualitative approaches believe that reality is relative and constructed and the researcher can hardly know the ultimate truth; therefore each observer creates reality as part of the research process (Deacon *et al*., 1999). While quantitative research measures what it assumes to be a static reality in hopes of developing universal laws, the qualitative research endeavours to explore what is assumed to be a dynamic reality, focusing primarily on understanding particulars rather than generalising to universal laws of behaviour (Ang, 1996: 71). Christian and Carey summarise the philosophy underpinning qualitative research when they state that:

> Qualitative studies start from the assumption that in studying humans we are examining a creative process whereby people produce and maintain forms of life and society and systems of meaning and value. This creative activity is grounded in the ability to build cultural forms from symbols that express this will to live and assert meaning. Humans live by interpretations; they do not merely react or respond but rather live by interpreting experience through the agency of culture. This is as true of the microscopic forms of human interaction (conversation and gatherings) as it is of the most macroscopic

> forms of human initiative (attempts to build religious systems of ultimate meaning and significance). It is, then, to this attempt at recovering the fact of human agency - the ways persons live by intentions, purposes and values - that qualitative studies are dedicated. Thus we do not ask "how do the media affect us" (could we figure that out if we wanted to?), but "what are the interpretations of meaning and value created in the media and what is their relation to the rest of life?" (1989: 358-9)

A qualitative approach involves an analysis of 'audience data' and 'content data' that employs hermeneutic textual analysis, unstructured or semi-structured face-to-face interviews, focus group discussions, participant observation, discourse and qualitative content analysis techniques. The aim of these techniques is to collect ideographic data about a community. Thus, qualitative research does not principally intend to create universal laws to predict anything (Bryman, 1984) but to generate information about a situation as it lived by the people in their community. This deep information is used to understand and explain a phenomenon such as the one at the centre of this study. The goal of qualitative research is to access the 'insider' perspective characteristic of members of a culture (or subculture) to understand the way people think and make meaning within their social context, and how they express these understandings through communication, and not on establishing relations of cause and effect (Priest 1996: 103). As observed by Bryman, "the *sine qua non* is a commitment to seeing the social world from the point of view of the actor – one's subjects" (1984: 77).

4.2. Reception analysis methodology

An audience reception analysis is the empirical study of the social production of meaning (Schroder *et al.,* 2003: 147). The approach combines a qualitative approach to media as texts, producing and circulating meaning in society, with an empirical interest in the recipients as co-producers of meaning (Jensen, 1988). It focuses on investigating what people see in the media and on the meanings which people produce when they interpret media texts (Hobson, 1982; Ang 1985). The central locus of analysis is on specific content and the complex signifying process of the negotiation between texts and viewers situated within specific social contexts (Lindlof, 1991; Livingstone, 1998; Pitout, 1998).

In order to explore the process of reception the analysis specifically relies on empirical data about the media product as well as its decodings. Therefore reception

analysis methodology explores media experiences through the medium of extended talk (Schroder *et al*., 2003: 147). It seeks to illuminate audience's practices and experiences, through "getting those involved to verbalise them in a non-natural but open situation of the qualitative research interview, in which informants have considerable power to influence the agenda" (Schroder *et al*., 2003: 147).

The need to study the consumption of the HIV/AIDS prevention texts within social context, coupled with the qualitative approach assumption that meaning is embedded in social action and the hermeneutic assumption of interpretation as a "play", link up with the reception analysis, which argues that readers actively interpret messages according to their experiences, contexts and structural positions (Thompson, 1995). The hermeneutic assumption of interpretation as a "play", means that audiences interpret media texts by playfully filling the gaps in the texts with their own fantasies, imagination and knowledge against the background of their social cultural circumstances through conversations and social interaction (Wilson, 1993). Thus in order to achieve the study objectives, a qualitative reception analysis approach seemed most appropriate.

Therefore in order to generate empirical data on how women in Zimbabwe make meaning from the HIV/AIDS prevention advertisements, I used a three-pronged research design, which involved qualitative content analysis, followed by focus group discussions and in-depth interviews. I also collected secondary data from the websites of the encoders and documents produced by these organisations. These techniques enabled me to examine the process of reception and gain insights into how Zimbabwean women interact with and speak about the advertisements to other viewers, and how these textual encounters impact on the meanings they interpret from the HIV/AIDS prevention texts.

To chronologically map out how the research design was executed, I begin by establishing the location of the study, after which I describe the sampling procedure that I used to recruit research participants and to select the media texts for analysis. This is followed by an explanation of the interview guide and my role as a moderator. All these represent the pre-field research processes. The second part will discuss the specific methods employed in this study.

4.3. The location of the study

Although television advertisements are viewed nationally in Zimbabwe, this was a contained study that looked at a particular group of female audiences located in Harare, the capital city of Zimbabwe. The decision to focus on this population was determined by the scale of the research project and justified on the grounds that previous research has indicated that 70% of Harare's population watch the sole national television station, especially at night when the HIV/AIDS advertisements are transmitted (ZTV, 2005). It was also influenced by the fact that Harare is a high population city, consisting of people with a cross-section of cultures and different economic backgrounds; dimensions along which differences of interpretations could occur. The next section describes the sampling procedure employed.

4.4. Sampling procedure

The purpose of sampling was to select the research participants as well as the texts to be analysed. Towards this end I employed a purposive sample, drawing participants from the 'naturally' existing communities, using the snowball sampling method (Hansen *et al*., 1998: 265). Following purposive sampling guidelines, the focus group participants were drawn from members of two voluntary membership clubs in the middle class suburb of Mabelreighn. This community was chosen because they were easily accessible and also because I had earlier established that the group usually discusses HIV/AIDS during their regular club meetings. This sample was not representative of the general population but, as has been noted by Hansen *et al*. (1998: 242), "having representative samples in qualitative research may be neither necessary nor desirable because the object of the study is simply to test a particular hypothesis". In the case of my study it was the active audience theory that I wished to test. In particular I was interested in establishing the extent to which the social context influences the audiences' acceptance or rejection of preferred readings encoded in the HIV/AIDS prevention texts in an effort to establish whether the mass media has a powerful influence upon its audience, or whether it is the audience of viewing and reading consumers who wield the most power in the process of making meaning.

Participants for the focus groups were recruited through two club leaders with whom I had established contact during the pilot study. These club leaders provided me with a list of club members, out of which we together composed three groups consisting of four to eight, regular TV viewers with a minimum of a high school education. Given that in Zimbabwe HIV/AIDS cuts across all age groups, the female respondents were divided into the following age categories: 15-24 years, 25-35 years and 36-49 years. This group segmentation was necessitated by the fact that HIV/AIDS is a sensitive topic; therefore segmentation according to age groups would encourage participants' self-disclosure (Bryman, 1984) without fear of individual blame from other group members. For example, because of life's experiences, the discourses of a 20 year old might totally differ from those of a 45 year old, although they might share the same sexual partner. Furthermore, since the study sought to establish how lived realities of the women affected their negotiation of HIV/AIDS, the focus groups participants were selected and mixed such that they could represent differences around social classes, marital status, economic disposition and education variables.

Apart from the focus group participants, the respondents of this study included a sample of representatives from the encoders, who took part in the in-depth interviews. To this purpose four officials were purposively chosen to represent the PSI, Ministry of Health and Child Welfare, the Global Media Company and Zimbabwe Television. The four were chosen after considering the key influential role they play in the production and transmission of HIV/AIDS prevention texts. Lastly, the advertisement sample consisted of ten HIV/AIDS prevention television advertisements that were broadcast between 1st January 2005 and 31st December 2005. The ten advertisements were screened in rotation to fill up an average of 50 times 30 to 60-second time slots per month (ZTV, 2005). This sample was selected because these were all the advertisements aired during this period, and also this was the period when the campaign was scheduled to run.

4.5. My role as the moderator and the interview guide

In media and communications research it is often the researcher who acts as the moderator (Hansen *et al*., 1998). The advantage of this is that the moderator will be fully aware of the nature of the research and its objectives. Therefore I facilitated all the focus group discussions and the in-depth interviews. Following Hansen *et al.*,

(1998: 272) and Morgan (1988: 57), my role as the moderator was to stimulate and moderate the discussion, and to ensure that the conversation did not stray from the key research question which was to investigate what meanings females in Zimbabwe take from the HIV/AIDS prevention messages. Being the moderator permitted me to have first-hand knowledge of the community I was studying. It also enabled me to guarantee that the thematic topics outlined in the literature review were covered as well as to ensure that similar issues were discussed in the different groups to facilitate later analysis (see Knodel, 1993: 37).

Hansen *et al*. alert us to the fact that although focus groups allow flexibility to participants' responses, this should not be mistaken with a free for all "unstructured chaos" (1998: 273). Therefore in order for me to enable a smooth flow of discussion and ensure that the interviews concentrated on the subjects and issues relevant to the research, I drew up an interview guide (see Appendix 2). An interview guide is principally a menu of the topics, issues and areas of discussion to be covered, and it gives direction as to: the sequence of issues to be covered, the nature and extent of prompting and probing, the nature and use of visual or verbal aids, and the points at which these should be introduced during the discussion (Hansen *et al.,* 1998). I constructed an interview guide for the focus group discussions with female audiences and one for the in-depth interviews with the encoders. In constructing the interview guides I generally followed the "funnel approach" (see Hansen *et al.,* 1998), where I started with more general questions aimed at establishing how the target population talk about HIV/AIDS, followed by specific questions about how the viewing of HIV/AIDS prevention television advertisements influences their language and mode of discussion employed by the groups in their daily lives. In line with Morgan (1998: 56), I did not rigidly follow the interview guides but allowed discussions to flow at length and probed deeply when the necessity arose.

4.6. Methods of data collection and procedures

Having outlined the pre-field research processes above, in this section I discuss and justify for the specific qualitative methods of data collection that were employed, and procedures followed, in the order in which I used them.

4.6.1. Qualitative thematic content analysis

Qualitative thematic content analysis adopts a critical and interpretative approach, which involves exploring the meanings that are embedded in the representations, as opposed to looking at the frequency of particular themes as a reflection of particular phenomena, which is characteristic of quantitative content analysis. The overall aim of qualitative content analysis is to find out the patterns, ideas, thoughts, expressions and conceptions:

> Qualitative content analysis allows the reader to probe into and discover content in a different way from the ordinary way of reading a book or watching a television program. (Neuman, 1997: 273)

Morley suggests that media texts have certain identities, which are governed by codes and conventions they are constructed in relation to, therefore he argues that:

> When analyzing texts or programmes we also have to look at the assumptions that lie behind the content. There will be assumptions made about the audience and these assumptions need to be made visible if we are to understand the implicit messages which a text may transmit over and above what is explicitly said in it. (1992: 84)

In addition Jensen and Rosengren argue that:

> What characterizes reception analysis is, above all, an insistence that studies include a comparative empirical analysis of media discourses with audience discourses – content structures with the structure of audience responses regarding content. (1990: 214)

I followed the insights of Morley (1992) and Jensen and Rosengren's (1990) and conducted a qualitative thematic content analysis. First, I collected all the television advertisements that were aired between 1st January 2005 and 31st December 2005 and recorded them onto videotape. Then I transcribed and translated those advertisements that were in a vernacular language into English. Next, I proceeded to do the qualitative thematic content analysis. This involved analysing the advertisements and identifying the meanings that are embedded in pictures, words and themes, as opposed to looking at the frequency of particular themes, which is characteristic of quantitative content analysis. This data generated from the qualitative content analysis set the backdrop for the focus group discussions.

4.6.2. Focus groups

Focus group discussion as a qualitative research method gained popularity in the 1980s and it became useful in understanding the differentiated meanings audiences make when watching or consuming media (Deacon *et al*., 1999: 55). According to Morgan focus groups are typically defined as "bringing together a small group of people to participate in a carefully planned discussion on a defined topic" (1998: 115), in this case reception of HIV/AIDS prevention texts.

The preference to use focus group discussions in this study as a method for understanding how people socially construct meaning, was informed by arguments that focus group discussions are compatible with the three key assumptions of qualitative research as outlined by Hansen *et al*. (1998), Brotherson (1994), Stewart and Shamdasani (1990) and Vaughn *et al.* (1996). First, in qualitative research "the nature of reality is viewed as phenomenological, and multiple views of reality can exist, therefore individuals are invited to participate in a discussion where their diverse opinions and perspectives are desired" (Brotherson, 1994: 101). The assertion is that a variety of perspectives and distinctive explanations may be obtained from a single data gathering session. Second, the interactions between the moderator and respondents and the interactions between the respondents themselves are recognized as having the potential to add depth and dimension to the knowledge gained, creating a synergistic effect (Stewart and Shamdasani, 1990: 16). Third, "the nature of the truth statements is such that truth is influenced by perspective in relation to a particular context" (Vaughn *et al.,* 1996: 16). Other advantages include speed, transparency, interaction, flexibility, open-endedness and the ability to note non-verbal communication (Gorman and Clayton, 2005: 147).

In preparation for the group discussions, I re-recorded the advertisements onto videotape, grouping them according to themes identified during the qualitative thematic analysis. Then the focus group discussions began by viewing the HIV/AIDS television advertisements with the participants as they would do in a normal viewing situation, which allowed respondents to experience and speak freely to the content, making associations with their lived experiences (see Schroder *et al*., 2003: 111; Lunt and Livingstone, 1996: 83; Hansen *et al.,* 1998: 275). The group would view advertisements on one theme then discuss questions related, after which they would

view the next theme and discuss, until all the themes had been discussed. I probed other emerging themes such as gender, economic disposition, socio-cultural practices, socio-economic influences, proximity to HIV/AIDS, factors that contribute to the spread of HIV/AIDS and women's perception of their own vulnerability in relation to HIV/AIDS. I also assessed their perception of HIV/AIDS advertisements penetration into their environment/space.

The focus group discussions offered group interaction, which enabled me to discuss the advertisements and observe the social production of meaning, as participants negotiated their readings of the text in an environment in which they would 'naturally' generate meaning (Schroder *et al*., 2003: 111; Hansen *et al*., 1998: 275). This approach enabled the group and the researcher to identify how the text 'speaks to' the viewer and to revisit key thematic issues from different angles at different stages in the interview. The approach is similar to that which Press (1991) used with the television programme *Cagney and Lacey* to examine the issue of abortion and how far group sentiments, vocabulary, and mode of discussion were influenced by exposure to the media text. Liebes and Katz (1990), in their examination of cultural differences in the interpretation of the US prime-time melodramatic soap opera, *Dallas*, which was broadcast in many countries, also used a similar approach successfully.

I had envisaged conducting six focus group discussions as Hansen *et al.* (1998: 268) argue that one should have a minimum of six focus groups until comments begin to repeat and little new information is generated, however due to resources and the number of people willing to participate in group discussions I ended up conducting only three group interviews with five participants in each. After the focus group discussions I conducted in-depth interviews with four key stakeholders in the production and dissemination of HIV/AIDS prevention television texts in Zimbabwe. Morgan's advice that focus group data should as far as possible be combined and juxtaposed with a range of data gathered from different sources and using various research techniques, in the interest of as complete and reliable an answer to the research question as possible (1998: 132). This was necessitated also by the realisation that focus group discussions had raised critical issues, which required further in-depth interrogation.

4.6.3. Semi structured interviews

Semi structured interviews or in-depth interviews are essentially a variation of the one-on-one interview approach. A rational justification for their wide usage in media studies is that "the best way to find out what the people think about something is to ask them" (Jensen, 1982: 240). In addition Jensen suggests that individual in-depth interviews have affinities to conversation and are well suited to tap social agents' perspective on the media, since spoken language remains the primary and familiar mode of social interaction (1982: 240).

I conducted in-depth interviews with officials from PSI, Ministry of Health and Child Welfare, the Global Media consultants and Zimbabwe Television, in which they discussed their roles and responsibilities in the production of HIV/AIDS prevention television advertisements in Zimbabwe. During the interviews I probed the encoders to try and establish their understanding of the complexity of the decoding moment, shaped as it is by the cultural understandings and practices of the decoders, and probed how they incorporated these insights into their messages. I also followed up on some of the critical issues that had been raised during the focus group discussions. For example, participants had commented that producers of HIV/AIDS prevention advertisements glorify HIV/AIDS, and that the whole concept of advertising 'sex' was a foreign approach being adopted to solve an African problem. In addition participants had disputed some of the facts that are presented in the advertisements such as a condom can stretch up to a metre and you can live up to 20 years with HIV/AIDS. The encoders addressed all these issues and spoke about their roles, responsibilities, experiences and constraints in the production and transmission of HIV/AIDS prevention texts.

The three-pronged methodology implemented in this study provided me with insights into the interaction between the social context, production, reception and interpretation of HIV/AIDS in Zimbabwe. It enabled me to gain insights into how Zimbabwean women speak about the advertisements and how their interactions with the texts and each other impact on the meanings they take from these texts. The approach also allowed me to interpret inferences and leads drawn from one data source and corroborated these with other sources.

As the researcher I believe that I conducted interviews with a fair sample of participants who articulated key points of differences and interpretations that overlapped with one another to give a true picture of the audiences' views. I was able to conduct the interviews and record the process in the field, after which I transcribed them. Jensen suggests that "the in-depth interviews will not be finished accounts of the audiences' experience of the texts, it is necessary to proceed further and analyse the data" (1988: 4). However, before I discuss the data analysis, I discuss the interview setting and explain the research procedure.

4.7. The interview setting

According to Hansen *et al.* (1998), the setting when conducting television audience research exerts a framing influence on the nature of participants' responses and on the group discussions as a whole. Television audience researchers therefore recommend that viewing of texts and qualitative interviews be done in the home context in order to gain access to naturalised domains and their characteristics (Morley, 1992). The argument is that "an action such as television viewing needs to be understood within the structure and dynamics of the domestic process of consumption of which it is a part" (Morley, 1992: 173). This is because television viewing is inextricably embedded in a whole range of everyday practices that is itself partly constitutive of those practices (Scannell, 1988; Silverstone, 1990). However, Morley argues that "the situational variable will produce differences within the field of interpretations, but the limits of that field are determined at a deeper level, at the level of what language/codes people have available to them, which is not fundamentally changed by differences of situation" (1992: 101).

Drawing on these theoretical insights, the interviews for the focus groups took place at the researcher's home, while for the encoders, interviews took place in their offices. These settings were chosen because they were considered to be convenient, non-bureaucratic, and compatible to the nature of the topic under investigation, hence it was assumed participants would feel comfortable in these settings (see Hansen *et al*., 1998).

4.8. Research procedure

In November 2005, while still at Rhodes, I made official requests to Zimbabwe Television asking for the advertisements that were aired during 2005 and explained why these were needed. I also made contacts with the two club leaders of a community club in Mabelreighn, Harare to request participants. This was facilitated by my supervisor having supplied a letter of introduction clearly stating the purpose of the research. I attached a photocopy of this letter to my entire request letter. Having secured the advertisements, and participants to the focus group discussions, I compiled a list of my thematic questions and the interview guides with the aid of my supervisor, Professor Larry Strelitz of the Rhodes University Department of Journalism and Media Studies (see Appendix 2). He advised me not to rigidly follow the interview guide, but emphasised the need to pay close attention to the theoretical assumptions made in Chapter Three when organising and categorising the data from the respondents.

On arrival in Zimbabwe I collected the advertisements from ZTV and immediately did a qualitative thematic content analysis. After the qualitative content analysis I pilot tested the interview guide and conducted a preliminary interview with an official from ZTV and one group consisting of randomly selected female members of a local gym club. The preliminary interview with ZTV helped me to identify the key stakeholders in the advertising of HIV/AIDS prevention on television in Zimbabwe and alerted me to the contradictory debates that were already circulating relating to the HIV/AIDS advertisements. The focus group interview enabled me to test my interview guide. From these interviews I was able to identify problematic areas with the flow of the interview guide and the framing and wording of some questions. I therefore revisited and changed some of the thematic categories, and also redrafted some problematic questions. After successful piloting, the research proceeded by first conducting focus group discussions. The contact persons at the club made appointments with the ten participants for each group and asked them to gather at their offices on allocated days. I then went to pick them up and drove them to my house.

During the interviews there were some ethical questions to consider. Fontana and Frey (1994: 378) observe that traditional concerns have revolved around the topics of

'informed consent' (consent received from the subject after he or she has been carefully and truthfully informed about the research), 'right to privacy' and 'protection' from harm. In conducting my interviews I remained mindful of these ethical issues. Prior to the beginning of each interview, I explained the purpose of the study to the respondents, asked for their consent to record all the proceedings on an audiotape and assured them that the data collected was going to be treated as confidential. To help in the voice identification during the transcription the participants introduced themselves briefly at the beginning of the interviews, however they used pseudonyms. The decision to use pseudonyms followed a discussion I had with my supervisor to the effect that legal and ethical implications might arise in Zimbabwe as a result of the disclosure of the real identities of the respondents. The duration of the focus group discussions ranged from 45 minutes to one hour.

The interviews with the encoders were conducted on separate days, in each person's office, as this was practical and convenient. These interviews lasted approximately 45 minutes each. The group discussions and the in-depth interviews were conducted in English although occasionally participants in focus groups reverted to their mother tongue to express some points. All the audio taped interview data was transcribed and translated into English where necessary and these appear in Appendix 3. While translating both the interviews and the advertisements into English, I tried to keep the sense of the meaning rather than the literal translation so that the cultural vigour of the conversations was not lost.

A practical limitation encountered during the research process was that, due to the current fuel shortages in Zimbabwe, accessing the research participants and transporting them to my house presented problems. At times discussions and interviews had to start late or be postponed to another day because I would have failed to secure fuel. A further problem was that the recording quality in some cases was poor and so it was difficult to identify and differentiate voices during the transcription.

4.9. Data analysis

The data generated by qualitative interviews are verbal responses, statements, opinions, interactions of the participants and non-verbal actions. Observational

accounts of non-verbal communication such as facial expressions, body language and gestures were noted by taking shorthand notes, and these were later assessed in terms of making meaning. As with other methodologies in audience research, the data and findings of a reception analysis study should be seen as discursive constructions produced jointly by the researcher and informant's interaction in the research encounter and by the researcher interpreting the interview transcripts. Accordingly the interpretation of data is thus done with reference to the socio-cultural system in context, which again is conceptualised as a historical configuration of social practices, contexts of use, and interpretative communities (Jensen and Rosengren, 1990: 218).

There are a variety of methods to analyse large amounts of data (see e.g. Pitout, 1998; Leaderman, 1990; Liebes and Katz, 1990). According to Leaderman (1990), one of the most reliable methods is to use content analysis categories and to illustrate these categories with citations from the focus group interviews. In other words a researcher combines interpretative strategies with systematic coding. Therefore, for data analysis, I adopted an approach similar to Leaderman's analytical approaches (1990: 117-127). The main ideas and summaries were fitted into Hall's (1980) encoding and decoding model with three reading positions and social marketing theory to gauge how the participants interpreted HIV/AIDS prevention texts. The analysis also drew insights from the analytical approaches of Tomlinson (1991), Strelitz (2002), Liebes and Katz (1990), Philo (1993), and Kitzinger (1993).

4.10. Conclusion

In this chapter, I have argued that the nature and goals of the research determine the research paradigm, which in turn determines the methods. In this instance, qualitative thematic content analysis, focus group discussions and semi-structured interviews methods were best suited to the purpose and objectives of the study. I have discussed the three stages of my research process as well as the physical location of the study, sampling procedures, research procedure and modes of data analysis employed. The chapter also presented the physical location of the study and the limitations encountered during the study. It is important to point out that like all studies in this tradition, there is no claim to generalisation and universality since it cannot be guaranteed that a similar study would come up with the same interpretations, because

human behaviour is dynamic and dialectical and new ideas come while discourses change by the day.

Having collected the data as outlined above, chapter five will analyse this data and discuss the findings on the way women in Zimbabwe make meaning from the HIV/AIDS prevention texts in their everyday contexts.

CHAPTER FIVE
Discussion of Study findings

5.0. Introduction

This chapter presents and discusses the findings of a qualitative study whose purpose was to investigate how a particular group of female audiences in Zimbabwe socially produce meaning from the HIV/AIDS prevention television advertisements aired on Zimbabwe Television, in view of their lived realities. The study investigated whether or not the social context along with the needs which audiences derived from, or brought to the message, have influenced the female audiences' interpretation of meaning to create preferred, negotiated or oppositional readings as pointed out by Hall's (1980) encoding and decoding model. Thus the research also considered the complexity of the decoding moment, shaped as it is by the cultural understandings and practices of the decoders.

The objective was to establish whether the mass media has a powerful influence upon its audience, or it is the audience of viewing and reading consumers who wield the most power in the process of making meaning. The interpretation and discussion of the findings will be informed by the objectives of the study and the theoretical considerations as proposed by communication for development and cultural studies approaches to audience reception research, along with corroboration of quotations arising from the interviews to support the themes.

This chapter is divided into five sections. The first section presents a qualitative thematic content analysis of the advertisements at the centre of this study. This is particularly important in the light of the view that qualitative content analysis conceptualises media content as constructed texts where meanings can be generated by both the text and its audiences (Hart, 1991: 60). Section two discusses the findings on how the viewing of the advertisements connects with the women's experience of their social context and related lived realities to make meaning from the HIV/AIDS prevention and stigma messages. I discuss the findings in conjunction with thematic issues raised by various audience research theorists on subjects like proximity to HIV/AIDS, social marketing, social interaction and media power versus audience

power (see Leaderman, 1990, Liebes and Katz, 1990; Philo, 1993 and Kitzinger's, 1993).

Section three will provide an overall analysis on how the viewing of the advertisements connects with the women's experience of their social context and lived realities to make meaning from the key ABC and stigma messages. Section four analyses the findings on the power of the media versus the power of the audiences. Section five will summarise the chapter. Since citations will be used to illustrate the meanings women made, the following are the notations and denotations to be used in this analysis.

G1 - Participant from the 15 - 24 years age group
G2 - Participant from the 25 - 35 years age group
G3 - Participant from the 36 - 45 years age group
Interviewer

The use of letters of the alphabet (e.g. G1, G2, G3) is similar to the style used by Lindlof (1995) and Roscoe *et al*. (1995) in their analysis of television audiences.

5.1. Qualitative thematic content analysis of the advertisements

The PSI campaign consists of ten advertisements, lasting from between 30 to 60 seconds. The ten advertisements can be segmented into three groups according to their slogan. The first group consists of four advertisements under the slogan *don't be negative about being positive.* These advertisements address issues to do with stigma at the denotative level and behavioural change at the connotative level. Technically the advertisements are constructed as testimonials with locally known people who are living positively with HIV, addressing the viewers while sitting on a chair. Three testimonials feature women (Gladys aged 30, Rebecca aged 35 and Thembeni aged 26 years) while the other features a man (Donance aged 39 years). They tell the viewers that "I have been living positively for 15 years and help provide support to others" (Donnance), "I have been married for 16 years and my husband remains HIV negative" (Gladys), "I have dreams of seeing my son grow up and having his family" (Rebbeca), "I am not ashamed. It's like BP or diabetes, anyone can catch it" (Thembeni).

According to the encoders of the advertisements, Global Media, the decision to have three women and only one man was influenced by research findings on the Stigma Campaign, which revealed that women tend to be more affected than men, when they confirmed that they were HIV positive. The research indicated that sometimes marriages or relationships break down, women lose the family breadwinners and the infected get stigmatised in many forms (interview with Global Media, 2005). Consequently the infected and affected become hopeless as they wait for their dying day. Hence the adoption of the theme *don't be negative about being positive* (Interview with Global Media, 2005). The aim of these messages is to give hope to both infected and affected people, and those with family members in that position. The preferred reading of the texts is that firstly HIV is real, secondly it's a serious issue but one that we can live with, thirdly the infected are not asking for pity but have the zeal to live positively, and fourthly, that anyone can get HIV.

The second set of advertisements consists of two advertisements with the *real man* and one with the *real woman* as slogans. The main themes being addressed in these advertisements are abstinence, resisting peer pressure, promoting gender equality in sexual negotiation, preserving virginity until marriage, and, respect. The real man or real woman metaphors are used here to define and connote a genuine, bona fide, true man or woman, who conforms to all the key behavioural aspects of the 'ABC' messages. At the same time the advertisements underplay the importance of preserving virginity in the real man, but instead emphasise the aspect that a real man should not force a woman into having sex.

In addition to the above, these advertisements have further hidden meanings that are embedded in the texts. For example there are specific phrases, metaphors, riddles and words that carry both connotative and denotative deeper meanings which call for an understanding of the Zimbabwean culture, in order to understand the meanings that are embedded. There are words such as *pabonde*, *anozvidadisa* (she feels proud), *anomirira kusvika nguva yake yakwana* (waits until the time has come), *kusvikaarooorwa* (until lobola has been paid). *Pabonde* is a Shona word that literally means sex. However, it connotes all the other sexual intercourse discourses that take place between two people in the private domain. Another statement loaded with meaning is, *Anozvidadisa, anomirira kusvika nguva yake yakwana, kusvikaarooorwa*.

Connotatively this implies that a real woman has to preserve her virginity until 'lobola is paid' and she is considered married. This set of advertisements is only available in Shona and Ndebele, the two main local languages.

The last set of advertisements consists of three advertisements with the slogan *life saver facts.* The preferred reading of the texts is that using protection in the form of condoms correctly and consistently could save one's life. These advertisements were constructed to demonstrate that condoms are strong and effective, and to encourage people to use one every time they have a sexual encounter, as one of the many ways to protect against Sexually Transmitted Infections (STIs) and HIV. These advertisements do not specify who should use a condom but instead they give the impression that the whole nation is encouraged to use condoms. Technically the television demonstration is done through animation and computer graphics complimented by a voice overlay explaining that a condom can carry up to three litres of water without bursting, and that it can stretch up to one metre without breaking. The demonstration shows the pouring of three litres of water into a condom and stretching it to prove the strength of the condoms.

All the ten advertisements have used social marketing advertising manipulation tactics involving positive emotions like love or joy, but have not incorporated the negative elements of fear, guilt or shame in constructing their messages. This analysis helped in identifying the preferred encoded meanings, as well as themes to be addressed during the interviews. The main themes addressed in these advertisements are abstinence, behaviour change, consistent and correct use of condoms, and stigma. In the following section I will discuss the findings on how the viewing of the advertisements connects with the women's experience of their context and lived realities to make meaning from the key ABC and stigma messages under these themes. I translated the advertisements that were in Shona and Ndebele into English, and the transcripts for the ten advertisements are included as Appendix 3.

5.2. Negotiating key HIV/AIDS prevention, 'ABC' and stigma messages.

I asked the women to identify the key themes being articulated in the advertisements, and then conducted an assessment of their negotiation with more factual aspects of the preferred messages. The female audiences could easily identify and categorise the

advertisements according to the abstinence, behaviour change, consistent and correct condom use and stigma related themes. They explained how they related to these themes and how they would use the information obtained from the advertisements in their everyday lives. They also showed their awareness of the different modes of HIV/AIDS transmission such as mother to child transmission (MTCT), unprotected sexual intercourse and blood transfusion (with infected blood) among others. However further probing revealed the complexity of decoding texts. The first message discussed was abstinence.

5.2.1. Abstinence messages

Many women said the message 'abstain from sex' was directed at people who had never had sex before, or those single people who had sex before they got tested for HIV/AIDS, and later realised they had escaped catching the virus in their past sexual encounter. Therefore these people see the need to abstain from sex. To the female audiences in this study Abstinence messages had no relevance to married people because in the Zimbabwean culture, sex is the backbone of marriage and therefore married people are not expected to abstain from sex. The following are some of the excerpts which reflect these views.

> **G3:** The message abstain from sex, is directed at the youth. Because me as a married woman I cannot abstain, because sex is the backbone of marriage. Therefore I find this advert irrelevant to me and to other married people.
> **G2:** The message is also directed at single people who are not having sex. I mean all those who are not sexually active, or if you have been hurt before, you can start to abstain. However it's quite difficult to abstain once you have started. What's the point anywhere? Plus with all these condoms around what's the point of waiting anywhere after all you can use a condom isn't that what they are preaching?

The single women whose majority was those in the 15-24 year old group, while acknowledging and reproducing the dominant meanings from the 'abstain from sex' messages, interpreted advertisements that said *Mukadzi chaiye, anozvidadisa* (a real woman feels proud), *anomirira kusvika nguva yake yakwana* (she waits until her time has come), *kusvikaarooorwa* (until lobola has been paid for her), as exonerating men from taking responsibility of sexual behaviour and leaving the responsibility of blame and consequences of any wrong doing to women.

> **G2:** The real man as I know him in Zimbabwe will want you to prove your love for them through sex. There is competition out there, and the competition

might be willing to indulge. If I insist on abstaining my man will leave me. There are many non-virgins who got married and are happy.
G3: It is difficult if not impossible to find men who are doing all those things they say a real man should do. In our cultures the emphasis on preserving virginity has always been on women, not men. It's only now that we hear of men being asked to preserve virginity. But then times have changed, I think its too late now to convince men that that they have to preserve their virginity. Its not part of culture and it has never been therefore it wont be taken seriously.
G3: I always ask myself if you are not a real woman then what are you. Do you stop to be a real woman because you have had sex? How many "un-real" women are married today and a living negatively and happy? Men will marry you whether you are a virgin or not. To me the emphasis should be on sticking to one partner once you start indulging. This preserving of virginity is an old tradition, its getting outdated and it doesn't work today. That's why they have condoms as an alternative. I would go the condom route and get ARVs if I get sick.

The women's concern was that the men in their relationships were not willing to abstain. They demanded sex as proof of the women's love. If the women insisted on abstaining the men would leave them and get other women willing to indulge in sex. On the other hand they interpreted the *real woman* and *real man* messages to connote that girls are expected to abstain from sex and remain virgins until marriage. After marriage they are expected to be faithful sex partners, who take prime responsibility for personal precautions against pregnancy and HIV/AIDS. Young men however could be sexually active and face no sanctions, need not be faithful and could choose to say no to condom use during sex. At the same time the single people are expected to marry the same young man who enjoyed premarital sex while they were being asked to abstain.

G1: As for me as a young person who has never had sex, but when I am pressured I might indulge in sex because the condom is there. I don't see the benefits of abstaining although I am abstaining right now. Maybe I am abstaining to marry a man I will only stay with for a year and we divorce or better still he dies with AIDS or he infects me and I die.
G2: They just preach abstinence they don't preach to viewers the consequences of not abstaining or of premarital sex or the benefits of abstaining. It's like it is not a serious issue because they are condoms and ARVs all over. people need motivations in life…you know what I mean,… uh… show the positive and negative aspects …

The speakers above raise two important issues concerning firstly the benefits of abstaining and secondly the availability of alternative methods of preventing HIV/AIDS. It is clear that the women saw no tangible benefits in abstaining given that the male partner who is likely to marry them is not being encouraged and pressured

by society to abstain from sex, and in the light of available alternative methods of HIV/AIDS prevention such as condoms and treatment such as ARVs. Such thinking led the women to view abstinence as a secondary issue.

The issue of economic difficulties shaping people's sexual practices also arose. Others said that due to economic difficulties, most young men in their age group will still be struggling to get started in life as compared to older men. Therefore the single women argued that they saw no point in having relationships with young men who have no resources or economic power to support their preferred way of living. Thus they resort to relationships with older men who wield economic power solely for the purposes of transactional sex, as reflected by the following speaker.

> **G1:** Life is hard here in Zimbabwe and if you are lucky you might get hooked with a rich guy, or someone who is able and can help you financially. They are people like that here. Some of them are married or have many partners but they can afford to look after you. These kinds of men are not just looking at spoiling you with goodies without anything in return. They want sex. So abstaining might be difficult (but maybe sticking to one partner??). If AIDS comes then tough luck, whichever way you will still die one day. What is better: to die unhappy and poor or to die happy and rich?

The arguments presented on negotiating meaning from abstinence messages demonstrate that lack of knowledge is probably not a factor in the interpretation of the prevention messages. Instead it would seem that Zimbabwe's socio-cultural practices, together with the prevailing socio-economic conditions, have a negative impact on the lived realities of the women and affect their negotiation of textual meaning. These findings are consistent with the concept of active audience as discussed by Thompson, (1988: 375), Schroder *et al,* (2003: 109) and Moores, (1993: 1). These theorists established that the audiences engage with media texts and negotiate different meanings from them by integrating them into other aspects of their lives.

5.2.2. Behaviour change messages

On messages that advocate behaviour change, I probed the women's concerns on behaviour change and the women's perception of their own vulnerability to HIV/AIDS. When I asked about how they rate their chances of contracting HIV/AIDS, the 15-24 year old group did not consider themselves at risk of getting HIV/AIDS, whereas the 25-35 year old and the 36-49 year old groups said that although they were very much aware of the causes, consequences and how to prevent

HIV/AIDS, they were not empowered to negotiate safe sex, hence they see their chances of getting infected as quite high.

> **G3:** It would be better if they took the messages to the public places like night clubs so that these men see them. When the message has sunk into the men's head then maybe we can start talking about safe sex. Some of these things are just too easy to say on TV, but when you are married or economically dependent on a particular man, even if you know he is cheating your choices are very limited. You ask yourself what do I want my marriage or the TV gospel. Tell me what behaviour change you preach to an African man who paid lobola to you. Unless you are economically empowered, you can live and go and make it on your own without sex, because in Zimbabwe I don't think you will never get a man you say, is your own.

From the discussion I deduced that those in the 25-35 and the 36-49 year old although aware of the risky behaviours; they are not empowered to take an active role in influencing behaviour change. The men in their lives decide whether to have protective sex or not, hence the women felt helplessness when confronted with messages advocating behaviour change. The 15-24 year old group's perception of vulnerability could be interpreted to imply that teenagers in this study were aware of the risky situations that could expose them to HIV/AIDS; therefore they chose sexual behaviour freely in the context of equal partnership. Or it could be explained by the fact that most young people in the age groups between 15-24 years in Zimbabwe are still minors who are under the care of parents and guardians who are supposed to provide for their basic needs. Therefore they are not under any obligation to have sex with men. In contrast, the more mature women have the responsibility of taking care of families and providing for these teenagers, and in order to do so most of them rely on the man's financial and moral support. This dependency on men, takes away their rights to refuse sex or suggest safe practices, whether married or co- habiting. In addition they said they do not have the right to challenge their husbands on their sexual behaviour should they become unfaithful.

> **G3:** The men are in control in this part of the world. If he has not decided to change his behaviour there is nothing you can do. Even if you know what's right. You take it or you leave it. To do that you consider a lot of other things. To start again in life, it's expensive, difficult and most of the times you don't have a good job that can sustain you. So you want to preach behaviour talk to men not women.
> **Interviewer:** Why do are you not able to compete with men on an equal level.
> **G3:** I can't really explain it. Maybe it's cultural, or maybe women are lazy or maybe its greediness, it's just the way it's been for years.
> **Interviewer:** Would you consider getting involved with a man you know is in love with someone, e.g. polygamy or sugar daddies.

G2: The rich man's AIDS is better than the poor man's. I would enter any kind of relationship as long as I have seen the man is capable of sustaining the kind of life I want to live. AIDS is a secondary issue. Besides we can choose not to have babies or to use ARVs, something along those lines.
Interviewer: Where do you get information about HIV/AIDS?
G3: From friends or on radio or TV. I don't really go out of my way to read books and that entire stuff. If there is something new I will hear it on radio, TV or my friends.
Interviewer: Why can't you divorce a man who cheats or abuses you?
G2: That can be disastrous. I have had several fights with mine over his behaviour. On several times we have ended up either in the hospital or the police station when we fought; I can't call it fighting, it's more like when he beat me up. As they say you can't teach old dog new tricks.

The citations above indicate that the negotiation of meaning from messages advocating behaviour change was also affected by the women's limited education and lack of economic power. The female audiences' limited education makes it difficult for them to develop marketable and professional skills that can enable them to compete equally with men in the open labour market. As a result, they resort to early marriage, entering into polygamous relationships, widow inheritance or forming relationships with older men, mainly for economic reasons, and thus become more vulnerable to HIV infection. On the other hand, the their lack of economic power combined with lack of education make it difficult for them to access both information about HIV and access to adequate healthcare. This results in their illnesses not being treated efficiently. Others raised the issue of male violence and coercive sex in their relationship. Such abusive practices make it difficult for them to negotiate safe sex, which in turn impact negatively on the meanings they took from HIV/AIDS messages advocating behaviour change.

Throughout the discussion there was a strong suggestion that gender imbalance and economic power are the major factors having a bearing on women's perception of behaviour change and their own vulnerability, which in turn inform the readings they take from messages advocating behaviour change. In terms of Hall's (1980) encoding and decoding, the majority of these women are probably situated not in positions of conformity with or opposition to the dominant ideology, but in ones that conform to it in some ways, but not others; they accept the dominant ideology in general but modify or inflect it to meet the needs of their specific situation.

5.2.3. Condom use messages

Although attitudes are slowly beginning to change regarding the use of a condom in sexual relationships, the women expressed concern as to the negative connotations of introducing condom use in a relationship. Some felt that condoms might destabilise a relationship by introducing an element of distrust and suggesting inappropriate, promiscuous sexual practices as reflected in the citation below.

> **G1:** To me I think the main problem with condoms is that condoms are associated with promiscuous behaviour, so it's difficult to accept them.
> **G3**: The men are too independent. According to our culture it is the men who can have 2nd, 3rd, 4th wife without being questioned, but getting praises. That is not expected of a married woman, once a married woman has an extra-marital affair she is kicked out of the house. It is the man who calls the shots, once a woman starts asking a man to use a condom, the man will say what are you doing or what have you been doing, do you have an affair?
> **G2:** The other thing is that these advertisements come out when man are not at home because half the time they come home late and when they finally come they want to sleep and rest. So they don't see the adverts. Maybe if you see the advert together over and over again it might be easier to start the negotiations of safe sex. Otherwise *hameno zvazvo* (let fate take its place).

What these women said finds support from Heise and Elias who state that "in large measure, women's vulnerability to HIV infection derives from their low status in society" (1995: 931). They suggest that "women often have too little power within their relationships to insist on condom use, and they have too little power outside of these relationships to abandon partnerships that put them at risk" (Heise and Elias, 1995: 939). This vulnerability has a societal, patriarchal basis, in that women tend to occupy a subordinate position to men in their sexual relationships, which contributes to their general inability to refuse unprotected sex. Such bias, entrenched in the deep structures of society and reflected in daily practices is perpetuated from legislation, official policy and practice, political, religious and cultural ideologies in Zimbabwe. Therefore in such a social context message producers need to incorporate the culturally acceptable high risk behaviours in their messages, and produce messages that are based on a real need or that address a situation which the target audience can identify with in their daily life. For example produce messages targeted at specific gender, workplace or in polygamous relationships. That way the audiences get empowered to deal with their particular situations in the face of HIV/AIDS.

The second concern that emerged relates to factual and educational information presented in the advertisements regarding the dynamics of condom use and prevention of HIV/AIDS. To the women in this study the advertisements had limited scope hence they were left with more questions than answers.

> **G2:** They just say use a condom. I think they should go further and demonstrate and explain who should use a condom and how, illustrate the correct way. For example my first encounter with a condom was when I was at college, when we were having a reproductive health session. That's when I knew this is how to put a condom correctly. The adverts really need to tell me exactly how a condom protects me from getting infected and how it's not the same as using any other plastic barrier.

When an advertisement lacks factual information or is poorly executed, there is a possibility that it could end up creating multiple readings for its target audiences. Hall (1980) argues that the same viewer may decode a text in two ways simultaneously. It is out of these contradictions that polysemy and the multiplicity of readings arise. I probed this theme, and the citations below demonstrate how the female audiences made multiple readings from the condom advertisements running with *the life saver facts* slogan.

> **G2:** I did not understand the advertisement. I asked myself of what significance is that to sexuality. At one time I thought the advert was implying that a man who uses a condom can use it as many times until it is one litre full. Then again thought maybe it's saying you can use it over and over again, it's strong. The messages passed mean too many things they are really controversial and to the children I don't think that's really good messages. If people want to pass messages on how condoms can assist in the reduction of HIV infection correct information should be given and relevant advertisements should be produced.
> **G3:** I understood the advertisement. Some man here in Zimbabwe claim to be very big, they say they have organs that are too big to fit into a condom. So the advert is meant to say it can't be bigger than 1 metre, so you too can fit.

The opinions expressed above again highlighted the unequal gender power dynamics which women experience concerning negotiating condom use or safe sex. They also, raise the issue of manipulation of the situation by the male partner in order to enforce his wishes. The male partners in Zimbabwe refuse condoms citing traditional conventional stigmas and beliefs that are embedded in the Zimbabwean socio-cultural context such as the size of their male organs and physical discomfort as reasons to avoid condoms. Such tactics inform the readings women make take from messages advocating condom use.

The influence of religious practices in shaping the meanings also arose repeatedly in the discussion of condoms. The speaker below demonstrates how the women incorporated their religious beliefs into their sexual practices and rejected messages that advocate condom use.

> **G1:** As for me I am a catholic, we do not subscribe to premarital sex and therefore I do not believe in condoms because our church and at school too they tell us that the only reliable, 100% method to prevent HIV/AIDS is abstinence. So when I see or listen to advertisements that preach condom use I ask myself if really the condom was as safe as they preach, why then do we still have infection rates going up everyday and people dying. I wonder?

The prevalence of such behaviour is reinforced by the fact that Zimbabwe as a nation subscribes to abstinence and this is the message that is passed through the education system. Similarly most religious groupings and cultural traditions subscribe to abstinence; hence premarital sex is strictly forbidden and treated as a sin in religious circles or a shameful act culturally. In this context, condoms are viewed as encouraging premarital sex. Hence it is this perceived encouragement of pre-marital sex that is read from the texts advocating condom use that lead audiences to make oppositional readings.

The discussion on messages advocating condom use revealed that the female audiences inserted the meanings from the advertisements into their social experience of lived realities in a way that informed both the meanings of their social life and the meanings of the advertisements, which were each influenced by the other, and the fit between them ensured that each validated the other. These findings are consistent with reception analysis theorists Thompson, (1988: 375), Schroder *et al.,* (2003: 109) and Moores, (1993: 1), whose research concluded that meanings of texts are never just transferred from the media to their audiences, neither are they fixed or inherent within the texts, rather they are negotiated between the texts and the discourses of the socially situated reader, and this negotiation can lead to the creation of multiple readings.

5.2.4. Stigma messages

Despite the media messages on HIV/AIDS transmission, and women acknowledging their understanding of the factual information being presented through the ABCs, the

opinions expressed here demonstrate that certain misconceptions continue. One that emerged strongly relates to diagnosing people infected with HIV by merely looking.

> **G3:** Over time I have learnt that you cannot diagnose or recognise that someone has HIV by just looking but perhaps AIDS … When you see someone who is thin, the hair is falling off, have sores or rash things like that you tend to make assumptions and conclusions that someone has been infected. Because this is what I see everyday and 99% of the time I believe my eye diagnosis will be correct. However it is difficult to diagnose when the symptoms have not yet started showing.

The speaker above represents one of the many women who believed they can diagnose people infected with HIV/AIDS by merely looking. Kitzinger had similar findings in her HIV/AIDS audience reception study of British audiences. Many participants in her study agreed that you could not tell who is infected by HIV by just looking but many of them reported discriminating between potential partners by their looks. She explains this:

> People may 'know' something on one level but reject it on another, or they may know what they 'ought' to think but find it hard to act on … This 'mental image' seemed to be partly due to long-standing links between disease and dirt/poverty, but it was also reinforced by contradictions within the media campaigns themselves. (Kitzinger, 1993: 293)

Other theorists suggest that proximity to HIV/AIDS is one single factor that influences audiences negotiation of media messages because knowing somebody with AIDS makes the diseases more real (Philo, 1990; Kelly, 2000 and Marcus, 2002). I explored this theme with the female audiences.

Generally most women saluted the openness of the people currently featuring in the testimonials and said that it was important to be open about HIV/AIDS and it helped them to discuss the disease in their families. Some of them had stories to tell about how they had nursed the infected and affected who are either close family members or friends, and their arguments reflected that this experience had affected their outlook on people with HIV/AIDS along with their perception of media messages unlike those who had no similar experiences. These findings agree with theorists Philo, (1990) Kelly (2000) and Marcus (2002) cited above, that viewers with high AIDS involvement recalled more information from AIDS messages than viewers with low involvement.

The issue of the representations and factual information presented in some advertisements also rose in negotiating stigma messages. The women made multiple readings from advertisement that sent the message that HIV/AIDS was just like Blood Pressure (BP) or Diabetes, and rejected messages that said one can live positively for many years:

> **G3:** To me comparing HIV/AIDS and BP or Diabetes is totally misleading and confusing the nation. The nature of how one gets these illnesses, the treatment and consequences point to the fact that these illnesses are not comparable in the context of HIV/AIDS. How can they say that?
> **G2:** In the past we used to think and hear that if you get HIV/AIDS you are destined to die in a few years. Nowadays you see people saying I have the disease and I have been living for 20 years or so, and I will continue to live many more. They don't look sick, so you say if I get it fine, I can still live up to 20 years.
> **G1:** There is this advertisement that says "I have not crossed the red robot, I have the disease and I am still carrying on with my life". The actor makes it look so cool that he has HIV, instead of feeling remorse. It is just not real life.
> **Interviewer:** Why should they feel remorse?
> **G1:** Because, HIV is associated with promiscuity and death. Although I know that's not the only cause of the disease, but it is 90% or something around is due to heterosexual activity. So one way or the other I personally associate people with the disease with either them being promiscuous or them getting involved with promiscuous people.
> **Interviewer:** So what do you think about these advertisements?
> **G1:** I think they glorify AIDS they make it look like it's a cool thing to have.
> **G3:** I don't think they want to glorify but they don't know how to go around that problem. Two as I said it's for money more than anything else. If you watch our condom advertisements you would find that there is nothing that you are really learning from this except to promote that use them … I don't know if people understand why and how it reduces the virus overload. To children they then use anything-even *freezit* plastics they just think its condom because the educational information is very limited.

The women identified particularly with female characters portrayed as carrying the virus because of the affinity of a (perceived) common position of being female subjects. However there was doubt in some respondents' minds that the representations portrayed by the actors, especially in the testimonials, were realistic and served their purpose. This rejection could be because the women approached the advertisements with pre-existing knowledge and experiences about people with HIV/AIDS.

5.2.5. The social marketing-ABC model's influence on meaning

The advertisements under investigation were produced based on the social marketing theory which adopts the Western 'ABC' model as the recommended prevention strategies (Kotler *et al.,* 2002). The 'ABC' model adopts marketing strategies that involve use of advertising tactics such as fear, guilt, shame or positive emotions like humour love or joy. This model however, does not take into consideration the diverse cultural belief systems of the target audiences. Below I explore these themes.

5.2.5.1. Fear and shock tactics

While theory suggests that elements of fear and shock in advertisements have proved to be effective in the process of changing behaviour, and examples of fear and shock advertising in relation to HIV/AIDS prevention, can be cited, the PSI prevention messages that are aired on ZTV do not apply such scare tactics. Kitzinger alerts us to the importance of such strategies when he argues that

> The representations are recalled because they are 'shocking' or 'frightening' or in the words of one research participant, 'they just looked so disgusting, they looked really horrible'. In addition such images can incite a voyeuristic, fascination and they receive an exposure over and above that actually given to them in the media. (1993: 286)

I explored whether the fact that the advertisements have ignored incorporating negative emotions of fear and shock had any effect in the interpretation of meaning. The following are some of the participants' diverse views on this issue.

> **G3:** The advertisements we see have people who talk about having HIV. They say "I have decided to eat this and that, I am living positively", but none of them talk about situations that may put you in danger. We need to scare people into making right decisions instead of just saying a condom carries three litres of water.

It appears that while the encoders do not consider the incorporation of fear tactics as important in the production of meaning, most of the female audiences agreed with Kitzinger, (1993) that fear induced messages have the power to influence meaning.

5.2.5.1. Cultural and religious beliefs

Previous research has shown that some cultural and religious beliefs are detrimental in the prevention of HIV/AIDS (UN, 2004). In light of this, the encoders of the HIV/AIDS advertisements have addressed the witchcraft discourses only, while

ignoring other cultural practices such as traditional healers' discourses, widow inheritance, polygamy and sexually specific preferences (e.g. dry sex). I probed what possible effect ignoring some of these cultural issues could have on the female audiences' interpretation of meaning from HIV/AIDS prevention texts.

On traditional healers and faith healers' discourses, it emerged that the definitions of health, sickness and sexuality in traditional Zimbabwean society sometimes differ from those in the Western world. In contrast to the Western model's views, most of the participants in this study generally believe that every illness is a product of destiny and has a specific cause which has to be investigated and cured. Such beliefs made some of them to view HIV/AIDS as caused by witchcraft, curses and taboos, which traditional and faith healers in Zimbabwe claim to be able to cure. Although their views on witches and sorcerers as causal agents of HIV/AIDS were different, they all seemed to agree that in order to eliminate the illness; they would seek help from all available health care options. These views are brought out by the following extracts.

> **G3:** I have not only heard but I have assisted a lot of people to get herbal medicine from herbalists. There is one doctor Mashava who has a clinic at the University of Zimbabwe. I have a cousin who eventually died because we got the treatment late, because they did not say that he had the disease. But the first time I got him the herbal tablets there was positive response that he was picking up, he was eating, and although he was bed-ridden he started walking.
> **G3:** When you are confronted with sickness, you can't just say "yes it's HIV/AIDS it has no cure", then sit and wait for someone to die. Depending on your finances you will hop from traditional healers to herbalists to faith healers and back to ARVs all in an attempt to cure the illness. These days some doctors are just quick to say AIDS to every illness and then you are left hopeless waiting for death. Or you admitted into one of their private homes and charged millions of dollars until you die. Traditional healers and faith healers you can negotiate fees or use other forms of payment such as cows.
> **G2:** Sometimes you might find that the person was bewitched for real it was not AIDS; you are never sure about these things.
> **Interviewer:** But then it has been alleged that these traditional practitioners abuse and rape women and children as some form of treatment. Don't you find it contradictory to consult such people in these times of AIDS?
> **G2:** I don't think that's a true reflection of our traditional practitioners, usually when you consult a traditional practitioner you are referred to by those who have been helped before, ensuring that you get the experienced and trusted ones, not the fly-by-night traditional practitioners. Mind you even medical doctors, there are some unscrupulous ones who also abuse and rape women and children. The point is you are looking for what works in the face of AIDS.

The opinions expressed here demonstrate that the people in Zimbabwe generally mix both traditional and modern health models in order to deal with their health problems.

The decision as to which model to adopt in the event of illness is influenced by both economic and socio-cultural reasons. In this context the traditional and faith healing models argue that AIDS is curable and can be inflicted onto you by your enemies. Other female audiences testified to the effectiveness of these health models. Such beliefs are carried through when the women are confronted with HIV/AIDS prevention texts.

The second issue that I explored under this theme was how the women's perceptions of polygamy and widow inheritance practices impacted on their negotiation of key HIV/AIDS prevention messages. Such practices involve multi-partnering, which has been widely found to increase women's susceptibility to HIV/AIDS. I found that most of the research participants were involved or participated in one way or the other in such relationships. Thus they immediately find themselves at odds with messages that advocated monogamy since these messages did not address their particular situations.

> **G3**: Wife inheritance yes I agree it spreads the virus, especially when a brother inherits a dead brother's wife who will have died of HIV, I think the advertisements should drive this point home.
> **G2**: I have a sister who married a widower within our family, because people just said the first wife had been bewitched. She died two years later. So it's no good to just say *Kwete handina kuroyiwa* (No I was not bewitched) as one advertisement says, they should give us facts that will enable all people to understand. .
> **G3:** This assumption that those who are in polygamous families contract HIV more than those that are in single marriages families is not correct. I don't know where you get that from. I say so because I was involved in a research in Bikita, and found that the single married women had more cases of HIV than those in polygamous relationships … Not that I promote polygamy … But the good thing about polygamous marriages is that partners are declared in a polygamous relationship and then promiscuity is reduced whereas infidelity in single marriages at the moment is very high. So the understanding that women in polygamous relations are at a higher risk I might not totally agree with it … what I believe is that in terms of population, women are 51% and men 49%. That ratio alone, if every woman were to be married, makes it mandatory that we share men. So the issue of pairing up might be from the population statistics.
> **G2:** All I know is that if it's a faithful polygamous relationship it is just as good as a monogamous relationship. It's not a question of numbers, whether you are two or three or four, or the kind of relationship you are in, what is important is what you do with the kind of relationship you are in, whether you are five and are all faithful, or whether you are one and unfaithful. The emphasis should be on faithfulness.

Another issue related to the marriage and women's vulnerability was the case of women seeking to become pregnant. Pregnancy and childbirth, it has been established, increases the women's vulnerability to HIV/AIDS. There is also the risk of mother to child transmission. The following citation demonstrates the conflict between the need to bear children and negotiation of meaning from the HIV/AIDS prevention texts.

> **G2:** When you get married you are expected to have children because the man pays *lobola* (bride price) for children. Therefore abstaining and condoms is difficult when you are in such situations. If you are single, the establishment of a home in which you rear children brings some kind of social maturity and respect. A man or a woman cannot always live in their parents' house until death. You need someone to take care of you when you are old.

For the female audiences in this study children are important legacies, through which one is remembered and through which personal immortality can be achieved. Therefore, they argue that one should make effort to get married and have at least one child regardless of one's HIV/AIDS status. If a man has no children with his wife, they proposed he should find another wife to bear children for him. Thus they immediately find themselves at odds with messages advocating the ABCs.

This discussion on the influence of cultural practices revealed that the social context of the women's consumption is one in which some culturally acceptable practices in Zimbabwe are considered as high risk behaviours in the context of HIV/AIDS. As such HIV/AIDS prevention advertisements cannot effectively preach monogamy and be accepted wholly. Dyk suggests that in such societies, the message producers need to emphasise loyalty and fidelity between a husband and all his wives and to discourage sex outside that group (Dyk, 2000). Therefore the social marketing-ABC model's approach needs to take into consideration the diverse cultural belief systems of the target audiences for it to effectively work.

5.2.6. Social interaction and meaning making

When analysing how audiences make meanings from television programmes, theorists have emphasised the importance that social interaction bears on the production of meaning. The argument is that viewers draw on knowledge as informed by their various social positioning and social interaction, whether in a family set up or at the workplace, to produce meaning (Roscoe *et al.,* 1995: 50). Fiske suggests that, "some

meanings and pleasures are deferred… until they can be activated in later conservations with friends and other people in one's social formation, both before and after the event" (1989: 174). I explored these themes to establish who the women watched with, whether they discussed the advertisements both in their living rooms and outside the viewing context, in an effort to find out how such processes served to activate meanings.

> **G2:** I am comfortable watching some advertisements and some of them are just too explicit to watch with my father or mother-in-law or brother, let me say male relatives, especially the advertisements that talk about the condom and *zvepabonde* (sexual intercourse).

The majority of the female audiences watch television advertisements with different members of their families, however they are not comfortable watching some advertisements with especially male relatives and their in-laws, although they could watch the same advertisements with their female relatives. The following speakers indicate why this is so.

> **G2:** There is this advert which says *mukadzi chaiye haamanikidzwe kuita zvepabonde*" (a real woman is not forced to have sex). In our culture it doesn't go down well me sitting there and my father and other male relatives. I feel so uncomfortable when I am sitting around such people watching these advertisements. In our culture is taboo to discuss sexual issues with your male relatives.
> **G2:** I am okay with the advertisements if its me and my husband and our little daughter, but when visiting or being visited by for example in-laws and an advert goes do you know that a condom can fill up to 3 litres of water… do you know that a condom can stretch up to 1 metre. I feel so embarrassed. Then there are times when my daughter also asks questions like lets try and fill water to see if it won't burst mummy. I then realise she is totally lost she has no idea of the purposes of a condom. Maybe she will be thinking it's a balloon. Explaining such issues to my 8 year old daughter is just not possible.

Important to note here is that in Zimbabwe sexuality issues are not discussed in public as it is normally done by certain designated people within the family structures. People such as paternal aunts or *tetes* have a role to teach and mediate in reproductive issues in the Zimbabwean culture. Therefore some women approached the advertisements with the concern that these advertisements would dilute their culture. Their answers demonstrate that the female audiences do not want any discourses that subjugate the good old cultural ways of living. Hence they see some of the advertisements as attempting to corrode their cultural values, resulting in them making oppositional readings. Secondly, the parents, by viewing the advertisements

with the intention to correct or reinforce information as seen in the following citations, they serve as agents in the process of negotiating meaning.

> **G3**: I as a mother, I am very comfortable watching with my family because that's the only time we can learn as a family without me having to teach my daughter again. Gone are the days we could rely on the *tetes* to instruct and teach our children about reproductive health. Today's *tetes* are too busy to find time. You just have to do it yourself and to me the advertisements provide me a starting point. You know it's difficult to just start out of the blue to teach your daughter or talk to her about sexual issues. She might think you are telling her she is ready and it's okay for her to go out there and have sex.

The following citations illustrate how social interaction outside the viewing context served to activate meanings.

> **G2:** Yes we talk. Especially about the controversial advertisements and the ones which you can't really understand what they are trying to say. One that got us really talking of recent time is that one of a condom can fill up to three litres or is one litre of water and can stretch to a metre. And the other one of the guy who seems like he is boasting, he says "I didn't cross the red robot" meaning he has not died since the time he contacted AIDS. So what's there to be proud of when you have AIDS and you are still going to cross the red robot eventually.
> **G1:** At our college boys have nicknamed some female students *mukadzi chaiye* you know the real woman thing, especially those who are known not to have boyfriends, and we are also beginning to call some of them *murume chaiye* (real man) the ones we think they behave well.

This discussion on social interaction within and outside the viewing contexts illustrates that the pleasure and meanings the female viewers derive from the HIV/AIDS advertisements text can to a large extent be attributed to discussion about it among their social community. This is similar to what Katz and Liebes (1984) found out in their study of ethnic audiences of Dallas. They established that during and after the programme, people discuss what they have seen and come to collective understandings:

> Viewers selectively perceive, interpret and evaluate the programmes in terms of local cultures and personal experiences, selectively incorporating it into their minds and lives. (Katz and Liebes, 1984: 28)

In line with these findings, Morley suggests that one has to understand TV watching in terms of other competing leisure activities as well as in the wider context of lifestyle, work and the way these interact with the broadcasting schedule (1986: 15). Modleski explored this theme that she called "the rhythms of reception" (1993: 73).

Her thesis was that "the formal properties of television accord closely with the rhythms of women's work in the home" (1993: 73).

Drawing on Modleski's insights I was also interested in finding out whether the formal properties of the advertisements were a factor in enticing the women to view the advertisements. One of these properties is the timing. The advertisements are screened mostly during prime time, which is between 7 pm and 9 pm; a time when most families are gathered together in the home, cooking, eating supper or after supper waiting to go and sleep. So it seems that at least one "formal property" of this prime television accords closely with the rhythms of women's life. For women in this study part of the appeal to the advertisements lies both in its time of broadcast on the sole national broadcasting station, as this factor met the women's needs in the context of their daily life.

My findings substantiate Ang's (1989) and Hobson's (1982) analysis of television viewing which established that most of their viewers intertwined their viewing with household chores. They state that viewers may watch television as a primary activity when they are 'glued to the screen'; they may reluctantly give it a second place in their attention while they are doing something else, or they may have it on as a background while they read the paper, converse or do something else, it gains their full attention only when an item makes a strong and successful bid for their interest (see Fiske, 1987a).

Another issue that arose concerned the language used in these advertisements.

> **G3:** The problem of these advertisements is that most of them are in English. You see the adverts need to be in a language people understand. … Our fathers, *tetes* (aunt)*, sekuru* (uncle) discussed sex with us in our local languages, why can't we have the same approach? If we could have our media researching and coming up with messages in the right language, I think we will go a long way. The people's mother tongue is the right language;

There was concern that the majority of the advertisements were in English, which does not augur well for the common woman in the street and this affected the women's perceptions and understanding of the advertisements. This could be explained by arguing that the interpretation of meaning is heavily informed by the discursive practices shaped by the socio-political history of Zimbabwe embedded in

colonialism which sought to entrench the English colonialist ideology through language and other differentiated systems of ideological state apparatus. Thus the use of English was associated with foreign ideology or some form of cultural imperialism reading (Tomlinson, 1991). Therefore the female audiences read the use of English coupled with public discussion of sex as a foreign concept attempting to corrode the people's cultural values. Such an understanding indicates that Zimbabwe's socio-political context impacts directly on their experience of their viewing and consumption practices to create a need in the women to affirm their cultural identity through the media. These findings agree with previous research conducted by the encoders, which indicated that the HIV/AIDS advertisements that are produced in the indigenous languages of Shona and Ndebele have a higher appeal to the older Zimbabwean audience (35 - 45 years) of LSM 1-6 as compared to the English ones, which appeal mainly to those aged below 24 years old (interview with Global media). This could be because the younger generation's interpretation and understanding of cultural discourses and ideologies differ from the older generation.

The encoders said that the choice of the language to be used is problematic and exacerbated by the availability of one national television station that caters for people of all age groups who have diverse views about cultural values. Depending on an individual's level of cultural conservatism in Zimbabwe, some words are culturally considered unacceptable to shout over and over in the public domain, although it could be acceptable if the same words were shouted in English. Similarly there are some culturally specific discourses that if addressed in English could become meaningless. This is because language is close to the audiences' culture and everyday life, and more reinforcing of traditional identities and other elements such as ethnicity and religion. This is perhaps why for instance the advertisements running under the slogan *real man* and *real woman* were only produced in Shona and Ndebele languages only. The encoders said this was in realisation that the shared culturally specific discourses that the producers chose to address might not be well represented and articulated in English. These findings find support from Straubhaar (2002) who suggests that people are unified by language and other elements that include history, religion, ethnicity and culture in several senses: shared identity, gestures and nonverbal communication; what is considered funny or serious or even sacred;

clothing styles; living patterns; climate influences and other relationships within the environment (Straubhaar, 2002: 196).

5.3. Discussion of findings

This discussion on negotiation of meaning from key HIV/AIDS prevention, 'ABC' and stigma messages has revealed that there are socio-cultural, socio-economic and socio-political factors that impact on the female audiences' negotiation of meaning. The major issue is that, due to the patriarchal nature of the Zimbabwean society, there are some African patriarchal-cultural and religious practices that are accepted and legalised in Zimbabwe, but are considered risk behaviours in the context of HIV/AIDS. Such practices are promoted by both religious and family institutions. The women accept such practices because they lack the social and political power to change such practices. Others have come to accept them as their lived cultures. Embedded in the African patriarchal practices is the influence of gender inequality and lack of economic power in sexual negotiation, often resulting in the dominant sex's (males) desire taking precedence over the females'. As such the message producers need to take into consideration the diverse cultural belief systems of the target audiences and create messages targeted at specific gender; messages that emphasise the health aspects, loyalty and fidelity between a man and all his partners and discourage sex outside that group for messages to effectively work. They also need to create messages that encourage economic empowerment of women both socially and economically.

The discussion has demonstrated that the women clearly read the dominant code in which the text is structured, that is the preferred reading, the meaning of which the producers of messages would want and expect the audiences to get and accept (Hall, 1980). This qualifies both the direct effects and the active audience thesis as advanced by Hall's (1980) preferred reading theory, which posits that those viewers whose social situation aligns them comfortably with the dominant ideology would produce dominant readings of a text by accepting its preferred meanings. However further probing elicited a range of other responses. It revealed that although the women decode and recognise the dominant hegemony, they take their own social position and make a negotiated reading. This again qualifies Hall's encoding and decoding theory that those whose social situation places them in opposition to the dominant ideology,

would oppose the meanings in the text (Hall, 1980: 136), and at the same time revealing the weaknesses of the direct effects' understanding of how media works to influence meaning.

5.4. Media power versus audience power

The other aim of this study was to establish whether the mass media has a powerful influence upon its audience, or whether it is the audience of viewing and reading consumers who wield the most power. First I present findings on the Zimbabwean media's unique features and the reach of the campaign in order to set the foundation of the possible effect this could have on the meanings audiences take. Then I present an analysis of the power of the media versus audience power.

The study established that although ZTV is a public broadcaster, it operates on a commercial basis but is governed by regulatory and structural decisions set up by the government. The implication of this arrangement is that the Ministry of Information and Publicity controls the content of both television and radio[7], while ZTV relies mostly on advertising for survival. ZTV confirmed that since they started operating on a commercial basis, PSI contributes one of the biggest percentages of advertising revenue. From the discussion I deduced that although ZTV claims to have sole decision-making authority on the transmission and censorship of HIV/AIDS prevention advertisements, bias in favour of revenue generation and state ideologies cannot be ruled out when it comes to censorship of HIV/AIDS advertisements.

However, despite government control, and high television advertising transmission costs associated with commercialisation, this study established that television remains an efficient medium to communicate with large audiences and has a wide appeal and applicability in Zimbabwe[8].

> **G1**: I have seen all the advertisements. Sometimes the advertisements come when you are cooking, or eating or just relaxed watching your favourite TV programme. The frequency is just too much. It's like you are bombarded and you have not much choice, you are forced in a way to notice and pay attention if you have nothing else to do.

[7] 2001. Broadcasting Services Act 2001. Harare: Zimbabwe Government Publishers.
[8] According to ZTV, daily there are 3 million viewers on prime time out of a potential 6 million in a country of 12million people in Zimbabwe (ZTV 2005 marketing rate card).

The majority of the research participants claimed to have seen all the ten HIV/AIDS television advertisements used in the study. This claim is supported by the ZTV's audience research which found that daily national peak time viewing averages 4 million out of a potential 6 million viewers in a country of approximately 11.6 million people[9], and the PSI advertisements had a 70% reach of Harare's population (ZTV, 2005). Therefore the popularity and reach of the advertisements is attributable to the fact that PSI used the audience rating research to position the advertisements, and that there is only one national television station which caters for all age groups in Zimbabwe. Part of the appeal of the advertisements lies in their innovativeness and value to entice viewers. More importantly the findings above demonstrate that television has incredible power to reach a huge audience with public health information in Zimbabwe. These arguments present a complex picture of who holds the power over the media in Zimbabwe. More importantly however, they lead to the media power versus audience power thesis.

My interviews with both the encoders and decoders indicated that while top - down transfer of knowledge does occur in the encounter between female audiences and HIV/AIDS prevention texts, the female audiences are by no means the proverbial blank slates waiting to be injected with information, as reflected in the quotations below.

> **G2:** When it's a new advertisement you really stop what you will be doing and run from the kitchen or bedroom to go and see what it is, after you have seen it several times you lose interest.
> **G3:** I pay attention to particularly those that carry controversial messages. You know HIV/AIDS is a subject which a lot of people don't really understand. The difference between the virus itself and the disease is not well understood. It's made worse by the advertisements particularly adverts on condoms. I watch so that I can correct the misinformation. You see I have an adolescent in the house if I don't watch with her and correct the messages while they are being acted she will carry wrong messages in life and perhaps try to experiment on the understanding that the messages in the advertisements are always correct. Because you see media is very powerful on children.

These quotations indicate that the women are media literate, analytical audiences evaluating programmes in the light of their considerable pre-existing knowledge and experiences. It can be argued that, the power relationship between the media and the

[9] Zimbabwe Television marketing rate card 2005.

audience involves a bit of both. The media disseminates a wide variety of messages about identity and acceptable forms of behaviour, gender, sexuality, and lifestyle. At the same time, the public have their own set of diverse feelings on these issues. The media's suggestions may be manipulative, but can never simply overpower contrary feelings in the audience. It seems more appropriate to speak of a slow but engaged dialogue between media and media consumers. Neither the media nor the audience are powerful in themselves, but both have powerful arguments.

Tomlinson claims that media messages are themselves mediated by other modes of cultural experience (1991: 58). He argues that we should view the relationship as a "subtle interplay of mediations" (1991: 61). On one hand, we have the media as the dominant representational aspect of modern culture, while on the other we have the 'lived experience' of culture. Accordingly Tomlinson argues that overly strong claims about media power arise as a result of media theorists seeing the media as determining rather than mediating, cultural experience (1961: 61). The findings of this study agree with those of Tomlinson that media messages mediate the way we view the world but are not all that powerful to determine the meanings we take from them as the media messages are not wholly controlled by producers, although the producers have their preferred and expected readings.

5.5. Conclusion

This research into the women of Zimbabwe's consumption practices has revealed the importance of needing to see the interplay between media consumption and other social factors such as cultural and religious traditions; economic circumstances gender ideologies and pre-existing beliefs in the construction of meaning. It has provided a number of possible reasons for the women's rejection of the dominant meanings in HIV/AIDS prevention messages and their creation of oppositional and multiple readings. The results of this study point to the effect that the power relations within which sexual identities, beliefs and practices are embedded, and the dominant cultural perceptions of female sexuality as subordinate to male needs and desires, impact negatively on the women's negotiation of both safe sex and mediated HIV/AIDS prevention messages. The women are not empowered to negotiate safe sex therefore they approach the HIV/AIDS prevention advertisements with a sense of helplessness

and indecisiveness; consequently they do not embrace them wholly. This does not mean that they do not like or believe in the messages, rather that, they acknowledge the dominant reading but they draw on their beliefs and their lived experiences and decode the messages differently depending on their social positioning.

CHAPTER SIX

Conclusion

6.0. Introduction

This chapter presents a summary of the key issues that arose out of the study that explored how Zimbabwean female audiences socially produce meaning from the HIV/AIDS prevention television advertisements transmitted by Zimbabwe Television as part of their daily life. In particular, the study investigated how the social context influences the audiences' acceptance or rejection of preferred readings encoded in the HIV/AIDS prevention texts in view of the assumptions made by both the communication for development and cultural studies approaches as regards the power of the media, to directly impact on audience understandings and behaviour. It sought to establish whether the mass media has a powerful influence upon its audience, or whether it is the audience who wield the most power in the process of making meaning. The other aim was to test which of the two approaches provides the best explanatory framework to what actually takes place when Zimbabwean female audiences consume the HIV/AIDS prevention texts.

To recap, the communication for development approaches influenced by social marketing theories regards audiences as passive victims of media messages and views communication as a linear process in which messages carry univocal meaning intended by the encoder (Waisbord, 2001). Therefore it argues that the media is powerful enough to determine the meanings audiences take from them and influence them to change their beliefs and attitudes, which would in turn create social transformation and modernization (Servaes *et al.,* 1996). The cultural studies reception analysis approaches argue that meanings of media texts are not fixed, or inherent within the texts, rather meanings are generated socially as a process of negotiation between the texts and discourses of the socially situated readers (Hall, 1980; Morley, 1989; Moores, 1993; Strelitz, 2003). As such, theorists in this tradition take the view that audiences, just like encoders, are active participants in the production of meaning from media texts and media texts are polysemic (Hall, 1980 and Ang, 1985).

In order to investigate the above themes, the study applied qualitative research methods that involved focus group discussions and in-depth interviews. As earlier noted qualitative audience research can better reveal how viewers make their own sense of the media based on their personal circumstance. For data analysis, I adopted an approach similar to Leaderman's analytical approaches that involved qualitative thematic content analysis of the advertisements, coding data into predetermined categories, develop categories based on data and then code the data, use the data as a basis for summary statements that capture the main ideas of the interviewer, then interpret the data with the analysis corroborated by quotes from participants' interviews to support the categories, main ideas and summaries (1990:117-127). The main ideas and summaries were fitted into Hall's (1980) encoding and decoding model with three reading positions and social marketing theory to gauge how the participants interpreted HIV/AIDS prevention texts. The analysis also drew insights from the analytical approaches of Tomlinson (1991), Strelitz (2002), Liebes and Katz (1990), Philo (1993), and Kitzinger (1993).

6.1. What the study achieved

The study looked at the roles played by both the encoders' and decoders' practices in the production of meaning. I conducted a qualitative thematic content analysis of the advertisements and identified the main themes and representations embedded in the advertisements. I came out with the main themes of Abstinence, Behaviour change, Consistent and correct condom use and Stigma messages. Basing on these themes I examined how the viewing of the advertisements connects with the women's experience of their contexts and the encoders' practices to make meaning. I explored factors such as the socio-historical, socio-cultural, socio-economic, social marketing strategies, gender and social interaction to establish how they permeate into the women's negotiation of key HIV/AIDS prevention messages, leading them to accept or reject the preferred readings encoded in the texts.

Secondly, I examined the communication for development approaches social marketing theory's claims of incredible power of the media to influence the meanings audiences take from them, in conjunction with exploring the power relations between the media and the audiences, in order to determine whether the media are powerful enough to mediate the way we view the world or to determine the meanings we take

from them. In this way, I was able to understand whether or not the media has power to directly impact on audience understandings and behaviour.

The qualitative methods used in this study enabled me to identify many factors that may lead to the total acceptance, doubting or opposition of the preferred readings of the HIV/AIDS messages, by this group of female audiences, while at the same, time highlighting the power relations that go on between the media and audiences. The data from the focus group discussions and in depth interviews alerted me to the fact that making meanings and the appropriation of messages that takes place when watching a particular television programme is a complex process. For people are not consistent in their views, they contradict themselves, change their minds or vary widely in their responses, yet research in the field of cultural studies looks for the shared meanings of "interpretive communities" (McQuail: 2000).

The study established that the interpretive strategies used by the female audiences were rooted in the female subject's everyday lived realities. The female audiences actively engage with HIV/AIDS prevention messages by evaluating them through their unique and complex web of perceptions. It also brought to light the complex manner in which the female audiences' appropriation of meaning is interlinked or influenced by the women's lived realities. In the next section I highlight some of the factors the study found to influence the negotiation of the preferred readings of the HIV/AIDS prevention texts to create oppositional or multiple readings as pointed out by Hall's (1980) encoding and decoding model.

6.2. Factors influencing the negotiation of the preferred readings

The results of the study reveal that the power relations within which sexual identities, beliefs and practices are embedded, and the dominant cultural perceptions of female sexuality as subordinate to male needs and desires, impact negatively on the women's negotiation of both safe sex and mediated HIV/AIDS prevention messages. Therefore the women interpret mediated HIV/AIDS prevention messages by assessing them according to their own perspectives drawing on their lived experience or pre-existing knowledge as noted by audience reception theorists (see for example Hall, 1980; Fiske, 1987a; Moores, 1993). The major factors found to influence negotiation of the texts are economic disposition, gender, cultural and religious ideologies, social

interaction, pre-existing knowledge, language, and the degree of representations portrayed in the advertisements.

Relating to the incredible power of the media to influence attitudes and behaviour change, the study established that media messages mediate the way we view the world but they are not all that powerful to determine the meanings we take from them. The study agrees with Tomlinson's (1991) theory, which suggests that, "we should view the relationship between media and culture as a subtle interplay of mediations" (1991:61). Tomlinson suggests that we could therefore conceive of the media as representing modern culture, constantly mediated by, as well as mediating culture as lived experiences. From that perspective he writes that overly strong claims for media power arise as a result of media theorists seeing the media as determining rather than mediating cultural experience (Tomlinson, 1991: 61).

A major lesson from this research is that an understanding of the linkages between HIV/AIDS, gender and economic power is critical when producing HIV/AIDS prevention messages or when assessing what these texts mean to particular audiences. These factors are also critical in shaping individual attitudes and practices with regard to HIV/AIDS, as well as influencing interpretation, policy and decision-making. Based on these findings, the study took the position that the cultural studies approaches presents the best explanatory framework for making sense of the relationships between the HIV/AIDS prevention texts and a particular group of female audiences situated in Zimbabwe.

6.3. Key recommendations

Based on the results of the study, I argue that HIV/AIDS prevention advertisements produced by PSI in Zimbabwe are not as effective as they could be because they do not discuss socio-economic and socio-cultural issues and practices that are linked to HIV transmission, such as women's low economic status, gender, polygamy, widow or widower inheritance, fertility, traditional healers and faith healers discourses. Such culturally sanctioned practices, over which women have little or no control increase women's vulnerability and need to be discouraged in the advertisements. Therefore in order to produce effective messages, there is need to create a home-grown model that incorporates the relevant practical aspects of the ABC model together with the socio-

cultural and socio-economic practices and lived realities of people in the Zimbabwean context. In other words the producers should produce messages that are based on a real need or messages that address a situation or targeting a particular group which the target audiences can identify with in their daily life. For example messages targeting gender, at the workplace, women being at risk in polygamous relationships etc. That way the audiences get empowered on how to deal with their particular culturally acceptable risky situations in the face of HIV/AIDS.

Secondly, the producers should make advertisements that expose both the positive and the negative consequences of HIV/AIDS, because at the moment they are only showing the positive side of HIV/AIDS leading the audiences to conclude that the prevention messages and the advertisers are glorifying AIDS. Thirdly there was general feeling that the advertisements produced by PSI had the sole purpose of promoting or creating demand for condoms. The producers should produce messages that provide correct factual information about HIV/ADS and not concentrate on promoting and encouraging the condom. They should also make accommodations at the end of each spot for a 'local tag' to direct viewers where to go for further information. This is because most participants said sometimes they wanted to ask questions after viewing the advertisement and they did not know where to go.

6.4. Scope for further research

Because this was a contained study that looked at a sample of female audiences situated in Harare, it had a limited scope. Therefore the study could be generalised, to other societies that share similar characteristics with Harare, but I emphasise this should be done cautiously. At the same time, it would be over ambitious to claim that this generalisation would be timeless like is the case with generalisation in the natural sciences. Human society changes, though slowly (Griffin, 1991). Thus, I would recommend that a further and more detailed and fully funded study be conducted nationwide. In that study I would further recommend triangulation. This involves use of both qualitative and quantitative research methodologies. I recommend this approach because I have realised from my experience with this study, the need to combine methods. For example structured one on one interview with individual participants would have helped in this case, because I noticed that some people are introverts, they do not talk very much in a group especially in a sensitive topic like

HIV/AIDS, while at the same time they hold onto valuable contributions. Individual interviews would thus give them more time and attention to speak without group influence or intimidation.

6.5. Closing note

This study, it can be argued to be of value in Zimbabwe where there has been no such studies, to the best of my knowledge that have been conducted to assess how female audiences decode HIV/AIDS prevention television advertisements. The study concludes that there is neither a single way of negotiating meaning nor any study that can prove whether a media campaign has "caused" viewers to take certain actions, and no media campaign is likely to have such a direct effect by itself. Negotiation of meaning is a complex and varied exercise determined by audiences' lived realities.

The aim of the PSI efforts is to contribute to the media component of a multi pronged nationwide effort to address the crisis of HIV/AIDS in the Zimbabwean community, to ensure that all people have the information they need to protect themselves and others, and to take advantage of the central role of media in people's lives by putting the power of media based social marketing to use on behalf of a positive outcome for people. The broadcast media offer us perhaps the best hope to educate people to the dangers of HIV/AIDS infection and to get people to stop risky behaviours. Unfortunately, in many ways, the broadcast media are not living up to their potential. As a result, it is felt by many that we must do more research to create effective programming that people most likely to be at risk will pay attention to. This effort, though small, will assist in that process.

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Appendix 1: Thematic definition of categories

Objective:

The objective of this research is to understand the meanings a particular group of Zimbabwean female audiences take from the HIV/AIDS prevention television advertisements aired on ZTV between 1st January 2005 and 31st December 2005. It seeks to establish how the decoding moment is shaped by the social context and cultural practices of the decoders.

Procedure

Focus group discussions with groups of female audiences women and in-depth interviews with the encoders.

Duration: Approximately 1 hour per group

Groups: Group A (15 to 24 yrs) Group B (25 to 35 yrs) Group C (36 to 49 yrs)

Thematic definition of categories for questions

1. **Demographics**

Gender, class, education background (rural/urban)

2. HIV/AIDS themes

Abstinence

Be faithful / behaviour change

Consistent condom use

Stigma

What kind of knowledge, attitudes and practices on abstinence, behaviour change, condom use and stigma are being communicated.

3. Socio-cultural practices

What are the existing attitudes and cultural practices that affect meaning making?

4. Representations and construction of gender positions

What character roles are women and men being assigned in the advertisements? What meanings are being signified based on the cultural understandings of the women in Zimbabwe?

5. Educational and entertainment value

What is the educational and entertainment value audiences derive from watching the advertisements? What do they learn from the characters, with emphasis on problem-solving experiences?

6. Power of the media

What role do the media play in prevention/spreading HIV/AIDS?

What is the reach of the campaign?

7. Production of the advertisements

What are the contextual and institutional challenges faced by PSI in advertising HIV/AIDS prevention.

Procedure

1. The researcher will start with the focus group discussions with the women, which will be followed by the in-depth interviews with officials from PSI (the encoders).
2. The researcher will start by introducing herself and:
    a. Explaining the purpose of the research exercise.
    b. Informing participants that the interviews will be recorded and data recorded, views expressed and identity of participants will be treated as confidential records.
    c. Assuring participants who may not feel comfortable with using their names that they can allocate themselves pseudonyms.
3. The researcher will then start the recording tape and proceed with the preliminary interview, which aims to establish the respondent's demographics as discussed below.

Appendix 2: Interview guide for discussions with the decoders

1. **Demographics**

1. Kindly introduce yourself by giving me your name and your marital status. (Married, divorced, separated, widowed, single, divorced etc)
2. What is your family status? (i.e. How many children do you have, how many are you in your family etc)
3. At what stage did you leave school?
4. What do you do for a living?

Thereafter the researcher and the participants will view a video with all the advertisements that were broadcasted between 1st January 2005 and 31st December 2005 (approximately 10-15mins). A general discussion of the advertisements guided by the following questions will follow.

2. How the audience negotiate the key prevention messages under the themes "ABC" and stigma.

(I) General questions

1. How often do you watch Television and pay attention to HIV/AIDS advertisements?
2. Who do you watch with and are you comfortable watching these adverts with members of your family? (probe)
3. What do you think of the advertisements you have just seen? (probe)
4. What are the specific issues that are being talked about in these advertisements?
5. Do these issues come out clearly?

After the general questions discussion the participants will watch advertisements that specifically address the "Abstinence" themes only and then answer the following questions.

(II) Abstinence

1. What do you understand by the message *abstain from sex*?
2. Who do you think the message is directed at, and why do you say so?
3. Is it possible for women in love to abstain from sex? (Probe, why not, if yes what kind of people abstain etc)
4. From your experience, is the message "abstain from sex" easy to understand?

5. What in your opinion is missing from this message?

After the *abstinence* theme questions participants will watch advertisements that specifically address the *behaviour change/ be faithful* themes only, then answer the following questions.

(III) Be faithful/ Behaviour change

1. What do you think the advertisers mean when they say *be faithful*, or *change your behaviour*?
2. To whom do you think the message is directed, and why do you say so?
3. Do you think it is possible to prevent HIV/AIDS by being faithful?
4. Who in your opinion, between men and women, is not heeding to the call to change behaviour/ be faithful and how is this affecting those who are?
5. Is it because they have no access to television prevention advertisements?
6. What is your general conclusion about this message?

After the discussion on *behaviour change/ be faithful* themes, participants will watch advertisements that address the *consistent and correct condom use* themes, then answer the following questions.

(IV) Consistent and correct condom use

1. What does the *consistent and correct condom use message* refer to?
2. Does the message give an understanding of who should use a condom, why, when and how often you should use a condom?
3. Is it easy for you to abstain from sex or ask your partners to use a condom as articulated in the advertisements?
4. What are the difficulties encountered in trying to convince your partners to abstain from sex or practice consistent condom use?
5. What would you think or how would you feel if your partner initiated condom use? Why?
6. In the final analysis, what sense do you draw from these advertisements? Is it worth it having such messages?

After the discussion on *consistent and correct condom use* themes, participants will watch advertisements that address the *stigma* themes, then answer the following questions.

(V) Stigma

1. How do you recognize a person with HIV/AIDS?
2. Have the adverts helped you in any way to be able to identify people

infected with HIV/AIDS?

3. Do you think the advertisements are bringing out a true reflection of people with HIV/AIDS?
4. What kind of knowledge, attitudes and practices about stigma are you getting from the advertisements?
5. How has viewing such advertisements helped you in understanding stigma?
6. Does this give you clear reasons why you should not stigmatise people with HIV/AIDS?
7. What is your overall opinion about advertisements that talk about stigma?

After exploring the above themes identified from the advertisements, the investigation will continue linking the different themes to the socio-cultural practices of the decoders.

3. Socio-cultural practices

(*Existing attitudes and socio cultural practices e.g. polygamy, widow inheritance, religious beliefs, traditional healers' discourses, sexually specific preferences etc*)

1. Do you discuss these advertisements with your friends or family?
2. Generally who do you think HIV/AIDS prevention advertisements are directed at (prostitutes, single people, non Christians...probe)
3. What have you done to prevent HIV/AIDS that has been influenced by these adverts?
4. Are you aware of your HIV/AIDS status?
5. If no, is this something you are likely to consider in the near future? Why?
6. If yes, what prompted you to go for testing? (Probe)
7. Have the adverts given you a reason or an understanding of why you should prevent HIV/AIDS?
8. Do the advertisement messages give you a clear understanding of what you should do to prevent HIV/AIDS?
9. Has anyone in your family or someone close to you died of HIV/AIDS?
10. Was it clear that he/she died of AIDS or did you make your own conclusions?

Polygamy, widow inheritance, religious beliefs

11. How many of you are involved in a polygamous relationship?

12. Why would you consider getting into a polygamous relationship or accepting widow inheritance in this day of HIV/AIDS?
13. Is it possible to be faithful in a polygamous relationship?
14. Do you think your partners are sexually active with you only?

Traditional healers discourses, and sexually specific preferences

15. Have you ever seen or heard of someone who was cured of HIV/AIDS by traditional healers?
16. Would you consider consulting a traditional healer if you got sick? Why?
17. What is your understanding of dry sex and use of traditional medicine to enhance sexual pleasure?
18. Does it work? Would you consider trying it out? Why?
19. Do you believe that polygamy, widow inheritance, traditional healers, dry sex, etc increase your chances of contracting/spreading HIV/AIDS? Why?
20. Are the advertisements making you aware of the link between such practices and HIV/AIDS?
21. Do you think HIV/AIDS advertisements should talk about polygamy, traditional healers and sexual specific practices (e.g. dry sex) in their prevention messages?
22. How does your understanding of the way people live in Zimbabwe affect your understanding / interpretation of the advertisements?

4. Representation and construction of gender positions

1. From the character roles of different actors in the advertisements, what are men portrayed as and what are women portrayed as?
2. Who is being portrayed as responsible for spreading HIV/AIDS? (men, non-Christian girls, people in the rural areas etc - probe)
3. Who is portrayed as the one who should always have a condom in their possession? Why?
4. Is this a true reflection of what is happening in our society?
5. Do you know any people who behave like the people in these advertisements?
6. How much of what you see/listen from the adverts is fiction and what is reality? Why?

7. Tell me some of the different kinds of fiction and contradictions portrayed in these advertisements.
8. What can you describe as shocking and manipulation of people's minds in these advertisements?

5. Educational and entertainment value

1. What is it that is in these advertisements that you find educational or entertaining.

2. What have you learnt from the characters in the advertisements?

3. Do these advertisements give you skills to deal with similar issues in your real life?

6. Power of the media

1. Does viewing these advertisements make a difference in your understanding of HIV/AIDS prevention, in comparison to someone who has not?
2. What role do you think the media is playing in the spread of HIV/AIDS? Are they contributing to the spread or to its reduction? Why?
3. What are your views about advertising HIV/AIDS prevention? Is it worth the effort or it's a waste of resources.
4. Are there any other issues or your experiences relating to HIV/AIDS television advertisements in Zimbabwe that you would like to comment on?

7. Production of the advertisements

What are the contextual and institutional challenges faced by PSI in advertising HIV/AIDS prevention.

(*For detailed questions see interview guides for the encoders*)

Appendix 2: Interview guides for the encoders.

NB: This is only a general guideline. Specific questions relating to the different organizations are expected to come up and will be directed to the relevant respondents.

1. Kindly introduce yourself by giving me your name and a brief of what your duties are at PSI.
2. Who is the target audience of your HIV/AIDS prevention television advertisements?
3. Why have you used television adverts as a prevention strategy against HIV/AIDS? Do you think television advertisements can make people change their behaviour?
4. Briefly explain to me the process of coming up with a television advert and the role you play from conceptualization through to production and transmission.
5. I have noticed that your television advertisements preach the ABC messages only without addressing issues such as polygamy, traditional healers' discourses, and culturally specific sexual preferences like dry sex etc. Are you aware of these existing socio-cultural realities in Zimbabwe and their contributions to the spread/prevention of HIV/AIDS?
6. Don't you think ignoring such subjects that inhibit women's control over their bodies directly impacts on interpretation of your messages? Give reasons.
7. What are the contextual and institutional challenges that you face in advertising HIV/AIDS prevention in Zimbabwe?
8. Media products that address sensitive topics like HIV/AIDS are bound to attract comments from the public. What have been the positive and negative feedback of your 2005 HIV/AIDS prevention television advertisements?
9. Who are those who have been against your campaign and why do you think they have been at the forefront of criticising your advertisements?
10. When you import ready made HIV/AIDS television advertisements from beyond our borders what are the problems that you have encountered in terms of reception by the local target audience?
11. Could you explain your experiences with your target audiences interpreting or assigning different meanings to the some advertisements?
12. What kind of research do you conduct before producing an HIV/ADIS prevention television advertisement?

13. What were your research findings that informed the HIV/AIDS television advertisements that ran from January 2005 to December 2005?
14. Are there any other issues or your experiences relating to HIV/AIDS television advertisements in Zimbabwe that you would like to comment on?

Thank you very much for your time

Appendix 3: HIV/AIDS prevention television advertisements.

1. Stigma 1

Rebecca-35 year old female

I was not bewitched. I am living positively with HIV. I have been living for several years with one man who paid my *lobola* and I have also not engaged in any promiscuous behaviour ever since. When I discovered that I had the HIV virus, I was shocked because I looked healthy and strong. It was very difficult for me to tell my husband, but eventually after some time I told him and we both went for blood tests. He was also found to be carrying the HIV virus. It was difficult for my family to accept the news but I am living positively with HIV. I am not secretive about my status, it is just like having BP, Diabetes, and anyone can get it. I am looking forward to living for many more years, nurturing my children to grow. I am moving on with my life, and you too can. Don't be negative about being positive.

2. Stigma 2

Thembi-26 year old female

I am not in the departure lounge. I have HIV. I got infected with HIV by a needle prick while working at a local surgery. I got really sick and I was in hospital for quite some time. When I was well I went back to work but I was fired for my HIV status. After some time I began to accept my HIV status and I can look after myself well. I eat the right foods and I am on treatment now, I feel very strong and healthy. Best of all my friends and family accepted me as who I am. Being HIV positive does not mean the end of the world. Now I have dreams of seeing my son grow up and having his own family. I am moving forward, so can you. Don't be negative about being positive.

3. Stigma 3

Donance-39 year old male

I have not crossed the red robot. I am living with HIV. I was diagnosed with HIV 15 years ago. I started having many girlfriends soon after I had separated with my wife. I have experienced many challenges because people do not understand about HIV. I now have over 15 years living with HIV in addition to helping those infected. Assistance and understanding helps one to live longer. I am taking care of myself, I will live much longer, and I will be able

to nurture my children. I am moving on with my life and you too can. Don't be negative about being positive.

4. Stigma 4

Gladys-38 year old female

I have been married for 16 years and my husband remains HIV negative. I was not bewitched. I am living positively with HIV. When I discovered that I had the HIV virus, I was shocked because I looked healthy and strong. It was very difficult for me to tell my husband, he accepted me as it was. I am living positively with HIV. I am not secretive about my status, it is just like having BP, Diabetes, and anyone can get it. I am looking forward to living for many more years, nurturing my children to grow. I am moving on with my life, and you too can. Don't be negative about being positive.

5. Real Man 1

A real man does not force a woman to have intercourse in order to prove that he is a man. A real man protects himself from HIV by refusing to have sexual intercourse until he has paid *lobola*. A real man knows what he is doing, he has respect. A real man waits.

6. Real Man 2

A real man does not succumb to peer pressure to have sexual intercourse with a woman. A real man protects himself from HIIV by refusing sexual intercourse until he has paid *lobola.* A real man knows what he is doing, he has respect. A real man waits.

7. Real Woman

A real woman is strong, she doesn't succumb to peer pressure or relatives pressure to have sexual intercourse. A real woman protects herself from HIV by refusing to have sexual intercourse until *lobola* has been paid for her. A real woman values herself, she waits until her time has come.

8. Life saver fact number 1

A condom can hold up to three litres of water. Condoms are strong and effective. Use one each time. Condoms are just one of the many ways to protect you against STIs and HIV. Abstinence and being faithful are other proven methods.

9. Life saver fact number 2

A condom can stretch up to one metre. Condoms are strong and effective. Use one each time. Condoms are just one of the many ways to protect you against STIs and HIV. Abstinence and being faithful are other proven methods.

10. Life saver fact number 3

The HIV virus cannot pass through the pores of a condom. Condoms are strong and effective. Use one each time. Condoms are just one of the many ways to protect you against STIs and HIV. Abstinence and being faithful are other proven methods.