

**“Soap operas as a platform for disseminating health information regarding ART and
the use of ‘reel’ versus ‘real’ role models”**

A thesis submitted in fulfilment of the requirements for the degree of
Master of Arts in Journalism and Media Studies

Rhodes University

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February 2014

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ABSTRACT

The media, through development communication and edutainment, plays a critical role in the transformation of societies. In line with this, this thesis discusses the extent to which commercially driven prosocial soap operas can provide a platform for public health messaging, in the context of the HIV/AIDS epidemic in South Africa, for antiretroviral treatment (ART) and for encouraging ART adherence to foster national development. Furthermore, this thesis examined the potential of celebrities as HIV/AIDS ambassadors and the potential of both fictional characters and 'real-life' celebrities to disseminate these health messages. Although the HIV/AIDS epidemic in South Africa is stabilising, this is not the time to relax the communication around the disease, particularly regarding adherence to ARVs, considering that South Africa has the largest ARV rollout in the world. The qualitative methodological approach taken for this thesis is a three-step approach examining the intended message, the text and the appropriated message by viewers. Firstly, a thematic content analysis of an episode of *Isidingo*, that illustrated Nandipha as HIV-positive and the side-effects that came with her ART adherence, and the *3Talk* interview with Lesego Motsepe, where she announced that she was weaning herself off ART, was done in order to understand the intended health messaging in the soap opera and the health message disseminated by an HIV-positive actress with regards to ART. Thereafter interview responses by the production team as well as by HIV-positive viewers, using ARVs, were thematised. In addition media texts which provided commentary on the use of a celebrity as a HIV-positive role model were examined. In doing this, this thesis has offered up the meanings of how HIV-positive women taking ARVs and living in Makana experience and understand the media, particularly health messaging relating to ARVs. The findings of this study suggest that commercial soap operas are the perfect platform to address HIV/AIDS and that prosocial health messaging regarding ARV adherence is still necessary in this country. Soap operas have the potential to have an educational angle. Although, HIV-positive individuals serve as better role models as they are authentic; given human nature, fictional characters, such as Nandipha Matabane in *Isidingo*, may be more sustainable role models as their message can be scientifically-based and well-researched. Realistic characters serve as role models whose behaviour is to be emulated. Soap operas appeal to a wide audience and so storylines can be tailor-made according to the times and the needs in terms of health issues and messaging. Thus, soap operas are not a single platform but rather one which can be exploited to maximum advantage for public health messaging.

ACKNOWLEDGEMENTS

I wish to thank my supervisor Professor Harry Dugmore for his guidance and advice throughout, which without, this thesis would not be possible, while at the same time giving me absolute freedom in my research.

I am grateful to the Jabez AIDS Health Centre, the Raphael Centre and Temba Santa TB Hospital and all the women who willingly gave me their time and shared their very personal experiences with me. You are such brave and strong ladies.

Thanks must also go to Gray Hofmeyr, Mitzi Booysen, Richard Beynon, Hlubi Mboya, and Priscilla Boschhoff for their invaluable input into my research.

A special thanks to my parents and sisters for their love and support. To all of my friends who encouraged me along especially Tia Egglestone, Julia Trollip, Megan Schoeman, Nicola Brown and all the rest of my postgrad pals who assisted me.

Finally, my enduring gratitude to Matthew Parkinson who encouraged and supported me every step of the way. Thank you for your gentle criticism and for pushing me to aspire to excellence by setting the bar high. For your love and guidance I am eternally thankful.

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CHAPTER 1

INTRODUCTION

“When the Red Queen’s feet stop spinning even temporarily, she does not maintain her position; the world around her, counter-spinning, pushes her off-balance... When ...campaigns lose their effectiveness or penetrance.... returns like an old plague. Social behaviour metastasizes, eddying out from its centre toward the peripheries of social networks. Mini-epidemics...are sure to follow”

(Mukherjee 2010:446).

The epidemic continues but the communication is fading

Although the HIV/AIDS (human immunodeficiency virus/acquired immune deficiency syndrome) epidemic has stabilised within the country it is not the time to decrease public health communication regarding the disease, and considering that South Africa has the largest ARV rollout in the world, the encouragement of ART (antiretroviral treatment) should be ongoing. This thesis aimed to deconstruct the representation of HIV/AIDS, with regards to ART, within a particular area of South African media. Taking the standpoint that the media provides viewers with tools for interpreting societal issues this thesis aims to explore the way in which HIV/AIDS is represented and constructed in *Isidingo*. Treichler (in Connelly & MacLeod 2003) describes the HIV/AIDS epidemic as an ‘epidemic of signification’ in that the epidemic has produced a parallel ‘epidemic’ of meanings, definitions and attributions. The media plays a vital role in informing public opinion of key issues of the day as well as communicating knowledge about HIV/AIDS. However, these representations are not passive transmissions of ‘the truth’, they are a socially constructed representation of reality. Having that as the starting point, this research sought the meanings that HIV-positive women make of mediated HIV-messaging particularly regarding ARV adherence.

Introduction

In order to contextualise this study, a general picture of the HIV epidemic in South Africa is introduced in Chapter 1. The first chapter also explores HIV and ARV communication in South Africa. The use of popular media as a platform for health messaging, specifically soap operas, is explored using *Isidingo* as the springboard. This thesis is located in cultural studies, as it is an exploration of mediation in everyday life. This chapter then introduces and critiques the core ideas behind Behaviour Change Communication (BCC) in general and

Entertainment-Education (E-E). In Chapter 2 the theoretical frameworks drawn upon in this thesis will be explored including reception analysis, effects theory and social cognitive theory. Additionally E-E will be examined in order to understand how prosocial soap operas can influence behaviour change. The third chapter explains the process of this research, in trying to understand the meanings that HIV-positive women, taking ARVs, make of health messaging in *Isidingo* particularly pertaining to ARV adherence. It further describes how this research investigates the impact that ARV health messaging, disseminated by an HIV-positive celebrity, can have on HIV-positive women. Chapters 4, 5 and 6 highlight the findings of this research and analyse it in order to offer a summary of the possible meanings that are made. In Chapter 7 the final conclusions of this research are given.

Background

In 2012, there are approximately 6.1 million South Africans living with HIV (UNAIDS 2012). The overall HIV prevalence in South Africa is approximately 10% (STATSSA 2013) of the total population. Most of these are aged over 15: only about 400,000 are estimated to be below 15 years of age (UNAIDS 2012). In 2010, the government launched the HIV Counselling and Testing Campaign (HCT) in which 20 million South Africans underwent an HIV test (Department of Health 2014). South Africa now has the largest ARV rollout in the world with 1.7 million South Africans taking ARVs and the aim of having 2.4 million individuals on ARVs by the end of 2014 (Department of Health 2014; SouthAfrica.info 2013). However, it has taken South Africa a long time, and a lot of pressure from civil society to reach the point where government now prioritises HIV/AIDS.

There were 5.5 million HIV-positive South Africans in 2006, around the time when *Isidingo* created the character Nandipha (Squire 2007). In December 2004, there were 131 public ARV sites in South Africa (National ARV rollout n.d.). And in January 2005 there were 3739 individuals taking ARVs in the Eastern Cape. South Africa's history of HIV and AIDS is a story of missed opportunities, political obstinacy, and unnecessary death and suffering. South Africa's response to HIV started in the 1990s under the National Government and the new ANC government carried this forward, however it was not a priority at that stage due to other pressing interests such as transformation in the country. This was followed by the appointment of Thabo Mbeki to presidency in 2003 which resulted in "madness, sheer weirdness and a decade of despair" which resulted in 330 000 South Africans dying unnecessarily (Cullinan & Thom. 2009:x). The story of denialism and the lack of political

will to prevent HIV-infection and rollout ARVs in the early stages of the epidemic is, as this thesis will show, still impacting ARV adherence in 2014. A detailed history is important to understanding how the government failed its citizens with regards to HIV-prevention and treatment, however, the scope of this thesis does not allow for an exhaustive account and thus the key issues in order to understand how the remnants of history are still remembered today will be outlined.

Former President Thabo Mbeki's AIDS denialism had a disastrous effect on the rollout of ART (antiretroviral therapy/treatment) in South Africa. In July 1996, a team advocating virodene as a potential cure for HIV met with then Minister of Health, Nkosazana Zuma to propose piloting virodene to HIV-positive individuals (Myburgh 2009). In September 1997 the Medicines Control Council (MCC) rejected a proposal to continue testing virodene (Myburgh 2009). In 1998 Mbeki began debates questioning whether HIV existed (Govender 2009) and in October, Mbeki and Zuma put a stop to the use of AZT in the prevention of mother-to-child transmission claiming that the drug was toxic and poisonous (Myburgh, 2009). At the same time the Treatment Action Campaign (TAC) was formed by Zackie Achmat (Govender 2009). The right to ARVs was fiercely protected in a well-publicised power struggle including civil disobedience campaigns between the state and civil society (Squire 2007). To this point, the South African Constitutional Court ruled in favour of the TAC in a landmark judgment in 2002, to force the government to roll-out anti-retrovirals (ARVs) and implement an effective prevention of mother-to-child transmission of HIV (PMTCT) programme (Davidson 2007; Squire 2007).

In early 2000 Mbeki began questioning a Western solution to an African problem. In 2000 AIDS was the leading cause of mortality in the country (Cherry 2009). In a speech at Fort Hare University in October 2001 Mbeki suggested that Westerners were portraying Africans as, "germ carriers and human beings of a lower order that cannot subject its passions to reason" (Myburgh 2009). Mbeki's racial obsession was not the only factor to consider in his disdain for Western cures but the government's involvement in an alternative African cure, virodene, is also critical to understanding his stance. However, Mbeki's government were desperate for an African cure and began advocating, with then Health Minister Manto Tshabalala-Msimang, a healthy diet as a cure for HIV/AIDS. The African potato along with garlic and beetroot were promoted (Squire 2007; Cullinan & Thom 2009).

Mbeki was fired from office and in October 2008 acting President Kgalema Motlanthe stated that HIV/AIDS would now be a priority (Cullinan & Thom 2009). The ANC government under Health Minister, Barbara Hogan, after Tshabalala-Msimang was redeployed to parliament, began the rollout of ARVs (Cullinan & Thom 2009). Thereafter Aaron Motosledi, who is currently Health Minister, took over. Throughout this period ARVs have been evolving and although side-effects are still a reality for some, the current combination used in South Africa has minimal side-effects, additionally in 2013 government began to rollout fixed-dose combination (FDC) treatment which requires HIV-positive individuals to take one pill a day as opposed to three, this rollout is being done in stages to ensure availability of the drug.

Despite South Africa having the largest ARV rollout in the world, some would say it is a little too late (van dyk 2011). It is one thing to boast about having the largest ARV rollout but quite another to be able to claim that you were able to prevent millions of HIV-infections and deaths. Many South Africans still don't know their HIV-status or having been influenced by Mbeki and Tshabalala-Msimang have turned their backs on the only effective treatment currently available and are trying to treat it through diet and traditional medicines as was advocated by Mbeki and Tshabalala-Msimang (Cullinan & Thom, 2009). The results are still visible today as will be argued in this thesis.

Issues of ARV adherence

ARV adherence and efficacy is more than an issue of science. It is a social issue which encompasses an array of barriers such as socio-economic position, power, and availability, to name a few. According to Esch (2001) and Weiser et al., (2003) (in Erah & Arute 2003) there are three categories which affect ART adherence: patient-related (psychosocial and education), patient-provider factors (treatment by health care workers) and clinical factors (adverse effects of medications). Stigma associated with being HIV-positive is still a reality in South Africa and a barrier not only to HIV-testing but to ARV adherence too. A lack of empathy from healthcare providers, as well as a general lack of access to healthcare is also listed as a barrier to HIV-testing and ARV adherence. The severity of side-effects has decreased as research is improving, however, it is still a factor for some individuals and can be a barrier to ARV adherence.

All of the fault lines within South African society are exacerbated by HIV/AIDS. The epidemic intersects with class, race and gender as well as socio-economic and political inequality in complex and contradictory ways (Finlay 2004). Importantly to note, especially for this thesis, is the inherent genderedness of the HIV epidemic. Women are the worst affected by this epidemic, not only because they are biologically more susceptible to HIV (Hunter 2010) but they also generally take on the role of infected, caregiver, provider etc. (Susser 2009), thus, the notion of triple-burden of oppression, being oppressed due to gender inequalities, race and class discrimination (Foner 1998). Between 1990 and 2005 the HIV-prevalence among pregnant South African women rose from 1 percent to 30 percent (Hunter 2010). Additionally, by 2005, 72 percent of women and 58 percent of men aged between 15 and 24 were unemployed (Hunter 2010). These statistics illustrate how women due to gender inequality also become class oppressed. It stands to reason, then, that HIV/AIDS should be considered as a problem which defined an era within our society – a position one would consider important in terms of how the media addresses the vectors of this disease.

Attempts to stem the epidemic through education

The relative lack of information and messaging about ART in the media, in the present day (circa 2010-2014) contrasts with the government's wider use of mass media in the 1990s and early 2000s to create awareness of HIV and AIDS, and to promote safer sex and HIV-testing (Wildermuth 2005), but not ARVs. Government either directly funded and facilitated public health campaigns dealing with HIV and AIDS, or partially sponsored other campaigns, such as *loveLife*, *Beyond Awareness* and *Khomanani*, although many of these were, at least initially, small and of marginal impact (Parker 2003). While the SA government does currently use mass media to promote HIV prevention such as medical male circumcision (MMC) (JournAids 2013), there is still a dearth of mass media encouraging ARV adherence. Government has also supported the use of the E-E in the form of support for programmes such as *Soul City*, a series which, on its own, has been a significant source of HIV and other health information in South Africa over the past 15 years (Wildermuth 2005).

Other, more aggressive uses of mass media, particularly in terms of print, radio and TV, were popularised by the government's mid 2000s *Khomanani* platform of large scale TV and radio advertisements coupled with a 'Red Ribbon Resource centre' distributing millions of pamphlets on a variety of topics (Health Systems Trust 2012), and by *loveLife*, which added high profile billboards and social media, to a 'multi-media' mass media approach (Parker 2003). Both

Khomanani and *loveLife* included significant face-to-face/door-to-door components to complement their mass media. *Soul City* included face-to-face time through their Soul Buddyz clubs. In addition, other TV programmes, created primarily as entertainment vehicles, have taken on some education/health promotion or prosocial roles, addressing social problems, including discussion shows, news features and some drama shows. Some shows have embraced this more explicitly than others, but, I would argue, none more so than *Isidingo*.

Contextualising *Isidingo*

“Andile: My personal response to *Isidingo* (a South African soap opera) is one that is informed by my background. The fact that our fathers and brothers were working on the mines...they used to come back and talk and relate these stories to us. So now what is happening in *Isidingo* is the confirmation of that. So every time I see that setting I reflect back on those things they used to tell us...working at Iscor (steel refinery), things like that. Tribal conflicts, faction fights...within that setting. So it’s a confirmation of those things that I used to hear” (Strelitz 2002:189).

“Ann-Mary: But it’s unrealistic, it’s not real life. *But Isidingo* is a good one” (Strelitz 2002:190).

“Siyanda: *Isidingo*, I like. I can relate to that. I mean, the mine...it’s like that. There’s always those cats who run the mines, the undercover thugs. Like my dad and I would joke and say that’s like uncle so and so. I can sit and watch it because I can relate” (Strelitz 2002:193).

The South African Broadcasting Corporation (SABC) commissioned Gray Hofmeyr to create a local soap opera for the television station SABC 3. SABC 3 is the public service commercial station of the SABC (Fourie 2007). The show strives to show the lives of ordinary South Africans going about their daily lives in South Africa. The show first aired in July 1998 and has since been running five days a week for about 15 years (Andersson 2003, Wildermuth 2005). More than 3000 episodes have been aired. Although viewership figures fluctuate from year to year and it is less popular now than it was in the mid-2000s, *Isidingo* has become a significant part of South Africa’s common cultural landscape (Tlelima 2011).

The concept for the show was based on *The Villagers*, which proved popular as the show is able to have a cross-section of South Africa all working together and interacting (Hofmeyr 2013). Prior to airing, SABC 3 held a ‘Claim the Name’ competition in the Sunday Times (a national Sunday newspaper) where readers were tasked to suggest appropriate names for the new show (ITV programmes 1998 in Van der Merwe 2005; Hofmeyr 2013). The title of a

programme often hints at the “moral” or “truth” of what the show will illustrate (Van der Merwe, 2005). The name chosen was *Isidingo – The Need*. However, it has now been reduced to *Isidingo*, with many viewers knowing that *Isidingo* means “the need”. Thus, from the onset, the production of *Isidingo* was participatory, prosocial and ‘in tune’ with the viewer who, in having a say in the name, gained ownership of a programme.

In actively trying to portray reality the primary sets were chosen as they provided contexts which allowed for characters from diverse income brackets to interact. The show initially had two key sets: one that focussed on the lives of those living on Horizon Deep Gold Mine and The Rec club, a pub-come-restaurant where all those living and working on the mine gathered. In order to keep the show commercially viable the production team were forced to create more glamorous and upmarket sets (Beynon 2013). From about 2003 these sets enlarged to focus more on On!TV, a fictional television station based in Johannesburg, owed by the Haines consortium (News24 2003). More recently it introduced The Duncan. The Duncan is a hotel in which all the prominent business transactions take place. On!TV, The Duncan, The Rec and Sibeko Gold are now central to the daily lives of the characters.

In terms of genre, *Isidingo* is a prime time serial. Some of the creators called it a daily drama (Beynon 2013) and tried to distinguish it from the other ‘soap operas’ as it was created to provide social commentary on the country (Booyesen 2013; Hofmeyr 2013). The producers stated explicitly that they hoped to portray a rainbow nation in which black and white; middle and working class would coexist peacefully. According to Andersson (2003:151 see also Wildermuth, 2005:3), “At Horizon Deep [one of the two major sites of the serial], black and white don’t just coexist happily and drink together in the ‘Rec’. They also share dwelling places and, on rare occasions, beds”. These rare occasions have become more frequent since Andersson’s work in 2003 and there have been a lot more interracial relations in *Isidingo*.

***Isidingo* as different from “Bold, never-never-land of soap”**

According Ilse van Hemert (2002 in van der Merwe 2005), a previous executive producer of *Isidingo*, social responsibility and the transfer of socially useful information is the second most important function of the soap opera next to entertainment. My own personal communication with Beynon (2013) echoes van Hemert,

“...at its best it provokes debate. It causes us to reflect on aspects of our society, and it entertains us. And the entertainment thing, always has to be first” (Beynon 2013).

However, it is clear that although *Isidingo* is a soap opera or daily drama with the primary aim of entertainment, it nonetheless, provided opportunities, perhaps more than most TV dramas, for a more active interpretation and involvement for viewers to make sense of their social reality, partly through the use of realism. Information transfer through educational and developmental content is secondary to entertainment. However, in part, entertainment and a realistic portrayal of social reality are not linear, but rather circular in that it is this realism that enhances the entertainment value of the show. Thus, in part, the prosocial messaging in *Isidingo* enhanced its entertainment value.

Ang (1985:19) suggests that “A programme which is a best seller and which its audience rates very highly may be less of a vehicle for impressing advertised products and increasing their sales than a less entertaining programme.” *Isidingo* has had a shift in its target audience largely due to the fact that advertisers could not identify the target audience of *Isidingo*, because of its broad fan base. Hofmeyr (2013) states that *Isidingo* was characterized as an “old bakkie” in its early years, prior to 2003, and thus there has been a move towards creating more ‘upmarket’ and glamourized, storylines which are perhaps a less realistic (in terms of the general population) portrayal of South Africa. However, in February 2013, *Isidingo* was still the most popular show on SABC 3 with an AR of 6.9 (Screen Africa 2013). It airs Monday to Friday at 19:30 with a repeat omnibus on Sundays. *Isidingo* is definitely not currently (2014) the most popular local soap opera with other local productions having much higher ARs on other stations. *Generations* is by far the most popular soap opera with an AR of 18.8, *InterSexions*, AR of 17.5 *Muvhango*, AR of 10.8, *Scandal*, AR of 8.9, *Rhythm City*, AR of 7.5. The intended messages and social contribution of the producer and writers of the show will be further explored in Chapter 2 through the analysis of interviews with the production team. *Isidingo* was, and perhaps still is, undeniably a media product with the potential to bring about national development and social change.

Scandal has also dealt with HIV in a storyline (JournAIDS 2011), as has *Rhythm City* and *Generations*. For example, these story arcs had some measurable real world impact: the Society for Family Health reported that they had 30 000 SMSes asking for more information about HIV testing and unprecedented numbers of people coming in to be tested after a single

episode of *Generations* ran a storyline about testing for HIV (JournAids 2011). However, this might be overstating an idealist case. A comparison between the soap operas is not part of this thesis but I would argue that these characters and storylines were not as hopeful as Nandipha's story, but nonetheless not ineffectual and still beneficial to HIV health messaging in South Africa. Parker (2009) shared parts of CADRE's ongoing research study into perceptions surrounding HIV/AIDS. All of the participants in the CADRE study believed that the media contributed to or encouraged multiple concurrent partners (MCP).

“The people who write and direct soapies, they never put HIV in their productions. We have, for example, Karabo in Generations, who has been involved with many sexual partners. Why don't they show her as someone who has been infected because of her sleeping around? That will teach girls who have many sexual partners that if you have many sexual partners you will get HIV and AIDS. That will be the best approach because if you just have an AIDS programme people will get bored, so you just have to work the HIV and AIDS message into the daily soapies” (Parker 2009).

One such AIDS programme is *Soul City*. Throughout the production and airing of *Soul City* various themes regarding HIV/AIDS have been discussed, including ARVs, mother-to-child transmission and child infected and affected households. In Season 1 of *Soul City*, which aired August 1994 to November 1994, viewers are introduced to a young nurse who has been infected with HIV by her husband (TVSA n.d.). Season 6 of *Soul City*, aired from May 2003 to July 2003 and introduced 12-year-old Nombulelo, whose mother has died of AIDS and her father is dying of AIDS, opening up the theme of child-headed households (Soul City, 2014). In Season 7 of *Soul City*, which aired from May 2006 to August 2006, at 20:30 to 21:30, Sonto, a nurse at the Masakhane clinic, begins taking ARVs (TVSA n.d.). She discloses her status to Sister Bettina, explaining that she is suffering side-effects from the ARVs when Bettina catches her sleeping on the job. Sonto asks Sol to disclose her status to her colleagues; and Zama, another nurse, shouts out that Sonto is HIV-positive when she attempts mouth-to-mouth on a child who has drowned. In Zama's disciplinary hearing, she reveals that her ex-boyfriend died of AIDS, and her fear of not knowing her own HIV-status scares her. Zandi, another HIV-positive character gets a new boyfriend but he breaks up with her when he learns that she is HIV-positive (TVSA n.d.). In September 2007 to November 2007, Season 8 of *Soul City*, Portia and her baby Simphiwe both test positive for HIV (TVSA n.d.). The theme of the season was to encourage pregnant women to test for HIV in order to prevent HIV-transmission to their babies.

Isidingo's explicit HIV themes

“People do not make TV programmes or publish newspapers solely in order to provide the public with accurate health information. The entertainment agenda (and this applies to news and current affairs as much, probably, as it does to ‘fictional’ products) is more dominant, and scientists, medical care providers and health educators have increasingly come to recognise this”

(Naidoo and Wills 2000 in Seale 2004:7).

This drive towards social relevance in *Isidingo* was a result of the original executive producer, Gray Hofmeyr, who concedes that this was largely a matter of personal choice:

“After the change of government or at that time, and all they really wanted, they just wanted good entertainment. And my natural instincts go towards relevance in society I suppose you could call it...my style then was very realistic and gritty and trying to be real. And to deal with things that affected people and to try to make the country better” (Hofmeyr 2013).

The production team (including Hofmeyr’s) intention to make *Isidingo* realistic and socially relevant will be analysed in greater depth in Chapter 4.

As Thabo Mbeki’s denialism was being more effectively challenged by NGOs and even by elements within the ANC, the government slowly started making ARVs available in public clinics. From 2004 clinics were offering ARVs but the public knew little about them, and the atmosphere was filled with misinformation and official dual messaging. The Joint Civil Society Monitoring Forum estimates that by the end of November 2004 only 18 500 people had access to the lifesaving drugs (Health Systems Trust n.d.). Lack of treatment rollout and delays were heavily protested in the Eastern Cape in 2005 leaving 40 injured by rubber bullets and smoke grenades (Squire 2007). The Health Minister repeatedly labelled them toxic and poisonous. It was in this context, in about 2005, that *Isidingo* introduced a significant new narrative about HIV-infection and ARVs. ART played out around the popular character Nandipha Sithole, who later married a major character, Parsons Matabane and became Nandipha Matabane. The character, a 20-something single woman was depicted as having HIV after being raped by her abusive husband. After falling in love with Parsons Matabane, who ‘rescued’ her from her abusive husband, millions of viewers watched when the character Nandipha got tested on-screen, in her fictional TV game show which aired on ON!TV in *Isidingo*, for HIV and her reactions as the results came back positive (Wildermuth 2005). In the 2006-2007 season of the show, the Nandipha character began to take ART on the show, possibly the first time this occurred on local TV, outside of ‘edutainment’ series, as *Soul City* had already been doing HIV storylines including showing ART. Nandipha was for

a long-while depicted as a true success story in the show, overcoming an abusive past to marry a more supportive husband, and become a successful career women (The South African TV Authority n.d.). Nandipha was played by actress Hlubi Mboya who, because of her fame in *Isidingo* (and also from appearances in other shows, such as *Strictly come Dancing*) is a self-described “AIDS ambassador” (Mboya 2013), who, to this day, often speaks in schools, communities etc. about HIV and AIDS. Mboya (2013) describes *Isidingo* and her role and HIV-storyline below:

“It was a story that the writers really wanted to bring into society as edutainment... *Isidingo* is really a grassroots level, South African drama series where everyone can relate to it...it’s gritty, in the grit and the grime of ordinary South Africans where everyone can relate to each other...we wanted to translate an inspirational and positive HIV-positive storyline. We wanted to get the statistics right, we wanted to get the stigmas out of the way, we wanted to demystify the epidemic” (Mboya 2013).

By contrast another well-known *Isidingo* character Letti Matabane, (played by actress Lesego Motsepe) was depicted as Nandipha’s HIV-negative sister-in-law, from 2006 until 2009 when Parsons divorced Nandipha. The two got divorced after Parsons had an affair with Thandi, another character on the show. Nandipha wanted to fight for their marriage but ultimately Parsons handed her the divorce papers.

In a surprising twist, the actress who played Letti, Lesego Motsepe, revealed her real-life HIV-positive status on World Aids Day in 2011 garnering widespread publicity across all media in South Africa (City Press 14 January 2012; Matjila 2012). Everyone familiar with *Isidingo* noted the curious role reversal: an HIV-positive character played by an HIV-negative actress, and an HIV-negative character played by an actress who was HIV-positive - although she only revealed her status after she was written out of the show, even though she had known about her HIV-status since 1998 (Sunday Times 26 January 2014:5). Both actresses have thus been involved in ‘messaging’ about HIV and ART. The actress, Hlubi Mboya has, in the guise of, or introduced to real life audiences as her fictional on-screen character, been a World Food Programme ‘Ambassador’, regularly highlighting the importance of food and nutrition in the fight against HIV/AIDS. In this role she has travelled widely promoting this campaign and speaking openly about HIV/AIDS (World Food Programme n.d.).

Despite the pandemic proportions of HIV/AIDS in Africa there is less knowledge about the manner in which the African media deals with the subject compared to Western media

(Watney 1997 in Seale 2002:12). According to Wildermuth (2005) *Isidingo*'s approach to addressing HIV/AIDS is non-holistic as it only focuses on stigmatisation. Wildermuth questions whether *Isidingo* is able to provide "a thematization of the complexity of sexual practices and gender relations which presumably limits the impact of informational campaigns and social marketing attempts to educate audiences about sexual risks and inform them about correct behaviours" (Wildermuth 2005:2). However, I will argue that Wildermuth's critique is ill-placed. Edutainment, in the form of soaps for health communication/development, can include implicit appeals to change sexual practices to reduce the risk of sexually transmitted HIV/AIDS infections. This however, needs to be judged based on whether *Isidingo* achieves what it – however inchoately expressed – 'set out' to do. And according to Mboya (2013):

"*Isidingo*'s intention (with regards to HIV/AIDS, and ARVs) was, from the beginning, from the producers, from the writers was to send out positive messages, inspiring messages, giving people details and realistic measures of living positively" (Mboya 2013).

Wildermuth (2005) suggests that incidental acts of prosocial behaviour are ineffective. This again depends on what one is measuring, as social cognitive theory suggests that observational learning may not lead to direct behaviour change but can reinforce existing behaviours. *Isidingo*, first and uniquely among the 'commercial soap operas, talked openly about HIV/AIDS. And, first, among SA dramas, condoms were explicitly promoted and unsafe sex was (mostly but not always) discouraged (USAID/South Africa 2003:10 see also Wildermuth 2005). However, Wildermuth does have a point, in that, as it is a soap opera (even though it aspires to 'drama series' status) and entertainment (and audience ratings) is the primary objective, it is difficult to uphold these positive prosocial messages in every character's sexual encounters. Therefore it is easy to establish how Wildermuth (2005) arrived at his critique. However, this thesis argues that *Isidingo* provided a holistic presentation of HIV/AIDS as it did not only deal with stigmatisation, as Wildermuth suggests, but it also addressed the dangers of unsafe (or violent and unsafe) sexual practices while at least attempting to address some of the issues of gender and sexual power in the HIV/AIDS pandemic. According to Wildermuth (2005) all sexual relations depicted 'onscreen' in *Isidingo* are consensual. This is not the case, *Isidingo* does address incidents of sexual harassment, attempted rape and rape. The character of Nandipha is from an abusive marriage in which she was raped. Granted, this 'backstory' happened 'off-screen' and was revealed in conversations between characters. So it was never depicted on screen, but it would not be fair to label this a non-holistic approach to the pandemic

but rather to do with the show being aired at prime time and for family viewing. Additionally, while Wildermuth criticises *Isidingo* regarding gender and sexual power relations, he does not seem to place much importance on the portrayal of HIV/AIDS regarding race. This is based on Deborah Posel's assertion that gender and not race relations have taken centre stage in political and cultural debates (Epstein 2007). However, issues of race are not to be too easily dismissed within the South African context.

The contentious issue of AIDS and Race is explored, or at least muddled through in *Isidingo*. The only central character who is HIV-positive is a black woman. This 'may reinforce stereotypes of HIV/AIDS as a 'black' disease and as an issue largely for women, not men' (USAID/South Africa 2003: 9 see also Wildermuth 2005). Furthermore, by reinforcing stereotypes it is easy for 'othering' to occur with barriers between 'them' and 'us' being built. This form of 'othering' can be dangerous in that it creates a sense of denial of risk for those groups not considered high risk, and scapegoats those who are considered 'other' (USAID/South Africa 2003: 3 see also Wildermuth 2005). However, *Isidingo* was the first commercial soap opera in South Africa to introduce an HIV-positive character (Beynon 2013; Sunday Times 26 January 2014:5), even though *Soul City* and other sponsored edutainment shows such as *Tsha Tsha* had HIV-positive characters who for the most part were also black women who were infected by unfaithful partners, thus men's involvement in the epidemic is implied but never seen (Wildermuth 2005). It could also be argued that *Isidingo* strives to portray South Africa realistically and having the only HIV-positive character as a black female is a realistic portrayal of the vulnerability of black women in South Africa, with black women in their 20s being the largest segment of HIV-infected South Africans in 2005 (Susser 2009; Squire 2007). There are also other practical issues to take into account. These include decisions regarding the status granted to the character and how this will fit realistically into the production of the show. The decision to interview only black South African women in this study will be discussed under identification in social cognitive theory in Chapter 2.

A female character – as opposed to a male character - is able to address the issue of HIV pregnancy and the issues surrounding that topic more easily than a male character. Nandipha was, in many ways, in the context of the show, the perfect character for this role. Although she was a black female she was not the stereotypical poor rural woman. Indeed, her character in the show was one of a celebrity and a 'beautiful model' who, when she disclosed her status on her reality television show in *Isidingo* many 'viewers' (both the viewers of *Isidingo* and the

viewers of Nandipha's reality show in the programme) were surprised by her HIV-positive status. This was because of the stigma attached to the disease and the belief that HIV is a disease of the poor which originated under Mbeki's presidency. Similarly many fans of Motsepe (Letti in *Isidingo*) were surprised at her revelation, in 2011, that she is HIV-positive. This is further explored in Chapter 5 and 6.

Soap opera: a genre for health messaging

Soap operas are serials, with ongoing and often very long term story arcs (Geraghty 1992). Several structural characteristics are common among serials. There is a continuance of time which is mostly depicted as linear and irreversible (despite the common use of 'flashbacks'). Thus a serial and its episodes cannot be watched in a random order, each episode ends on a 'cliff-hanger' (usual dramatic psychological climax points that are used to encourage viewers to watch the next episode to find out what happens). In addition, each episode has narratives running in parallel and there are several main characters involved in multiple story arcs. Time, in serials, tends to keep abreast with real-life time (Ang 1985; Geraghty 1992). Daily serials are generally aired in the same time slot and generally have a sense of advancing one day at a time (Ang 1985; Geraghty 1992). The action in soaps is often confined to one or two families or a community which is in an "eternally conflictual present" (Ang 1985:75). Scripts are usually melodramatic, with theatrical displays of emotion, although Gledhill (1992) suggests that soap opera is likened to melodrama because both have been assigned low cultural status in the twentieth century. Each episode, as a stand-alone piece of drama, is largely indistinguishable from the next in that the stories are never-ending. The plots are usually fast moving and, while some narratives continue, some simply stop suddenly as story arcs are created and destroyed. In soap operas most characters disappear after their character's role in the storyline has been spent (Ang 1985; Geraghty 1992). The most popular method of writing a character out of the storyline, at least in *Isidingo*, is by ensuring that the couple breaks-up (Wildermuth 2005). Three common storylines in soaps revolve around the lovers, the love triangle or conflict in the family (Ang 1985; Geraghty 1992). These storylines all feature in the Nandipha story arcs.

Eco (1990:86 in Andersson 2003:155) suggests that viewers are drawn to soaps for the comfort it provides in hearing the same story over and over, despite thinking that it is a new story. Silverstone (1994:16) highlights continuity as one reason why viewers watch soaps. This seems to be increasingly relevant as the lives that individuals lead are progressively

more stressful. Ang (1985) highlights that there is not one all-embracing reason why different viewers watch soap operas. For some it may simply be routine to have the TV on in the background, for others it may be a distraction from work or from other issues happening in one's life, while for others watching soap operas may be the highlight of their day. Herta Hertzog was the first researcher to conduct a study, in 1942, into the reasons for audiences watching soap operas. Hertzog's findings are still used as a basis for research into soaps. Some of the factors for watching include- fantasy fulfilment, projections, emotional discharge, and education (Matelski 1988:47; Cole 1970; Van der Merwe 2005). The rich and glamorous lives, that the soap characters often live, appeal to viewers who have similar aspirations and desires. Emotional discharge or catharsis is when the viewer, watching a character suffer or struggle with similar problems to their own, realises that other people also suffer. Through the actions of the soap character the viewer is then able to explore their own problems vicariously, release their emotions about the topic and gain a clearer understanding of their own situation (Ang 1985; Geraghty 1992; Allen 1995). Ideally the viewers would also gain some knowledge (about a particular subject/skill/circumstance) through watching soap operas that they can take and implement solutions that they have seen acted out, in their own life (Matelski 1988:47). Building on Hertzog's work behind the reasoning for watching soaps, Greenberg & Woods (1999) identified the types of satisfaction that viewers gain from watching soaps including escape, social learning, social excitement and habit. Escape refers to the use of soap operas by the viewer as a means of escaping reality. Social learning refers to the use of soap operas in learning, particularly by living vicariously through the character. This element will be explored in some depth in Chapter 2. Social excitement is the excitement that a viewer obtains by watching soapies and habit refers to the extent that soaps become habitual and form part of a viewer's daily routine.

In recent times it has become more common for soap operas to include overtly educational information within their storyline (Mody 1991). However, this has more to do with increasing the entertainment factor, rather than making soapies prosocial (Mody 1995). The use of opposition in soap operas creates anticipation and angst among viewers before dealing with the issue. The use of life versus death is particularly noticeable in health stories. Thus, according to Seale (2004:6), "medical soaps – perhaps like all media health stories at some level, explore the most fundamental anxiety that we all face as embodied, finite beings." Soap operas are instrumental theatre and people like learning about how to 'handle' things (Allen 1995).

This development can have both positive and negative consequences. The long lifespan of soap operas means that there is a constant stream of educational information being disseminated to the public, which allows for more constant health messaging that can be useful for campaigns to not lose their ‘penetrance’, to use Mukherjee’s (2010) term. However, this can also be problematic in that it is unlikely that a soap opera is able to continue their campaigning about, for example, using condoms in every sexual encounter throughout the show. Although this is unlikely it is not impossible as when soaps decided to not depict smoking in their shows. Thus, soap operas tend to thematise different issues and continue them until their storyline has run its course (Wildermuth 2005). This is effective in that marketing campaigns are not able to continue their message ‘eternally’; however, it is unlikely that there will be consistency in the health message once the theme has ended.

As will be explored in Chapter 4, this can be problematic. Bandura’s social cognitive theory, which this thesis draws heavily on, suggests that inconsistencies in modelling behaviour does not just cause confusion, but can even cause a regression in progress that has been achieved. Furthermore, the issue of not watching a storyline from beginning to end can have negative impacts on behaviour as will be illustrated in Chapter 4.

Structure

Increasingly, research suggests that soaps appeal to viewers because they engage them more intimately than other TV programmes or movies, and because they deal, in some way, with real issues (Andersson 2003:10; Wildermuth 2005). The primary directive for *Isidingo* is entertainment, however, they have been able to entertain in a socially useful manner. Social issues are portrayed in the soap and dealt with in a realistic way so that viewers may learn from the characters and change their own beliefs and behaviour. Social issues are not new to soap operas with the slight exception that only issues that could be dealt with on a personal basis were dealt with (Cantor & Pingree, 1983). Nowadays even the most controversial stories are presented. This move has illustrated the potential of soap operas for creating awareness about public health concerns and other important prosocial matters, and the potential they have in creating agendas for these matters.

Conclusion

To summarise, Chapter 1 has illustrated the extent of the HIV epidemic in South Africa. Despite there being approximately 600 000 new infections from around the time that *Isidingo* ran the Nandipha HIV-storyline, the popular media encouraging and supporting ARV-adherence is not what it should be. The lack of political will, in producing prosocial media for the public broadcasting station, demonstrates the need for commercial productions to fill this gap. However, in using the production of *Isidingo* as an example, it is clear that often the desire to produce prosocial media must come from the production team itself, and not necessarily from a government mandate. This chapter also demonstrated the potential for commercial soap operas to take on the role of prosocial health messaging by highlighting the features of E-E and demonstrating how soap operas can combine these techniques, in the manner in which *Isidingo* did, to produce entertaining, commercially viable prosocial media. Considering the popularity of soap operas, the type of generalised epidemic in South Africa, the impact that HIV is having on the lives of black South African women and that soap operas mostly appeal to a female audience, suggests that it is the perfect platform to address the issue of HIV and ARV-adherence. Thus, there is no time for HIV/AIDS fatigue as there is still a lot of work to be done (Squire 2007), and if HIV campaigns lose their penetrance then the disease is sure to return with a vengeance, most likely in the form of ARV resistance.

This Chapter highlighted the context of this study, the HIV epidemic in South Africa as well as the media landscape. Chapter two outlines the theories that will be used in this study which will then follow with the methodology used in this research in Chapter 3. As this study is broken down into three main parts: text, intended message and ‘reading’ of the text, the following chapters analyse the findings of each part in Chapters 4, 5 and 6. Chapter 4 examines the media text and intended message by the producers. Chapter 5 unpacks the preferred reading of the text by the participants of this study. Chapter 6 looks at the role of a ‘real’ versus a ‘reel’ role model in health messaging and the consequences of either approach. Finally Chapter 7 concludes and summarises the highlights of this study.

CHAPTER 2

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

Introduction

Several authors suggest that the content of popular media, including soap operas, can and have been used to address social problems in developing countries, and to foster development and achieve social goals (Petraglia 2007; Singhal & Rogers 1999; Mody 1991; Vaughan, Rogers, Singhal & Swalehe, 2000; Van der Merwe 2005). According to Brown and Singhal (1993) entertainment media has the potential to profoundly shape people's knowledge, attitudes, beliefs and behaviour (Brown et al. 1988; Van der Merwe 2005). Therefore mass media communication can be used in both developed and developing nations to foster national development and unity. E-E or edutainment aspires to be a subtle weaving of educational information into entertainment media explicitly in order to foster national development. This thesis examines communication theory in order to understand how health ideas are spread through the media in order to bring about behavioural and social change (Singhal & Rogers 2002; Waisbord 2001). This chapter outlines the theoretical frameworks drawn upon in this study with regards to themes in the study: media impact on audiences, behaviour change, genre and representation.

The prosocial soap opera

“Cultural studies must be grounded in and upon genuine social reality in order to produce deeper insight”

(Tufte 2000:7).

The structure of soap operas was outlined in Chapter 1. However, unlike general soap operas whose sole mandate is entertainment prosocial soap operas have a slightly different agenda. Prosocial or 'good' behaviours are behaviours that portray living in a manner which is beneficial to both the individual self as well as society as a whole; the ideal citizen whose actions better the community in which they live. Antisocial, dissocial or 'bad' behaviour is that which is harmful to the self and others while having a negative impact on one's surroundings, environment and community. Prosocial behaviour is aligned with the established social and cultural norms of appropriate behaviour. There are a series of meta-narratives that are built into health representations in the media. These elements include: the dangers of modern life, villains and freaks, victims, professional heroes and lay heroes. The use of oppositions is used in soap

operas to create anticipation and angst among viewers before dealing with the issue. The use of life versus death is particularly noticeable in health stories. Thus, according to Seale (2000:6) “medical soaps – perhaps like all media health stories at some level explore the most fundamental anxiety that we all face as embodied, finite beings.”

Prosocial health behaviour would be behaviours that align with public health messages and standard norms such as placing one’s hand or arm in front of one’s mouth when one sneezes to avoid infecting others. There are various standard norms with regards to prosocial health behaviours relating to HIV and AIDS some of these standards are: know your status, share your status with sexual partners, use protection if you are in a new relationship or if you are HIV-positive etc. Any behaviour that falls outside of these standard norms would then be regarded as antisocial behaviour. Comstock et al., (1978) and Rushton (1980) acknowledge that measuring prosocial and dissocial behaviour involves passing judgement, based on the values of a particular society (Van der Merwe, 2005) and this does pose ethical concerns for some, which will be discussed further on in this chapter.

According to Brown (1992), soap operas produced in the developing world have several unique characteristics. The incorporation of educational-development messages into developing countries’ soap operas is one distinguishing feature from soap operas produced in the developed world. In addition, not only is the content educational but it is also relevant and culturally specific. Development soap operas are also known for dealing with controversial topics. Brown (1992) illustrates a number of sociocultural factors which are relevant to ensuring that soaps are culturally specific. Firstly, Brown argues, there needs to be a high degree of character identification in order for role modelling to occur, such that there is an identification process whereby the viewer identifies with the character. Secondly, Brown suggests in order to be effective, viewers need to be able to form a so-called ‘parasocial’ relationship with the characters (Rubin & McHugh, 1987). A parasocial relationship occurs when the viewer becomes cognitively and affectively involved with the character through viewing them in the mass media, such as on television (Brown, 1992). Other sociocultural influences Brown (1992) identifies is that, in forming these relationships, the viewer must change their values and beliefs in line with their character role model, and form a social team. Finally the viewer’s dependence on television and their social team with television role models is the fifth sociocultural influence highlighted by Brown (1992). Viewers tend to get ‘hooked’ on television for direction and guidance about how to live. Matelski (as quoted by Haynsworth, 2002; Van der Merwe 2005) cautions that serial dramas form addictive patterns that reduce the

impact of the educational message and the fantasy world can hinder the setting of realistic goals by the viewers. Although dependence on soap operas can be problematic, the one advantage of prosocial soapies is that viewers have culturally indigenous shows which are socially relevant to watch as opposed to imported programming. *Isidingo* is a good example of a prosocial locally produced soap opera.

Miguel Sabido coined the term 'prodevelopment' soap opera in the 1970s and 1980s; 'prodevelopment' as the programming was intended to foster development (Brown 1992). Prosocial soap operas and 'prodevelopment' soap operas strive to achieve the same outcome—that of nation building. The topics and storylines are different as each deals with issues relevant to their specific countries. Sabido was inspired by *Simplemente Maria* (Just Simple Mary), which was a Peruvian telenovela that incorporated educational messages and promoted prosocial behaviour (Brown 1992). Tufte (2000) illustrates the location of telenovelas and prosocial/'prodevelopment' soap operas, in the circular signification of meaning of cultural studies, below:

“The reception of television and the production of meaning entailed in watching telenovelas have an ambivalent relationship to social change” (Tufte 2000:4).

This ambivalent relationship does not only apply to telenovelas but also to prosocial soap operas. In some instances these media products (telenovelas, prosocial soap operas) serve to maintain a hegemony.

“On the one hand, watching telenovelas confirms viewers' position in a social hierarchy, thus contributing to the maintenance of the status quo. Commercial exploitation, ideological 'guidance' and social integration all occur to some extent” (Tufte 2000:4).

However, they (telenovelas, prosocial soap operas) can also serve as an emancipatory function.

“On the other hand, the viewing of telenovelas liberates social energy and tension through an active and multi-faceted use of the television flow. This can lead both to enrichment of the lives of television viewers as well as to social indignation and thus to social and perhaps even political action” (Tufte 2000:4).

Bella Mody (1991) identifies the following three functions with which soap operas, for social change, have to comply. They must be entertaining, commercially viable and socially useful. Thus, they must be good for both the viewer and commercial sales. Sabido (as quoted by Brown 1992) believes that an effective 'prodevelopment' or prosocial soap opera must “have the same dramatic tone as a traditional commercial soap opera because an 'intellectualised' soap opera with a distinct 'educational' tone would not be popular with the public. Ultimately, the success

of soap operas is linked to the presence of the following characteristics: probability, established characters, suspense and drama, viewer involvement and cohesiveness, technical professionalism, balance and contrast, and plot line and context (Gunter 2000; Van der Merwe 2005).

Brown (1992) highlights the prosocial effects of the ‘prodevelopment’ programming of *Simplemente Maria* (Brown 1992). *Isidingo* is similar to *Simplemente Maria* in that although it was not developed as ‘prodevelopment’ programming, its prosocial intents are evident. As *Isidingo* is a non-purposive prosocial soap opera it is unfair to critique its effects amongst viewers in terms of exposure effects such as behaviour change. The term purposive sampling is often used to refer to the sampling method which entails you choosing participants for a purpose (Frey et al. 1991). Here I choose to refer to *Isidingo* as a non-purposive prosocial soap opera, as although they were disseminating prosocial messaging, it was done without any intended purpose. The HSRC (2002) report locates daily dramas in non-purposive mass media and although this thesis makes a distinction between daily drama and prosocial soap opera they nonetheless would fall into the same category here.

It has been shown that *Isidingo* affects behaviour change (Van der Merwe 2005; Wildermuth 2005). Van der Merwe’s (2005) research amongst university students who were familiar with the show highlighted the impact that *Isidingo* has with 40% of the respondents (female university students) reporting some form of behaviour change as a result of information they obtained while watching *Isidingo*. In addition, the executive producer (Hofmeyr), writers (Booyesen and Beynon) and actress (Mboya) all shared anecdotal accounts of the impact that they believed the programme has had. This will be discussed in detail in Chapter 4. It has been shown that there is no magic-bullet/hypodermic needle to effect behaviour change but rather social adjustments occur over time. Therefore it is useful when critiquing *Isidingo* to understand that “performance is adequate to the intentions of the intervention” (Sherry 1997:22).

Soap operas with development messages have some similar characteristics to ordinary soap operas but they also have some unique characteristics. The soap opera genre has a predominantly female audience. The choice of genre is important in health communication in order to target the correct audience. Therefore, the soap opera genre is perfectly situated to target the audience who is most affected by HIV in South Africa, namely women. The plot line is based on the personal and intimate secrets of characters and the viewers gain privileged

access to such intimate secrets. This enables the viewer to become personally involved with the characters and their lives. Thus, involvement and identification with characters is supported by the soap opera style. Viewers remain interested and involved throughout, because interest in future developments is sparked in previous episodes. Multiple plots also keep different viewers interested in different storylines.

In these ways, soap operas satisfy viewers' needs for continuity and this lends itself to audience loyalty to the show. Additionally, the style of the programme encourages viewers to pass judgement on the characters' actions and behaviour. Thus, the viewer is actively involved and can reflect on the behaviours of the characters. Soap storylines are usually built around established families or communities, sometimes quite similar to those of the viewer, making it very easy for the viewer to identify with these families or communities (Van der Merwe 2005). Soap operas are typically viewed, discussed and analysed in a familiar and closed context such as within the family. This intimate setting allows for issues that are pertinent to the group to be placed on the agenda for discussion. Greater family involvement is made possible by the soap opera format. Education and development thus takes place through dialogue (Van der Merwe 2005). These discussions which take place with family members, colleagues or friends foster social learning; as according to Bandura (1977) our behaviours are to a large extent in line with the beliefs and values of our social circles.

Features of Edutainment

In E-E prosocial messages are conveyed to viewers and social issues addressed not through moralisation, but rather through purposive entertainment. E-E is based on the principle that the viewer learns vicariously through the actions of the character and the outcomes of the character's behaviour. In order for this to happen, the viewer needs to identify closely with the character. Thus, the programme content must be similar to the daily experience of the viewer (Fox 1999 in Van der Merwe 2005). Programmes provide role models for viewers to emulate. Characters who are good role models, bad models, and those who go from bad to good are provided (Waisbord 2001). The positive role models are created to be human in that they do make mistakes or choose the wrong action; however, they always try to redeem themselves. Thus, viewers identify with the character and are understanding towards them, as they see their attempts to do well, as writers try to encourage empathy for the character (United Nations Radio 2002 in Van der Merwe; Beynon 2013).

Martin (2002) lists several characteristics of E-E. Firstly, amidst the information given, questions which strengthen the message are asked in order to make the viewer think about the topic. This increase of knowledge, among the viewers, leads to social mobilization. The messages dispersed in the show can rouse discussion in the media and in some instances influence legislation (Tufte 2000). Thus, not only is the viewer empowered but it can affect the society in which the viewer lives. According to Yoder et al., (1996:184) these societal debates lead to “shared social norms” which allow individuals to alter their behaviour to ensure that it is in line with these norms.

Responsible entertainment: The ethics of pulling a cure out the magician’s hat?

If the media is able to influence and to shape viewers’ knowledge, attitudes and behaviour, what is the responsibility of soap operas in portraying accurate health information? Media practitioners often come under fire from the scientific community for circulating inaccurate facts and for sensationalising stories (Nelkin 1995). However, Seale (2004) argues that the mass media would not be popular if stories were written in the same style as scientific journals. Thus, he argues that, “some degree of simplification must be necessary if the dramatic oppositions that are the core device of storytelling are to be created” (Seale 2004:6-7). In light of this, this research seeks to explore to what extent soap operas can simplify health information regarding HIV but still manage to give beneficial information to audiences in order to bring about prosocial behaviour, and not misguide audiences seeking health information? Moreover than the issue of portraying realistic health images and cures, there are other ethical considerations pertaining to prosocial health messaging (Brown & Singhal 1993).

There is a great deal of responsibility that comes with being an agent for national development and social change. Thus, writers and producers should be accountable for the manner in which they portray reality in entertainment programming. However, according to Dhanarajan (1998) and Van der Merwe (2005) entertainment programmes sensationalise sensitive topics “such as pulling a cure for a permanent condition out of a magician’s hat” (Dhanarajan 1998; Van der Merwe 2005).

As entertainment media is primarily done for entertainment purposes it is difficult to write about issues for social change which are often not entertaining, in a manner which is entertaining for the public while at the same time assisting viewers to make prosocial decisions. According to United Nations Radio (2002 in Van der Merwe 2005) this is not achieved through

“traditional teaching methods” but rather through the use of role models. These role models then set an example and convey information through their actions in the story (United Nations Radio 2002 in Van der Merwe 2005:54).

There are ethical considerations when producing E-E. The first ethical consideration is that of whether it is in fact ethical at all to use communication strategies to influence a society’s beliefs. Although different researchers take different stances on the point, another ethical consideration leading from the first one is that of authority; who has the authority to decide what prosocial issues need to be addressed (Brown 1992; Brown & Singhal 1993; United Nations Radio 2002 in Van der Merwe 2005). Other considerations include: how are different social issues assigned into a hierarchy of importance, the applicability of social messages to different segments of society and is it ethical to target one segment of a society while excluding another, the ethics of exporting the promotion of a specific country’s values to other nations, how to portray negative role models to discourage their behaviour and do the benefits outweigh the potential unintended negative effects that may arise as a result of prosocial messaging (Brown 1992; Brown & Singhal 1993; United Nations Radio 2002 in Van der Merwe 2005).

According to Brown and Singhal (1993) in developing countries the national government usually decides what is beneficial to their country’s people and thus prosocial. However, this is also problematic. For example in the context of South Africa our former President Thabo Mbeki was an AIDS dissident and this does affect the manner in which public broadcasters that are government funded cover this information. Thus, there is some benefit to having programming such as soap operas which are not governed by the government. However, there is also programming that is dissocial that is created by producers of shows. Brown and Singhal (1993) give the example of unethical programming in soap operas which show unmarried couples having numerous sexual relations without ever being exposed to any risk of sexually transmitted diseases. Therefore there is no conclusive evidence to show that either government or producers are more responsible than the other in their programming.

Researchers agree that evaluating the effects of the programming is also an important ethical consideration (Singhal & Rogers 1999; United Nations Radio 2002 in Van der Merwe 2005). They argue that focus group interviews and questionnaires may be used to ascertain how much viewers learn from the programming. Pre-testing and post-testing or formative and summative assessments are useful not only in gauging the impact that the programming had on viewers

but also in highlighting any possible ethical concerns prior to airing the programme (Singhal & Rogers 1999). This testing can be used to identify the needs of the target audience in order to produce relevant material and to evaluate the effects of the media intervention on the viewers.

This prosocial messaging approach has been based on numerous theories of communication including: the Shannon-Weaver model of communication: sender channel- message-receiver (Waisbord 2001), Albert Bandura's social learning theory, the elaboration likelihood model, audience involvement (hierarchy of effects), dramatic theories, Jung's theory of archetypes and stereotypes, Sabido's theory of tones, Bentley's dramatic theory, social constructivism, uses and gratifications, agenda setting, knowledge-gap, cultivation, and the diffusion of innovation (Brown 1993).

Although there are many models of communication theories this chapter will give an overview of audience theory before focussing on the theories used in this thesis. There is a long historical tradition of effects theory in media studies. Within the tradition of effects theory there are varying lines of thought with regards to how exactly the media affects its viewers. Although early effects studies have largely been disregarded due to the difficulty in determining to what extent television viewing affects behaviour many of these are useful in contextualising and locating the benefits of using E-E to promote health messaging in the mass media. The media can result in varying effects amongst viewers, the possible effects caused by the media will be outlined briefly. Reception theory arose out of the need to address the inherent flaws in effects theory as well as provide a means for analysis of qualitative as opposed to quantitative audience studies. This will be discussed further in Chapter 3.

Thereafter, social cognitive theory is drawn on in particular to understand the possible effects that health messaging in prosocial soap operas can have on viewers. This psychological theory is based on Albert Bandura's social learning theory which he later renamed social cognitive theory. Social cognitive theory can be used to explicate how a fictional character and/or a celebrity can have actual effects on their viewers.

Although the creators of *Isidingo*, according to the literature or in my interviews with them, did not base their creation of the show on any theory, social cognitive theory will be used to illustrate how *Isidingo* 'works' as a prosocial soap opera, and how the dynamic interplay between education and entertainment, in the E-E model, operates.

This chapter will discuss social cognitive theory in detail and it will be applied in Chapter 5. Although there is considerable scholarly critique of effects theory and of social cognitive theory, this thesis strives to illustrate the potential the two have in combination, to illuminate the specific issues that this study focuses on. By acknowledging the strengths and weaknesses of both, this chapter will outline how the combination is effective in providing insights into the core questions this thesis seeks to answer.

Effects theories

The first understanding of how the media dominated the audience was based on ‘hypodermic needle’ theory or “magic bullet” theory that understood the media as an intravenous injection, injecting values, ideas and beliefs into passive viewers (Fourie 2007; Strelitz 2000; Morley 1992; Morley, 1991). This was during industrialisation and urbanisation in the 1930s and 1940s (Neuman & Guggenheim 2011; McQuail 1997). The working class was seen as uneducated and vulnerable to exploitation by the media (McQuail, 1997).

Studies using effects theory aim to understand the media’s effects on the behaviour of the consumers of that media (Fourie 2007). It is important to understand effects research because even though we cannot predict direct behavioural outcomes as a result of media viewing, with strict accuracy, it is necessary to realise that strategically timed and placed messages may evoke certain common responses. Acknowledging the impact that the media can have on viewers is important in order to understand how the media can work to improve society, for example with regards to reinforcing good ART adherence. Effects theory spans decades of research and the scope of this thesis does not allow for a detailed historical account of its progress. Thus, only broad cornerstones will be discussed.

In the 1950s and 1960s, Klapper developed the two-step-flow theory after acknowledging the numerous mediating factors which makes the measurement of media effects difficult. The two-step-flow model of communication recognises that audiences voluntarily expose themselves to media products and that there are filters in the audiences’ local context that help viewers understand and interpret the mediated messages. Thus, family members, colleagues, and “opinion leaders” provide a “protective screen” that approves or rejects mediated content (Morley 1992: 48). Klapper’s findings revealed that media can contribute to behaviour change but that it is more able and more likely to reinforce already existing behaviour (Morley 1992).

Uses and Gratifications theory

Effects theory having first believed that the media ‘injected’ ideas into viewers moved to a slightly more holistic model of acknowledging that there are many mediating factors involved in media reception. This led to scholars asking what audiences use the media for, which informed the basis of so-called ‘uses and gratification’ theory. However, Halloran argued that we need to get away from asking what the media does to people and begin asking what people do with the media (Morley 1992; O’Sullivan et al. 1994). This led to a change in reception studies. Earliest understandings of what audiences use the media for were advanced through Uses and Gratifications research. Much of Mody’s (1991) research into soap opera viewing was based on the Uses and Gratifications approach. However, many varying answers to this arose: promotion of wellbeing, formation of a sense of identity, relaxation, pleasure, escapism (Curran 1996 citing Blumler & Katz 1974; Rubin 1986). The Uses and Gratifications approach understand media use as a selected activity to gratify a certain need (Ang 1985).

However, uses and gratification theory later came in for a sustained critique as a-theoretical and unable to explain cognitive processes involved in media use. It has also been criticised for focussing on the “individual” uses and gratifications (Morley 1992:54). Hall has also criticised this theory for overstating the openness of cultural codes thereby rendering media message open to unlimited “multiple” readings (Hall 1980; Morley 1992). Hall’s encoding/decoding model will be discussed shortly. Despite these criticisms, arguably made most strongly in reception studies, as was the case in this thesis, an understanding of what a more narrowly defined ‘gratification’ and what ‘uses’ the respondents gained from their viewing experience was sought.

Additionally, drawing from genre theory, it is argued that specific genres, such as soap operas, serve to gratify the needs of the viewers. Following on from the critique that uses and gratification theory did not explain cognitive processes involved in media use, other theories more closely related to cognitive theories followed, including: accumulation theory, diffusion of innovation theory, modelling theory, social expectation theory, meaning construction theory, stereotype theory, agenda-setting theory, framing theory and spiral of silence theory (Fourie 2007). Modelling theory is based on Bandura’s social cognitive theory and will be discussed at greater depth.

Reception Analysis

In the 1980s there was a call to integrate the two perspectives, textual power and audience power and this integration led to reception studies (Jensen & Rosengren 1990). Reception studies draw from uses and gratifications perspectives, they choose media to satisfy particular needs while at the same time drawing on mass society tradition which insists that media texts are encoded and offer a limited number of possible meanings.

The most influential call arguing for audience power came from Cultural Studies, specifically work being done at the Centre for Contemporary Communication Studies (CCCS) at Birmingham University. Drawing on semiology Cultural Studies argue that media texts are structured according to codes and conventions but there is a need to emphasise active choice by the audiences (O'Sullivan et al. 1994; Morley 1991). The encoding/decoding model allowed for this integration (Fiske 1988; Strelitz 2000).

Hall's Encoding/Decoding Model

Hall's encoding/decoding model led the way for a new more theoretical informed way of understanding audiences as active recipients of media (Fiske 1988), in many ways confronting the more 'passive' audiences of effects theory. The media text has potential for viewers to make meaning from it and they may then actualize this meaning in their everyday life (Schroder et al. 2003). Put simply, within any text is an 'encoded message' – a layer of meaning that the creators of the text hope will be understood and 'received' by an audience. But viewers may accept this message largely as intended, or actively oppose the intended message (Hall 1980), or work out some kind of negotiated position, where they partially accept and partially oppose the core meanings. Viewers are socialised in different ways and will have acquired skills to interpret the message within their own societal and cultural contexts. As no two individuals' personal narrative is the same, each understanding will be unique (Schroder et al. 2003). However, as these skills are learned within community structures, some patterning may be noticeable (Schroder et al. 2003). Thus, within various social groupings the readings of media texts may be, at least, similar (Schroder et al. 2003) and open for analysis.

Audience Reception

Reception research is the study of the meanings viewers make of media they consume. It is mostly conducted through the use of interviews where viewers articulate the message they appropriated from the text. Focus groups have become closely linked to reception analysis

(Deacon et al. 1999). Reception research is critical of techniques, such as questionnaires, which undermine the fact that meanings arise in relation to viewers' social contexts (Schroder et al. 2003). Hall's encoding/decoding model, which will be discussed later on, places emphasis on the audience as the site of meaning production, as opposed to the text holding an inbuilt meaning, and Hall's insights form the basis for reception studies (Fiske 1988).

The central aim of this thesis is to investigate the individual experiences of HIV-positive women taking ART in relation to how their health identity is constructed from information conveyed in the media. Furthermore, this study seeks to explore the impact of role models, both celebrity role models and fictionalised on-screen character role models, on their health experiences, thereby investigating which role model has a greater impact in the construction of their health identity (Christodoulou 2010). A reception study aims to find out how people make sense of a particular media product or "to understand the mediating process via which a program such as this enters into their culture" (Lunt & Livingstone 1996). The respondents for this research project have a wealth of information regarding HIV and ART through their collective experience, of both media and other sources. Through the use of focus groups this thesis was able to tap into this collective of personal HIV health experiences. Reception research understands meaning as a shared product of both the text and the reader (Schroder et al. 2003).

Therefore a reception study is pertinent to answering the specific research question, which aims to investigate the meaning or shared product arrived at by the respondents. This thesis aimed to take it one step further by examining how "the meaning or shared product arrived at by the respondents" impacted on their behaviour and how the choice of role model used to disseminate the message in the media affects the message arrived at by the viewer (This was examined in the context of the social cognitive theory which will be discussed later on).

Choice of approach for this study

Thompson (1988) states that in order to understand the way in which people appropriate and make meaning of media texts it is important to first reconstruct the context of consumption which includes examining the social relations and distribution of power within which the media is consumed. Thus, the text/audience link in reception analysis is embedded within the social context of everyday life in which people use the media. In the process of making meaning, the audiences of *Isidingo* employ codes or interpretive repertoires acquired and developed through their social and cultural experiences (Schroder et al. 2003).

Reception studies' focus is on the social and historical contexts that help people make sense of media texts in ways that are meaningful to their daily experiences (Schroder et al. 2003).

Johnson's notions of 'circuit of culture' best captures the interconnections that exist between media institutions and their audiences and how these influence the manner in which media construct and represent the world. It offers a starting point from which to begin to understand soap operas and prosocial soap operas as a 'social construct', produced by organisations and individuals who are part of the society which it influences, and is in turn influenced and shaped, by these cultural products (Johnson 1983).

Traditionally, reception studies has generally argued that either individual or group interviews are the best method for accessing an understanding of a viewer's experience of, and understanding of, and social meaning construed from any particular media product (Schroder et al. 2003). But even in a group viewing, no group meaning is necessarily made. Often either is chosen as a matter of convenience, however, they serve different purposes. Hansen et al., (1998) claim that focus group interviews need to be the single, substantive mode of data collection. The focus group interview allows the researcher to observe the *social production* of meaning within the group setting which is more naturalistic, as media viewing often takes place within a group (Schroder et al. 2003). Initially, focus groups were designed according to quantitative criteria of random sampling, where respondents within the group did not know each other. However, this undermined the group sharing and dynamics that arise from familiar groups who would 'naturally' watch television together. All the groups chosen for this research were 'naturally occurring' groups and thus may have previously either watched or discussed what they have seen together. This, in part, has to do with the fact that they are all part of a single HIV and AIDS support group, and thus, HIV and health messaging would be part of their group discussions. More contemporary studies acknowledge the importance of this group sharing (Lunt & Livingstone 1996).

This approach restates the notion of the 'circulation' of meanings in cultural studies which will be discussed in greater detail later on. In addition groups with similar characteristics are easier to facilitate (Lunt & Livingstone 1996). However, in focus groups the researcher has less control than in an individual interview. Criticisms of focus groups suggest that some participants will dominate the conversation and force the group into consensus (Hansen et al.

1998; Vaughn et al. 1996; Wimmer & Dominick 1991). However, this more closely resembles real-life situations where some ideas dominate (Liebes & Katz 1990; Hansen et al. 1998). An intuitive moderator can prevent participants from dominating the discussion by directing and diverting the flow of conversation. In allowing participants to run the discussion in whichever manner they choose, it is a further means of ensuring that the researcher is not directing outcomes in a particular fashion. Nonetheless the research question needs to be answered and thus the discussion still needs to be focussed while not forced.

Between reception studies and effects theory

So far we have discussed reception analysis, which understands the audience as ‘dominating’ the media, i.e. having great agency and ability to construct its own set of meanings, and effects theory which understands the media as dominating a much more passive audience, even instrumentally ‘injecting’ viewers with its desired messages (Curran 1996). Where in this contestation can behaviour change be located? A reception study is vital to understanding the meanings that viewers make of media texts while effects theory is useful to this research because this thesis aims to understand the possible effects that health messaging can have on viewers, particularly related to public health messaging, and particularly related to what viewers do with that information, i.e. how it might impact on their behaviour.

Social cognitive theory is useful as it helps explain how these possible effects arise while acknowledging the environmental and contextual factors which allow audiences to make localised meanings of media texts. Although there has been a great deal of enthusiasm about the potential for social cognitive theory to be incorporated into media research, particularly related to effects theory (Pajares, Prestin, Chen & Nabi 2009) it is still not widely used and the connection between media effects theory and social cognitive theory is seldom used in its entirety. The use of social cognitive theory in media research is still in its infancy (Pajares et al. 2009). Usually, as is the case in this thesis, only parts of the social cognitive theory are incorporated or drawn upon, and, in particular, the key notion of ‘vicarious learning’. Social cognitive theory explains how the media effects can influence viewers and is used both to explain unintended (usually negative effects) as well as intended effects (usually positive effects). It is necessary to explore social cognitive theory in more depth.

Social cognitive theory

Human behaviour in social cognitive theory is affected by various “cognitive, behavioural, and environmental determinants” (Bandura 1977). The theory is based upon four pillars: human agency, human capabilities, vicarious learning and self-efficacy (Pajares et al. 2009). It is through the use of symbols that human beings are able to communicate (Bandura 2001). Human beings’ capacity for using symbols is core to understanding human behaviour change theories according to Bandura (1977; 2001), and relies on human capabilities for cognitive, vicarious, self-regulatory and self-reflective processes in interpreting these symbols (Bandura 2001). The format in which the mediated message is disseminated will influence the manner in which it is appropriated. The scope of social cognitive theory spans over decades of research and thus some areas of Bandura’s theory will be skimmed over and areas pertinent to this thesis, such as vicarious learning, will be explored in greater depth.

Social cognitive theory is based on an assumption that people come to model some of their behaviour on others, including fictional characters they might be exposed to in books, theatre, films and TV. It seeks to explain how and why people model their behaviour on media representations. Bandura (1977; 2001) argues that aside from biological reflexes all behaviour needs to be learned either by ‘seeing’ or ‘doing’. Bandura’s (1977; 1986; 2001) social cognitive theory argues that both direct and indirect (observational) experiences can impact on how we think, feel and behave. This is achieved by our ability to use symbols for communicating and the various processes: cognitive, self-regulatory, self-reflective and vicarious, affect the manner in which the message is appropriated and thus affects how it impacts on the viewer’s behaviour. The understanding that individuals have a self-regulatory and self-reflective function is important in acknowledging that they do have some control over their behaviour. Individuals are able to regulate their behaviour and to reflect upon their actions. This regulatory function may initially have some influence from external determinants; however, once it is formed it is the individual who has the ‘final say’. Thus, within biological limits, human behaviour is influenced by both direct and vicarious observation (Bandura 1977; 2001). Therefore popular media can and often does impact on the psychological functioning of its viewers (Bandura 2001). This understanding of a combination of culture (symbols viewed in the mass media) and cognition (self-regulatory function) will be drawn upon to make sense of the data in Chapter 5 and 6.

There is a set of ‘shared restraints’ on the individual’s behaviour between the environment and the individual. Another capability is vicarious processes which allow individuals to learn by

observation or (role) modelling. If all behaviour had to be tried in order to understand the consequences of one's actions this would severely limit one's behaviour choices. The riskier a particular behaviour is, the greater the likelihood that individuals will rely on observational learning, for understanding the consequences of the action (Bandura 1977; 2001).

Furthermore, it is often by performing certain behaviours that people learn the consequences of their actions, often through the responses of others. The manner in which others react then either discourages or encourages how the individual will behave in future. Individuals acquire motivational information quickly, and they soon realise which behaviour will be rewarded and which will be punished, which further serves to encourage or discourage the behaviour in future. Responses become automatic and are then reinforced by the motivational information of whether their behaviour will be rewarded or punished. Reinforcement does not create certain behaviour but it certainly encourages a continued behaviour (Bandura 1977).

Response consequences are important in social learning for three reasons. Firstly they disseminate information (this behaviour receives this reaction from others either negative or positive), secondly they motivate through incentives (the action is either rewarded or punished) and finally they make responses largely automatic (the learned behaviour based on the consequences of prior learning makes the behaviour standard).

According to social cognitive theory, modelling influences (such as characters role modelling certain behaviours) produce learning principally through their *informative* function. During exposure to modelling influences observers acquire mainly symbolic representations of the modelled activities that serve as 'guides' for appropriate performances. For example, viewers who watched Nandipha take her ART every evening would perhaps be guided in thinking that this is appropriate behaviour. Thus, observational learning or vicarious learning takes place. Observational learning shows how certain behaviours should or should not be performed which individuals then 'code' and draw upon later (Bandura 1977; 2001). Observational or vicarious learning is governed by four component processes that Bandura outlines as attentional process, retention process, motor reproduction process and motivational process (Bandura 1977). It is important to explore each of the component processes, as this thesis relies strongly on Bandura's conception of modelling in Chapter 5 and 6.

Attentional process is concerned with the amount of attention paid by the viewer in observational learning. Information will not be assimilated and thereby affect a viewer's

behaviour unless they understand and process it, are paying cognitive attention while watching. Additionally viewers are more likely to model behaviour that they observe being performed by attractive role models or role models with whom they *associate* themselves.

Mass media allows viewers to observe and therefore model behaviour that is different to their cultural or local experience. With the development of popular mass media, traditional role models such as parents and teachers have less of a role in fostering behaviour. Bandura, Grusec and Menlove (1966) suggested and showed how television is very effective in captivating the audience's attention; so much so that little incentive is needed in order to encourage observational learning. Modelling is based on the same concept but some individuals relate to different formats in dissimilar ways; live demonstrations are more appealing than heavily informative pieces. This suggests that prosocial soap operas and E-E are more effective as they illustrate live demonstrations as opposed to a purely informational educational segment. However, audiences are not passive observers and have their own perceptual sets which influence how they internalise what they view (Bandura 1977).

Retention process explores the ability of the viewers to remember what they have observed. In order for a specific behaviour to be learned, the pattern of behaviour needs to be converted to symbolic form and stored in the individual's memory. These forms can be stored as imaginable or verbal cues. For example the image of someone you love will bring his or her name to mind automatically (Bandura 1977). Alternatively, modelled activities can be coded in words. Rehearsing observed behaviour is necessary for the behaviour to be learned.

Motor reproduction process is therefore the process of converting what is learned into appropriate actions. For example, having observed Nandipha take her ART and having decided (perhaps in discussion with family), a viewer retains this information and perhaps puts it into practice by adhering to their own ART regimen.

Motivational process is, for Bandura, understanding that individuals are more likely to display actions that will reward them or actions which they value, as opposed to performing actions which go unrewarded or are punished. Behaviour that is seen to 'work' for others is often adopted by individuals in their own actions. Observational learning is complex and thus the mere provision of role models performing prosocial behaviour will not automatically relate into the behaviour being adopted by viewers. There are many reasons why observers do not adopt certain behaviours including not paying attention to the observed behaviour (attentional

process failure), failing to remember the desired behaviour, and not being physically able to perform the action (lack of resources) or a lack of reinforcement to perform the behaviour. Positive reinforcement does have a role to play in encouraging behaviour change. According to social cognitive theory (Bandura 1977) prior warning of reinforcement is more persuasive in encouraging behaviour change. Social learning not only happens by watching symbolic actions, such as watching characters role model behaviour in soap operas, but behaviour is also learned by observing people in everyday life and settings i.e. through the actions of teachers, parents and other opinion leaders. However, people tend to have direct contact with a limited number of people from different backgrounds and thus their understanding of social reality is heavily derived from what they see in the media.

The standards viewers acquire through observing role models in social media are affected by the inconsistencies in the behaviour of the same model over time and by the discrepancies between what the models practise and what they preach. This point is vital to understanding the potential negative effects for health communication when using inconsistent characters or storylines to market a particular behaviour or when a celebrity changes their health behaviour. An understanding of this concept in social cognitive theory will prove particularly relevant in Chapter 6. Symbolic modelling also encourages viewers to make moral judgements by what is shown to be good and bad behaviour and the consequences of each action. Characters who demonstrate good behaviour or behaviour that helps others are rewarded while bad behaviour, that which causes harm to self or others, is punished in order to encourage viewers to model the good behaviour.

Creative modelling is, in Bandura's conception, when viewers use a combination of modelled behaviour incorporating different aspects of different characters/role models' behaviour into their own behaviour. It follows the concept that as viewers are exposed to a diverse group of role models they are not likely to solely model one character's behaviour but will ultimately incorporate the traits of their favourite role models into their own. Thus, no viewer is likely to gain the same message or prosocial behaviour as another. If a role model is punished for a certain behaviour it is likely to inhibit that behaviour in the observers (Walters & Parke 1964; Walters, Parke, & Cane, 1965; Bandura 1977). It is easier to prevent dissocial behaviour than to encourage prosocial behaviour through observational learning. Thus, one can see the need for dedicated messaging to encourage good or prosocial health behaviour. However, if the role

model models behaviour that is risky and no adverse consequence comes of their action it is likely that the inhibitions of the viewer to this behaviour is likely to be lowered.

Response facilitation, the final concept, is for Bandura what happens when the behaviour modelled by the characters is prosocial and merely serves as a 'social prompt' rather than as a means to encourage deeper behaviour change. For example, the on-going portrayal of Nandipha taking her ART would merely serve as an on-going social prompt for individuals who are already adhering to their treatment. Social development strives to spread messages of standard prosocial behaviour in order that society can self-regulate their behaviour. Bandura (1977) argues that, in principal, prosocial behaviour is adopted much more quickly than dissocial behaviour (Lockwood, Saddler, Fyman & Tuck 2004). For example, Nandipha's career progress, from domestic worker to television host would potentially serve as a much better motivational force to encourage a viewer to strive towards success. However, Lorain (another domestic worker from the show) who stole, was not as fortunate in her career progression and can serve as a motivator for others to choose a more honest means of climbing the career ladder (Lockwood et al. 2004).

Viewers do not only model what they see but they also absorb feedback from their environment; this is because viewers can form biased conceptions of reality from the media. This is particularly poignant when viewers are forming ideas about experiences and realities that they have little or no contact with, besides that which they view in the media. Television and soap operas are created as entertainment and thus are heavily populated with evil and criminal characters that can cause viewers to think that the world, or South Africa, in the case of *Isidingo*, is a dangerous place to live. The media also uses stereotypes which then entrenches viewers beliefs about certain cultures, races, religious groups or genders. Bandura (2001) suggests that stereotypes are partly cultivated by media representations which can shape viewers' beliefs to form misconceptions about social reality (Bandura 2001). However, not all stereotypes used in soap operas necessarily cause harm as will be discussed with reference to *Isidingo*.

Identity role models and popular soap operas

“Pierre Bourdieu has explained that popular pleasure is characterised by an immediate emotional or sensual involvement in the object of pleasure. What matters is identifying oneself with it in some way or other to *integrate* it into everyday life” (Ang 1985:20; my emphasis).

“According to Piemme, it is impossible to watch a television serial without some degree of personal involvement” (Ang 1985:28).

Every individual has an identity (some would argue that we all have a number of identities). One's identity (or identities) is not only formed from within but it is influenced by one's relationships with others and the world within which we live (Woodward, 2004). The acknowledgement that identity formation and the production of meaning are affected by popular culture and everyday life gave rise to the cultural studies tradition (Tuftte 2000).

As Bandura (1977; 2001) also argues, individuals do not have sole control over who they are but their identity is affected by the social world and the representations they encounter in everyday life. While people may feel that they are responsible for 'who they are', they are in fact shaped by the world, with all of its possibilities or lack thereof, around them. Identity, therefore, is one's 'conscious awareness' of 'being a person' (Harré 1983). Identity theory has adjusted its viewing of identity. While it used to view identity in two ways, the individual person or self, and the individual embodied in the social world, identity theory is now viewed more as the individual self fluidly moving between the 'self' and the 'social world' (Christodoulou 2010). Identity formation is then the process of the world acting on the individual and the individual in return acting on the world to answer the question "who am I" in a self-reflexive manner which draws upon cultural, including the media, and political resources available to the individual (Burkitt 1998; Mead 1943; Giddens 1991 in Seale 2004). Personal identity is thus a cultural and societal construction (Rose 1999 in Seale 2004).

The location of identity in the world is equally applied to that of individuals constructing their health identity. According to Gergen (1991) the ever-increasing development in technology is having an impact on one's identity. Individuals are offered limitless representations on which to base their identity (Leung 2003). Furthermore, it offers individuals numerous identities such as their social identity, health identity, career identity etc. Therefore an individual is constantly shifting between their various identities, or, put another way, a person's identity has multiple components, and different components are drawn upon at different times/different circumstances. These representations in the media then serve as role models from which individuals adopt characteristics in their identity formation process. There is little difference in how people learn behaviours from 'real life' role models compared to fictional television role models (Bandura 1977; Singhal & Rogers 1999). 'Prodevelopment' soap operas are thus often able to influence viewers by creating characters that the audience is able to strongly identify with.

Role models are used to give basic information to viewers and to model the steps of behaviour whether 'good' or 'bad'. By doing this they are able to illustrate the outcomes of certain behaviours by illustrating the costs and benefits of the role modelled behaviour (Galavotti, Pappas-Deluca & Lansky 2001). It is imperative that characters with whom viewers can identify are created and that the viewers' vouch for the good characters in order for role modelling to occur. The value judgement of whether an action is 'good' or 'bad' is based on an individual's own internal standards of right and wrong or 'good' and 'bad' behaviour. An individual's standards do not change from week to week (they can change over time) but once those internal moral standards are in place, the individual will regulate their own behaviour according to their internal standards (Bandura 2001). The identification process whereby viewers identify with a character is only possible within the whole narrative structure (Ang, 1985). In addition, the acting needs to be realistic in order to reduce the distinction between actor and character (Ang 1985).

Ideally the viewers should be disappointed and frustrated with the negative characters (United Nations Radio 2002 in Van der Merwe 2005). When viewers relate too closely to the negative character, it is known as the Archie Bunker effect, after the famous US Sitcom, *All in the Family* where the lead character, a bigot, was sympathetically portrayed. Producers and writers of programmes, have control over the behaviour of the characters in the show. However, choosing celebrities to be ambassadors, outside of their acting job, for crucial issues is difficult, as their behaviour cannot be contained and can often be the downfall of a particular brand when their behaviour steps out of that which is being promoted (Singhal & Rogers 1999; Seale 2004). In addition, there is huge pressure on celebrities as their appearance and behaviour is scrutinised by the media (Christodoulou 2010).

Health messaging

Health – the sense of it, the location of one's body in relation to other bodies, the foreboding of ill-health and the fear of death – are a formative part of any individual's identity (Marks et al., 2001; Christodoulou, 2010). The concept of health is not only formed from personal experience but is also affected by what is portrayed in the media and lived vicariously through fictional characters (Christodoulou 2010). Human beings are unable to not live or experience health on a daily basis throughout their lives, as it is discussed continuously throughout the day, starting with a general greeting of 'How are you?' right through to intimate conversations

with friends and family. People do not only discuss their own health but that of their friends, family, colleagues or any other health-related stories they may hear.

Thus, an individual's health experience is a socially constructed one, affected not only by their immediate environment, but also by government policy and the media. People make decisions for their own health based on what they see in the media, which communicates the suite of illnesses out there, how they are contracted, how to prevent illness, what to do when you are ill, cures, etc. (Seale 2004). This can have both positive and negative effects (Wilcox & Laird 2000). Audiences of media often receive fragmented texts of health messaging throughout the day, from a snippet on the morning radio news on the way to work, reading the online news, listening to a colleague's health story, watching the evening soap operas with adverts of certain health products in between, documentaries or stories read in a magazine. In this way, Seale (2004:6) argues that individuals learn "the conventions of health stories". These conventions may include the interactions between patient and doctor, what to expect while in hospital to how one's body should look. However, some researchers (Signoriellie 1993; Seale 2004) are greatly concerned by these incidental portrayals of health in the media.

Health identity is not an isolated concept but it is entangled with one's gendered, racial, cultural and class identity. Furthermore, it is a fluid and changeable concept and, to some extent, out of the individual's control. For example, as one ages, illness is almost certain. In addition, health identity is to an extent a largely visible identity. Terminal and chronic illness can cause a breakdown in identity, however, according to Frank (2000 see also Christodoulou 2010) suffering unifies in that it disregards race, gender, class or culture. This suffering and knowledge of illness must be built into one's identity in order to cope with disease on a day-to-day basis. Kübler-Ross, a seminal psychologist and theorist, identifies the following five stages individuals pass through before they can fully accept a life-threatening condition: denial and isolation, anger, bargaining, depression and finally acceptance (1970). However, deciphering whether an individual has fully come to accept their status or condition can be tricky.

Burry (2001), while noting the growing interest in illness narratives (stories that people tell about the causes of, in particular, chronic illnesses they and/or others experience and the impacts they have on their and others' lives), argues that there has been a tendency for narrative researchers to treat the stories they are told uncritically. Thus, as an approach to the analysis of qualitative data, narrative analysis has not gone uncriticised. For example, he suggests that the frequent solution in illness narratives to coping with and normalising chronic illness may

principally be an attempt to convince the audience (for example, an interviewer or the reader of a book about someone's struggle with illness) of their *competence* with regards to their condition. It may, therefore, have more to do with wanting to be seen as a fully functioning member of society, than a realistic account of coming-to-terms with a medical condition. However, as Burry recognises, the social conditions that prompt such narratives and the form that the narratives take are themselves revealing (Bryman 2012). For example, as will be explored in Chapter 5, participants are fully aware that adhering to ART is vital to living healthily with HIV yet due to the stigma surrounding the disease, many will forgo their treatment in new relationships in order to avoid having to disclose their status to their new partner. But they may also not want to reveal to the interviewer that they forgo their medication and may refer to the third person.

Once an individual has made sense or meaning of their condition they are then able to construct their new identity. According to identity theorists, the social world is a mirror in which we look for ways of constructing our identity (Mead 1934). Individuals are more open to 'truths' propagated in the media, in the economic market and in policy when they are undergoing a crisis of identity. Individuals seek out 'truths' that relate to their situation and are therefore vulnerable to absorbing information at a time when they are in crisis. Thus, there is power at play in health messaging whereby an ill patient is vulnerable to exposure of health messaging in their desperate attempt to get well.

According to O'Sullivan et al. (1994) the media is the main source of communicated health messages for adults. The media uses drama and crisis to attract viewers (Maslow 1968). Tools used by the media include rhetoric and expert knowledge to create stories that are 'factual and true' (Bolam et al. 2003). Despite these well-researched and expert approved pieces there is never 'one truth'. The 'truth' that prevails at a given time is that of those in political or economic power (Foucault 1978). Thus, contradictory 'truths' can prevail in society at any given time. One of the ethical concerns of certain researchers regarding health messaging is the question of who has the authority to decide what messages permeate the media. Messages in the media are often only partly true as the producers of these texts have other agendas such as entertainment at heart. Thus, viewers have to decide whether to believe that which is shown in the media (Seale 2004). Audiences of media often do this in conversations or discussions with others.

Postmodern social theory acknowledges that individuals are free to choose the information they internalise as the ‘truth’ from that portrayed in the media. They are also then able to switch between different health beliefs as is necessary in their own life. Seale (2004) illustrates this concept with an example of an HIV-infected mother who refuses to use ART for herself, as she does not want to swallow pills every day, but she gives her HIV-positive baby the drugs. Therefore it is important to understand that health is not only a biomedical problem but in fact it is an individualised problem, as all individuals will have different beliefs and reactions to their health, shaped, of course by their personal social circumstances.

Seale (2004) highlights several factors that any producer of health messaging should take into account. Although *Isidingo* did not set out to produce health messaging or be a platform for public health messaging, in producing prosocial storylines, such as reducing stigma surrounding HIV, they were unable to avoid this. Chapter 4 will examine these factors in relation to the factors that the production team took into account while creating the show. Firstly, the viewers may or may not be looking for health information. The audience wants to be entertained and producers do this with the use of drama and emotional stimulation, often provoking anxiety in the viewers with contrasts such as life and death. Different viewers will understand messages differently, some will accept the information provided while others may resist the information. The viewers form part of an imagined community and will participate in imagined discussions. The final point Seale (2004) makes is that the media depiction of characters allows viewers room to experience different identities within themselves. The degree to which viewers engage vicariously is based on the programme’s level of realism.

Realism

One consideration viewers make in deciding whether they enjoy watching a show or not, the popularity of the programme, is based on whether they find the show realistic or not. According to Ellis, “notions of realism are some of the most enduring means of judgement of film and TV creations” (1982:6 in Strelitz 2002:187). Although the concept of realism varies for different viewers there seems to be one mutually agreed upon position, that ‘realistic’ is ‘good’ and ‘unrealistic’ is ‘bad’ (Ang 1985:34). Ang (1985) highlights four different ways in which viewers perceive realism. Firstly, real stories show the social reality and all of its problems such as unemployment. Secondly realism for some viewers is when they can relate to what is being shown; it is ‘recognisable’ to them. Thirdly, for other viewers realism is when what is

shown is not only possible but also plausible. Finally she states that viewers find shows unrealistic if it “simplifies the ‘real’ reality” or “clichés it” (Ang 1985:35-36).

One commonality between all of these ways of viewing realism is that there is a comparison between that which is “in” the text and that which is “outside the text” (Ang 1985:36). Ang (1985) terms this ‘empiricist realism’ as it works at a denotative level of meaning, thus for example, Nandipha was a television host in the show, there are many connotations that go with this such as beauty and wealth, this role was fitting for Hlubi Mboya, who is considered an ‘attractive woman’, as least as far the press coverage of her is concerned. The portrayal of characters must be realistic in that the actions of the character are plausible to the character’s situation (Ellis 1982:36 in Strelitz 2002:188). A survey conducted by the SABC on reasons why viewers enjoy *Isidingo*, suggested that it was because it was ‘real’, ‘local’ and represented the ‘rainbow nation’ which they could ‘relate to and identify with’ (Andersson 2003:155). It also showed that viewers appreciated the HIV and AIDS topic, a point that will be explored later.

Ang (1985) is particularly critical of empiricist realism. Texts that supposedly reflect ‘the real’, that which is happening in society, encourage viewers to forget that the text was created under very specific cultural and ideological conditions of production. Empiricist realism takes place at a cognitive level which lets viewers believe that they are gaining knowledge. Whereas according to Andersson (2003), *Isidingo* fails in that it merely mirrors national patterns and gives the example that they are unable to discuss racism in the show. Although Andersson’s (2003) claims in this regard will be rejected, in the most part, by this study, even if this were the case it would be a vivid illustration of the extent of realism used in the programme. However, according to *Isidingo*’s writing team the show is a ‘mirror’ of reality. The question is then posed: in reflecting reality are they reinforcing the reality they claim to be reflecting? or challenging it, in that they are at least asking questions of its ‘normalness’? This will be critiqued in Chapter 4 and 5 with various illustrations and examples.

Celebrity role models

Media users who develop a liking for media personalities are more involved with the mediated communication process than are those simply ‘exposed’ to media messages (Singhal, Rogers & Brown 1993). Involvement/exposure has been recognised as an important mediating variable in persuasive communication campaigns (Chaffee & Roser 1986) and is expected to mediate the effects of exposure to HIV and AIDS prevention messages (Brown & Basil 1995). When

health messages are information-oriented, audiences focus on the message and not the message source. However, when health messages are celebrity-endorsed, audiences can become involved with both the message and the celebrity (Brown & Basil 1995). A review of media effects research indicates that exposure to media messages has produced both direct and indirect effects on audiences (Brown & Basil 1995). Mass media is an external source of direct information which can increase audiences' awareness about ART-adherence. If this information is transmitted by a celebrity this can indirectly increase the public's involvement with them through parasocial interaction.

An emotional connection with the celebrity through a 'parasocial' interaction will lead to them having greater influence over the viewer's response to their message (Brown & Basil 1995). Research conducted by Brown and Basil (1995) suggests that if viewers have simply heard about a particular celebrity, but have no emotional connection with them, then their behaviour and messaging will have no measurable influence over those who hear it. Their research suggests that in persuasive communication the use of a celebrity in promoting or endorsing products and messages, including health-related messages, is extremely effective. Thus, "exposure to celebrities through the media can have an important influence on the public's health-related attitudes, beliefs, and behaviour" (Brown & Basil 1995).

Similarly to E-E programming, where there have been measurable results after a storyline runs, such as in *Simplemente Maria*, in America, national help lines were inundated, when Earvin "Magic" Johnson, the popular Los Angeles Lakers' basketball player, announced his HIV-positive status in 1991; the American National AIDS Hotline logged 40 000 calls in one day, ten times the usual daily inquiries (Leerhsen 1991 in Brown & Basil 1995). AIDS activists applauded his move, as they believed that his celebrity status would help their cause. And according to Hollander (1993 in Brown & Basil 1995) it certainly did, with research indicating that after the news about Johnson there was a change in attitude towards HIV and AIDS and an increase in condom usage. There is evidence that media exposure to celebrities who are HIV-positive may have a more powerful impact on the public than exposure to knowledge-based AIDS prevention messages. Less research has been done on the effects that HIV and AIDS-related news stories have on public attitudes and beliefs. However, there is evidence that news coverage of people infected with HIV may help inform the public about the disease and thus promote attitudinal and behavioural changes that reduce high-risk sexual behaviours (Basil & Brown 1995).

However, the impact of a person's knowledge of another person with an HIV-infection or AIDS varies according to the type of relationship between the two people. A friend or loved one who becomes infected arguably has a more powerful effect on individuals as compared to knowing about a stranger who becomes infected (Zimet 1992). In the case of Johnson, evidence suggests many individuals responded to the news of his HIV-infection as they would have responded to news concerning someone they knew personally (Kalichman et al. 1993).

Public knowledge of the celebrity endorser does affect the manner in which the message is received and its potential to influence the audience. The more 'socially attractive' the celebrity, arguably the higher the potential there is to have an effect. Thus, "celebrities considered to be attractive role models by the public are expected to have the strongest influence on public attitudes and behaviour" (Brown & Basil 1995:351). This is important to note in that Mboya might be considered a more attractive role model compared with Motsepe because she has been involved in many more televised media productions than Motsepe, although Motsepe is still a very well-loved celebrity. In addition, her role on *Isidingo* was more 'glamorous' than Motsepe's. Commercial marketers have exploited this influence in marketing their products (Brown & Basil 1995). Kahle & Homer (1985 in Brown & Basil 1995) found the influence to be greatest when there is a match between the celebrity and the product. For example, in this thesis an HIV-positive celebrity would be closer matched to market ART than another well-known celebrity. Furthermore, the influence is exerted in proportion to the involvement the viewer has with the celebrity. Involvement with a celebrity can be viewed as "a person's motivational state toward the celebrity created by exposure to the celebrity in the mass media" (Brown & Basil 1995:352). If the viewer watched *Isidingo* but only passively received scenes involving Letti Matabane, Lesego Motsepe's influence would be lower for them than for an individual who watched Letti's scenes actively and formed a relationship with her. They will then extend this relationship formed with Letti Matabane onto Lesego Motsepe and are more likely to be influenced by her celebrity health messaging. Audience involvement is similar to identification in social role modelling.

The Third-Person Effect

Most individuals recognise the persuasive effect that messages, such as advertisements can have on an audience's beliefs or attitudes. Thus, suggesting that all viewers of these messages are suggestible. However, individuals believe that they are resistant to these messages or that they are not as suggestible as 'others'. This tendency is referred to as the third-person effect.

According to Byoungkwan and Tamborini (2005) this effect can be diminished if the individual feels closely connected with a community, for example an HIV-positive person will feel more strongly persuaded by an HIV message.

In a study conducted by Wei, Lo and Lu (2008) because of the third person effect individuals assume that they are not as susceptible to health warnings as others. This reluctance to accept that as an individual one is suggestible often translates into the behavioural component, “a reluctance to change their behaviour in response to the message” (Wei, Lo & Lu 2008). However, if the individuals felt that they would be suggestible to these health warnings then they believed that they would be more likely to initiate some action compared to others.

The third person effect creates a protective perspective in individuals whereby they feel that others need to be protected from persuasive messages as they are suggestible (Rojas, Shah & Faber 1996; see also Salwen & Dupagne 1999).

The third person effect allows for self-enhancement in which individuals perceive themselves more favourably than others. To this effect, when the persuasive message is a positive message or encouraged positive behaviour the third person effect diminished, known as reverse third person effect or first person effect (Duck & Mullin 1995; Gunther & Mundy 1993; Hoorens & Ruiters 1996). However, when the persuasive messaging is negative, such as pornography (Gunther 1991), substance abuse (Banning 2001; Youn, Faber, & Shah 2000) or misogynistic lyrics (Eveland, Nathanson, Detenber & McLeod 1999) individuals believe that they are not at all impressionable.

The third-person effect has also been argued to be a method that individuals use to differentiate their collective from other collectives.

There are factors that moderate the third person effect. Political issues and ambiguous messaging cause the third-person effect patterning to escalate (Paul, Salwen & Dupagne 2000). One factor that causes the third-person effect to diminish is depression. Self-enhancement underpins the third-person effect and therefore in individuals suffering from depression this pattern is reduced (Taylor, Bell & Kravitz 2011). Although depression does not always curb this effect.

This study did not set out to measure the third-person effect but rather to gauge the effect of persuasive messages on the individuals. However, the third-person effect was clearly visible

in their responses to the effect of media messaging on themselves. In studies that set out to measure the third-person effect pairs of questions are usually asked, couplets, (Banning 2001; Cohen, Mutz, Price, & Gunther 1988; Davidson 1983; Gunther 1991). An example by Banning (2001) involves asking participants, "How much do you think this ad has affected your opinion of the product?" This question is then followed by, "How much do you think this ad would affect the opinions of other university students who see this ad?" (Banning 2001). Evidence of the third-person effect is when the response to the second question is greater than the response to the first. Although this study did not ask couplets to measure third-person effect the participants' answers reflected this pattern. The findings of Chapter 6 highlight this effect.

Concluding Remarks

This chapter explored reception analysis, 'effects' theory and social cognitive theory in order to understand prosocial soap operas as affecting behaviour change among viewers as well as changing society through national development. Prosocial soap operas were categorised as having long-term exposure effects. Although there are short-term and long-term exposure theories, social cognitive theory which is a long-term exposure theory, was chosen to serve the theoretical framework of understanding how prosocial soap operas can affect behaviour change. The various factors which affect observational learning, which is the basis of the theory were briefly explored, including response consequences, attentional process, retention process, motor reproduction process, motivational process, creative modelling and response facilitation. Furthermore, role models and how they can affect an individual's identity was discussed specifically pertaining to health messaging, and how 'realistic portrayals' in the media are more able to do this. To this effect, celebrities as role models and disseminators of health messages was also examined. While the researcher is aware that focussing solely on an individual's ability to effect behaviour change is problematic (Melkote et al. 2000), particularly in a country such as South Africa with a generalised HIV-epidemic, the social cognitive theory nonetheless still explains how viewers form parasocial relationships with characters and celebrities through which they learn to model their behaviour.

In addition, this thesis suggests that the reception of media does not happen in isolation but that individuals watch programmes with family members and friends who serve as "opinion leaders" and thus affect their understanding of the mediated message.

CHAPTER 3

RESEARCH METHODS AND METHODOLOGY

“Understanding relationships is not easy, especially for those of us educated within a scientific framework, because Western science has always maintained that only the things that can be measured and quantified can be expressed in scientific models. Its often been implied that phenomena that can be measured and quantified are more important – and maybe even that what cannot be measured and quantified doesn’t exist at all. Relationships and context, however, cannot be put on a scale or measured with a ruler” (Capra 2005:21).

Introduction

This chapter describes and discusses the research methodology used in the investigation of the meanings that HIV-positive women, using ARVs, make of HIV health messaging, specifically pertaining to ARV adherence, in a South African soap opera. This chapter also explores the relative efficacy, in terms of conveying health ‘messages’ of fictional role models versus that of ‘real life’ celebrities. This thesis adopted a qualitative framework which would adequately facilitate the uncovering of meanings in order to answer the research question descriptively and holistically. This thesis aimed to systematically investigate the research question above from uncovering the intended message by the producers, the media text itself, and the meanings the viewers made from the media product. A three-step approach was undertaken in order to do this and different theories proved useful at each stage. Social cognitive theory was used to understand the effect that the media has on behaviour change in viewers after viewing a media product as well as to analyse the thinking behind the producers intended messaging. A reception analysis was used to gather the meanings media viewers made of the text and social cognitive theory was used to understand the potential of “fictional” versus “real-life” celebrities in disseminating health messages.

Qualitative research methodology and methods

Qualitative research, in many ways, resists comparison, scientific measurement and quantification (Wolff et al. 1993). Qualitative research philosophically draws on several distinct methodologies which encompass critical theory, interpretive social science, hermeneutics, naturalistic enquiry and inductive research. Within these traditions various qualitative methods or techniques can be used in order to answer the specific research question. The so-called ‘cultural studies tradition’ has been a strong influence in qualitative

research particularly in terms of the study of mediated communications (Schroder et al. 2003). In order to answer the research question for this project qualitative methods were necessary. Qualitative research is the production of knowledge rather than the discovery of it (Lindloff, 1995). All news or knowledge is thus made and not found (Tuchman, 2002). This is because knowledge is produced in the moment of communicating. Viewers identify visual and verbal cues in the media and in response they form words and images to describe and make sense of what is observed (Schroder et al. 2003). Thus, in responding or describing one's perspective, in response to media or being interviewed, new data is produced.

Qualitative research is multi-method, in a search for 'thick' descriptions or 'rich' information or data, using case studies, life stories, observation and interviews (Denzin & Lincoln, 1994:2; Bryman, 1984:78) in investigating social aspects of different cultures, communities or life stages. This thesis aimed to uncover these rich meanings at varying stages from where it was investigating the social and intended meanings by the producers, to the attempt to understand the meanings made by the viewers of the text, as well as the meanings made of the disseminator of the message, character or role model. In cultural studies various qualitative tools are used to understand the different stages of the communication process (Schroder et al. 2003). These qualitative methods include: interviews, focus groups, observations and ethnography (Bryman, 2012). A three stage or triple method process was used in this research. The three methods used in this thesis were content analysis, individual interviews and focus groups. Bryman (1988:173) states, "the critical issue is to be aware of the appropriateness of particular methods (or combination of methods) for particular issues." The three stage process was used in this research in order to understand the three phases of mediated communication: the intended message, the text and its encoded message, and the reading of the text. Individual interviews with a producer, writers and an actress were used in order to uncover the intended message. A thematic content analysis was used to analyse the text and finally focus groups, in the form of reception studies, were held in order to understand the meanings that HIV-positive women made of the health message within the text and how this affected their ARV adherence.

In qualitative studies respondents are observed in their 'natural settings' (Morley, 1992; Denzin & Lincoln, 1994:2). However, 'audiences' or 'viewers of the media' are not self-contained packages awaiting a researcher to study them (Ang, 1985). Furthermore, reception studies is an interpretive approach in which the researcher provides information on how

respondents perceive media in the context in which it occurs (Frey et al. 1991:99 see also Schroder et al. 2003). Thus, the researcher has a subjective part to play in the construction of knowledge as their presence will affect the ways in which knowledge is imparted (Schroder et al. 2003). Therefore qualitative research is both subjective and interpretive as it examines the subjective meanings that respondents make in their social context.

Because of this, it is important to grapple with the concept of double hermeneutic when using qualitative methods (Ginev 1998). Hermeneutics refers to the ability of humans to interpret texts (Fourie 2007). Thus, one human is interpreting another one. In studying human respondents there are “active mutable subjects” in both the researcher and the subjects being observed. Therefore, “audience research is thus fundamentally the analyst’s interpretation of people’s interpretations of their own social practices involving the media” (Schroder et al. 2003). In understanding the interpretations that viewers form in their social contexts it is important to realise that these meanings are fluid and may change when new mediated cues are seen; thus what appears to be the truth in that moment is relative to that moment (Christodoulou 2010). For example, an HIV-positive woman who had decided to stop taking her ARVs after watching Motsepe’s interview on *3Talk* may decide to return to treatment after learning of Motsepe’s death a while later, and depending on whether you interview her before or after she has acquired this new knowledge will alter her truth. There has been a move away from realist knowledge to narrative (Ang 1996). Narrative here refers to “the construction of a story... connecting the personal self with the social self” (Christodoulou 2010:65). Thus, realist knowledge refers to one individual taking another as an object for study such as by asking them to complete a questionnaire, as in quantitative methodology, disregarding other factors such as their current emotional state or circumstances. However, understanding narrative, as an individual creating their own “rich” descriptions to describe the meanings they make from media is a more valid way of attempting to gather the meanings made.

King and Watson (2005 see also Christodoulou 2010) argue that there has been little research into the ways in which individual health narratives get formed by, both subtle and explicit, health messaging in various media genres. Yet, the health stories or narratives that individuals tell relating to their individual perceptions of what health and ill health are about, are influenced by the media. As individuals live out their daily lives they cannot avoid encountering the media (Hansen et al. 1998; Seale 2004) and health messages from television

news, soap operas, documentaries, magazines, health messages in fliers and pamphlets for example. They also have conversations with colleagues, friends, family etc. and “it is a result of this fragmentary experience, we learn the conventions of an overall health story” (Seale 2004:6).

This kind of research is not replicable to the extent that it is not replicable within the same subjects. The health narrative that individuals tell is fluid and constantly changing.

Individuals encounter and are influenced by the media, and family and friends daily so their health narratives change as their lived experience changes. This is due to the “complexity and fluidity of the rich lived experience” (Christodoulou 2010). Therefore, qualitative research is not able to adhere to the same standards of validity and replicability that is applied in quantitative studies. This does not make qualitative research invalid; it simply means that there are other methods of assessing the validity of qualitative research. In the qualitative tradition validity is maintained by the precise and accurate documentation of respondents’ experiences by the researcher so that readers can clearly see that there has been no bias or corruption by the researcher’s own preconceived ideas (Schroder et al. 2003). Thus, although readers may not agree with the researcher’s analysis, they are able to clearly see (from the data) how the researcher came to their conclusions. Maxwell (1992) argues that:

“The applicability of the concept of validity...does not depend on the existence of some absolute truth or reality to which an account can be compared, but only on the fact that there exist ways of assessing accounts that do not depend entirely on features of the account itself, but in some way relate to those things that the account claims to be about” (1992:283).

Schroder et al. (2003) argues that qualitative approaches are stronger on validity in terms of information compared with quantitative approaches (Schroder et al. 2003; Lunt & Livingstone 1996). Where quantitative studies value objectivity in favour of subjectivity this is reversed in qualitative studies, “qualitative methodology embraces subjectivity and interpretation as flexible and fluid” (Christodoulou 2010:96). This is based on Ratner’s (2002) assertion that:

“Qualitative methodology recognises that the subjectivity of the researcher is intimately involved in scientific research. Subjectivity guides everything from the choice of topic that one studies, to formulating hypotheses, to selecting methodologies, and interpreting data. In qualitative methodology, the researcher is encouraged to reflect on the values and objectives he brings to the research project. Often researchers are also encouraged to reflect on the values that any particular investigator utilises” (Christodoulou 2010:96).

The standards in qualitative studies to measure validity are authenticity and interpretation (Christodoulou 2010). Thus, validity means including as many situations as possible to ensure that a researcher is studying a person's lived experience holistically. Thus, for example, although in focus groups facilitators like to keep their discussions focused on the topic, too rigid a control of the conversation flow by the facilitator can result in accounts that are not authentic and thus skew the findings.

The focus group, as a research method, involves bringing together a group of respondents to have a focussed discussion pertaining to a topic which is facilitated by a moderator (Lunt & Livingstone 1996). The focus group was first used for critical research during World War II by Robert Merton (Lunt & Livingstone 1996) and has come full circle (Krueger 1993). Merton's research looked at the morale in the U.S. military. Merton's discovery lay undeveloped in social sciences for many years (Krueger 1993). Academics began using focus groups in the 1980s learning from market researchers (Krueger 1993). The return of the focus group as a method in cultural studies is largely due to the work of Morley (Lunt & Livingstone 1996). The insight and experiences of respondents is now part of the new critical methodology which empowers and engages respondents within the research process (Lunt & Livingstone 1996). The engagement of viewers in a self-reflexive critical approach is empowering as Ang (1989 in Lunt & Livingstone 1996) reminds us that "the production of knowledge is always bound up in a network of power relations" (1996:79). Thus, by engaging viewers and giving them a voice with regards to their choice of programme viewing, one is affording them the opportunity to tell their own health story which may be similar or different to that portrayed in the media. For example, the participants' response to ARVs may be vastly different to Nandipha's journey. As Morley (1989:25) and Schroder et al. (2003) point out, the respondents may well misrepresent their feelings but through their verbal responses the researcher has access to the kind of thought patterns and language they use in response to their media viewing, which without, the researcher would have no access to their world and lived experience.

The most common test for reliability is the test-retest (Bryman 2012) and it has been established that in focus groups the rich data is discovered, in the moment of communicating, rather than collected. Therefore convening focus groups with the same individuals will yield different data each time, thus this test for this kind of reliability is futile. Reliability in

qualitative research “has more to do with reinterpreting findings from a different standpoint or exploring the same issues in different contexts” (Banister et al. 1998:143 in Christodoulou 2010:96). While some argue that focus groups lack reliability some studies have found the results comparable with quantitative methods such as quantitative surveys (Ward et al. 1991 in Lunt & Livingstone 1996).

Bryman (1988) suggests that generalizability in qualitative research is measured by the generalizability of cases to theoretical propositions (as opposed to other empirically valid generalisations). Maxwell (1992:293) argues,

“Generalisation in qualitative research usually takes place through the development of a theory that not only makes sense of the particular persons or situations studied but also shows how the same process, in different situations, can lead to different results.”

Lunt and Livingstone (1996) argue that reliability, replicability and validity are irrelevant to the qualitative tradition as they belong to quantitative research. More importantly the quantitative notion of generalizability does not apply to this research because the focus and aim of this thesis was to understand the meanings that a specific group of women make from health messaging in the media. This was done by examining their feelings, emotions and attitudes towards what they watch in relation to their health identity. Thus, the women were given a voice in which they could express their lived experience and in which they are heard and not hidden behind quantified generalisation (Christodoulou 2010).

According to Ashcroft (2002:278 in Oosthuizen & van der Wal 2011:326), “there is no doubt about the fact that research is an ethically significant activity, and any research project must be pursued in an ethically reflective manner.” Furthermore, “it has been argued that qualitative methods have an inherently emancipatory function and pay a greater respect to human experience and the goals of social justice” (Farrimond 2013:63). Thus, upon embarking on this research it was decided to pursue this research in a manner that would not harm the participants but in a way which would also give the participants a chance to be heard. This was based on the fact that “research in the human sciences bridges inevitable scientific detachment via qualitative research techniques” (Oosthuizen & van der Wal, 2011:326). In addition, Mertens et al. (2009) claim that in terms of methodology it is not merely quantitative, qualitative or a mixed methods approach but rather the researcher must “feel confident that one has indeed captured that reality and done so in an ethical manner” (Mertens et al. 2009:88 in Farrimond 2013:63). An ethical manner would thus refer to “ideal

human behaviour and ideal ways of being” (Oosthuizen & van der Wal 2011:5) according to the specific circumstance. Capturing the reality would go some way to ensuring the validity of the research but it also refers to ensuring good ethics by comprehending and reflecting accurately the information and rich lived experience that participants share with you in the interactive participation. Thus, the methods were selected as they were the most apt in serving this “emancipatory function”.

Ethical clearance was obtained from the Rhodes University Ethical Standards Committee before this study was conducted. This study acknowledges the sensitive nature of HIV disclosure and therefore chose an environment which is conducive to participants actively participating in the research while at no risk to them being stigmatised by fellow participants. In addition the study did not ask participants to comment on their own life experience but rather to comment on the actions of the character and celebrity, this was clearly explained to the participants prior to any discussions taking place. This gave participants the option to speak in the third person even if they were in fact referring to themselves. A support group counsellor was available during all focus group discussions.

Health is inherent to the human situation and thus it is an area of great concern and one in which every individual has a rich experience to share from minor ailments to chronic conditions. Thus health is an area which is strongly represented in the media (King & Watson 2005). However, according to King and Watson (2005) “the provision of ‘scientific facts and truths’ in medically orientated discourse in the media is often contradictory from genre to genre” (Christodoulou 2010:173). This highlights Gramsci’s hegemonic inequality of power in the media (Christodoulou 2010; Fourie 2007). The media impact society and identity construction through the presentation of information aimed at consumers in general, and often at specific consumers (Blumler & Katz 1974). To make the media more accessible, different techniques are used to attract an audience. Producers of media (journalists, writers, producers, actors) are aware that health issues concern the public in general and they will often use stories about health to attract a larger viewing audience or readership. A negative consequence of this can, in extreme circumstances, be moral panic (Curran et al. 1996). Watson and Hill (1984:109) define moral panic as the perception by individuals and/or groups that “certain activities are seriously subverting the morals and interests of the dominant culture.” Moral panic is often referred to as anomie in social science studies.

Anomie refers to an individual or group feeling that their “accepted values, norms and culture are threatened” (Fourie 2007:234). South Africa has experienced this moral panic, particularly when the country was in a state of transition in the 1990s (Fourie 2007). Examples given by Fourie include: “changing of legislation on abortion, the death sentence, land distribution, gay marriages, and censorship laws” (Fourie 2007:234). In reporting on these issues the media reflect society’s thinking while simultaneously infusing moral debates which can extend to mass hysteria. By magnifying health issues, the media can influence other areas of society in social and economic ways.

Therefore this research was qualitative in its entirety as the aim was to investigate the “lived experience” of HIV-positive, ARV-treatment adhering, women in Makana. This notion of “lived experience” (Christodoulou 2010) refers to the daily life of the individual holistically - their physical needs as well as their emotional and social needs - encompassing all spheres of their life. The aim of the research was to gauge their feelings, thoughts, emotions and concerns relating to the ways in which HIV and ARV health messaging shown in the media, specifically soap operas and *Isidingo*, affect their lived reality and health identity, following on from the understanding of health identity in Chapter 2 as fluid and affected daily by an individual’s exposure to health information and messaging. As such it is the meaning-making and perspectives of lived experience. The acknowledgement of individual health narratives, in order to understand their HIV-experience and how the media affect it, derived from a specific geographic locale, was the intention of the research as opposed to the need to generalise the findings. The representativeness of the selected group demographic is so specific and thus the generalizability of the findings is not known and irrelevant for this thesis (Bryman 1988; Lindloff 1995). As explained above health narratives are personal, fluid and constantly changing. Schroder et al. (2003) argues that experiences can be so wide-ranging within even a small group so as to resist precise interpretation. Nonetheless such research offers up a microcosm of the vast and varied lived realities of diverse populations. Qualitative research is relatively open and unstructured and as a result new topics of interest may arise during the research which then needs further investigation (Bryman 1988).

Despite this research being qualitative and generalizability not being the ultimate research intention, the analysis of the findings may be generalizable. Although the research question is specific, the findings may be transferable. As Philo states that there is not infinite readings, so too, although humans have vastly different identities, there are certain tendencies. This thesis

sought individual health narratives, understanding these as personal and the result of one individual's experience and health journey.

Research Design

Various qualitative methods were employed in this study. Fiske (1994) suggests that a cultural analysis incorporates three levels: the particular television programme on the screen, the texts around the particular programme and the viewers' responses. Qualitative methods include individual interviews and focus group interviews, as well as critical content analysis. Individual interviews were used in order to understand the intended message of *Isidingo*'s production team. Focus groups were used to explore the meanings that HIV-positive women make of these messages, and critical content analysis was used to explore the consequences of using a celebrity as a health messaging endorser versus that of a fictional character. These three methods were chosen as they were able to provide insights into the production and reception of media content.

First, this study builds a critical qualitative content or thematic analysis of a variety of key elements of both a fictional story 'arc' and a series of related real life events which will be outlined below. *Isidingo* introduced an HIV-positive character, Nandipha Matabane, played by Hlubi Mboya into their storyline. Lesego Motsepe, played the character Letti Matabane, Nandipha's sister-in-law. Nandipha was diagnosed with HIV in *Isidingo*'s storyline. The Matabane family did not want their son, Parsons, to marry an HIV-positive woman initially. However, they went on to support Nandipha and encourage her along on her health journey. Lesego Motsepe was diagnosed with HIV somewhere around 1990. Thus, throughout her portrayal of the sister-in-law to an HIV-positive character, she herself was living with the virus. The producers, writers and Mboya were unsure as to why Motsepe did not disclose her status earlier but it was most likely a result of the stigma that surrounds the virus. This would only come to light in 2011 when she announced on World Aids Day that she was HIV-positive. Her bravery was applauded and she was viewed as a positive ambassador for HIV/AIDS. However, in February 2012, not three months after her public announcement she admitted on *3Talk* that she had weaned herself off ARVs. From being lauded as an HIV- ambassador she was rejected almost immediately. Motsepe unfortunately passed away on 20 January 2014.

On the other hand Hlubi Mboya has been an HIV/AIDS ambassador throughout her portrayal of Nandipha and she continues to be a role model for those living with HIV. These two are in contrast to each other. It begs the question, “who should be HIV/AIDS ambassadors?” Furthermore it highlights the issue of who serves as a role model for living positively with HIV. This thesis sought to answer these questions.

An episode of *Isidingo*, which sought to convey explicit HIV and ARV health messaging, and pertained to the character of Nandipha (Sithole) Matabane was chosen as a conversation starter/evoker for the reception study. The episode was taken from the period (2006-2010) in which her story arc and HIV-infection was the forefront of the show. The specific clips were taken from episode 2063 which was aired on 24 April 2007. It is uncommon to use outdated media in reception studies. However, as this thesis wanted to examine the effect of a ‘real’ life role model versus a ‘reel’ role model relating to HIV/AIDS, *Isidingo*, with Motsepe (Letti) and Mboya (Nandipha) provided the ideal opportunity. Motsepe only publicly announced her HIV-status in 2012 at which stage there was no longer an explicit HIV/AIDS storyline in the show which could perhaps be attributed to a change in directors for the soap opera.

In addition, the health information that Lesego Motsepe put in the media (both media texts and *3Talk* television talk show interview) when she publicized her HIV-status in December 2011 (including her controversial later ‘messaging’ when she announced she was ‘weaning herself off her ART’) were collected, coded and analysed. The specific interview clip, in which Lesego Motsepe first announced that she was weaning herself off ARVs, was aired on 10 February 2012. This qualitative content/thematic analysis primarily focussed on the information that both role models disseminated to their audiences central to ART adherence, compliance and a change in lifestyle in order to live healthily with HIV. In addition individual one-on-one interviews were carried out with the writers and producers of *Isidingo* to identify the intended messages of the show. Hlubi Mboya who played the character of Nandipha (Sithole) Matabane was also interviewed. Lesego Motsepe refused an interview suggesting that my research was biased. The transcripts of these interviews were added to the ‘texts’ for analysis.

Drawing on this content/thematic analysis, I facilitated focus group discussions to tease out the meanings HIV-positive women already on ART in Makana made of health messaging in an episode of *Isidingo*. One episode was chosen and analysed as described above. This episode in particular was chosen for the abundance of health messaging relating to ARVs,

HIV, side-effects, adherence and coming off treatment. The episode also flirted with the tension of life and death. I tried to identify the producer's preferred reading of the text before showing it in the focus groups to identify the actual readings. This was done in order to understand whether the prosocial message that the production team might have intended was identified by the viewers. A short clip from the *Isidingo* episode was analysed and shown to the group, together with a short clip of Motsepe's *3Talk* television talk show interview. At the beginning of the focus groups I showed the various clips. This is common practice in focus groups to start by showing visual material (Lunt & Livingstone 1996). Six focus groups, of between 2 to 9 participants were facilitated in 2013. Participants were drawn from the *Jabez AIDS Health Centre*, *Temba Santa TB Hospital*, *Raphael Centre* in Makana and staff members from Rhodes University. Participants were recruited with the assistance of a councillor from the *Jabez AIDS Health Centre* and *Raphael Centre* as to ensure the confidentiality and consent of all participants. I spoke to various councillors and researchers working in the field to gauge how the issue of HIV was perceived (Farrimond 2013). I found that within the support groups the women were happy to share their experiences, thoughts and feelings. But there were not that many functioning support groups. Although no women were excluded from this study due to their age, where possible, younger women (18-40 years), excluding minors, were chosen as the potential role model effect of the young role models (Hlubi Mboya and Lesego Motsepe) are likely to be more resonant for younger respondents. The focus groups took place in already formed support groups which were composed of black South African women living in Makana. The choice of black South African women participants was based on Bandura's notion of identification in which characters that have similar demographics (amongst other similarities) are best suited to serve as role models. All of the individuals were isiXhosa speaking but could understand and communicate in English. The group was composed of primarily working class women with no formal qualifications. The data from the interviews was then collated and thematically analysed.

Individual Interviews

Individual one-on-one interviews are necessary in qualitative research when the researcher is trying to identify and explore the intended meaning or preferred reading that producers place in media texts. This is necessary to identify the discrepancy between the intended meaning and the reading which viewers articulate (Schroder et al. 2003). One-on-one interviews are

preferred when dealing with sensitive issues. However, Lunt and Livingstone (1996) suggest that the focus group should be used when dealing with sensitive issues because group members are able to support one another, which would not be possible in individual interviews.

Content Analysis

Content analysis is used to systematically analyse the content of media to identify how social issues are portrayed and from which public opinions are formed (Hansen et al. 1998). Thus, content analysis was used in this thesis to understand how HIV and ARV adherence was portrayed in the media. Content analysis is therefore used in conjunction with other qualitative techniques to examine how beliefs, attitudes and behaviour are cultivated by the media. This was done in order to try to understand the “effects” that the media has on viewers. This technique is best used in combination with other qualitative tools such as individual interviews (Hansen et al. 1998). For this thesis, content analysis was used in combination with focus group reception analysis. Content analysis is a subjective method as the researcher chooses dimensions pertinent to their research question for examination (Hansen et al., 1998). Despite the subjective nature of this technique it is through a structured approach that the validity is maintained. Historically content analysis was primarily concerned with the frequency with which certain themes arose. However, “it is not the significance of repetition that is important but rather the repetition of significance” (Hansen et al. 1998). Furthermore the placement of indicators within a text is more significant than the repetitive occurrence of indicators. In addition the binary nature of significance further highlights the importance of certain indicators in response to the absence of its binary opposition.

The theoretical framework within which one is working will determine which indicators are highlighted. It is also important to compare one’s analysis with other studies which have already been undertaken (Hansen et al. 1998). Media representations and media roles were examined within a framework which accepted the social cognitive and modelling theory. Researchers working within this theoretical approach are concerned with the ways in which those who serve as role-models in the media promote socially acceptable and unacceptable behaviour (Hansen et al. 1998). Voices that are critical of the status quo are less likely to gain an authoritative platform from which to voice their beliefs. For example, the views of dissident scientists are effectively side-lined and this is evident in the media following Motsepe’s announcement on *3Talk*, which received very little media coverage (Hansen et al. 1998).

Background to focus group studies

Focus groups were used in this thesis as they are proven to be both credible and popular in media communications research with both reception studies and when evaluating educational health programming (Kitzinger 1994). My research question encompasses both these (reception study and evaluating educational health programming) and thus focus groups seemed the natural method in order to answer this research question. I chose the method of a once off focus group with each support group which was favoured by Merton (Lunt & Livingstone 1996). However, I did brief my respondents that I may require additional or individual interviews.

Selection and recruitment of groups

Purposive sampling was used for this research as the research question required a sample of respondents with very specific characteristics (Frey et al. 1991). In addition, Morgan (1988) suggests that the more homogeneous a group is, the more enabling it is. The literature has varying views on the correct number of respondents and qualitative research is less concerned with bigger samples as we are not trying to generalise findings but rather describe very specific meanings in context. Schroder et al. (2003) says that for student research, groups should not be bigger than 4 participants. Deacon, Pickering, Golding and Murdock gives 5 to 10 participants as the acceptable range (Deacon et al. 1999). Lunt & Livingstone (1996) suggest groups of 6 to 10 participants, while Vaughn et al. (1996) widen the range to up to 12 participants. However, due to the sensitive nature of the topic for discussion in this research, the size of the focus groups was dictated by the already existing support groups. None of the groups exceeded 12 members.

Composition of groups

Centre	Date & Time	Group composition	Age Distribution	Ethnic group	Number of Participants	Venue
Jabez Aids Health Centre	19 July 2013 10:30-12:00	Women	26 -40 years	Black African	5	Jabez Aids Health Centre
Raphael Centre	31 July 2013 10:30-12:00	Women	20 – 47 years	Black African	9	Raphael Centre

Temba Santa TB Hospital	4 September 2013 09:30 – 10:30	Women	30-31 years	Black African	2	Temba Santa TB Hospital
Rhodes University	9 October 2013 14:00 – 15:00	Women	40-51 years	Black African	4	Researcher's lounge

The accepted view is that interviews should continue until no new knowledge is being brought to bear and the responses all resemble others (Schroder et al. 2003). Some researchers state that the degree of diversity within responses will not be reached with less than six focus groups (Hansen et al. 1998; Lunt & Livingstone 1996). However, continuing with focus groups until the researcher begins to see patterns makes prior planning of groups difficult and makes it impossible to budget for (Lunt & Livingstone 1996). Three focus groups were planned initially as suggested by Krueger (1993), thereafter one more focus group was held using snowball sampling as a new support group was suggested to me.

The participants were not paid for their time, Hammersley (1999 in Farrimond 2013) states that the most beneficial and ethical thing a researcher can do for their participants is to conduct high-quality research. Participants were offered refreshments and given a pair of gloves as a token of appreciation, they were not informed about this until after the focus group discussion. In addition, the *Raphael Centre* asked for a copy of the thesis, upon completion, and I will give each support group a copy in line with Swartz (2011) that marginalized groups have a moral right to own their knowledge. For future grant applications, the centres have evidence of extending themselves to broaden the knowledge of HIV and AIDS in their community.

Interview setting

I chose to conduct my focus group discussions at the various centres from which my respondents originate. This was done for a number of reasons. Logistically it was easier and cost-effective to arrange transport for me to the various locations as opposed to transporting the participants to the university campus. Campus could have been an intimidating space as not many of my participants have been on the university's campus, this may also have given the discussion an academic feel, with a set designated outcome in contrast to the free and informal discussions which were had; this taking into account that academic institutions are an operation of power (Baker et al. 2004 in Swartz 2011). In addition there were counsellors available at the various centres, which for the psychological benefit of the participants, may

have been necessary. Schroder et al. (2003) advises choosing a location where the respondent feels at home and thus the centres were the ideal space. Farrimond (2013) highlights two factors that need to be considered when interviewing vulnerable groups: the differential power relation and that the researcher is most often from the more advantaged groups. Because the “researcher” was unfamiliar with the surroundings, while it was familiar to the respondents, this eliminated any hierarchical structures. I was thus a visitor into the participants’ space. However, the final focus group was conducted in my lounge. This was done as the participants worked on campus and they felt that it would be the most private and comfortable place to have a discussion.

My role as a moderator

The role of the moderator is to facilitate conversation, which includes ensuring that all participants are engaging in the group discussion, this would include prying more quiet respondents and tempering the more outspoken individuals (Lunt & Livingstone 1996), while simultaneously allowing the group to run their own conversation (Lunt & Livingstone 1996).

The researcher needs to ensure that they are familiar with the media product in order to conduct meaningful and focussed discussions with respondents (Schroder et al. 2003). This is essential in order to make follow-up questions to responses and to ensure that the researcher is able to follow and interpret the respondents’ experience in a manner which maintains the validity and integrity of the data. This served as one of the reasons for choosing *Isidingo* as a media product as I am extremely familiar with the programme and have been following it since its inception in 1998. However, Schroder et al. (2003), insists that one needs to be familiar with the broad spectrum of the genre, under study, in order to do the respondents justice as it is likely that they will draw on their entire media repertoire when responding. Thus, a familiarity with all soap operas screened within South Africa was required.

According to Krueger and Casey (2000) moderators need to be aware of how they are verbally and non-verbally communicating when responding to comments from participants. He suggests that “head nodding” and “short verbal responses” need to be overcome (Krueger & Casey 2000:112). I attempted this in the first focus group but found this to be a dispassionate and off-putting means of facilitating discussion. For example, when women shared that they had found out that they were HIV-positive when their infant died, I hardly

felt human to not at least offer a word of comfort which I then felt was contravening or infecting my data. Farrimond (2013) highlights a similar scenario:

“I did not feel it was appropriate to carry on in a dispassionate way. Rightly or wrongly, I intervened, switched off the tape, and talked at length to the participant about seeing a doctor. I am not a health professional, so had no knowledge of if this was the right thing to do, but I did what I would do for a friend in this situation, which is advise them to seek medical advice. This could be positioned within an ‘ethics of care’, which prioritizes an emotional ‘duty of care’ relationship (Gilligan 1982), although I did not consciously think of this at the time” (2013:100).

Farrimond (2013) offers suggestions for handling sensitive or disturbing comments which upset participants such as offering to switch the recorder off for a while, offer a tissue and asking the participant if they are fine to continue. Ultimately, Farrimond states “it is a human interaction, so you should do what feels natural and makes the other person feel comfortable and retain their dignity” (Farrimond 2013:96).

While my own socio-demographic portfolio (white, female) was different to those of my informants, I do not believe that this impeded the discussions. A possible critical impeding factor was a language barrier. Most participants were isiXhosa speaking. However, all can understand English (although some are not comfortable speaking English) and as the programmes being analysed were in English and the researcher is not fluent in isiXhosa, the language chosen for the discussions was English. The participants did not have trouble understanding English but were not all confident speaking English. Nonetheless, the coordinators encouraged the participants to speak English and to help each other translate in order to equip themselves with a life skill. Each group has a coordinator who was fluent in both English and isiXhosa and was able to translate where necessary. Thus, English was the agreed upon language. I tried to foster this learning by giving ample time and encouragement. The project did not have funds to hire a translator, to accompany me to each focus group, but the moderator did not stop the flow of heated conversation in isiXhosa, which did happen, to not impede the natural flow of conversation. I was able to follow the isiXhosa conversation broadly enough to continue the discussion. With the participants’ permission, a translator was then hired to help the researcher transcribe the isiXhosa while still ensuring the confidentiality and privacy of the participants.

Interview guide

I conducted a pilot focus group in my lounge with post-graduate researchers, with experience in conducting focus groups, from various other fields within the Humanities Faculty at Rhodes University: Sociology, Anthropology, Journalism and Media Studies. The results of the pilot study were extremely useful and influenced the flow of my interview guide which was adjusted for the focus groups. I made use of an interview guide in order to keep my focus groups relevant and focused towards the research question. This assists in keeping track of where you are within the discussion (Lunt & Livingstone 1996). This was also done to ensure that there was a similar flow to each focus group in terms of themes that are discussed. Continuing with the free flow of conversation, I did not stick too rigidly to the guide as Morgan (1988) suggests allowing for other concerns or issues that I have not identified to be raised. Furthermore, in allowing flexibility in the guide it also assures participants that they are able to express themselves freely and are not confined by strict parameters of the question (Christodoulou 2010). Kruger and Casey (2000) suggest that you do not ask questions at the beginning of the focus group, although I found this to be more assuring and the participants were interested and curious as to what they were participating in, how it would be used, what I do etc. I allowed these questions as I believe it established rapport and trust with my participants.

Recording the data

I asked my participants at the outset for permission to record the focus group discussions. After gaining consent I asked each person to identify themselves to make voice identification easier in the transcribing stage. In addition, I allocated each individual a number mentally which I then used to identify the speaker and time, read off the recorder, to make my transcribing process smoother and more accurate.

Analysing and reporting the focus group discussions

Transcribing focus group discussions can prove difficult because of the flow of conversation and different voices within the group. This can partly be solved by taking notes of who speaks when during the interviews (Lunt & Livingstone 1996). An interview guide can further aid the transcribing process as it sets out the various themes. As the focus groups were directed according to my interview guide I was able to categorise my gathered information according to themes. However, some new and unexpected themes did arise and these were then categorised separately.

Content analysis needs to be systematic to ensure validity when using interpretive approaches. Furthermore, Lunt and Livingstone (1996:95) point out that “You can always pick out striking examples, but you easily miss reverse cases and all the ambiguous cases”; thus it was in searching for what is missing that some interesting conclusions could be drawn.

Conclusions drawn are affected by the consensus or disagreement amongst the various respondents in the groups (Lunt & Livingstone 1996). The researcher should note whether the discussions were fluid or stunted and how readily participants shared (Lunt & Livingstone 1996). To ensure integrity when doing data analysis within participatory approaches, Ennew and Beasley (2006 see also Farrimond 2013) suggest including participants themselves. I did not involve all participants but involved the councillors and coordinators.

CHAPTER 4

FINDINGS AND ANALYSIS

Introduction

The findings and analysis are divided into three chapters. In this chapter the health message texts and producer or writers' *intended* message will be discussed. Members of the *Isidingo* production team, during the HIV-storyline that is the focus of this study, were interviewed. These included: Gray Hofmeyr, the then executive producer and original creator of the show, Richard Beynon and Mitzi Booysen who were writer and head writer of the show, and Hlubi Mboya, the actress who played the HIV-positive character, Nandipha (Sithole) Matabane. Then, in Chapter 5, the meanings HIV-positive women appropriated from the text will be analysed. Thereafter, the implications and contradictions of using a celebrity versus a character to disseminate health messages will be discussed in Chapter 6. Lesego Motsepe refused my request for an interview in 2013. In the initial stages of setting up an interview she stated, "Please understand that I am in no way prepared to address any Scientific Medical references to ARV's" (Personal communication, Motsepe 2013). She later declined to participate in an interview for my research arguing that it was one-sided and biased. Unfortunately, Motsepe passed away on 20 January 2014.

The focus of this thesis is on the process of mediation: analysing how *Isidingo* takes part in everyday life, "as cultural expressions reflecting and interpreting issues of common concern, taking account of the fact that they are cultural products guided by commercial incentives" (Tufte, 2000:3). Throughout the analysis, the study seeks to unpack the complex relationship between *Isidingo*, culture and everyday life.

The health message text and producer's intended message

Fiske argues that culture is the sharing of social meanings and that 'audiencing' forms part of this circulation of messages (Fiske 1993:345). Cultural studies has numerous definitions and methods of viewing and analysing the audience. However, for this study Fiske's definition of culture will be employed: "Culture is the social circulation of meanings, pleasures, and values, and the cultural order that results is inextricably connected with the social order within which it circulates" (Fiske 1993:353). Hannerz' definition of culture is somewhat similar: "the meanings which people create, and which create people, as members of societies. Culture is in some way collective" (Hannerz 1992:3; Tufte 2000:3). The clear

similarity between the two is that culture is dynamic and it entails the circulation and production of messages. The notion of culture being collective is particularly apt in this thesis as it is, in part, an understanding of the collective experience. This will be explored in Chapter 5.

The two clips from the *Isidingo* episode will be analysed briefly below, before the intended messages of the executive producer, writers and actress are discussed. The specific episode chosen for this audience reception study is episode 2063 which aired on the 24 April 2007. As stated in Chapter 3, although it is unusual to choose an outdated media clip in reception studies this was done as this thesis examines the use of ‘real’ versus ‘reel’ role models in the dissemination of HIV/AIDS health messaging. The HIV/AIDS storyline from *Isidingo* as well as the reality of Motsepe’s HIV-positive status proved to be the most apt scenario in order to answer the research question that this thesis poses.

The setting is the hospital, where Nandipha is lying unconscious, after having passed out at the breakfast table and having been rushed to hospital in an ambulance.

13:29 Parsons	But what about the ARVs, she was perfect on her medication, this is not supposed to be happening.
13:33 Dr Herval	The condition is very complicated and if we could do this outside it would be better...
13:45 Parsons	Dr Herval, is she going to be alright?
13:49 Dr Herval	We are going to do everything in our power to make sure that is the case.
13:52 Parsons	Yeah but what is wrong with her?
13:54 Dr Herval	Our initial prognosis is lactic acidosis. We have to wait for the blood work to come back and that will confirm it.
14:00 Parsons	What is this lactic
14:02 Dr Herval	Acidosis
14:02 Parsons	Yes
14:02 Dr Herval	Lactic Acidosis is the side effect of the long term use of the transcriptase...
14:06 Parsons	Speak English please! Sorry.

Parsons moves between anger and fear in speaking with the doctor. As was suggested by the executive producer and writers, which will be seen later on, the medical storylines are approached from the emotional angle. Thus, in Parsons’ expression of fear for his wife’s life cognitive information around the side-effects to ARVs are given.

14:08 Dr Herval	You know when you’ve been exercising really hard and your muscle develops that ache, that stiffness, now that feeling is caused by a build-up of lactic acid
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14:18 Parsons **Yeah, so then that's all it is, just a build-up of stiffness in the muscles**

14:20 Dr Herval **No, we are talking much higher levels of lactic acid with Nandipha**

14:23 Parsons **Yeah but is she pushing herself to hard, is it stress, what is it?**

14:26 Dr Herval **The particular ARVs that Nandipha was on, sometimes they allow an increase in toxicity in the cells, and if not monitored properly, that toxicity can get out of control**

14:40 Parsons **So then it's poisoning her**

14:43 Dr Herval **Yes and it happens to relatively few people and can be avoided if carefully monitored.**

14:47 Parsons **But she didn't avoid it**

14:48 Dr Herval **Parsons, we are giving her the best care that we can, and ARVs aren't the perfect solution but they are the best solution available and you must know that without ARVs it's very unlikely that Nandipha would be alive today.**

15:02 Parsons **Yeah but this lactic acidosis thing was to be expected, why the hell wasn't I told about it?**

15:08 Dr Herval **Well you both would have been told about the potential side-effects when Nandipha went onto ARVs. From the educational sessions you went to and from me.**

15:19 Parsons **Yeah, it was all a lot to remember and it was all such a shock.**

15:20 Dr Herval **Well the truth it, it's very complicated, and there are many side-effects to HIV, to AIDS, to the various treatment regimes. Look I'm sorry that I didn't pick it up immediately,**

It could perhaps be argued that this scene is sensationalist although Dr Herval does state that this specific side-effect does happen to relatively few people. However, it is also important that HIV-positive individuals who begin taking ART are aware of the possible consequences on the medication. In the second clip, the setting is still the hospital. As Dr Herval shares information around HIV and ARVs with Parsons, so the viewer is enlightened with this information.

20:29 Parsons **And then what about the ARVs Doctor?**

20:30 Dr Herval **Well she'll come off those immediately until we've cured the lactic acidosis,**

20:34 Parsons **Why take her off the ARVs?**

20:37 Dr Herval **Well that's the standard, proven treatment Parsons, she has to come off the ARVs. Right now we'll monitor her and wait for the lactate levels to fall.**

In this interaction the viewer has access to the strong belief that Parsons has, in ARVs and his fear of taking Nandipha off them. However, in him allowing Dr Herval to do as she believes

best, as a qualified medical doctor, it illustrates to the viewer that medical doctors should be the authority in HIV treatment as they are the ones who understand the disease best.

There was a clear cultural order within *Isidingo* which was well established and unapologetically prosocial. This order carried through the entire production hierarchy from the executive producer of the show, the writers and right down to some of the actors. Gray Hofmeyr, the creator of *Isidingo* and the executive producer throughout the HIV-storyline arc believes that the brand image was a prosocial one:

“What gave *Isidingo* its brand was the socially relevant stuff and that’s still how it’s perceived today, that’s how its brand is perceived...It was certainly perceived as educational by a lot of people. I liked that” (Hofmeyr, 2013).

Richard Beynon who was a writer for *Isidingo* emphasises how the production team stressed the distinction between that of *Isidingo* (real, prosocial) and other local and international soap operas which do often portray far-fetched realities.

“It had to do with real people, living in real situations, living in real poverty, it’s less so now because the channel at one point, in about 2002, wanted to make it more aspirational, so it went upmarket, but it was then in those early years no question, the realist of the soaps in South Africa, which is why we said it was daily drama. We wanted to distinguish it from the kind of Bold, never-never land of soap” (Beynon, 2013).

Hlubi Mboya, the actress who played Nandipha, highlights the prosocial agenda which filtered down the production’s order.

“*Isidingo*’s intention from the beginning, from the producers, from the writers was to send out positive messages, inspiring messages, giving people details and realistic measures of living positively” (Mboya, 2013).

The approach was prosocial which would implicate the intended message as having an agenda with a purpose. However, Hofmeyr (2013) argues “*Isidingo* was completely different in that it reflected the values of the editorial staff not any particular organisation.” Here Hofmeyr is contrasting *Isidingo* with other E-E programmes such as *lovelife* and *Soul City* which were funded by organisations in order to punt a specific prosocial agenda. Hofmeyr maintains that the prosocial message in *Isidingo* was a result of the production team.

In addition, there is no theory per se that has been implemented in order to bring about behaviour change in the audience.

“I don’t do it in order to change behaviour... And I think that’s for me the more important thing, is to create, empathy so that as people, you care about that character and therefore you start to take an interest in the things that are so desperately important to them, and thereby you gain some kind of affinity, a sympathy for what they are going through. So it has everything to do with the emotion. And very little to do with information” (Hofmeyr 2013).

Yet despite the intended message not being explicitly based on a theory, the description or intention of the executive producer for viewers to emotionally engage with the characters in order to “gain some kind of affinity, a sympathy for what they are going through” nonetheless suggests a social learning theory basis, in which viewers are encouraged to identify with a role model, in order that they model their behaviour on what they see.

However, unlike purely educational health programming or E-E programming, entertainment was the primary concern in the production of *Isidingo*. Hofmeyr (2013) states “if it’s not a good story we don’t just do it because it’s socially relevant... Our first mandate is to entertain.” Therefore, despite there being a prosocial agenda, as with programming that does not have financial backing to purely focus on particular agendas, ratings and revenue were imperative to the sustainability of the show,

“We always called it daily drama, not soap, it may be closer to soap these days which is fine ... very much market driven. But certainly for its first eight years of its life was very much driven by socially relevant topics. And all the soap topics; we certainly didn’t not do them” (Hofmeyr 2013).

Genre analysis will briefly be touched on here in order to clarify Hofmeyr’s statement.

Martin-Barbero specifies: “a genre is first and foremost a strategy of communication, and it is through traces of the communication that a genre becomes visible and possible to analyse in the text” (Martin-Barbero 1989 in Tufte 2000:20). Thus, as can be seen from E-E programmes whose strategy is educational, the strategy of *Isidingo* was to entertain, using soap opera style, while still being educational and therefore its text is possible to analyse as a prosocial soap opera. The time slot is also a perspective used to situate a programme into a specific genre. *Isidingo* has held various time slots but all during prime time television viewing (18:30; 19:30; 20:00) and thus although it could be a daily drama it is better situated as a prosocial soap opera.

Genre also helps programmes ‘know’ their audience. This is particularly important for commercial programmes as their main prerogative is to remain commercially viable.

Advertisers only wish to target their target-market and do not want to waste funds on non-

target groups (Fiske 1993). *Isidingo* experienced a pull from advertisers because advertisers were unsure of the market that *Isidingo* was attracting (Hofmeyr, 2013). However, according to Booysen the fear of losing audience never prevented them from doing certain stories.

“So you know that if you do a story that is going to be too bleak or that is going to confront too many issues there’s a danger you’ll lose your audience. That doesn’t mean you don’t do it, you do it, and you get the buy in from the channel and the producers and how are we going to do it and what can we do to kind of counteract that side of the story” (Booyesen 2013).

Thus, from Booysen’s statement it is clear that prosocial soap operas are ideal for health messaging, in that although, numbers of viewers is important, it is not the only prerequisite, and thus, educational material is able to be incorporated into the show as there are no directives from funders which compels writers to write certain stories and leave out others.

Research

Health communication researchers argue that research that evaluates the effects of programming are part of ethical production (Singhal & Rogers 1999; United Nations Radio, 2002 in Van der Merwe 2005). In the production of shows such as *lovelife* and *Soul City* the episodes are shown to focus groups in order to evaluate the effects of the programme on the viewers (Kelly & Mzizi 2005). Researchers argue that their (viewers) responses can highlight any ethical concerns before airing (Singhal & Rogers 1999). Similar research is done with *Isidingo* by the production company (although post airing) yet it does not influence the producers or writers much.

“You know that all of the research, of surveys, that have been done, of viewers of soaps, they ask people why do you watch *Isidingo* and the first reason that people will give is that because it’s educational. But the unfortunate thing is that they also say that about *Generations*. So you say well what do you learn from *Generations* and they say well we learn about relationships, we learn how to get ahead, we learn how to build a business. I mean *Generations* does not teach those things” (Beynon 2013).

According to Booysen, the research focus groups were not as valuable as the everyday feedback.

“Mostly your response to this came from the response from people on the street, the phone calls you get, all the emails, the letters, the complaints and those are when you know you’ve hit a note, a mark when you are getting that kind of feedback” (Booyesen 2013).

Again this is a demonstration of how *Isidingo* is situated in the everyday culture, how it affects everyday life. This feedback loop that Booyesen highlights is how the circulation of meaning occurs in everyday life. Once again illustrating how *Isidingo* portrays reality. Yet it may also be argued that it sustains reality and this will be discussed later.

The long life span of soap operas means that there can be a constant stream of educational information being disseminated to the public. However, this can also be problematic in that it is unlikely that a soap opera is able to continue their campaigning, for example, about using condoms in every sexual encounter throughout the show. Thus, soap operas tend to thematise different issues and continue them until their storyline has run its course (Wildermuth, 2005). This can be problematic when health messaging is incorporated into the show as when storylines end, so too does the health issue. Particularly as Bandura's social learning theory suggests that inconsistencies in modelling behaviour can cause a regression on progress that has been achieved.

All of the health messaging in *Isidingo* is based on scientific, evidence-based research, according to the script writers/creators.

“You know it was at the time when a lot of madness was going on about beetroot and stuff. So you know we certainly would have...taken a stand, an editorial stand against the garbage and for scientifically proven realities. So we would have unquestionably supported that view. And tried to belittle the other. And I think in that sense fiction is an incredibly strong mechanism for influencing values and perceptions” (Hofmeyr 2013).

Hofmeyr's comment again highlights the possibility for non-fiction texts to encode a preferred reading or message in line with Hall's encoding/decoding model. On the contrary, while fiction may be a perfect platform to advocate health messages it can have some disadvantages.

“I will say that it was on the basis of research at the time. It was probably the best approximation of what we thought was the solution. And it might well be a problematic response. Because sometimes drama simplifies things” (Beynon 2013).

Thus, there is a concern that drama simplifies things. However, as was argued in Chapter 2, based on work done by Seale (2002), sometimes it is necessary to simplify health messages in order to still keep the entertainment factor.

Messaging regarding ARV-adherence

It is not possible for an analyst to analyse every detail of a cultural context and thus one has to choose points of entry into cultural and social contexts that are accessible. This thesis only looked at an episode relating to ARV-adherence, as to examine a broader range of issues was not feasible within the scope of this research.

Hlubi Mboya who played the character of Nandipha (Sithole) Matabane and who is an HIV/AIDS ambassador is a firm advocate for ARVs.

“I think we use ARVs to stipulate the fact that with ARVs you can prolong your life, you can still have a healthy, normal, fulfilling life, And you can live with HIV or AIDS if you stick to the ARVs, as per medicated, as prescribed...from what I’ve seen, what I’ve experienced. And we do our research, we not just writers writing scripts from dreams” (Mboya 2013).

Mboya also believes that the portrayal of her ARV-adherence was holistic and consistent which is necessary for social role modelling.

“It was very clear and obvious, Nandipha used to take her pill, check her watch, in the beginning were the funny feelings, the side effects, when she was kidnapped, she begged the kidnappers, she said it would be murder if you don’t go back home and fetch my ARVs it would be culpable homicide. So it wasn’t just a fly-by-night, when we added ARVs, we added wherever it was necessary. It was a big issue” (Mboya 2013).

This holistic and long-lasting portrayal of living with HIV was reiterated by Beynon.

“Sometimes we make the decision, as we did with Nandipha that she is going to stay with the series for as long as possible because that’s the best demonstration of what we want that character to prove. That living with HIV is possible” (Beynon 2013).

However, Mboya was eventually written out of the script. She believes that having worked on the show for ten years it was time to move on and face new challenges. This was despite the fact that the producers had wanted her to stay on the show, as Beynon suggests above. Again this is another example of the practicality of producing soap operas and how the team (actors, writers, producers) are human and can end their contract with the company at any time, regardless of the message that they are trying to portray.

“No, I mean the producers and writers wanted me to have babies and ‘gaan’ on and on” (Mboya 2013).

Had Mboya stayed with the show and gone on to have a child it would have served the perfect opportunity to illustrate that an HIV-positive woman is able to have HIV-negative children. However, Booysen did point out that at the time the writers were researching it, there was controversy around the story. The controversy was that there was a 50% chance of an HIV-positive woman having an HIV-negative baby. This raised ethical flags as to which way the odds would go. This reason was not why they did not do the story, as Booysen suggests that you can always do a story, you just need to find the right manner in which to do it. *Soul City* chose to illustrate an HIV-positive woman whose baby was also born with HIV through the characters of Portia and Simphiwe. Ultimately the practicality of Mboya leaving the team resulted in the story not being done.

According to Booysen, in consultation with medical experts, different viewpoints would be offered so that viewers, who could relate to the character's problem, would be able to weigh up their options and make a fully informed decision.

“We did all the research and we spoke to all the people about how, what are all the ways...we'd kind of talk to the experts and find out what the issues are and then you want to use the story to make other people aware of the options...That's part of the educational thing that you get with these soaps in South Africa, probably more than you have in other countries” (Booyesen 2013).

Thus, although the production team researched and obtained the best medical opinions, they offered viewers options and varying solutions. The manner in which the information was portrayed was in a non-judgemental way.

“There are some people who don't believe in the ARVs stuff and watch the show, and you know that's their own human given right and own given choice and opinion” (Mboya 2013).

The choice to either take ARVs or not is everyone's own choice and human right and will be discussed further in Chapter 5. Although Mboya suggests that there are viewers who watch the show and who do not believe in ARVs, there was for the most part, a consensus among the women I interviewed that ARVs were the best solution. Beynon (2013) concurs with Mboya's analysis that viewers were not forced an agenda and that there were multiple readings to be made from the text.

“I think that there was definite room to negotiate, we didn't say there's one solution to this we said this is one solution to this, or this is one person's struggle” (Beynon 2013).

However, although there are multiple meanings to be made from a text, this thesis will argue that the readings are not endless.

The perceived effect on the audience

Although media research has moved away from effects-research, it is clear that although there may be no measurable direct effects, media viewing definitely affects audiences in a variety of ways. Thus, with effects-research the argument would be that the effect of watching Nandipha take her ARVs would lead to viewers taking their ARVs, or being interested in finding out more etc. However, behaviour change is not as simple as this. Yet, media health messages affect the way we think about health and this may, if the determinable influences allow, ultimately have an effect on viewers' behaviour as per social cognitive theory.

“I don't know that it works as simply as that, does it? It's like seeing whenever people have sex or prepare to have sex that there are condoms, visible and it's insane and we don't imagine that; but I don't know that we ever debated this but surely if an important part of somebody's environment which is a soap and for somebody to watch a soap every night for half an hour for years on end makes it an important element of their environment and if people are behaving in a certain way, people that they admire or people that they feel an affinity for, it has to have an effect, I assume it has to have an effect” (Beynon 2013).

The trouble with using a long-running soap opera is that it is not possible to show prosocial health behaviour in each and every episode, such as Nandipha taking her ARVs every day.

The affect (feelings elicited by *Isidingo*) on the audience will also differ depending where they are in their health journey. Thus, although we understand the audience as 'active', depending on their everyday life circumstance or position (financially, culturally, social class, ethnicity) their reality will differ and so will their reading of the text (Seale 2002; Morley 1986; Hall 1980). The example below, given by Mitzi Booysen (2013), a former head writer for *Isidingo*, illustrates how a portrayal of a situation in the media which resonates closely with a viewer's lived reality can have a dramatic effect.

“So I think, well from our side, we always had a strong thing that one had to tell the story with as much integrity as one could, and that certainly we were very aware on *Isidingo* that our stories impacted on people's live” (Booyesen 2013).

Again Booysen reiterates how the programme does affect the audience, and she describes earlier how their feedback of audience responses to the show comes from the letters and communication that audiences send to the writers. However, below is a personal anecdote,

perhaps the most resonant and well-remembered one from the HIV/AIDS storyline. In order to orientate the reader who is unfamiliar with the specific storyline Booyesen shares the main arc of the storyline pertinent to this anecdote,

“We had just done the story where Nandipha has just discovered she was HIV-positive ...and she had told Parsons who was her husband that, and his family were all freaking out and saying you can’t marry her, an HIV-positive girl, you can’t do that, and in the course of telling the story, eventually Parsons decides to stick up or stay with Nandipha, he goes against what his family wants and he married her and stayed with her” (Booyesen 2013).

The production team did receive feedback from the audience but for the most part it was in the form of letters or feedback on the street. It was not often that viewers would make a physical trip to the studio in order to share feedback. However, Booyesen remembers the day well. It was at the time the HIV-storyline was on:

“I remember I was in my office at the SABC working, when I got a call from reception saying there was somebody who wanted to see me, and who had a gift...and finally I met up with this young women who had a candle, which she wanted to give to the actor who played Parsons” (Booyesen 2013).

In the scenario above we can identify a parasocial interaction which will be discussed in further detail in Chapter 5. Here Booyesen specifically states, “Which she wanted to give to the actor who played Parsons.” However, we cannot be sure that the lady did not want to give the candle to Parsons (the character assuming him (Parsons) to be a real person but not Tshepo Maseko (the actor)), as Booyesen continues with her recollection.

“And the gift was because she came to tell the story that she was HIV-positive and her husband was kicking her out, wanted nothing to do with her, and yet somehow in seeing the course of the story and seeing what Parsons did, he had come to the realisation that if Parsons could do it then so can he” (Booyesen 2013).

The above scenario could be described as emotional discharge or catharsis, which is when a viewer, having watched a character manage problems similar to their own, realises that their situation is not unique (Matelski 1999). Beynon (2013) describes this catharsis, calling it something different but essentially validating Matelski’s description. This once again highlights the fact that although *Isidingo* is not based on academic theories, they are essentially putting some elements of theories into practice.

“And I think you will identify with them for two reasons because they do reflect the things that you feel and they have the aspirations that you share or they face the problems that you face in everyday life” (Beynon 2013).

The viewer is able to explore solutions to their own problems vicariously, through watching the character, and by releasing their own emotions, is able to understand their situation better (Matelski 1999). Matelski further suggests that the less educated viewer would also “gain some knowledge through watching, that they can take and implement in their own life” (Matelski 1999: 47). The notion of an uneducated versus an educated viewer will be explored further in Chapter 5.

Thus, from Booysen’s anecdote, the impact that *Isidingo* can have on viewers is palpable.

“And I’ve got to tell you that there wasn’t a dry eye in the house that day, and I remember the actor, Tshepo, who played Parsons, was incredibly emotional as was Hlubi, who played Nandipha, but there you were suddenly aware of the impact that a story could have on someone’s life, in a big way. So yeah I think we were all always aware of needing to be responsible and needing to be and to tell stories with integrity” (Booyesen 2013).

Not only did the storyline have a huge impact on the lives of viewers, through parasocial interactions, but it also affected the actors who played the characters in the show.

Additionally, Mboya felt that the distinction between her and Nandipha were becoming too blurred,

“I think that’s why I had to leave the show after ten years, it was getting too merged” (Mboya 2013).

Booyesen (2013) also retold an anecdote of another experience where there was a storyline involving the ‘coming out’ story of a homosexual male character who was trying to be heterosexual. The intended message was to argue that homosexuality was not a choice, in that one does not choose to be homosexual or heterosexual, but unless viewers watched the storyline in its entirety they could assume that the show was suggesting that it was possible to choose not to be homosexual. After heated arguments with certain organisations Booyesen was invited to speak at their events, when the storyline ended and the prosocial message was revealed. Booyesen therefore argues that messages do effect and affect people’s lives.

“We saw that with those two specific stories the HIV Nandipha story and the gay story with Steve that they do impact on people’s lives. We know that for a fact” (Booyesen 2013).

The gift of the candle is a result of one individual’s reading and experience of the media text. This thesis found a limited number of readings which aligns with Philo (1999) and Kitzinger (1999) who argue that “claims about limitless polysemy are based in a relative neglect of – or

disdain – for empirical work on audiences” (Seale 2002:12). These limited readings will be discussed further where the meanings that audiences made from these texts is investigated. For the majority of viewer’s there will not necessarily be an effect but rather the text will affect them, for example they may choose to think differently about people living with HIV, they may feel more empathetic to their experience.

“The Nandipha story where you have actual proof, this changed somebody’s life. Somebody changed their mind about something because of what a character did on television. It’s scary, but it also made you realise and make you take very seriously the work you were doing. But mostly what you know it is doing is causing people to argue and debate and I think that’s great. Even if that is all it does” (Booyen 2013).

There was consensus amongst the production team that they had no intentions to produce a programme which would result in behaviour change amongst their viewers, if it happened that was brilliant, but they did hope that *Isidingo* would spark discussions and feelings or affect would be elicited by the show.

“It instigated communication and conversation ...This was really in people’s households, five days a week. I’m touching people’s lives Catherine and with that comes a lot of responsibility” (Mboya 2013).

What also became clear from the interviews with the production team is that they were all very conscious about creating responsible entertainment.

Responsible work

It is also clear that based on the fact that the production team is aware that their product has an impact on the everyday life of its viewers, they do feel an inherent sense of responsibility.

“Oh yes, you’ve got to be responsible, you’ve got to be responsible” (Beynon 2013).

This filtered down to the cast. According to social cognitive theory it is necessary that there is no difference between the messages being disseminated (for example, all messaging regarding ART need to align) for social learning or social modelling to occur.

“I never once was going to take a role where I play an HIV-positive character who was irresponsible, was infecting other people, it was a bad message, it was bad behaviour, and I’m not saying that she was a bad person but there had to be a line of responsibility being drawn” (Mboya 2013).

Similarly it is important to create characters that are authentic and who do not offer up too perfect a behaviour that is not possible for viewers to match.

“We’re not trying to make her perfect, but we are trying to make her responsible for protecting herself, and the people she loves most and that’s the kind of message that we are sending. But she still makes mistakes, she still gets drunk, she still wants to have a bit of a party” (Mboya 2013).

And it is in offering up a ‘human’ character that entitles the show to its claim of being realistic.

Being honest and real

The notion of being real kept recurring throughout the description of the show.

“So it had to do with real people, living in real situations, living in real poverty” (Beynon 2013).

The concept of being real and relevant distinguished *Isidingo* from traditional soaps, and so it is this concept of reflecting reality that distinguishes it as a prosocial soap opera and away from your traditional genre of soap opera.

“We called it daily drama that we were trying in the beginning...were getting away from a more traditional view of what soap was, in terms of American day time soap, you know that we were going to have more, it was going to be more gritty, it was going to be hopefully more relevant” (Booyesen 2013).

Unlike other genres events do not happen unexplainably in *Isidingo*. The progression of story arcs is clear.

“It was honest, it was a journey, it didn’t happen overnight, she’s a fighter, she’s a warrior spirit. And people love that, people love heroines, people love falling in and out of love and rising to the occasion, people love to see the struggle of life, and conquering the struggle of life” (Mboya 2013).

The authenticity and ‘realness’ came through, in that *Isidingo* reflected the daily struggles of everyday life of everyday people. The notion of a journey was reflected in the stories shared by the women interviewed in focus groups. This will be discussed in Chapter 5.

“I think that Nandipha broke down barriers and stereotypes...people could identify with her, she became a superstar on the show, she became a superstar in South Africa, because of that and because of that it was beyond fans who were black women coming in as HIV-positive, it was Afrikaans boys, gay boys coming in and saying I felt your journey, HIV-positive or not and for me that is where the magic is” (Mboya 2013).

Therefore although the character of Nandipha went from being a domestic worker to a television show host and fashion model, her transformation was done in a manner which made it seem realistic. It was on her television show that she announced her HIV-status.

Thus, HIV was not shown as a disease of the poor but a disease that a famous television show star could contract. In addition, although the television show (ON!TV) was a glamorous show, her HIV-journey and personal journey (family tensions, marriage issues) were all portrayed realistically.

“It’s going to be rough, it’s going to be tough, you know and in no way did we try and glamourize anything. That’s what I love about *Isidingo* as a show, it’s not escapism, it’s what you see on the streets. And it’s about being a survivor, positive or not” (Mboya 2013).

Mboya is again suggesting that *Isidingo* reflects everyday life.

“You have to be true to the character, you have to be true to your story, you have to be true to your message” (Mboya 2013).

Yet again this reflects the basis of social cognitive theory.

“People have to be able to relate, people don’t want these perfect people that they can’t identify with. I think the honest and most truthful role models are the people who have arisen after the fall, who have conquered the tough life, who make the mistakes, who make the bad calls, who make the judgement calls. And it’s all about finding the answers through life, and it’s a journey that the viewers take with that person. And there is such a thing as too good to be true. And you know people don’t relate to that” (Mboya 2013).

And so although one message is endorsed such as ‘ARVs are effective’, the character will face the same questioning that an HIV-positive person may feel when beginning ARVs. In experiencing side-effects the character may again be unsure about their decision. And through all the characters trials and tribulations, the viewer will experience it with them. And it is through this vicarious experience that the viewer will be able to make decisions regarding their own life. Arguably, then *Isidingo* was the most real of soap operas in South Africa.

What’s right for the character – it’s their life

Characters have their own lives to live in the programme and a lot of effort goes into preserving the integrity of each character’s fictional ‘life’. There is not one writer responsible for creating or destroying characters. Beynon explains that the writing of storylines for soap operas is a collective effort of about ten people composed of writers, producers, cultural advisers, experts or whoever was necessary in order to brainstorm ideas for the upcoming stories. These meetings are held on a quarterly basis and will yield enough content for the writers to write storylines for three months’ worth of episodes.

“Typically it’s the writing team, plus the executive producer, plus a director or two, plus maybe the line producer so everyone is invested in protecting the characters” (Beynon 2013).

Protecting the integrity of characters is extremely important if a programme is to have any attempt at producing content that is viewed by the audience as realistic and a reflection of everyday life.

“It’s very easy to destroy a character by making him behave in a kind of unmotivated way. You know, good today, bad tomorrow, you know sometimes characters are good and bad. So if you have a character who is HIV-infected, it’s the duty, which is taken incredibly seriously by everyone who is at those big meetings” (Beynon 2013).

Not only does protecting the character lead to a realistic product, but it also ensures responsible entertainment and ethical content. In fact, the producers go so far as to suggest that it is often not them who produce content for the character but that the character produces their own stories.

“The thing is that sometimes the stories are born of the character, in fact they usually are, and usually we are trying to find stories for characters who already exist” (Hofmeyr 2013).

The production team’s argument is that Nandipha’s reality was the most fitting in which to introduce an HIV-storyline.

“The decision was made on the basis and the fact that we had a character who was poised in Nandipha...she was this kid, this pool playing, she been hanging bird. So she was prime” (Hofmeyr 2013).

There have been some claims that portraying a black female HIV-positive character reinforces the stereotype that HIV is a disease of black women. It is true however that black South African women are more at risk for HIV-infection (Squire 2007). *Isidingo* was the first South African soap opera to portray an HIV-positive character.

“I mean as far as I know we were the first, so there was no stereotype for us to follow or not follow...or perhaps because it was a stereotype it resonated the most” (Hofmeyr 2013).

In addition there is a sense from the production team that there can be justification for stereotyping because you are trying to have your viewers form parasocial relationships with your characters.

“And to take it away and force it onto characters that didn’t work was, one felt that one was being too careful. And I think that’s an easy thing to do within a

soap that you try to be so politically correct and we were going to make it someone else that gets HIV but the reality is that so many people dealing with this issue are black women in this country. And it felt like it would be really wrong to give it to a character where you weren't able to address all those issues, So I think the decision to give it to her was thought through, as opposed to giving it to a white female or a white male” (Booyesen 2013).

There is also an argument to be made that in making a white HIV-positive character viewers would see through the attempt to be politically correct and this would jeopardise their status as a realistic soap opera. Furthermore, a white gay male HIV-positive character would also be stereotyping. Moreover, South Africa has a generalised epidemic, where risk of infection is relative, and the target audience is heterogeneous, including disadvantaged women (HSRC 2002).

“There was talk about if we are going to do this HIV-story who should it be, at that stage she [Nandipha] was a very popular character. She was involved in a relationship, his family were very conservative and would certainly have certain reactions to it. There were many things about her that made her the ideal character for it” (Booyesen 2013).

And perhaps in view of the anecdote that Booyesen recalls, of the women bringing a candle, this decision is justified, as the character's reality resonated the most with hers, and thus social development, in the sense of her husband being more understanding and willing to stay with an HIV-positive woman, was achieved.

“I think with something like HIV you will have the medical doctor giving certain information, you will have your character talking either to other women who were HIV-positive or other characters and getting different stories from them. And then ultimately the decision is whatever is right for the character” (Booyesen 2013).

This health narrative portrayed in *Isidingo* is no different to the fragmented way in which individual's form their health narratives every day, taking into account all mediated information that they encounter.

“So I do think you have a responsibility to say that this was right for Nandipha. I wouldn't dream of telling anyone that this is the only way to deal with something. So all you can do is in your story you are trying to work out what is going to give us the most story because ultimately that is still the main thing we are doing is telling a story” (Booyesen 2013).

Again here Booyesen echoes what has been said before, that although the production team set out to create prosocial and responsible stories, their main mandate was entertainment.

“If she does this it has a bad effect on that, then there’s a little hiccup in her story, and then she learns a lesson and then she tries that and then that happens. So in the end there is a story that people are learning something, but throughout the thing you have other characters commenting, and then obviously a character who is a doctor might have a bigger sway in the community, they might look at it and go well that’s the person we should be listening to” (Booyesen 2013).

Viewers learn vicariously as the character learns. The content of prosocial programming should ensure that, even if the character does not listen to the medical expert, the viewers should understand how the character will be negatively affected if they do not follow this good advice.

“But it’s not to say that that is who the character is going to listen to. The character may be influenced by her mother or her husband or whatever. Or try something else first or whatever” (Booyesen 2013).

Thus, the character is given many options and although they may at first choose the wrong action, they learn from their mistakes and eventually make the right decision.

“So we would always do a lot of research and get people talking to us...you have to always do what’s right for your character but in the end I would not want to tell a story that was giving false information and claiming it was true” (Booyesen 2013).

Consequently, it comes back to balancing entertainment and responsibility.

“So one white actor agreed to do it...and then he said, no he wasn’t going to do it. And we were so irate that we killed him. And we gave him the worst of deaths, we gave him an on-screen death, which meant he could never come back. So we wanted to have a white character, then we wanted to have somebody else who died of AIDS, and then we wanted a third person as the kind of model of someone who could live with the virus” (Beynon 2013).

Here Beynon suggests that if an actor does not want their character to be that which the writers think that character needs to be, then their eventual fate is to be written out the script. Thus, it is not what is best for the actor per se but what is best for the character. Evidently it would appear, through the great hesitance of many actors to play an HIV-infected character that they did believe that their character role and their real life do sometimes become merged. Thus, they were not prepared to live with those consequences under the circumstance of playing an HIV-positive character. It is important to note that although HIV/AIDS is still stigmatised it was even more stigmatised in 2007. This will be discussed further in Chapter 6.

People/Emotions/Poor People

Perhaps stories of health have the greatest appeal because they speak to the mortality that humans face. Ill-health is something that we all face at some time or another in our lives, it affects us all and therefore we can relate to it in a real way.

“And the most engaging stories are the things that people can relate to in their everyday lives, be it love, be it health, be it safety, whatever it may be. So those things affect it... are inevitably socially relevant because that’s the stuff that people care about” (Hofmeyr 2013).

Thus, despite *Isidingo* having medical storylines, the emotional side of the health story is always the angle from which it is broached.

“From the view of individuals involved, not from the medical, not from the doctor. It’s from the point of view of the sufferer and the spouse. And the family, we approach it from the emotional territory. And that’s how it makes good drama which is our objective. We do it about people, people is drama, test tubes are not” (Hofmeyr 2013).

Interestingly, despite claims that soap operas are not able to be holistic in their portrayal of health issues and the ethical concerns about pulling cures for incurable diseases out of a hat, Booysen (2013) is adamant that their portrayal of an HIV-positive character was a realistic one which was holistic.

“We knew that she wasn’t going to be cured, she was going to have to live with this, and that was something we would have to take into account for that character forever. Every time she falls in love and is going to get into a sexual relationship that is an issue that needs to be addressed and there will be different reactions to it. There’ll be times where her health is not as good as other times. So we knew that was what we were taking on and that was something that would always be part of Nandipha. As long as Nandipha was on the show that would be part of her reality” (Booyesen 2013).

And ultimately when far-fetched and unrealistic stories are told, they are done in a manner which makes them plausible.

“Nandipha turned from a maid into a TV star, all of those totally impossible things. But we did it slowly enough that nobody sort of questioned it. And we went far more glamorous, far more upmarket. But... we managed to retain those very real stories because those very real stories are not the exclusive property of poor people” (Hofmeyr 2013).

It is interesting that Hofmeyr (2013) states that “real stories are not the exclusive property of poor people” because the notion of HIV being a disease or story of the poor is germane to many of the stories relayed by the women who were interviewed in the focus groups and this will be discussed in the following chapter.

CHAPTER 5

THE MEANINGS MADE FROM THE TEXT

“Some kinds of communication on some kinds of issues, brought to the attention of some kinds of people under some kinds of conditions, have some kinds of effects” (Berelson 1949:500; see also Fourie 2007:235).

Introduction

Having analysed the production team’s intended purpose of their messages on their audience in Chapter 4, in this chapter I draw on the experiences shared in the focus groups to make specific observations regarding the meanings that HIV-positive women, taking ARVs, make of health messaging in soap operas. As outlined in Chapter 1, the soap opera which is the focus of this thesis is *Isidingo*; as a result of it having a specific prosocial and health focus. The participants were familiar with *Isidingo*, being able to identify at least one character from the soap opera. However, *Isidingo* was certainly not the favourite television show amongst the participants, having decreased in popularity recently. This decline can partly be attributed to the HIV/AIDS storyline being written out of the show according to the participants. Thus, this is evidence of the argument made by reception theorists that “in the study of television, there is a need to analyse the socially differentiated conditions within which individuals receive television messages, as media situational constraints affect meaning production in the specific situation of media use” (Thompson 1988:375; Schroder et al. 2003:125). I would argue here that “socially differentiated conditions within which individuals receive television messages” would include health conditions and health identities. However, all of their television viewing is situated within their daily routines (Ang 1996).

In this chapter I quote substantially from the participants in the focus groups. Therefore I would like to point out that English is not the home language of all of the participants. However, they can all understand English but were sometimes uncomfortable speaking it. Thus, in each group there was one member who was fluent in both isiXhosa, the first language of participants, and English, who would translate the parts of conversation that were relayed in isiXhosa. This participant was most often the group leader and was substantially more confident conversing in English. Thus, you will notice in the transcripts varying and often vastly different language used. I also made use of a translator who listened to the recordings to ensure that what I had received from the participant translator was correct. Participants were made aware of the fact that I would be asking a translator to assist me. As I

would like to maintain the integrity of the conversations I have made very few grammatical changes in order to keep the text as a spoken text. Where the meaning was unintelligible I have made minor corrections.

Coming out narrative and parasocial interactions

A result of parasocial interactions is that often viewers will fail to differentiate between the character as the actor playing a role and the fictional character.

Focus Group 1	Participant 3	They can collapse because their immune system, their genes are not strong enough to survive without ARVs and then they will think that what Letti is saying is right.
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This parasocial interaction is clear from the statement above where the participant fails to distinguish between Lesego Motsepe the actress and Letti Matabane her character. In fact in this particular interview used for discussion it is Lesego Motsepe speaking as an HIV/AIDS ambassador and she had left the cast of *Isidingo*.

Focus Group 1	Participant 4	That one her conversation, that lady is not good because there are people who watched her, they told themselves Letti is still alive. Letti is not strong enough.
	Participant 3	You can see.
	Participant 4	She is going to go back to square one. She is going to need those ARVs while she said she is not.

Here again the parasocial distinction or lack thereof is illustrated although in this scenario they refer to the third-person, or people, who will not be able to distinguish between the two.

Participant 2	And Letti from <i>Isidingo</i>, she was a fat lady, but look at her now.
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Here we get a glimpse of HIV as being a visible condition which will be discussed shortly.

Participant 4	I asked even [REDACTED] if she is positive positive, she said yes, I thought she is acting, I don't know it is real life.
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Again here another participant indicates that she failed to make the distinction between Lesego and Letti when she watched the interview.

Focus Group 2

Participant 9

Think about it, people see her and she is Letti the girl and she says something like that, that will go through their minds, they are not educated. They do not have information about HIV but because she is saying that everybody is going to stop taking their medication, because Letti says there is more to life than taking antiretrovirals, there are other forms of healing, other forms of treatment. She is a celebrity, she has a responsibility.

Here the participant refers to the uneducated viewer, who will fail to make the distinction between Letti and Lesego. This is an example of the Third-Person Effect as discussed in Chapter 2, the belief that not I (the first-person) nor you (the second-person) but the other (the third-person) will fail to make an informed choice. She believes that these people will listen to Lesego because she is a celebrity. This will be discussed further in Chapter 6.

Focus Group 3

Participant 2

And then they said you have to accept first the HIV itself, before you accept taking the ARVs, because they see Letti not accepting herself as a person living with HIV-positive. Just showing the community or the people or the society that she is HIV-positive although she is not accepting.

Common among the participants was the fact that many HIV-positive individuals go through a phase of denial and until they fully accept their status they continue on this path of denial. Kübler-Ross identifies the following five stages individuals pass through before they can fully accept a life-threatening condition: denial and isolation, anger, bargaining, depression and finally acceptance (1969). According to Kübler-Ross, “denial, at least partial denial, is used by almost all patients, not only during the first stages of illness or following confrontation, but also later on from time to time (1969:39). In the past many of the participants themselves had started ARVs, but because they were still in denial about their condition, they defaulted on their medication. It was only once they had truly come to accept their condition as a lifelong one that they were more committed to their ARVs.

Making HIV a chronic illness like any other (as opposed to a death sentence)

As an approach to the analysis of qualitative data, narrative analysis has not gone uncriticised. Burry (2001), while noting the growing interest in illness narratives (stories that

Grandpa [painkiller] every day. You take the Disprin [painkiller] every day, it's a medication.

It is particularly interesting how there is an assumption that everybody is taking medication. I did not at any stage state whether or not I am on any medication, however, there is an understanding that everybody takes medication daily for some or other ailment. Thus, there is a sense of 'normalising' HIV to the same standard as any other chronic illness such as cancer or diabetes but even further to stating that everyone takes chronic medication and therefore there is no difference. Here again ARVs get compared with Disprin [painkiller] or any other 'normal' medication.

Focus group 2

Participant 2

No, we don't all get the side-effects, because when I started eating the ARVs I didn't get the side-effects. It was normal just like Disprin or any other medication.

There was a clear tendency to treat HIV as a manageable chronic illness. The difficult part to this view is judging whether this is done as a disengagement narrative, a means to move away from the illness, or an acceptance strategy. I came to the conclusion that the decision to make HIV a chronic illness and to view it as any other can serve both purposes depending on where the individual is on their health journey.

Different meanings of messages depending on personal health journeys

Media health messages are decoded differently depending on where one is on their own health journey. Morley states, "When interpreting media messages, individuals have different relations to sets of discourses, in that their positioning in the social formation will determine which sets of discourses a given subject is likely to use" (1992:57).

Focus Group 1

Participant 4

It also makes me feel bad, because when I watched it, I was afraid to take the ARVs. Because I was scared of that person saying when you take ARVs you are going to get sick and when I watched this thing if I wasn't on ARVs now, I won't take it if I was not on ARVs now because I see Nandipha is sick although she is on ARVs. Now my thoughts will take me back, no I won't take these tablets because they are going to make me sick. If I wasn't on ARVs.

Here this participant is suggesting that watching Nandipha get ill, from side-effects, even though she was taking her medication is scary to watch. She suggests that if she was not on medication (and noting that she does not suffer from any side-effects) she would be hesitant to take ARVs. Thus, this also refers to Kübler-Ross' suggestion that the denial stage can reoccur (1969) as new information is received or new mediated messaging is watched. These comments also relate to third-person and reverse third-person effect which will be discussed later on in this chapter. Again the participant below explains part of her journey on ARVs.

Participant 2 **As I'm watching it, I feel scared because she is taking treatment and she is getting sick so I don't know if I'm going to get that sickness...Like for example me, when I first get that I have to use the ARVs, and then they told me about the side-effects and then I said to my mom, no I'm going to get [side-effects], no, I'm not going to eat that treatment. I am scared and then even into the radio they said you are going to get this and this if you eat this treatment so I said no I am not going to eat this treatment and fine as I learn more I get the education about more ARVs and then I eat the treatment and nothing, I never get any side-effects.**

This participant illustrates how the mass media (radio) also affected her decision to start ARVs or perhaps delayed her start due to increasing her fear of side-effects. However, knowledge of potential side-effects of medication is necessary. Often the most difficult part of coming to terms with one's illness is acknowledging that one is ill.

Participant 3 **Before I go out and tested myself, I used to watch *Soul City*, I used to say they are lying there is nothing is HIV and then I will see it for myself that I am HIV-positive. I am going there to Raphael Centre, and test myself, there is nothing like HIV and then there comes out the virus.**

Participant 2 **(laughing) that you are**

Participant 3 **I am HIV-positive that is when I realise that there is HIV.**

Denial is the first step in coming to terms with one's HIV-status. Kübler-Ross (1969) states that very few individuals continue living in denial right until their death. Thus, although everyone faced with a life-threatening condition will experience some form of denial it is very rare for them to not move beyond this stage at some point.

- Participant 4** I don't even watch *Soul City* when I tested positive, I don't even like that ribbon when I tested positive. When I saw that ribbon, I switched the TV off.
- Participant 3** After you test yourself and then there is this shock you have and denial stage. When a person is reaching that stage it doesn't even want to listen to *Soul City* or *Isidingo* or anything else that is related to HIV until you accept your status...But for me I think the encouragement comes from that *Soul City* and when I was doing the course at St Johns for home community based care there was this HIV and everywhere you go this HIV and then I just go and get tested, it's whereby, it was 2006, it's where by I found out that I am HIV-positive. But I've never got sick, even today I'm not sick. And I will never get sick... Now she want to see the ribbon, back then I think it was the shock and denial stage.
- Participant 4** And also the anger. Now I don't have problem, I watch now. I even read.
- Participant 1** I enjoy it.
- Participant 4** It's in my veins now.

Kübler-Ross points out that denial can be particularly strong when one receives news of a terminal condition unexpectedly without some prior warning. Part of denying one's HIV status is avoiding all HIV/AIDS messaging. This as Sontag (2001) points out is seen throughout the world in difficult conditions such as with HIV and cancer.

Focus Group 2

- Participant 1** She said that she used to be scared to watch *Isidingo* when she was in Temba but after she left Temba she would watch it because she learnt a lot from it and she said that in Temba she used to ask them that *Isidingo* gets put off because it scared her.

Here participant 1's isiXhosa has been translated into English hence the third person narrative. In all of the quoted extracts, where it is written in the third person it is because it has been translated by the translator. Again here we see a participant being scared by watching *Isidingo* and this is perhaps because it was reflecting or mirroring their situation too closely and she was still in denial. Santa Temba is the TB hospital in Makana.

- Participant 9** She says she used to get scared when she was watching *Isidingo* because she presented with TB meningitis so she had to go to Santa. She says the stigma needs to be turned off because she was afraid of turning out like Nandipha. But after completing

the six months at the hospital and going home she was actually comfortable to watch the programme.

Again this illustrates how a combination of denial, seeing one's reality reflected back and education all play a role in how viewers respond to messaging in the media.

Focus Group 3

Participant 1

They are not going along with what Letti is saying. On her side she was diagnosed on 2003 and then because she didn't accept or she didn't believe that she is HIV-positive, she did not take the ARVs, she was doing the wrong things. Not the positive things, then she goes back on 2005 and tested again to prove if she is really positive. And then the results came back positive you see. And then even though the results came back positive in 2005, she didn't believe it, she is continuing doing the wrong things. Up until now she, And then they said you have to accept first the HIV itself, before you accept taking the ARVs, because they see Letti not accepting herself as a person living with HIV positive. Just showing the community or the people or the society that she is HIV-positive although she is not accepting.

This participant as with many of the participants went through a long denial phase which included not believing the result of the first test and defaulting on her ARVs. She feels that only once you have fully accepted your status are you able to take your medication properly. Often on being diagnosed with HIV, one starts ARVs. However, if you have not fully accepted being HIV-positive then you will default on your ART as you have not accepted that HIV is a chronic lifelong condition. An account that was often given was that of a family member passing away, as a result of HIV/AIDS, which made them realise that they need to take their ARVs.

Participant 1

She said she doesn't have a role model at the first place. She used to be her friends role model. She used to encourage her friends to take the ARVs and then they passed away because they refused to take the ARVs and then she said it's important to take the ARVs because even her brother passed away in 2011 because he refused to take ARVs and he didn't accept that he is HIV-positive that's why... That's why I've made a decision to take my ARVs. I am a role model myself. I am encouraging myself to take my ARVs.

Although ultimately the decision to take ARVs is a personal choice, friends and family are often instrumental in supporting their loved ones in taking their medication. Thus, it is clear that relationships with others affected how participants viewed their own health.

Focus Group 4

Participant 1	There are people they don't want
Participant 2	Some they want to hear
Participant 3	But the others they don't
Participant 2	Those who are still ignorant, they don't even care about programmes with HIV and AIDS. They don't even want to join issues like people who are dealing with HIV and AIDS or hear the stories or listen to the newspapers, they don't care. The only thing they used to say, "We are all going to die." We understand we are all going to die.
Participant 3	Mmmmh
Participant 2	But, I mustn't rush my programme, I don't want to die now, I want to do everything step by step

Again denialism and lack of education are highlighted as two major barriers to ARV adherence.

Participant 2	What is my second step now, that is your first step, you've been diagnosed you are HIV-positive, it's fine, this is here, this is in my blood, what is my next step, so we must face with the next step. It's fine to be in anger to be in denial but you must just pass each and every stage.
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Participant 2 is adamant that there are clear steps in the HIV-journey from diagnosis to treatment adherence. The steps that participant 2 is referring to are Kübler-Ross' five stages.

Participant 2	You must pass it, let it go. You must have a positive thinking, a positive mind. So that you can live a longer life. I'm always telling the people about my story. That is myself, I have been diagnosed in 1997. I started ARVs in 1999, now it's 2013. It's still me.
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Positive thinking is listed as necessary to stay healthy with this disease. She is an advocate for HIV-education and is extremely comfortable with her status explicating that she is the same person that she was prior to contracting the virus. However, she has been infected with the virus since 1997 and has had ample time to come to terms with her condition.

Participant 2	I've never been admitted in Settler's and I won't be admitted in Settler's through the issue of HIV and
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AIDS. Never, I won't. As long as I still have R50 to buy food. As long as I'm living a healthy lifestyle. As long as I'm still having a job so that I can bring bread on the table. I don't think that there will be something that will make me die. Unless it's a car accident. Not the issue of HIV and AIDS no. Not now, not tomorrow, not forever.

Settler's Hospital is the local hospital in Grahamstown. This participant highlights the importance of having good nutrition while living with HIV and in order to take one's ARVs. She is convinced that it is a manageable condition and that HIV/AIDS will not kill her. It is clear that participant 2 has passed through the five stages highlighted by Kübler-Ross and that she lives in hope.

To take ARVs or not to

The decision to take ARVs is a personal one and it is each individual's choice. However, all the participants were adamant that treatment was the only way to manage this disease.

Focus group 3

Participant 1 No I won't take ARVs, that means you won't survive.

The participants were clear on the issue of ARVs. This was perhaps inevitable considering part of the criteria for being included in this study was that participants were adhering to their ART.

The power of a positive message – the effect of E-E

Although some participants suggested that watching Nandipha get side-effects would make them scared to take ARVs, had they not already been taking them, there was a sense after watching the clips that you cannot miss taking treatment.

Focus group 3

Participant 1 It makes me feel that I have to continue taking my treatment more than I thought.

The audience are active viewers and thus they are aware of the educational health messages within E-E. They are also able to pick up when the focus or message changes. *Isidingo* has become less prosocial in recent years and a focus has been on making it more glamorous. This was picked up by the viewers. The distinct change from prosocial health messaging to 'mixed' messaging was pointed out in the focus groups:

Focus group 2

Participant 9 *Isidingo, it has changed a lot. Because we saw something else with Nikiwe's pregnancy. Nikiwe was carrying Frank's child but she was sleeping with somebody else...They are sending out mixed messages now.*

Furthermore, the fact that the specific HIV-positive character drew an audience who was actively seeking health messaging was also identified. Participants also pointed out that their loyalty to the show was due to the specific storyline and characters.

Focus Group 3

Participant 1 *What made me stop watching Isidingo because they killed that character of Nandipha and Parsons.*

It is important to point out that neither Nandipha nor Parsons died of HIV/AIDS in *Isidingo*. They were written out of the script, and moved out of Horizon Deep for greener pastures, more glamorous jobs, according to the storyline.

Third-person effect

Research shows that individuals “perceive themselves to be less influenced than others by negative media content and persuasive communications with negative intent” (Duck, Terry & Hogg 1995:305). Not only do people believe that they are less easily influenced than others but they also overestimate the influence that the communication will have on others. This is done to enhance self-esteem and to “preserve feelings of self-control” (Duck et al. 1995:306).

Acknowledging that one is vulnerable or influenced by messaging in the media is “ego-threatening in the context of messages with negative or socially undesirable outcomes” (Duck et al. 1995:306) therefore by thinking of oneself as more steely towards persuasive material it is self-validating and boosts self-esteem (Duck et al. 1995). Contrarily much less research has been done on how individuals view the influence that positive or prosocial messages have. According to Perloff (1993:176), “It remains an empirical question as to whether a third-person effect would emerge for positive messages” (Duck et al. 1995:306).

In Chapter 2 The third-person effect was discussed and TPE was evident throughout the focus group discussions.

Focus Group 1

Participant 4 Because if, like she said if they do that there are more people outside who are sick, they don't want to take ARVs because of the doctors don't tell them what will be the side-effects after you are taking ARVs now people start thinking that when you are taking ARVs you are going to be very sick or die. Though it depends on your immune system because some of them are strong for the ARVs, take for instance myself, I didn't get side-effects when I am starting the ARVs, I was strong as I am starting the ARVs now you see. Some of them they are weak if they take the medication they are getting very weak. So people outside are scared of taking the medication outside.

Here there is a sense of inside and outside. Those being educated about HIV/AIDS being on the inside and the less educated and aware being on the outside.

Participant 4 That one, I'm going to talk about this episode, this lady is putting other HIV-ambassador's mind blank, because she was in hospital, her CD4 count was ninety something

Participant 3 Ninety nine

Participant 4 Ninety nine, then the doctors gave her the ARVs

Participant 2 treatment

Participant 3 to boost their immune system

All participants immune system

Participant 4 immune system, now she is right, she thinks she is right. She can't take the ARVs anymore but that is not true, ARVs are the best, best!

There is a suggestion by participant 4 that Motsepe's interview will confuse others including HIV ambassadors. This participant, however, excludes herself from the group and doesn't indicate whether she herself, as an HIV ambassador, is confused. She concludes that ARVs are the best, thus perhaps suggesting that she is not confused and it is only those on the outside who will be confused.

Participant 3 And I'm scared of the people who they can listen

All participants They can listen.

Participant 3	because there are people who if you say something wrong, they think it's right. You see, I'm so worried the episode of her with Noeleen come to the TV because there are people who take that will stop taking ARVs and then because of their genes they are not going to manage the way she manages
Participants	The way she manages

In the above extract we see it repeated that there are people outside who will believe what Motsepe is saying. There is also a suggestion throughout that some people are stronger than others and can cope better with ARVs.

Participant 3	I'm worried that she is confusing a lot of people.
Participants	Mmmh [in agreement]
Participant 4	Even herself
Participant 3	even herself
Participant 4	she confused herself

Again there is a suggestion that she has not accepted her status fully and is in actual fact confused because she is in denial.

Participant 4	Now she is confusing me
Participant 3	Don't be confused just take your treatment
All participants	Mmmmh

Here there was some hedged disagreement and perhaps less of an indication of the third-person effect. Participant 4 suggests that watching this interview with Motsepe is confusing her. However, Participant 3 is quick to tell her that she should just take her treatment.

Participant 3	And I'm scared that she will confuse the people who are not educated enough. The rural people who do not have more information about the ARVs, about the HIV itself. You see, she can confuse those people, but the people who are coming to the support groups they won't be confused about it.
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Here is an indication that those who participate in support groups are part of the inside knowledge and those who do not attend support groups are outside and will be confused by Motsepe. Participant 3 then moves on to discuss the difference between an HIV-positive character in a programme and a celebrity in real life.

- Participant 3** Even though she was acting because we knew that Nandipha was not HIV you see but to the person who comes to that drama or film and then comes out that her real life is positive and then say what Nandipha was educating us was wrong.
- Participant 4** It's true, it's true
- Participant 3** For the person who come to the story and she used to council Nandipha and used to be a supporter of Nandipha and then come to us again and say it's wrong to take the ARVs. They are confusing the people.

Here participant 3 is drawing our attention to the fact that Letti's role in *Isidingo*, as Nandipha's sister-in-law, was a supportive one. Although the family initially were reluctant to let Parsons marry an HIV-positive woman, they eventually came round, and then they were extremely supportive of Nandipha. Letti encouraged Nandipha to take ARVs in *Isidingo* and then she came out and says that she is stopping ARVs in her life. This is conflicting information and participant 3 suggests that she will confuse people.

Focus Group 2

- Translator** This one she didn't see Lesego on TV and she is not agreeing with her. This one she is also not agreeing with Lesego. They are going to listen to her and then after that they are going to go back to being sick. They are going to hospital and then they are going to start from scratch with being sick.

Again we see the use of third-person effect, the inside and outside group, here in the distinction between us and them (they).

Focus Group 3

- Participant 1** Yes, because this is a public, like if you are watching television there are many people who are watching television so some of them who are watching are seeing Letti she's a character, she's acting in *Isidingo*, okay no it means ARVs are not good at all, why is Letti she doesn't take ARVs, that means ARVs don't work. Hayi suka [an expression of dismissal], let's not use these things. I don't condone this.

Yet again there is a belief that others watching Motsepe's interview will believe what she is saying and stop their ARVs. However, she [participant 1] will not stop them after watching it. The use of an actress as a health endorser will be problematized in Chapter 6.

It became clear that the participants viewed themselves as part of the educated viewers who would not be swayed away from taking their ARVs by Motsepe's health message. This despite the fact that there was some confusion and disagreement, sometimes hedged, with regards to the different interpretations that various participants made from the reception study. Results of this thesis suggest that personal relationships have the greatest influence in effecting behaviour change. However, health messaging from characters and celebrities are also influential. Although there was a sense that celebrities living with HIV make better role models than characters, characters have the benefit of spreading well-researched information, whereas celebrities can disseminate information based on unfounded knowledge, and all the participants acknowledged this distinction.

Similarly, all of the participants viewed themselves as being positively affected by prosocial messages. They all believed that messaging advocating adhering to ARVs was a 'good' thing and that they were encouraged by it. This is a classic example of reverse third-person effect, as outlined by Duck et al. (1995) in use.

Reverse third-person effect

Consistent to research on reverse third-person effect, whereby individuals admit to being influenced by positive, prosocial messaging; participants did highlight their vulnerability to positive or prosocial messages and their commitment to 'good' behaviour.

Focus Group 3

Participant 1

Okay, on my side, it makes me feel that I have to continue taking my treatment more than I thought. Because it seems like this HIV and AIDS has been there for a long time and this ARV things they have been there, helping people. So I have to continue taking them, there's no need for me like lacking or doing whatever.

Thus, although most of the participants felt that the others (not them) would be affected by negative messaging, there was consensus that they (the educated/ HIV-aware) would embrace positive messaging.

ARVs and adherence save lives

There was consistent acknowledgement that ARVs will save your life and allow you to live a ‘normal’ life.

Focus group 3

Participant 2 **Because after the side-effects you are going to be okay if you take the medication properly.**

Thus, although the medication may make you ill, in terms of side-effects, if taken correctly then you will be able to live a ‘normal’ life.

The powerful don’t get HIV

Focus groups can offer marginalised voices a platform to share their knowledge and opinions. One of the expectations of this study was to ensure that participants benefit from participating in this study by feeling that their knowledge is beneficial and that their views are appreciated and taken seriously. The study hoped to provide the opportunity for participants to have their experiences acknowledged and validated, which can be empowering “by making sense of their experience of vulnerability and subjugation” (Bryman 2012:504). It was a common theme among participants that HIV is promoted as a disease of the poor despite this not being accurate.

Participant 4 **So they hide this virus, they don’t come out and say my child, because I’m a Mandela or Zuma my child**
Participant 1 **My child can’t get HIV**
Participant 4 **can’t get HIV**
Participant 3 **Even now,**
Participant 4 **It means the HIV is for poor people, it’s not for rich people, it’s just for poor people, for us**

The participants are referring to the family of Jacob Zuma, the President of South Africa, and former President Nelson Mandela’s family. Here the participants are categorising themselves as “poor people” in contrast to the wealthy politicians.

Participant 3 **Even now, look at Mandela, look at Nelson Mandela, I’m not saying he is having TB, they say he is having the lung infections**
All participants **infections**
Participant 3 **In his lungs you see, what is the infections that cause the lungs, it’s a TB, almost all of**

them. Almost all of the people know it's a TB but because it's Mandela, you can't say Mandela is having TB. You see, if they can come out to the people and say, the reason Mandela is lying in hospital is because he is having TB. It is only TB that gets the lungs for the person. Or tell us what exactly is that disease that has infected Nelson Mandela. Not it's an infection of a.... of a lungs because this is Mandela. If it was me lying in that bed, they would tell exactly as it is TB.

The interviews took place while Nelson Mandela was hospitalised for a lung infection since June 2013. There is a suggestion that Mandela was suffering from TB and because of his iconic status this was not revealed, as TB is given the status of a poor person's disease.

- Participant 4** **It's same as HIV. If I am poorest, poor, I am a caregiver here at Jabez in Grahamstown, people are looking at me down because I am a caregiver. I'm getting sick, lying in bed having AIDS, full blown AIDS, all these people here in Grahamstown are going to know that that girl got AIDS because I am I, but if it was maybe a better person or a mayor, our mayor, they are going to hide.**
- Participant 3** **And then they will say, he died with a natural cause, while we know that he was lying around here with most of girls, even to me, he used to be my boyfriend.**
- Participant 4** **Even to me**
- Participant 3** **And I can't come out and say he was my boyfriend**
- Participant 4** **Me too**

The scenario with regards the mayor shared above is not realistic but was merely made up as an illustration by the participants in their group banter.

From the above extracts it is clear that the participants see value in having government officials, celebrities, sports stars (rich, famous, influential) people openly disclose their HIV-positive status in order to reduce the stigma and notion that HIV is a poor person's disease. Not only are the poor stereotyped, as the only ones vulnerable to the disease, poverty is also another reason for stopping treatment.

Focus Group 4

Participant 2

Yeah they do, they tell you about the side-effects and what to expect, what you must expect from your medication but sometimes there are those people who don't have anything to eat, who are suffering, who are penniless so immediately when they are facing the side-effects they just stop taking the medication. No I was fine that time I was not taking medication because I didn't experience any side-effects these problems because now these problems makes me go to the clinic every day and some of us our clinics are too far from where we are staying so you must just walk a distance you see.

Not having access to money or a job can prevent some HIV-positive individuals from taking ARVs. ARVs need to be taken after eating and for many this is a problem. In addition transport can also be a barrier to ARV-adherence as patients are unable to access a clinic or hospital to receive their drugs.

Focus Group 1

Participant 4

Even here at work, [REDACTED] and our Manager, they are supporters of us. Because even if you say, I took my medication without food, they are trying to just get food, even porridge, something special this one because she is even closer to us. I used to tell her aside, "[REDACTED] I took my medication without food", she said, "no don't panic, I'm going to give you something". They are very supportive to us.

The Government tries to solve this by assisting patients with grants, however, this also has its own disadvantages. Grants are only paid out while patients are unfit to work therefore the grant incentivises some patients to not follow their correct medication procedures in order to continue receiving the grant. Thus, according to the modelling theory we can see the grants serving as a response consequence and instead of serving as good, they are encouraging negative behaviour that of defaulting on their ARVs, in order to maintain their disability grant.

Focus Group 4

Participant 2

Some they don't want their disability grant to stop because immediately when you, some of HIV/AIDS patients are getting their disability grant because they've been diagnosed that

**time they were terminally ill. You understand and then the doctor prefer to give her something to eat, that is that incentive, that grant. Until such stage that he or she can go and find a job for her in order to take the medication you must have something to eat. When I see that now at least these ARVs are making me fine. So I rather not take these ARVs this HIV treatment. So that this disability grant won't stop...Yeah because this is not a life thing, that grant. So it's whereby the doctor says okay now you are fine. So you can go and find a job. You see. Six months
Now they just stop taking their medication correctly**

**Participant 1
Participant 2**

In addition, the fear of losing one's job by disclosing one's status and needing to go to the clinic to get one's ARVs is also a reason why some patients forfeit their ARVs.

Focus Group 3

Participant 2

I was scared that my colleagues will go to the boss saying that I am sick and then I will lose my job.

There are both cognitive reasons (not having correct HIV-knowledge) as well as socio-economic reasons (lack of food, unemployment) which all serve as barriers to ARV-adherence.

The influence of lived culture

HIV is a relational disease as it will impact on an individual's interaction and relationships with others as we live in a social world (Christodoulou 2010).

Focus Group 2

Participant 9

So what happens that night, you leave your medication at home, you go over to this guy's house and go home in the morning. So what happens is you've missed out on that particular dose for the evening. So new relationships, again they are one of the things that are barriers when it comes to taking ARVs because maybe the fear of being rejected because of your status it plays a big role in that.

New relationships and one's fear of disclosing your HIV-status can also have an effect on one's ARV-adherence. Research carried out by Kalichman and Rompa (2000) suggest that there is a relationship between sexual practice and adherence, the more sexual partners and unprotected sex one has, the less likely they are to adhere to their medication. As this thesis was focusing on ARV-adherence, I did not push further to investigate whether they use protection during sex. However, considering that the women who participated in this research are HIV-ambassadors and yet do not take their ARVs with to new partners' houses suggests that the stigma surrounding the virus is enormous, and although they know that they need to comply with their medicine regimen, they do not when in new relationships.

Focus Group 3

Participant 1 **Sometimes you having fun maybe with your friends, having a party, now it's eight o'clock you have to go and take some pill, I'm still drinking here eish, then you end up [lifts hand to signal not taking ARVs]**

Another factor that also affects ARV-adherence is the use of alcohol as it may cause one to forget to take their ARVs.

Visible health identity – side-effects and the changing body

Not only is HIV a relational disease but it is, to an extent, a visible disease. The changing body both due to the medication (ARVs) and the disease were emphasised by the participants.

Focus Group 1

Participant 2 **And Letti from *Isidingo*, she was a fat lady, but look at her now.**

HIV/AIDS was given the name 'slims' disease and it is a known effect that people infected with HIV lose weight (Gibson 1994). In addition, to the effect the disease has on your body, the drugs also have an impact. Historically the side-effects were worse but there are still side-effects with the latest drugs.

Focus Group 2

Participant 9 **The side-effect of the D40, not only the lactic acidosis but everything else that comes with it like the fat redistribution and stuff like that**

Participant 5 you listen to people talking about these side-effects and you think when my time comes for me to be on antiretrovirals, I am not going there because I do not want to lose my shape. I do not want to end up in hospital because of the side-effects. So I think that those are some of the reasons that were actually making it a complication for people to start with medication.

Participant 9 Yoh, side-effects.

Moderator Side-effects, redistribution of fat. Redystrophy [lipodystrophy], that's what they call it

Participant 5 I thought that was good?

Moderator Look at me, I was not fat, but now, I start getting a stomach

Participant 5 Okay,

Participant 9 And when you look at me, my legs are like a man, I hate, yoh

Participant 5 You should see the arms, from D40,

Participant 5 Yeah, they look like a man

One of the combination drugs of ARVs, D40, is known to cause side-effects that cause changes in the shape of the body. The participants were very expressive about their dislike of these changes in their bodies. HIV/AIDS is such a stigmatised disease that most people struggle to disclose their status and when they do it is often only to close family and friends. Here I refer to stigma as understood by Erving Goffman (1986), in terms of which certain attributes of a person are considered to form their 'social identity' – 'when a stranger is present before us, evidence can arise of his possessing an attribute that makes him different from others in the category of persons available for him to be, and of a less desirable kind – in the extreme, a person who is quite thoroughly bad, or dangerous, or weak.'

However, participants also lamented the treatment that HIV-positive people receive at clinics when going to collect their ARVs, as often their status was disclosed publicly purely by the manner in which they were treated by nursing staff at the clinics.

Participant 9 No getting the ARVs is not a problem, getting the medication at the clinic is not a problem. But it is the manner in which they dispense the medication at the clinic because now there is this thing of everybody carrying around folders when they go to get the medication, and people that are sick do not carry the same folders as people that are going to get

their medication. That on its own, it's involuntary disclosure.

Although not all clinics had a folder system such as the one described above, these types of services can put people off starting ARVs. There have been some improvements in order to avoid this involuntary disclosure. An example of this is at the Masonwabe Clinic at Settler's Hospital, at one stage there was an entrance which purely dealt with the dispensing of ARVs. Thus, anyone waiting in that one specific queue would automatically be identified as HIV-positive. Although this is no longer the case, clearly there are still some clinics which have processes that identify the HIV-positive patients to the general public.

CHAPTER 6

THE IMPLICATION OF USING A CELEBRITY, RATHER THAN A CHARACTER, TO DISSEMINATE HEALTH MESSAGES

“The social meanings are often circulated as much by those who never saw the show as by those who read or talked about the controversy” (Fiske 1993).

Introduction

The circulation of meanings ensures that not only the original message is viewed but that more texts are created about the first one. In this chapter parts of, Lesego Motsepe’s, *3Talk* interview that was shown in the reception study will be analysed. As seen in Chapter 5, in which the women interviewed in focus groups for this study, made meanings of their viewing of Lesego Motsepe’s interview on *3Talk*, where she discloses that she has decided to stop taking ARVs, similarly more texts were made in newspapers shortly after the interview. Six texts in total were selected for analysis. Three newspaper articles were chosen that address her disclosing her HIV-status on World AIDS Day on 1 December 2011. Likewise three texts were selected that address her *3Talk* interview. These will be discussed below. Thereafter, the implications of Motsepe first disclosing her HIV-status and then stating that she has weaned herself off ARVs, according to the women interviewed in this study will be discussed. As stated earlier, unfortunately Motsepe passed away on 20 January 2014. Prior to this she had refused to be interviewed for my study. However, one media text, relating to Motsepe’s untimely death will be analysed. Finally the production team’s thoughts on celebrities and characters will be discussed.

Noeleen: **Good afternoon and welcome to *3Talk* with me Noeleen. The whole country fell in love with her as Letti Matabane in *Isidingo*. And more recently South Africa applauded her for the courage it took to reveal that she has spent the past thirteen years living with HIV. But she is much more than just an actress or an HIV-status. She inspires many with her poetry, stage performances and her motivational talks. This afternoon I’m getting to know Lesego Motsepe. We’ll be chatting about life after Letti. The secret she kept for over a decade, her trials and triumphs and her passionate love for the arts.**

Noeleen suggests that Lesego Motsepe is known because of her role in *Isidingo*. Furthermore, she highlights her bravery for announcing her HIV-status publically.

Lesego: 15:08 **People keep a lot of secrets up until they die, you know, it’s one of the things that we do out of fear, we are worried are we going to be**

rejected or dejected. Are we going to be stoned to death, are we people going to lambaste us for the choices that we've made, are we going to be tortured, are we going to be tormented by people's words and what they think of us and how little they think of us? Any of these things make people to keep, to harbour lies and lead pretentious lives. And that was me at some stage but like I say it was like lifting a whole lot of mountains off my shoulders because I realised that I could not, I could not. I'm at a point in my life where I need to proactively be a change in my own life and I realise that um God has placed me in an environment where I can be a medium to speak for those who are voiceless. So I thought well I'm taking the leap for a whole lot of young people who firstly on the 1st of December will find out for the first time that they are positive. Some are pregnant, some have been promised a whole lot of different things. And they just feeling like my world has come to an end. And I'm just saying your world hasn't come to an end, you know. And on top of that there's a whole lot of people that are willing to say I will hold your hand you know and together we can make this happen and and if it takes me and a whole lot of other HIV-ambassadors to come together and speak the truth and have a whole new conversation about HIV then it needs to happen now, yeah.

Motsepe suggests that HIV-ambassadors (she includes herself) need to speak the truth about HIV. However, this raises the question of whose truth. The trouble with celebrity role models, advocating health messages, as a result of their lived experience (such as Motsepe's HIV-infection) is that it is not necessarily scientifically sound.

Noeleen: 24:08 **Welcome back to *3talk*. Last year on World Aids Day Lesego Motsepe took a very brave step towards breaking down the stigma surrounding HIV. After thirteen years of living with the virus, Lesego shared her secret with the entire country. And today she's with me in studio sharing her story. Let's go to a couple of tweets, Presh, Hi ladies, my question is, So Lesego is trying to say that she is not taking ARVs at all?**

As will be seen in the media texts relating to this interview many, including Noeleen, applauded Motsepe's decision to publically announce her HIV-status based on the assumption that she would serve as a positive HIV-ambassador. However, her new revelation came as a surprise to the television talk show host.

Lesego: 24:37 **(laughs) you are highly intuitive. I've decided to wean myself off the ARVs.**

Noeleen: 24:48 **Why?**

Lesego: 24:49 **Because I will not let my body succumb to more pills. Because for thirteen years my body has shown that it can fight on its own. And**

with the right nutrition, um with the right discipline, um I've made it. And I will continue to do so, and I spoke to my medical doctor, and I said, I weaned myself without permission, because I just realised that my body was getting more and more dependent and I really did not want to have every single day of my life panicking about whether I have the drugs, um if I'm out and somebody steals my bag and I won't be able to get home in another ten hours, what's going to happen? I used to, I got into panic mode and this is not life you know.

Interestingly Motsepe uses the example of if her bag, containing her ARVs, is stolen then she would worry about not taking her medication. A similar scenario was shown on *Isidingo*, and Mboya referred to her pleading with her attackers. However, the participants in this research suggested that such a concern was unfounded as you would not carry all your drugs with you in your handbag.

**Noeleen: 25:48 So, you are not taking any ARVs?
Lesego: 25:49 So yes... I've weaned myself, I'm not anymore, I'm not anymore.
Noeleen: 25:56 And you had been on ARVs for a year...
Lesego: 26:00 About a year
Noeleen: 26:00 And your CD4 count had gone to 99.
Lesego: 26:05 And I tell you a lot of medical doctors will say how dare you, what are you doing, you're signing a death contract and I'm saying no. I'm signing a life contract, because the thing is that what you tell your mind, your body will follow. Yes there will be challenges along the way but God took me out of hospital when I was at death's door and God is helping me through everything else. And I'm following a particular discipline in my life which has a lot of prayer, a lot of meditation, a lot of holistic healing, a lot of lo and behold, garlic, ginger, all the things that the late Manto was speaking about.**

Here Motsepe makes clear that medical doctors will not agree with her decision. And she explicitly refers to the diet and HIV treatment as advocated by Tshabalala-Msimang. As was discussed in Chapter 1, this was done by the government for many reasons and resulted in thousands of deaths. It is plausible that those denialist values (seeking an African solution, holistic healing, controlling HIV through diet) are still influencing and affecting HIV-positive South Africans in 2014.

Noeleen: 26:46 You know, I must say Lesego you know, I'm very worried, um immediately you said that, I got panicky, and I've been quiet but I'm starting to kind of, I'm panicking for you, I'm worried about you. And you know being HIV-negative, um, you know, I'm not taking any ARVs, I've got a lot of family members and every time I say good nutrition is important, exercise, not, you know a healthy

lifestyle but the ARVs are so important....I've seen so many people improve.

Noeleen finds it necessary to declare her HIV-status, perhaps feeling that she cannot be insisting that Motsepe takes her ARVs while she has no personal experience of taking ARVs. However, Noeleen is clearly advocating the use of ARVs.

Lesego: 27:22 Look Noeleen, I'll tell you honestly....that is what has been indoctrinated in our minds. But there are solutions besides ARVs.

Motsepe believes that messaging regarding ARVs has been indoctrinated in our minds, however she does not go as far as to suggest who has been indoctrinating us, perhaps she is suggesting the media, having been a part of a prosocial soap opera which preached ARVs. Ironically, she fails to appreciate that her own beliefs about holistic healing may have been similarly indoctrinated into her mind by Mbeki and Tshabalala-Msimang. Thus, this is an extreme example of the negative consequences that real-life role models can have. If, as this thesis is suggesting she was, Motsepe was influenced by Mbeki and Tshabalala-Msimang (her role models), while herself being a role model for other South Africans it illustrates the knock-on effect and pervasive effect that role models can have on individuals.

Noeleen: 27:35 But how have you proven this Lesego?

Lesego: 27:37 Well, I'm sitting here in front of you.

Noeleen: 27:39 Yes but you remember and this is why I'm saying I'm getting a little panicky is because your CD4 count was 99.

Lesego: 27:48 It's not now.

Noeleen: 27:49 You went to hospital and there they gave you ARVs and then for a year your health improved. You have no scales on you anymore, you are healthy, it was because of those ARVs was it not?

Lesego: 28:00 Well they definitely had a role to play when my system was completely under. They had a role to play but I know that I'm not panicking because I refuse to panic in as much as I refuse to die. And for my conscience and my, what I'm supposed to do with my life in this world. I'm not saying to people don't take ARVs. I'm saying, I weaned myself off. And I'm here today and I'm going to be here for a very long time. Because I'm following other forms of healing. Now as far as I'm concerned, ARVs are not the only solutions. They are not, there are people that um have stopped, there are other forms of healing that is natural that is being introduced but it is not being introduced at a mass level. But there are a lot of people that if they were given the platform they would say I'm doing this, I'm doing that, I'm doing this and it's herbal and it's that and it's that and it's making improvement. I heard about a women who said you know what I've gone down from taking them every single day to once a week and I'm alive. Change has to happen Noeleen.

The participants were adamant that until you fully accept that you are HIV-positive, you are living in denial. They seemed to believe that Motsepe has not fully accepted her HIV-status. This is clear in her defaulting on her ARVs, which many of the participants themselves did, before accepting that ARVs are the best solution available.

Noeleen: 29:10 **Mmmh, mmmh I think we've got to respect you as an individual, we've got to respect the choices that you have made**

Lesego: 29:19 **True**

Noeleen: 29:20 **As an intelligent women, um. However, I don't think you are encouraging people, saying to people stop taking your ARVs.**

Lesego: 29:26 **I'm not. I'm not.**

Motsepe states that she is not encouraging others to stop taking their ARVs. However, this is rather short-sighted, in that as an actress/celebrity/role model, she is in an influential position and her words and actions may encourage others to follow suit.

Noeleen: 29:28 **This is your decision.**

Lesego: 29:29 **Everybody decides what they want to do with their lives, it's just unfortunate that I'm put in this platform um because of my work and all the other work that I'm going to be doing as an HIV-ambassador to say this is the choice that I've made for myself.**

Here Motsepe says that it is unfortunate that she is on this platform because of her work (assuming she is referring to her acting career) and as an HIV-ambassador. The contradictions in her words are astonishing. She only got placed on the platform of HIV-ambassador because of her public disclosure of her status and this she chose to do freely. Nonetheless, she was only given such status because of her acting career. Yet, if she believes that she will serve as a role model to encourage the voiceless that they are not alone (she believes that people listen to her) then she should understand the consequences of her stating on a public platform that she is weaning herself off ARVs.

Noeleen: 29:46 **But how does that work though? Because as an HIV-ambassador obviously you talk about abstinence, you talk about healthy living, you talk about ARVs don't you?**

Lesego: 29:57 **I talk about them not as the only choice because they are not.**

Motsepe is correct in her assertion that ARVs are not the only choice. However, current science suggests that ARV compliance is the only existing means of living healthily with HIV.

Texts

Text 1

The article “‘Enough is enough’ as actress reveals she’s HIV-positive” was published in the Times Live Editorial on 4 December 2011. Motsepe is introduced as the actress who played Letti Matabane on *Isidingo* for ten years from 1998-2008. It is clear that Motsepe achieved her celebrity status through her career in *Isidingo*. Motsepe told Times Live that she contracted the virus from an ex-boyfriend. She is quoted as saying, “I was so uncomfortable in my own skin and that’s why I know now what I am doing is for a greater purpose. Enough is enough.” From this it can be inferred that she is saying that “what I am doing” (declaring her HIV-status publicly) is “for a greater purpose” (to be a celebrity-endorser promoting HIV awareness, breaking the stigma of HIV and suggesting that it is possible for people to speak out about their infection without any repercussions). She is further quoted as saying, “Our society has made this virus a monster and all it is, is a virus. I’m doing it for the voiceless people out there who just found out today, and know that I’ve got their back.” From this it can be inferred that, “all it is, is a virus” (this virus is like any other virus, influenza etc. and that she, on her powerful celebrity platform, is allowing the voiceless, the poor and destitute to know that it is okay, even the rich and famous can contract HIV).

Sibusisio Mkhize, the programme manager at Aids Foundation South Africa in Durban is quoted as saying, “Having someone like Motsepe disclosing her status helps people realise that HIV is not a death sentence.” AIDS activists welcome celebrity-endorsers believing that their appeal will help their cause (Kantrowitz 1991 in Brown & Basil 1995). This was illustrated in the literature regarding the Los Angeles Lakers’ star basketball player, Earvin “Magic” Johnson’s public disclosure of his HIV-status.

Motsepe is quoted as saying, “I used to look at the character of Nandipha and see and hear how she was as normal as possible. It helped me because at no point did the producers and writers ever want to portray HIV as a death sentence.” Here it is evident that Motsepe gained knowledge around the virus from *Isidingo*. It is unclear in what form she was affected, most likely in information messaging as it is unlikely that she would form a parasocial relationship with the character as she herself was playing a role.

Text 2

The New Age Editorial published an article entitled “Fighting the Stigma of HIV”. The date is not specified, however, it is soon after Lesego Motsepe “decided as part of World Aids Day to come out with her “secret” to help destigmatise HIV-AIDS” and to show people that you “can live full, meaningful lives – provided they act quickly”. There seems to be editorial views slipping through that are opposed to Motsepe’s views, as in fact her CD4 count was ninety-nine when she was hospitalised indicating that in fact she had not acted quickly. The Editorial, despite its title, seems to further stigmatise HIV with lines such as “reluctance of sufferers to confront the disease and take steps to lessen its effects” and “she is living proof that life can go on, even with a dread disease”. These both seem to show ignorance on the part of the writer that ARVs don’t just lessen the effects but HIV-infected individuals can in fact live their lives ‘HIV-free’ while on ARVs. They further go on to call it a ‘dread disease’. The article concludes with “We hope more celebrities and role models who may have contracted HIV/AIDS take their cue from Motsepe and speak out about their experiences, so helping in the fight against the disease on all fronts, which includes, of course, not getting infected in the first place.” Again here, Motsepe is lauded for her role in fighting HIV-infection.

Text 3 –

The JournAIDS blog posted “Soaps and tabloids make top team!” on 18 August 2011. In this article by Kim Johnson, it states “The Daily Sun otherwise known as the “peoples’ paper” and local soap operas are making good on their potential to be a formidable HIV awareness team. Johnson highlights that the introduction of HIV-positive characters is a move away from the typical soap genre which glamourizes multiple sexual partners. Statistics from Media Monitoring Africa suggest that the portrayal of multiple concurrent partnerships occurs in 82% of soap opera episodes while only 8% of episodes mentioned HIV/AIDS. This research is disheartening considering the impact that the portrayal of HIV-storylines can have on audiences. Johnson states, “After one episode of *Generations* featured a storyline on HIV-testing, the Society for Family Health reported that they had unprecedented numbers of people coming for HIV tests and 30 000 SMSes asking for more information on HIV-testing.” If South Africans are motivated to go test for HIV after watching a single episode of a soap opera then it is also possible that after watching a character adhering to their ARV regime they will also be motivated to do the same. Similarly, if one episode is able to

convince or motivate a viewer to take medication, one episode in which a celebrity states that they are no longer taking their medication can have the opposite effect.

Text 4

A reader of the *Daily Sun*, a tabloid newspaper, posed the following question to *health24*, “Who watched the interview on *3talk*? Daily Sun says she’s quitting ARVs. Need to know if they are sensationalising the story by misquoting her or she’s chosen the option that killed others.” The irony in this situation is that although tabloids are notorious for sensationalising stories, in this instance they are not. Motsepe genuinely did say on *3talk* that she was stopping ARVs. The possibility that she is stopping her ARVs is seen to be so preposterous by this particular reader, for a celebrity HIV- ambassador, that it could be a sensationalised story. There were numerous common themes running through the comments in response to the question. These were: ARVs are best, misleading people, people won’t be confused, loss of respect, respect her choice, the issue of HIV being a poor person’s disease, her visible illness and the issue of the garlic, beetroot debate. There was a clear suggestion that without ARVs one would die, “let’s pray for her guys to change her mind, because there is no other way, ARVs are best, I have also seen people dying after stopping ARVs” and another comment, “I happened to go to a funeral of someone who stopped and when she wanted to start her virus had mutated... ARVs will keep it at bay!” Some comments picked up on her visible health stating, “She must sort out that flu before it calls on its sister (HIV) to attack, we could hear from her voice that she had flu or blocked nose.” The issue of whether HIV being a poor person’s disease was also raised, “Even the riches succumb to this deadly disease. Look at Madiba’s son, he had access to the best meds but they could not help him.” Other views were in line with her choice, “We need to respect people’s choices/decisions. I also quit my ARVs back in 2006, to date I am still fine. I am not saying it is the right thing to do... please leave Lesego in peace” and “Lesego knows what she is doing and let’s try to respect her decisions even though she is misleading other people.” Contrarily there were less supportive views, “She is one crazy chick, how do you say such a thing on national TV” and “Lesego is clueless about the virus and they should stop giving her a platform she is doing more harm than good.” However, there was the view that people cannot be confused by her, “we have been on this path for too long to believe people like her.” Others mentioned the issue of “Manto’s garlic and beetroot”. Then other’s lost respect for her after watching the interview, “it was actually very embarrassing for someone who is in her position to say

something like that on national TV. I cringed on her behalf” and “I was so looking forward to the interview and I was excited but after that statement I just lost interest.”

Text 5

An opinion piece by Lara De Matos, published in *Tonight* on 17 February 2012 is entitled “Star’s folly fails on public protection”. De Matos states, “Motsepe has simultaneously seen fit to declare that in terms of HIV/AIDS treatment, there are alternatives to ARVs and (as she told *The Sunday Times*) ‘the people living with the virus in their blood are best positioned to lead this conversation and tip the scale, rather than those making a living out of its existence.’” Motsepe’s statement, in relation to her commenting that beetroot, garlic and ginger can stunt or eliminate HIV altogether, bears resemblance to the denialism that South Africa experienced in 2005. However, De Matos is scathing of Motsepe’s claims asserting, “All this based on the extensive knowledge and expertise on health that being a one-time soap actress has afforded Motsepe, of course.” De Matos gives further reason for her fury, “Were it simply the case that Motsepe has chosen to quietly take this route and explore other avenues of treatment in her personal capacity... the playing field is somewhat altered, however, when you make such a stand after you willingly took on the role of a so-called celebrity ambassador for the HIV/AIDS cause.” De Matos highlights the issue of Motsepe as a celebrity ambassador and her promotion of skewed public health messaging. Each individual is entitled to their own health choices, however, when a celebrity comes out as a health ambassador and later changes their health message, the consequences can be disastrous.

Text 6

In an article in *Times Live* by Phumla Matjila, published on the 14 February 2012, she asks the question “Positive role model.” Matjila begins asking the following questions, “Does celebrity involvement in campaigns raise awareness or distort the message - or worse still compromise the cause? Whether the campaign is about HIV/AIDS awareness, teenage pregnancies, drug abuse or domestic violence, do celebrities add value?” Celebrities changing their health message is not unusual. In 2007 Halle Berry, who suffers from Type 1 diabetes stated that she was weaning herself off insulin (the standard treatment for this type of diabetes). Merely six weeks prior to her announcement that she was weaning herself off ARVs Motsepe declared that she was HIV-positive. Again in this article Matjila highlights Motsepe’s celebrity status from *Isidingo*. She had been living with HIV for thirteen years

during which time she was “an AIDS ambassador for years – using puppets to educate children about the virus.” Following on from her announcement that she had weaned herself off ARVs she stated that the former Health Minister Manto Tshabalala-Msimang was “onto something” with her beetroot and garlic diet. In response to Matjila’s questions about the messaging she is sending out to the public as an HIV-ambassador she is quoted as saying, “I call on churches, healers, teachers, doctors, scientists, the affected and infected to partner rather than find divisions through debates that will only cause further confusion in the minds of young people who observe and seek direction on how to live an HIV-free lifestyle.” Ironically, it is her declaration that is causing division. The public health message is that ARVs are the best solution, currently, to manage HIV and therefore, all HIV-ambassadors should be endorsing the same message, in order to prevent confusion in already conflicted minds. Matjila interviewed Fidel Hadebe, the spokesman for the Health Department in South Africa who commented, “We don’t want to go back to the past. We are still paying the price for the past of beetroot and garlic. We would like to appeal to the public, especially those who are on ARVs, not to be misled by celebrities.” The past Hadebe speaks about is during the Manto Tsabalala-Msimang era addressed in Chapter 1. Hadebe goes on to state, “We are working hard to ensure that those who need ARVs have access to them.” It would be a shame, in a country where not everyone who requires ARVs has access to them, for those who have ARVs to stop using them.

Summary of themes addressed in selected texts

In the first three texts it is clear that many lauded her public disclosure of her HIV-status. It is evident that HIV organisations and NGOs see the value in having HIV celebrity endorsers or ambassadors who are not afraid of being stigmatised, as their involvement reduces this stigmatisation. However, what is clear in the last three texts is that the enthusiasm for celebrity ambassadors dwindles when they advocate behaviour that is not prosocial.

Media coverage of Lesego Motsepe’s death

The text chosen to analyse the coverage of Motsepe’s untimely passing was the coverage by the Sunday Times on 26 January 2014. This text was chosen as it was some time after her death and thus the account would be researched and the coverage would be balanced. This as opposed to the immediate coverage which simply stated the facts of her death. The story was covered on page 5 in the News Section. There were three stories on the page as well as a side-bar containing HIV and ART facts. Additionally the reader was told that obituaries were

covered on page 23. The entire report was covered by journalist Gabi Mbele aside from the side-bar which was written by Professor Francois Venter a well-respected HIV clinician, according to the article. The page has a heading which reads, “A life cut short, former ‘Isidingo’ star Lesego Motsepe, who was found dead this week, refused to live like a victim”. The heading in and of itself is problematic. The implication of the statement “refused to live like a victim” implies or gives the impression that those who take ARVs are victims. The main article is headed “Actress takes final bow after HIV battle”. This article, as all have done, applauds her for declaring publicly her HIV-status in 2011 calling her “brave”. Her role as Letti Matabane is foregrounded as this is the role that escalated her to celebrity status. Motsepe is also quoted as having said, “I used to look at the character of Nandipha and see and hear how she was as normal as possible. It helped me because at no point did the producers and writers ever want to portray HIV as a death sentence” which further suggests that *Isidingo* was a prosocial soap opera and did have an effect on those who encountered it. The article does state that when at death’s door in 2010 and after going on ARVs, “within months her condition improved”. However, there is no link to her HIV-status and possible cause of death.

At her memorial service, the article quotes actor Don Mlangeni, who plays Zeb Matabane, Letti’s father in *Isidingo*, as saying, “remember her and learn from her.” The context is not available and thus it is difficult to surmise what exactly he wanted people to learn from her. However, in this article the acute point that Motsepe’s death may have been prevented had she been taking ARVs is missed. Additionally the other two articles published by The Sunday Times, “Reality of spilling the beans” and “Living with it her way, without ARVs” do not throw a positive light on living with HIV either. The first is about local musician Koyo Bala and his decision to declare his HIV-status publicly and how this has affected his career negatively. At the end of the article it does say that he is on ARVs and he is quoted as saying, “I won’t be swayed by churches and other people – my medication is my pillar of strength.” This article could have been written in a much more positive manner and while it is important to speak to stigma, and to write about his feelings candidly, the article is unbalanced and does not give advice on how to live and deal with stigma. The second article is about Criselda Kananda and about her experience of being HIV-positive and not taking ARVs. The first line states that she “discovered she was HIV-positive when she was seven months pregnant and to date, she says, she has never taken antiretroviral (ARV) drugs.” However, further on it states, “I have never taken ARVs, because those come into play when your CD4 count is lower than

250. In this country that is the standard that is set.” However, it fails to acknowledge that all pregnant women can begin ART. Kananda is further quoted as saying, “it is pretentious and hypocritical that people are so eager to say they should have told her to take medication. We were not there when she was struggling with the medication.” However in the sidebar alongside, Venter is quoted as saying, ARVs are safe. Those we use in South Africa have few side-effects...for the minority of patients who experience side-effects, the drugs can be changed to allow safe continued treatment.” However, the report on Kananda makes no reference to her struggling to find work after disclosing her HIV-status. Thus, the entire report seems unbalanced and fails to make the most of a critical opportunity to educate readers about the importance of ART.

Many other publications are also failing to use this platform to address this issue and to force others who have stopped ARVs to seriously consider the implications of their choice. Times Live (21 January 2014) quotes Mboya, “I’m really heartbroken, I think this could have been avoided.” *The Sunday Times* article states that the family are awaiting results of a private post-mortem. However, as Motsepe was a public figure who had both declared her HIV-positive status and her decision to stop taking ARVs it seems fair to speculate that her death was related to HIV and that she died of AIDS. This is the crucial moment to be educating other HIV-positive individuals about the importance of ARVs. More explicit headlines are required, “Actress quit ARVs, dies of AIDS” or “ARVs would have saved Actress”. Instead we read headlines such as “Nation shocked after much-loved star dies” (*The Star*, 21 January 2014), whereas in actual fact this should not come as a shock to the nation as we should be well aware that currently the only way to treat HIV is by adhering to ART. According to the article in *The Star* her family have said she died of natural causes. However, as was discussed earlier, natural causes is often used as the cause of death in situations where people have died of AIDS. Unfortunately, *The Sowetan* failed to make any mention of Motsepe’s choice to stop taking ARVs. While the Motsepe family is mourning the loss of their child and it may seem insensitive to publish articles such as being prescribed, however, these could be done in a manner that does not hurt Motsepe’s dignity, and could save lives. There is no need to blame Motsepe for the choice she made but others can learn from her choice and thus make more informed decisions. However, this will not happen unless the media use this perfectly unfortunate death to educate others who have been misguided.

The implications of using celebrities as role models

My focus groups identified the dominant reasons for choosing to be influenced by health messaging. In addition the meanings revealed by these women showed that media sources are located in their everyday story of health and that they are inspired by various role models which are often close support structures but also by role models in the form of characters and celebrities.

Focus Group 4

Participant 1	She has confused other people, because she is familiar
Participant 2	And another thing she is really confusing us because most of the time we do rely
Participant 3	on her
Participant 2	to celebrities. Whatever they are saying, we think this is right. And then we stop what is good, what we are doing, we want to follow what they are saying so it doesn't work for us. You see.

The participants felt that Motsepe's message was confusing as many people look up to and rely on familiar or famous people. Not only is Motsepe a celebrity but she is known for her role as Letti in *Isidingo*. The fact that she played a supportive sister-in-law to Nandipha, adds to the confusion when she suggests that she is stopping her ARVs. To a large extent celebrities are given status due to them being in the limelight but also due to their wealth. Government officials are also well known and 'celebrities'. It was pointed out that politicians will never acknowledge that either them or a family member have HIV.

Focus Group 1

Participant 3	And if Government, if our Government want HIV not to be a confidential thing, they must have some people like Letti and actresses and people from Parliament that they will be the ambassadors or they will be the role models of the people who have HIV. If they come out and say positive things about this virus so that other people will not be scared about this virus, because you will see that if they actress died here, they died of natural cause. You see.
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Due to the fact that one does not die of HIV or AIDS but rather due to one having a weak immune system, individuals die from illnesses such as cancer etc. (WHO 2014), doctors often write that a patient infected with HIV died of natural causes and there is no recognition that the person had HIV (Pieterse et al. 2009). This makes it difficult to obtain accurate statistics regarding deaths due to AIDS and it means that people are often said to have died of natural causes. This failure to acknowledge HIV/AIDS further allows for the illness to be stigmatised.

Participant 4	They don't talk about this HIV, that's why even us we scared about to come out about this virus, because the people there, our role models they are scared about this HIV and even their children if they are diagnosed with this virus, you won't hear it. If that child died they will say it died of natural causes although the person died of HIV.
All participants	HIV
Participant 3	The symptoms and all of that stuff were there.

There is a pervasive fear of stigma surrounding HIV/AIDS. However, the more celebrities and famous people who come out and openly share their HIV-positive status, the easier it will become for other people to disclose their status.

The great character/celebrity debate

“You know actors, you know what Hitchcock says about actors, actors are cattle. It would be an embarrassment if we had an actress playing Nandipha who had behaved in a totally promiscuous way in front of the cameras and so on and so on. It would have been an embarrassment and it probably would have changed our conception of how we dealt with the character. She probably wouldn't have survived on the show. So I think that it does but I don't think that we choose actors because we think that they are going to be sober and responsible because you choose the best actors and sometimes the best actors are irresponsible.” (Beynon 2013)

Ultimately as is evident from Chapter 4, the main mandate of the show is entertainment and thus the quality of the acting is crucial. Therefore the integrity of the character is more important than the integrity of the actor. Only when the behaviour of the actor in their daily life threatens the veracity of the character would the show intervene.

“You can't force a character to live a life in a certain way, certainly there might come a time when their personal behaviour reflected badly on the show or

reflected badly on the character and then you would think about writing that character out (Beynon 2013).

Ultimately though the life of an actor and the life of the character they portray are two separate situations and you cannot ask someone to play a role in their everyday life. There are however some safety measures that one can use to address this issue before there is a need to write a character out of a show because of the actor's behaviour in real life.

“I think when you embark on something like making Nandipha HIV-positive you, you know that this is something that this character is going to live with forever and then I think you do certainly then talk to the actor. And to a certain extent get their buy-in, it doesn't mean you are not going to do the story but if they are going to do it reluctantly then you, or you are going to start doing the story and they are going to hate it, hate having that stigma attached to them and they resign two months later then it has been counter-productive. Because what you want with the story is that it is long-lasting that you can see over the years how somebody lives with HIV” (Booyesen 2013).

In order for a storyline to have maximum effect it is necessary that the actor is on-board with the role they are to play. Stigma is still a reality, however, back in 2007 it was worse than it is at present. Therefore it is necessary to prime an actor for the role they are to take on and all the implications that come with it.

“We did have a conversation with Hlubi about it and I think that the interesting thing about it is that Hlubi in the beginning just saw it as an acting challenge and I think the longer she did it, the more it became a personal campaign for her, and an identity for her as an HIV ambassador to a certain extent. You can't tell any actor they have to do this or you can't be seen out in public drinking or you can't be seen out doing that. You hope that all your characters in a soap are trying to be well-behaved. And I've seen on many soaps that somewhere along the line there is an actor who is just out of control and who just ultimately gets written out because it's just not good for the show, or for their image or for the character” (Booyesen 2013).

Therefore actors who bring their production house or programme into disrepute or who destroy the image of their character are eliminated from the show by writing them out of the script.

“She said she had spoken to her father and her father had said something like, you will never have the chance again of making as big a difference as if you became the person who lived with AIDS, the survivor that demonstrated that it was possible” (Beynon 2013).

Here Beynon suggests that the decision to take on certain roles sometimes needs to be discussed with support structures to get their buy-in as perhaps the role played by an actor may affect their family too.

“And then she went on to become a spokesperson off-screen, and I suppose that was her celebrity self, doing that” (Beynon 2013).

Here Beynon suggests that Mboya took on the role as an HIV/AIDS ambassador as her celebrity self. However, without having played the role of Nandipha it is unlikely that she would have become such a reputable campaigner for HIV awareness.

“And certainly with Hlubi we had no idea that she would be a great ambassador for it or not, whether she would embrace it and it turned out. I don’t know to what extent, I suspect that had she not played Nandipha she would never have taken any stand on it” (Hofmeyr 2013).

It is clear that *Isidingo*’s production team had no inclination to take the prosocial agenda beyond that of the show. Mboya’s work was phenomenal and no doubt was marketing for the show too, however, it was not stipulated by the show nor was it expected. It is important to realise that it was a result of her acting in *Isidingo* that brought about her celebrity status and credibility as an HIV/AIDS ambassador and this is also true for Motsepe.

“I couldn’t have done this job by half measures...I took it into my private life, I took it into my charitable work, and it is my life’s work” (Mboya 2013).

Mboya realised the immense opportunity she had to take her character’s work into her own private life and become an HIV/AIDS ambassador.

Being a public figure

According to Mboya, there is huge responsibility that comes with being in the public gaze. Moreover, if an actor portrays a character who is well behaved and has a certain clean image to uphold then it is important that the actors are responsible off screen too. This relates to parasocial interactions where viewers and fans fail to make the distinction between character and actress.

“You know we all make mistakes, we’re not perfect, but it’s about being accountable for your actions. And saying I’m sorry... And you know what when you are a public figure you really have to consider everything that you do because you know what when they nail you they nail you...And everyone’s going to know about it. Especially if you are playing the clean, squeaky clean part. You know, I’ve made my mistakes in the past but I’m the first to say I’m sorry. I’m not blaming it on the blame game. I don’t play that party. So you take the necessary steps, you’ve got to have integrity in this business” (Mboya 2013).

Mboya further suggests that there is a need for actors and actresses to have integrity in the show business. However, other members of the production team felt that actors’ personal

lives were separate from their role, only if their behaviour was embarrassing the show, would it jeopardise their role.

CHAPTER 7

CONCLUSION

“At the most we can categorise different kinds of effects and postulate that after exposure to media content over a long period of time, the media may have certain cognitive effects on our thinking” (Fourie 2007:229).

Introduction

In this thesis I have explored how black South African HIV-positive women adhering to their ARV treatment, from Makana, make meanings of HIV health messaging, particularly pertaining to ARVs, in *Isidingo*. This thesis has emphasised the prosocial nature of *Isidingo*, not as E-E, but as a commercial soap opera. Additionally, it has acknowledged that this inclination towards prosocial messaging comes from the production team. Although, the messaging was not produced according to any theoretical framework, this thesis sought to explain how the health messaging in *Isidingo* affected behaviour among its viewers, by using Albert Bandura’s social cognitive theory. This theory served the dual role of explaining how characters work as role models and how celebrities work as role models. Firstly the meanings that the participants made from the messaging regarding HIV and ARVs that Nandipha illustrated on *Isidingo* was analysed. Thereafter, the messaging that Motsepe mediated, regarding first her public announcement that she is HIV-positive and her later statement that she is weaning herself off ARVs was shown to the participants for their understanding to be explored. The conclusions drawn from these understandings will be discussed below.

The impact of mediated messaging on health journeys

The findings of this thesis reveal that black South African HIV-positive women adhering to their ARV treatment, from Makana, locate health messaging, that they obtain from the media and soap operas, in their everyday life. Media messages will have different effects depending on where an individual is on their health-journey. It is quite clear that there is a trend in coming to terms with one’s HIV-status. The denial phase is very influential and can have a huge sway on deciding whether to take ARVs or not.

This thesis did not only offer descriptions, but through analysing the rich lived experiences, of the participants interviewed, was able to understand how these everyday health mediations affect the everyday life of their viewers. In doing this, the interplay between the cognitive

impact of health messaging in prosocial soap operas, as well as the socio-economic, historical and other barriers towards ARV-adherence was foregrounded.

This conclusion is drawn from my analysis which emphasises how the women that were interviewed drew on their own understanding of side-effects to interpret and understand Nandipha and Motsepe's experience of ARVs.

Third-person effect and reverse third-person effect

It became clear that the participants viewed themselves as part of the educated viewers who would not be swayed away from taking their ARVs by Motsepe's health message. This despite the fact that there was some confusion and disagreement, sometimes hedged, with regards to the different interpretations that various participants made from the reception study. Results of this thesis suggest that personal relationships have the greatest influence in effecting behaviour change. However, health messaging from characters and celebrities are also influential. Although there was a sense that celebrities living with HIV make better role models than characters, characters have the benefit of spreading well-researched information, whereas celebrities can disseminate information based on unfounded knowledge, and all the participants acknowledged this distinction.

Similarly, all of the participants viewed themselves as being positively affected by prosocial messages. They all believed that messaging advocating adhering to ARVs was a 'good' thing and that they were encouraged by it.

Both of these responses are in line with the third-person effect and reverse third-person effect as outlined by Duck et al. (1995).

Blurring of lines between fiction and reality

According to Hugo (2000) for health communication to be effective, the messaging has to be realistic and similar to the socio-cultural context and lived reality of the target audience. Additionally Fourie (2007:229) states, "The influence of the media is difficult to predict because many complex variables play a role." Further to this, media reception is relative to the powers which either undermine or sustain it and thus should be viewed contextually. This thesis has suggested that viewers can be influenced by the mediated messaging that is portrayed in the media and the extent to which they are affected is based on numerous underlying circumstances. One deciding factor is that of realism. *Isidingo* is a very realistic

portrayal of reality and thus their messaging is seen in this light. Therefore, the actors who play characters in the show often come to be viewed as the character itself whereby there is a blurring of reality and fiction and a parasocial relationship is formed. This relationship can also be true between that of a viewer and a celebrity. However, the difference is that the character's public statements are researched and created by a production team whereas a celebrity is free to make their own statements. This distinction is important in health communication whereby the consequences of wrong health messaging can be disastrous.

Concluding Remarks

This thesis suggests that understanding specific genres such as their target audience, the reasons viewers watch them and the themes around which their storylines revolve, can go a long way to producing health communication programmes that are effective. For example, in understanding the soap opera genre (primarily female audience, daily time slot, never-ending) as well as a specific disease, HIV (South African women are mostly affected, ARVs required daily in same time slot, lifelong adherence necessary) it is possible to choose genres which are best suited to specific health messaging.

The findings of this study suggest that commercial soap operas are the perfect platform to address HIV/AIDS and that prosocial health messaging regarding ARV adherence is still necessary in this country. Soap operas have the potential to have an E-E angle. However, they appeal to a wide audience and so storylines can be tailor made according to the times and the needs in terms of health issues and messaging. Thus, soap operas are not a single platform but rather one which can be exploited to maximum advantage for public health messaging. Consequently, there is much room for the government through the public broadcaster to work with commercial soap operas to further national development.

This thesis has offered up the meanings of how HIV-positive women taking ARVs and living in Makana experience and understand the media, particularly health messaging relating to ARVs. This thesis embodies no intention to reproduce the stigma and ignorance surrounding HIV nor to further isolate those living with HIV.

Appendices

Bibliography

Abdool Karim, A., Churchyard, S.S., Abdool Karim, G. J., Lawn, S. D., 2009, 'HIV infection and tuberculosis in South Africa: an urgent need to escalate the public health response' *Lancet*, 374 (9693), pp. 921-933.

AIDSBuzz, *ART Rollout*, viewed 2 October 2012, from http://aidsbuzz.org/index.php?option=com_content&view=article&id=233&Itemid=36.

Allen, R.C. (ed.), 1995, *to be continued... soap operas around the world*, Routledge, New York.

Andersson, M., 2003, 'Reconciled pasts, fragile futures, parallel presents: chronotopes and memory making in Isidingo,' *African Identities*, 1 (2), pp. 151-165.

Ang, I., 1985, *Watching Dallas: Soap Opera and the melodramatic imagination*, Methuen & Co. Ltd, New York.

Ang, I., 1996, *Living Room Wars: Rethinking Media Audiences for a Postmodern World*, Routledge, London.

Bandura, A., Grusec, J.A. & Menlove, F. L., 1966, 'Observational learning as a function of symbolization and incentive set', *Child Development*, 37, pp. 499-506.

Bandura, A., 1977, *Social Learning Theory*, Prentice Hall, New York.

Bandura, A., 2001, 'Social cognitive theory of mass communications' in J. Bryant and D. Zillman (eds.), *Media effects: Advances in theory and research* (2nd ed.), pp. 121-153, Lawrence Erlbaum, Hillsdale, NJ.

Banning, S. A. (2001). Do you see what I see? Third-person effects on public communication through self-esteem, social stigma, and product use. *Mass Communication & Society*, 4, 127-147.

Bennet, D.J. & Jennings, R.C. (eds.), 2011, *Successful Science Communication, Telling it like it is*, University Press, Cambridge.

Berelson, B., 1949, What missing the newspaper means, *Communications Research: 1948-1949*, edited by P. Lazarsfeld & F. Stanton, New York: Harper.

Bhebhe-Mpofu, A., 2006, 'An investigation into the popularity of Zimbabwe's first health communication soap opera, Studio 263. A qualitative reception study of Bulawayo students aged between 15 and 20 years', MA Thesis, Rhodes University.

Bid or Buy, viewed 13 September 2013, from http://www.bidorbuy.co.za/article/6402/South_African_Soapies

Blumler, J.G., & Katz, E., 1974, *The uses of mass communications: current perspectives on gratifications research*, Sage Publications, Newbury Park, California.

Bolam, B., Gleeson, K., & Murphy, S., 2003, "Lay Person" or "Health Expert"? Exploring Theoretical and Practical Aspects of Reflexivity in Qualitative Health Research, Forum: Qualitative Social Research, 4 (2).

Brown, W. J., Singhal A. & Rogers E. M., 1988, 'Pro-development soap operas: A novel approach to development communication', *Media Development* 4, pp. 43-47.

Brown, W.J., 1992, 'Sociocultural influences of predevelopment soap operas in the Third World', *Journal of Popular Film & Television*, 19 (4).

Brown, W.J. & Singhal, A., 1993, 'Ethical considerations of promoting prosocial message through the popular media', *Journal of Popular Film and Television*, 21(3), pp. 92-100.

Brown, W.J. & Basil, M. D., 1995, 'Media celebrities and Public Health: Responses to "Magic" Johnson's HIV Disclosure and its impact on AIDS risk and high-risk behaviours,' *Health Communication*, 7(4), pp. 345-370.

Brown, W. & Singhal, A., 1999, 'Entertainment-Education Media Strategies for Social Change: Promises and Problems', in Demers, D. & Viswanath, K. (eds.), *Mass Media, Social Control, and Social Change: A Macrosocial Perspective*, pp. 263-280, Iowa State University Press, Iowa.

Bryman, A., 1988, *Quantity and Quality in Social Research*, Unwin Hyman, London.

Bryman, A., 1984, 'The debate about Quantitative and Qualitative Research: A question of Method or Epistemology?' *The British Journal of Sociology*, XXXV (1), pp. 75-92.

Bryman, A., 2012, *Social Research Methods* (4th edition), Oxford University Press, Oxford.

Butler, J.G., 1995, "I'm not a doctor, but I play one on TV, Characters, actors and acting in television soap opera", in R.C. Allen (ed.), *to be continued... soap operas around the world*, pp. 145-181, Routledge, New York.

Byoungkwan, L., & Tamborini, R. (2005). Third-person effect and internet pornography: The influence of collectivism and internet self-efficacy. *Journal of Communication*, 55, 292-310.

Cameron, E., 2005, *Witness to AIDS*. Tafelberg/NB, Cape Town.

Cantor, M.G., & Pingree, S., 1983, *The Soap Opera*, Sage Publications, London.

Capra, F., 2005, 'Speaking nature's language: principles for sustainability', in M.K. Stone & Z. Barlow (eds.), *Ecological Literacy* pp.18-29, Sierra Club Books, San Francisco.

Chaffee & Roser, 1986, Involvement and the consistency of knowledge, attitudes and behaviours. *Communication Research*, 13, pp. 373-399.

Cherry, M., 2009, 'The President's Panel', in Cullinan, K. & Anso, T., (eds.), 2009, *The Virus, Vitamins and Vegetables, The South African HIV/AIDS mystery*, Jacana, Auckland Park, Johannesburg.

- Choi, Y. Leshner, G., & Choi, J. (2008). Third-person effects of idealized body image in magazine advertisements. *American Behavioral Scientist*, 52, 147-164.
- Christodoulou, J.A., 2010, *Identity, Health and women A critical social psychological perspective*, Palgrave MacMillan, New York.
- City Press, 2012, *I want to live*, viewed 14 October 2012, from <http://m.news24.com/citypress/Entertainment/News/I-want-to-live-20120114>.
- Cohen, J., & Davis, R. G. (1991). Third-person effects and the differential impact on negative political advertising. *Journalism Quarterly*, 68, 680-688.
- Cohen, J., Mutz, D., Price, V., & Gunther, A. (1988). Perceived impact of defamation: An experiment on third-person effects. *Public Opinion Quarterly*, 52, 161-173.
- Cole, B.G., (ed) 1970, *Television: A selection of Readings from TV Guide Magazine*. New York: The Free Press.
- Comstock, G., Chaffee, S., Katzman, N., McCombs, M. & Roberts, D., 1978, *Television and human behaviour*. Colombia University Press, New York.
- Connelly, M. & Macleod, C., 2003, 'Waging war: discourses of HIV/AIDS in South African media', *African Journal of AIDS Research*, 2(1), pp.14.
- Coovadia, H., Jewkes, R., Barron, P., Sanders, D. & and McIntyre, D., 2009, 'Health in South Africa', *The health and health system in South Africa: historical roots of current public health challenges*, pp. 1-18.
- Cullinan, K. & Anso, T., (eds.), 2009, *The Virus, Vitamins and Vegetables, The South African HIV/AIDS mystery*, Jacana, Auckland Park, Johannesburg.
- Curran, J., Morley, D. & Walkerdine, V., (eds.), 1996, *Cultural Studies and Communications*, Curran, J., *Rethinking Mass Communication* pp. 119-165, Arnold, London.
- Davidson, R.R., 2007, 'Media for development: News media coverage of women's health within the realm of Prevention of Mother-to-Child Transmission of HIV (PMTCT) in South Africa', MA thesis, University of Witwatersrand.
- Davidson, W. P., 1983. The third-person effect in communication. *Public Opinion Quarterly*, 47, 1-15.
- Day, A. G., 2008. Out of the living room and into the voting booth: An analysis of corporate public affairs advertising under the third-person effect. *American Behavioral Scientist*, 52, 243-260.
- Deacon, D., Pickering, M., Golding, P. & Murdock, G., 1999, *Researching Communication*, Arnold, London.
- De Fleur, M.L., 1966, *Theories of Mass Communication*, David McKay Company, Inc., New York.

De Fleur, M.L. & Ball-Rokeach, S., 1975, *Theories of Mass Communication*, Longman, New York.

Denzin, N. & Lincoln, Y. (Eds), 1994, *Handbook of Qualitative Research*, Sage, London.

Department of Health, *ARV treatment – How it can make you well even if you have HIV*, viewed 12 February 2014, from <http://www.healthsites.org.za/node/6581>.

Dhanarajan, G. 1998., Educational broadcasting: challenges of shifting paradigms. Viewed 12 February 2014, from <http://www.col.org/resources/speeches/1998presentations/Pages/1998-02-05.aspx>

Diefenbach, D. L., & West, M. D., 2007, Television and attitudes toward mental health issues: Cultivation analysis and the third-person effect. *Journal of Community Psychology*, 35, pp.181-195.

Dingwall, R., 2006, 'Confronting the anti-democrats: The unethical nature of ethical regulation in social science', *Medical Sociology Online*, 1, pp. 51-58.

Donald, S., Ulrike, R., Charissa, B. & Skinner, D., 2007, 'Evaluation of use of cell phones to aid compliance with drug therapy for HIV patients', *AIDS Care*, 19(5) pp. 605 -607.

Driscoll, P. D., Salwen, M. B., 1997, Self-perceived knowledge of the O. J. Simpson trial: Third-person perception and perceptions of guilt. *Journalism and Mass Communication Quarterly*, 74, 541-556.

Duck, J. M., & Mullin, B., 1995, The perceived impact of the mass media: Reconsidering the third-person effect, *European Journal of Social Psychology*, 25, pp. 77-93.

Duck, J.M., Terry, D.J. & Hogg, M.A, 1995, 'The Perceived Influence of AIDS advertising. Third-Person Effects in the Context of Positive Media Content', *Basic and Applied Social Psychology*, 17(3) pp. 305-325.

Erah, P.O. & Arute, J.E., 2008, 'Adherence of HIV/AIDS patients to antiretroviral therapy in a tertiary health facility in Benin City', *African Journal of Pharmacy and Pharmacology* 2(7), pp. 145-152.

Epstein, H., 2007, *The invisible cure Africa, the West and the fight against AIDS*, Viking, London.

Eveland, W. P., Jr., McLeod, D. M., 1999, The effect of social desirability on perceived media impact: Implications for third-person perceptions. *International Journal of Public Opinion Research*, 11, pp. 315-333.

Eveland, W. P., Jr., Nathanson, A. I., Detenber, B. H., McLeod, D. M., 1999, Rethinking the social distance corollary: Perceived likelihood of exposure and the third-person perception, *Communication Research*, 26, pp. 275-302.

Fairclough, N, 1995, *Media Discourse*, St Martins' Press, New York.

Farrimond, H., 2013, *Doing ethical research*. Palgrave Macmillan, Hampshire.

- Finlay, A. 2004, 'Shaping the conflict: factors influencing the representation of conflict around HIV/AIDS policy in the South African press', *Communicare* 23(2), pp. 69.
- Fishbein, M., 2000, 'The role of theory in HIV prevention', *AIDS CARE*, 12(3), pp. 273-278.
- Fiske, J., 1988, *Introduction to Communication Studies*, Routledge, London.
- Fiske, J., 1993, 'Audiencing: A cultural studies approach to watching television', Elsevier Science Publishers. *Poetics*, North-Holland, 21 pp. 345-359.
- Fiske, J., 1994, 'Audiencing: cultural practice and cultural studies', in N.K. Denzin & Y.S. Lincoln (eds.), *Handbook of qualitative research*, pp. 189-198, Sage, Thousand Oaks.
- Foner, N., 1998, 'Benefits and Burdens: Immigrant women and work in New York City', *Gender Issues*, 16 (4), pp. 5-24.
- Fontana, A. & Frey, J.H., 1994, 'Interviewing: The Art of Science. Handbook of Qualitative Research', N.K. Denzin & Y.S. Lincoln (Eds), *Handbook of qualitative research*, Sage Publications, London.
- Foucault, M., 1978, *Discipline and Punish: the birth of the prison*, Penguin, Harmondsworth, Middlesex.
- Fourie, P.J. (ed.), 2007, *Media Studies. Media History, Media and Society*. The effects of mass communication. Juta & Co. Ltd. Cape Town, pp. 227-267.
- Fox, S., 1999, HIV/Aids come to Isidingo. Viewed at <http://www.mg.co.za>.
- Frey, L.R., Botan, C.H., Friedman, P.G. & Kreps, G.L., 1991, *Investigating Communication. An Introduction to Research Methods*, Prentice Hall, Englewood Cliffs, New Jersey.
- Frank, J., & Duncan, N., 2009, 'Speaking to experts and patients: Recommendations for improving antiretroviral therapy (ART) adherence', *Health SA Gesondheid*, 14(1), pp. 1-9.
- Funeka, O., 2011, *ARVs on the roll, says local health dept*, Grocott's Mail, viewed 12 October 2012, from <http://www.grocotts.co.za/content/arvs-roll-says-local-health-dept-26-09-2011>.
- Galavotti, C., Pappas-Deluca, K.A. & Lansky, A., 2001, 'Modelling and reinforcement to Combat HIV: The March Approach to Behaviour Change', *American Journal of Public Health*, 91(10), pp. 1602-1607.
- Geraghty, C., 1992, *Women and Soap Opera, A study of Prime Time Soaps*, Polity Press, Cambridge.
- Gergen, K.J., 1991, *Relational Being, Beyond Self and Community*, Oxford University Press.
- Gibson, M.D., 1994, *Media, Culture and Society*, 16(2), pp. 349-356.
- Ginev, 1998, 'On the existential interpretation of the Human Sciences', *Man and World*, 27 (4) pp. 349 - 359.
- Goffman, E., 1986, *Stigma: Notes on the Management of Spoiled Identity*, Prentice Hall, Englewood Cliffs, N.J., pp. 131.

Golan, G. J., Banning, S. A. & Lundy, L., 2008, Likelihood to vote, candidate choice, and the third-person effect: Behavioral implications of political advertising in the 2004 Presidential election. *American Behavioral Scientist*, 52, pp. 278-290.

Gray, A., 2008, 'The challenges of implementing antiretroviral treatment', in S. Karim & Q. Karim (eds.), *HIV/AIDS in South Africa*, pp. 551-568, Cambridge University Press, Cape Town.

Greenberg, B.S., & M.G. Woods, 1999, 'The soaps: their sex, gratifications and outcomes', *Journal of sex Research*, 36, pp. 250-257

Gunther, A. C., 1991, What we think others think: Cause and consequence in the third-person effect. *Communication Research*, 18, pp. 355-372.

Gunther, A. C., & Mundy, P., 1993, Biased optimism and the third-person effect. *Journalism Quarterly*, 70, 58-67.

Gunther, A. C., Thorson, E., 1992, Perceived persuasive effects of product commercials and public service announcements: Third-person effects in new domains. *Communication Research*, 19, pp. 574-596.

Govender, P., 2009, 'Love, courage, insubordination and HIV/AIDS denialism', in K. Cullinan & T. Anso (eds.), *The Virus, Vitamins and Vegetables, The South African HIV/AIDS mystery*, Jacana, Auckland Park, Johannesburg.

Hall, S., 1980, 'Encoding/decoding' in Hall, S., (ed.) *Culture, Media, Language*. London: Hutchinson.

Hansen, A., Cottle, S. & Negrine, R., 1998, *Mass Communication Research Methods*, Macmillan Press, London.

Hart, A., 1991, *Understanding the Media: A practical guide*, Routledge, London.

Harré, R., 1983, *Personal Being*, Basil Blackwell, Oxford.

Haynsworth, L., 2002, Soap Operas Worldwide: Cultural & Serial Realities. *Journal of Popular Film & Television*, 30(1): 70.

Health Systems Trust, 2012, *HIV prevention communication campaigns work*, viewed 25 October 2012, from <http://www.hst.org.za/news/hiv-prevention-communication-campaigns-work>.

Health Systems Trust, 'Monitoring ARV rollout', viewed 26 January 2014, from <http://www.hst.org.za/news/south-africa-ngo-launches-countrywide-monitoring-arv-rollout>

Health24, "Did Lesego really say she's quitting ARV", 15 February 2012, viewed 20 June 2012, from <http://www.health24.com/Experts/Question/did-lesego-really-say-shes-quitting-arv-20120215>

Hedgecoe, A., 2008, 'Research ethics review and the sociological research relationship', *Sociology*, 42(5), 873-886.

Hoorens, V., & Ruiter, S., 1996, The optimal impact phenomenon: Beyond the third-person effect. *European Journal of Social Psychology*, 26, pp. 599-610.

HSRC, 2002, *Nelson Mandela/HSRC Study of HIV/AIDS, South African National HIV prevalence, Behavioural Risks and Mass Media, Household Survey 2002*, Human Sciences Research Council Publishers, Cap Town.

HSRC, 2008, *South African National HIV Prevalence, Incidence, Behaviour and Communication Survey*, HSRC Press, Cape Town.

Hugo, J., 2000, 'A grading model for media appropriateness and cultural sensitivity in health education', *Journal of Audio-visual Media in Medicine*, 23 (3), pp. 103-109.

Hunter, M., 2010, *Love in the time of AIDS. Inequality, Gender, and Rights in South Africa*. Indiana University Press, Bloomington.

InterSexions, viewed 12 February 2014, from <http://www.intersexions.co.za/news/intersexions-eyes-feather-award.html>

Jensen, K.B., 1982, *The Qualitative Research Process. A Handbook of Media and Communication Research*, Routledge, London.

Jensen, K.B., 1988, 'Answering the Question: What is Reception Analysis?', *Nordicom Review* 9 (1), pp. 3-5.

Jensen, K.B. & Rosengren, K.E., 1990, 'Five Traditions in Search of the Audience', *European Journal of Communication* 5, pp. 207-238.

Johnson, R., 1983, What is cultural studies anyway? Stencilled occasional paper, 74, University of Birmingham.

JournAids, 2011, 'Soaps and Tabloids make Top Team', viewed 13 February 2013, from http://www.journ aids.org/index.php/blog/blog-entry/soaps_and_tabloids_make_top_team/

JournAids, 2013, Medical Male Circumcision, viewed 13 February 2014, from http://www.journ aids.org/index.php/blog/blog-entry/circumcision_plan_rolled_out/

Kalichman, S. C., Russel, R.L., Hunter, T.L., & Sarwer, D.B., 1993, Earvin "Magic" Johnson's serostatus disclosure: Effects on men's perceptions of AIDS, *Journal of Consulting Clinical Psychology*, 61, pp. 887-891.

Kalichman, S.C., & Rompa, D., 2000, Emotional reactions to health status changes and emotional well-being among HIV-Positive persons with limited reading literacy. *Journal of Clinical Psychology in Medical Settings*, 7, pp. 203-211.

Kelly, K. & Mzizi, T., 2005, 'The implications of ART for local AIDS care and support programmes', *AIDS Bulletin* 14 (1). Viewed 2 October 2012, from http://www.cadre.org.za/files/Kelly_Mzizi_AIDS_BULLETIN.pdf.

Khomanani, Impact Assessment Khomanani Campaign 2007-2009, viewed 12 February 2014, from http://issuu.com/jacanamedia/docs/khomanani_impact_assessment

King, M. & Watson, K., 2005, *Representing Health: Discourses of Health and Illness in the Media*. Palgrave Macmillan, Hampshire.

- Kitzinger, J., 1994, The methodology of focus groups: The importance of interactions between research participants. *Sociology of Health and Illness*, 16(1), pp. 103–121.
- Kitzinger, J., 1999, A sociology of media power: Key issues in audience reception research. In Philo, G., (Ed.), Longman, Harlow, UK, pp. 3-20.
- Knoedel, J., 1993, 'The Design and Analysis of Focus Group Studies', in D.L. Morgan (ed.) *Successful Focus Groups: Advancing the State of the Art*, Sage, London.
- Krueger, R., 1993, 'Quality Control in Focus Group Research' in D.L. Morgan (ed.) *Successful Focus Groups: Advancing the State of the Art*, Sage, London.
- Krueger, R.A. & Casey, M.A., 2000, *Focus Groups: A practical guide for applied Research*, Sage, California.
- Kübler-Ross, E., 1970, *On Death and Dying*, Macmillan Publishing CO., INC, New York.
- Kübler-Ross, E., 1987, *AIDS The Ultimate Challenge*, Macmillan Publishing Company, New York.
- Lagerwerf, L., Boer, H. & Wasserman, H. (eds.), 2009, *Health Communication in Southern Africa: Engaging with social and cultural diversity*. Unisa Press, Pretoria.
- Lasorsa, D. L., 1992, How media affects policy makers: The third-person effect. In J. D. Kenamer (Ed.), *Public opinion, the press and public policy*, pp. 163-175, New York: Praeger.
- Leung, M. W. H., 2003, "Notions of Home among Diaspora Chinese in Germany", in MaLaurence, J. C. & Cartier, C. L., (Eds), *The Chinese Diaspora: Space, Place, Mobility, and Identity*, Rowman and Littlefield, pp. 237–260
- Lewis, I., Watson, B., & Tay, R., 2007, Examining the effectiveness of physical threats in road safety advertising: The role of the third-person effect, gender, and age. *Transportation Research*, 10, pp. 48-60.
- Liebes, T. & Katz, E., 1990, *The Export of Meaning: Cross Cultural Readings of 'Dallas'*. Oxford University Press, New York.
- Lindloff, T., 1995, *Qualitative Communication Research Methods*, Sage, London.
- Lockwood, P., Sadler, P., Fyman, K. & Tuck, S., 2004, 'To do or not to do, using positive and negative role models to harness motivation', *Social Cognition* 22 (4), pp. 422-450.
- Lunt, P. & Livingstone, S., 1996, 'Rethinking the Focus Group in Media and Communication Research', *Journal of Communication* 46 (2), pp. 79-98.
- Martin, C.A., Bush, A.J., 2000, 'Do role models influence teenagers' purchase intentions and behaviour?' *Journal of Consumer Marketing*, 17 (5), pp. 441-453.
- Marshall, C. & Rossman, B., 1999, *Designing Qualitative Research*. Sage, London.
- Maslow, A. H., 1968, *Toward a Psychology of Being*, Van Nostrand Reinhold, New York.
- Matelski, M. J., 1999, *Soap operas worldwide: cultural and serial realities*,

- McFarland & Co., Jefferson, N.C.
- Matelski, M.J., 1988, *The soap opera evolution: America's enduring romance with daytime drama*. Jefferson, NC; London: McFarland.
- Matjila, P., 2012, 'Positive role model?' in *Times Live*, viewed 14 October 2012, from <http://www.timeslive.co.za/ilive/2012/02/14/positive-role-model>.
- Maxwell, J.A., 1992, 'Understanding and Validity in Qualitative Research', *Harvard Education Review* 62 (3), pp. 279-300.
- McCombs, M., 1996, 'The Agenda-Setting Role of Mass Communication', in M.B. Salwen & D.W. Stacks (eds.), *An Integrated Approach to Communication Theory and Research*, pp 93, Routledge, New York.
- McLeod, D. M., Detenber, B. H., & Eveland, W. P. J., 2001, Behind the third-person effect: Differentiating perceptual processes for self and other. *Journal of Communication*, 51, pp. 678-695.
- McLeod, D. M., Eveland, W. P. Jr., Nathanson, A. I., 1997, Support for censorship of violent and misogynic rap lyrics: An analysis of the third-person effect. *Communication Research*, 24, pp. 153-174.
- McQuail, D. & Windahl, S., 1993, *Communications Models*. Longman, New York.
- McQuail, D., 1994, *Mass Communication Theory*, Sage Publications, London.
- McQuail, D., 1997, *Audience Analysis*, Sage Publications, Thousand Oaks, California.
- McQuail, 2000, *McQuail's Mass Communication Theory*, Sage Publications, London.
- Mead, G. H., 1934, *Mind, Self & Society from the standpoint of a social behaviourist*, University of Chicago Press, Chicago.
- Melkote, S. R., 2000, *Communication for Development in the third world: theory and practice*, Sage Publications, Newbury Park, California.
- Mills, E.J., Nachege, J.B., Buchan, I., Orbinski, J., Attaran, A., Singh, S., Rachlis, B., Wu, P., Cooper, C., Thabane, L., Wilson, K., Guyatt, G.H. & Bangsberg, D.R., 2006, 'Adherence to Antiretroviral Therapy in Sub-Saharan Africa and North America: A Meta-analysis'. *The Journal of the American Medicine Association* 296 (6), pp. 679-690.
- Modeleski, T., 1982, *Loving with a vengeance*. Methuen, New York.
- Mody, B., 1991, *Designing messages for development communication. An audience participation based approach*. Sage Publications, New Delhi.
- Mody, B., 1995, 'Soap opera for Social Change', *Journal of Broadcasting & Electronic Media* 39 (1), pp. 141-145.

Moodley, P., 1998, 'An exploration of the psychological significance of soap opera viewing', MA thesis, Rhodes University, South Africa.

Moore, S., 1993, *Interpreting Audiences: The Ethnography of Media Consumption*, Sage Publications, London.

Morley, D., 1989, 'Changing Paradigms in Audience Studies', in E. Seiter, H., Borchers, G. Kreutzner & E.M. Warthy (eds.), *Remote Control: Television, Audiences and Cultural Power*, pp. 16-43, Routledge, London.

Morley, D., 1992, 'Towards an Ethnography of the Television Audience', in Morley, D., *Television Audiences and Cultural Studies*, pp. 165-188, Routledge, London.

Morley, D., 1980, *The 'Nationwide' Audience*, British Film Institute, London.

Morgan, D., 1988, *Focus Groups as Qualitative Research*, Sage Publications, London.

Mukherjee, S., 2010, *The Emperor of All Maladies*, HarperCollins Publishers, United Kingdom.

Murphy, E., & Dingwall, R., 2007, 'Informed consent, anticipatory regulation and ethnographic practice', *Social Science and Medicine* 65, pp. 2223-2234.

Myburgh, J., 2009, 'In the beginning there was Virodene' in K. Cullinan & T. Anso (eds.), *The Virus, Vitamins and Vegetables, The South African HIV/AIDS mystery*, Jacana, Auckland Park, Johannesburg.

National ARV rollout statistics, viewed 12 February 2014, from <http://www.tac.org.za/Documents/ARVRollout/arvstats.htm>

Nelkin, D., 1995, *Selling Science: How the press covers science and technology*. W.H. Freeman, New York.

Neuman, W. R. & Guggenheim, L., 2011, 'The Evolution of Media Effects Theory: A six-stage model of cumulative research'. *Communication Theory* 21, pp. 169-196.

New Age Online, 'Editorial: Fighting the stigma of HIV', viewed 20 June 2012, from http://thenewage.co.za/blogdetail.aspx?mid=186&blog_id=1684

News 24, 'Glitz and Glam on Isidingo', viewed on 25 January 2014, from <http://www.news24.com/Entertainment/SouthAfrica/Glitz-and-glam-on-Isidingo-20030415>

O'Sullivan, T., Hartley, J., Saunders, D., & Fiske, J., 1994, *Key concepts in communication and cultural studies*, Routledge, London.

Pajares, F., Prestin, A., Chen, J.A. & Nabi, R. L., 2009, 'Social cognitive theory and mass media effects' in R.L. Nabi & M.B. Oliver (eds.), *Handbook of media processes and effects*, pp. 283-297, Sage Publications, Thousand Oaks, California.

Parker, W., 2003, 'Re-appraising youth prevention in South Africa: The case of loveLife', paper presented at the South African Aids Conference, Durban, August.

Parker, W., 2004, 'Ideology, hegemony and HIV/AIDS: The appropriation of indigenous and global spheres', PhD thesis, Culture, Communication and Media Studies Programme, University of KwaZulu-Natal.

Parker, W., 2009, 'Modelling or muddling? Perceptions of sexual relationships in popular Television', Presentation at "Sex, soaps and sensationalism: Multiple Concurrent Partnerships in the popular media in South Africa", 4 March 2009, Goethe-Institut, Johannesburg.

Paul, B., Salwen, M. B., & Dupagne, M., 2000, The third-person effect: A meta-analysis of the perceptual hypothesis. *Mass Communication & Society*, 3, pp. 57-85.

Pera, S., & van Tonder, S., 2011, *Ethics in Healthcare*, 3rd edn., Juta & Co. Ltd., Cape Town.

Perloff, L. S., 1983, Perceptions of vulnerability to victimization. *Journal of Social Issues*, 39, pp.41-61.

Perloff, L. S., & Fetzer, B. K., 1986, Self-other judgments and perceived vulnerability to victimization. *Journal of Personality and Social Psychology*, 50, pp. 502-511.

Perloff, R. M., 1989, Ego-involvement and the third-person effect of televised news coverage. *Communication Research*, 16, pp. 236-262.

Perloff, R. M., 1993, Third-person effect research 1983-1992: A review and synthesis. *International Journal of Public Opinion Research*, 5, pp. 167-184.

Perloff, R. M., 1996, Perceptions and conceptions of political media impact: The third-person effect and beyond. In A. N. Crigler (Ed.), *The psychology of political communication* (pp. 177-191). Ann Arbor: University of Michigan Press.

Perloff, R. M., 1999, The third-person effect. *Media Psychology*, 1, 353-378.

Perloff, R. M., 2002, The third-person effect. In B. Jennings D. Zillman (Eds.), *Media effects: Advances in theory and research* (2nd ed., pp. 489-506). Mahwah, NJ : Erlbaum.

Perloff, R., 1999, 'Third Person Effect: A critical review and synthesis', *Media Psychology* 1, 353-378.

Petraglia, J., 2007, 'Narrative intervention in behaviour and public health', *Journal of health communication*, 12, pp. 493-505.

Philo, G., 1990, *Seeing and believing: the influence of television*. Routledge, London.

Pieterse, D., Groenewald, P., Burger, L., Kirk, G., & Bradshaw, D., 2009, Cause of Death Certification: A Guide for completing the Death Notification Form (DNF) – BI-1663. South African Medical Research Council, Cape Town.

- Pieterse, D., Gronewald, P., Burger, L., Kirk, G. & Bradshaw, D., 2009, Cause of death certification. <http://www.mrc.ac.za/bod/codcapril09.pdf>
- Price, V., & Tewksbury, D., 1996, Measuring the third-person effect of news: The impact of question order, contrast and knowledge. *International Journal of Public Opinion Research*, 8, pp. 120-141.
- Price, V., Tewksbury, D., & Huang, L. N., 1998, Third-person effects on publication of a Holocaust-denial advertisement, *Journal of Communication*, 48, pp. 3-26.
- Reid, S. A., & Hogg, M. A., 2005, A self-categorization explanation for the third-person effect. *Human Communication Research*, 31, pp. 129-161.
- Robins, S., 2006, 'From "Rights" to "Ritual": AIDS Activism in South Africa', *American Anthropologist*, 108 (2) pp. 312-323.
- Rojas, H., Shah, D. V., & Faber, R. J., 1996, For the good of others: Censorship and the third-person effect. *International Journal of Public Opinion Research*, 8, pp. 162-185.
- Rubin, R.B., & McHugh, M. P., 1987, Development of Parasocial Interaction Relationships. *Journal of Broadcasting and Electronic Media*, 31(3), pp. 279-292.
- Rushton, J. P., 1980, *Altruism, Socialization and Society*, Prentice-Hall, Englewood Cliffs.
- Salwen, M. B., & Dupagne, M., 1999, The third-person effect: Perceptions of the media's influence and immoral consequences, *Communication Research*, 26, pp. 523-550.
- Schroder, K., Drotner, K., Kline, S. & Murray, C., 2003, *Researching Audiences*. Oxford University Press Inc., New York.
- Screen Africa, Audience Ratings, 2013, viewed 12 February 2014, from http://www.screenafrica.com/download_files/ratings/SCAF-April13_Ratings.pdf
- Seale, C., 2002, *Media & Health*, Sage Publications, London.
- Seale, C., 2004, *Health and the Media*. Blackwell Publishing, Oxford.
- Settler's Hospital Webpage, viewed 4 October 2012, from <http://doctors-hospitals-medical-cape-town-south-africa.blaauwberg.net/details.php?id=1056>.
- Sex, Soap and Sensationalism, 2009, Multiple and Concurrent Partnerships in the popular media, An HIV/AIDS and the Media Discussion Forum, Seventh HIV/AIDS & the Media discussion forum, Goethe-Institut, Johannesburg.
- Shah, D. V., Faber, R. J., & Youn, S., 1999, Susceptibility and severity: Perceptual dimensions underlying the third-person effect. *Communications Research*, 26, pp.240-267.
- Sherry, J.L., 1997, 'Prosocial soap operas for development', *Journal of International Communication* 4(2), pp. 75-101.

- Sieber, J.E., 2000, 'Planning Research: Basic ethical decision-making' in B.D. Sales & S. Folkman (eds.), *Ethics in research with human participants*, pp.13-26, American Psychological Association, Washington, D.C.
- Silverstone, R., 1994, *Television and everyday life*, Routledge, London.
- Singhal, A., Rogers, E., & Brown, W. J., 1993, Harnessing the potential of entertainment-education telenovelas, *Gazene*, 51, pp.1-18.
- Singhal, A. & Rogers, E., 1999, *Entertainment-education: a communication strategy for social change*. Lawrence Erlbaum Associates Publishers, London.
- Singhal, A. & Rogers, E.M., 2002, 'A Theoretical Agenda for Entertainment-Education', *Communication Theory* 12(2), pp. 117-135.
- Skhosana, N.L., Struthers, H., Gray, G.E., & McIntyre, J.A., 2006, 'HIV disclosure and other factors that impact on adherence to antiretroviral therapy: the case of Soweto, South Africa', *African Journal of AIDS Research* 5(1), pp. 17-26.
- Sontag, S., 2001, *Illness as Metaphor and AIDS and its Metaphors*, Picador, New York.
- Soul City Institute for Health and Development Communication, *The story Overview*, viewed 14 January 2014, from <http://www.soulcity.org.za/projects/soul-city-series/soul-city-series-6/tv-story/the-story-overview>
- South African National AIDS Council, May 2011, South Africa HIV epidemic, Response and Policy synthesis, Getting to Success: Improving HIV efforts in South Africa.
- SouthAfrica.info, 2013, *SA begins single-dose HIV drug roll-out*, viewed 12 February 2014, from <http://www.southafrica.info/services/health/hiv-080413.htm#.UvN8fsEaLIV>
- Squire, C., 2007, *HIV in South Africa*, Routledge, London.
- Statistics South Africa (STATSSA), 2013, *Mid-year population estimates 2013*, viewed 20 January 2014, from <http://www.statssa.gov.za/publications/P0302/P03022013.pdf>.
- Steinberg, J., 2008, *Three letter plague, a young man's journey through a great epidemic*. Jonathan Ball Publishers, Johannesburg.
- Strelitz, L.N., 2002, 'Where the Global meets the Local: South African Youth and their experience of Global Media', PhD thesis, Rhodes University.
- Susser, I., 2009, *AIDS, Sex, and culture Global politics and survival in Southern Africa*, Wiley-Blackwell, Singapore.
- Swartz, S., 2011, "'Going deep' and 'giving back': Strategies for exceeding ethical expectations when researching amongst vulnerable youth", *Qualitative Research* 11 (1), pp. 47-68.
- Taylor, L. D., Bell, R. A., & Kravitz, R. L., 2011, Third-person effects and direct-to-consumer advertisements for antidepressants. *Depression and Anxiety*, 28, pp. 160-165.
- Taylor, S.J., 1984, *Introduction to Qualitative Research Methods. The Search for Meanings*, John Wiley and Sons, New York.

The South African TV Authority, *Isidingo*, viewed 14 October 2012, from <http://www.tvsa.co.za/default.asp?blogname=isidingoteasers>.

Thompson, J. B., 1988, Mass Communication and modern culture: contribution to a critical theory of ideology. *Sociology*, 22(3), pp.359-383.

Tichenor, P. & Mcleod, D., 1989, 'The Logic of Social and Behavioural Science', in G. Stempel, & B. Westley (eds.), *Research Methods in Mass Communication*, Prentice Hall, Englewood Cliffs.

Tiedge, J. T., Silverblatt, A., Havice, M. J., Rosenfeld, R., 1991, Discrepancy between perceived first-person and perceived third-person mass media effects. *Journalism Quarterly*, 68, pp.141-154.

Timeslive, 4 December 2011, 'Enough is enough as actress reveals she is HIV-positive', viewed 20 June 2012, from <http://www.timeslive.co.za/specialreports/hivaid/2011/12/04/enough-is-enough-as-actress-reveals-she-s-hiv-positive>

Timeslive, 14 February 2012, 'Positive role model?', Phumla Majila, viewed 20 June 2012 from <http://www.timeslive.co.za/ilive/2012/02/14/positive-role-model>

Tlelima, T., 2011, *Isidingo going soft on social commentary*, Arts Review, Africa's Premier Arts and Culture Online Magazine, viewed 14 October 2012, from <http://www.artsreview.co.za/bioscope/2011/05/31/isidingo-going-soft-on-social-commentary>

Tomlinson, J., 1991, *Cultural Imperialism*, Pinter Publishers, London.

Tonight, 17 February 2012, 'Star's folly fails on public protection', Lara de Matos, viewed 20 June 2012, from <http://www.iol.co.za/tonight/news/opinion/star-s-folly-fails-on-public-protection-1.1236641?showComments=true>

Tuchman, G., 2002, 'The Production of News', in K.B. Jensen, (ed.) *A Handbook of Media and Communication Research*, Routledge, London.

Tufte, T., 2000, *Living with the Rubbish Queen: Telenovelas, culture and modernity in Brazil*, University of Luton Press, Luton.

Tufte, T., 2008, 'Fighting AIDS with Edutainment: Building on the Soul City experience in South Africa', in Servaes, J., *Communication for Development and Social Change*, pp. 327-344, Sage Publications, London.

TVSA, *Top shows by channel*, viewed 19 September 2012, from http://www.tvsa.co.za/default.asp?blogname=tv_ratings&ArticleID=19857

TVSA, *Soul City, Season 7*, viewed 13 February 2014, from <http://www.tvsa.co.za/showinfo.asp?showid=3934>

TVSA, *Soul City, Season 8*, viewed 13 February 2014, from <http://www.tvsa.co.za/showinfo.asp?showid=3935>

UNAIDS, 1999. Sexual Behaviour Change for HIV: Where have the Theories Taken Us? UNAIDS, Geneva, Switzerland.

UNAIDS, 2010, UNAIDS Report on the global AIDS epidemic.

UNAIDS, 2012, *New HIV report finds big drop in new HIV infections in South Africa*, viewed 14 November 2013, from <http://www.unaids.org/en/regionscountries/countries/southafrica/>

USAID/South Africa, 2003, 'Siyam'kela. Measuring HIV/Aids related stigma in South African media' viewed 14 November 2013, from http://hivhealthclearinghouse.unesco.org/sites/default/files/resources/SA_stigma.pdf

Van der Merwe, N., 2005, 'Isidingo as entertainment-education: female viewers' Perceptions', *Communicare* 24(2) pp. 47-65.

Van Dyk, A.C., 2011, *Antiretroviral Adherence in South Africa. Are we burning our bridges?*, Department of Psychology, UNISA, South Africa.

Vaughan, P.W., Rogers, E.M., Singhal, A. & Swalehe, R.M., 2000, 'Entertainment-Education and HIV/AIDS Prevention: A field experiment in Tanzania', *Journal of Health Communication* 5, pp. 81-100.

Vaughn, S., Shay Schumm, J. & Sinagub, J., 1996, *Focus Group Interviews in Education and Psychology*. Sage Publications, London.

Walker, L., Reid, G. & Cornell, M., 2004, *Waiting to Happen: HIV/AIDS in South Africa – The Bigger Picture*, Double Story Books, Cape Town.

Waisbord, S., 2001, *Family Tree of Theories, Methodologies and Strategies in Development Communication: Convergence and Differences*. Report prepared for the Rockefeller Foundation, pp. 1-36.

Watson, J., & Hill, A., 1984, *A dictionary of communication and media studies*, Edward Arnold, London.

Wei, R., Lo, V., & Lu, H., 2008, Third-person effects of health news: Exploring the relationships among media exposure, presumed media influence, and behavioral intentions. *American Behavioral Scientist*, 52, pp. 261-277.

Wilcox, K., & Laird, J.D., 2000, 'The Impact of Media Images of Super-Slender Women on Women's Self-Esteem: Identification, Social Comparison, and Self-Perception', *Journal of Research in Personality*, 34 (2) pp.278-286.

Wildermuth, N., 2005, 'Isidingo- the need: A mainstream approach to HIV/AIDS communication?' *Global Times*.

Wilkinson, S., 2004, 'Focus Group Research. Qualitative Research, Theory, Method and Practice', In Silvermand, D., *Qualitative Research*, Sage publications, London.

Wimmer, R., & Dominick, J., 1987, *Mass Media Research: An introduction*, Wadsworth, Belmont, California.

Wood, R., 2008, 'Antiretroviral therapy', in S. Abdool Karim & Q. Abdool Karim (eds.), *HIV/AIDS in South Africa*, pp. 529-550, Cambridge University Press, Cape Town.

World Food Programme, *Hlubi Mboya on Nutrition and HIV/AIDS*. Videos. Viewed on 11 October 2012 from, <http://www.wfp.org/videos/hlubi-mboya-nutrition-and-hivaids>.

Wolff, B., Knodel, J., & Sittitrai, W., 1993, Focus Groups and Surveys as Complementary Research Methods, A case example, in D.L. Morgan (Ed.), *Successful focus groups, advancing the state of the art*, pp. 118-138, Sage Publications, Newbury Park, California.

World Health Organisation, 'HIV/AIDS', viewed 12 February 2014 from, <http://www.who.int/mediacentre/factsheets/fs360/en/>

Yoder, S., Chirwa, B.C. & Hornik, R., 1996, 'Evaluating the Program Effects of a Radio Drama about AIDS in Zambia', *Studies in Family Planning* 27(4), pp. 188-214.

Youn, S., Faber, R. J., & Shah, D. V., 2000, Restricting gambling advertising and the third-person effect. *Psychology and Marketing*, 17, pp. 633-649.

Youde, J.R., 2007, *AIDS, South Africa, and the Politics of Knowledge*, Ashgate, Hampshire.

Zimet, G, D., 1992, Attitudes of Teenagers who know someone with AIDS, *Psychological Reports*, 70, pp. 1169-1170.

ZuziMpilo Medical Centre, ARVs work, no doubt about it, viewed 13 February 2014, from http://www.zuzimpilo.co.za/index.php?option=com_content&view=article&id=3&Itemid=3

Appendix 1: Interview guide

Appendix 1: The interview Guide

Time allowed: 1 ½ hours

Introduction – Moderator

A. Welcome

Welcome and thank you for coming to this focus group. My name is Catherine Deiner and I am busy doing my Masters at Rhodes University in the Journalism Department.

Your thoughts and feelings around the topic we will discuss today are important and I appreciate what you have to say. I know that you are busy and I greatly appreciate you giving me some of your time. There are no right or wrong answers. I would like you to share your honest thoughts and stories with me. It does not matter if you think differently from someone else here, that is okay. I promise you that the information you share here will not be shared with others and I ask that everyone here does not share other participants' comments with those outside the group.

I will ask some questions and show some videos for you to comment on.

B. Statement of the purpose of the interview

The purpose of this focus group interview is to find out the meanings that HIV positive women who are taking ARVs make of HIV messaging in South African soap operas, specifically *Isidingo* and the comments made by both actors and celebrities from the show, and how this communication impacts on the ARV adherence of the viewers.

C. Guidelines to follow during the interview

There are a few guidelines I would like to ask you to follow during the interview. Firstly, you do not need to speak in any particular order. You can speak whenever you have any thoughts or feelings on what is being discussed. Please share your thoughts as I would like to hear everyone in the group's comments. Please do not speak while someone else is speaking as it will make it difficult for me to write out the interview afterwards. We do not all need to agree but we must let each person say what they feel and not try to make them change their mind. We are going to stick to an hour so I might stop you to ask other questions, please do not be offended. I may need to ask you to meet again if we do not get through everything today. You may ask me any questions at any stage. I will ask you to complete a questionnaire and to sign a consent form after it has been explained to you verbally. Thereafter I would like to get to know you all.

D. Consent

a. Verbal explanation of consent form

- b. Signing of consent forms
- c. Completion of standard questionnaire

E. Permission to record all proceedings

- a. Seek permission to record all proceedings
- b. Assure the participants of confidentiality and anonymous use of material

F. Group Introductions

- a. Introductions by participants
 - Please tell us your name, how often you watch television and what your favourite TV programme is to watch

G. General Questions

H. Show *Isidingo* clip

I'm going to show you a clip

- 13:29-15:34

- 19:26-20:49

- What do you think of the message?
- If you had watched this now how would it make you adhere more or less to treatment?
- What is your impression of it?
- Do you remember watching it?
- What they find most and least interesting about *Isidingo*?

I. Show Letti interview

- 15:08-16:45

- 24:08-29:57

- How does this interview make you feel?
- Do you think interviews like this are dangerous?
- With the advances that have been made in ARVs is this messaging a problem?
- How much influence does she have as a famous person or celebrity?

J. Soap Operas (specifically South African Soap Operas) and media consumption

- What soap operas do you watch every day?
- Reasons for watching ----- every day? (is it the drama, glamour etc.)
- Why do they like -----.
- Why don't they watch *Isidingo* every day?

K. Role Models for living positively and adhering to ARVs

- Who are good role models?
- Who encourages you to take ARVs?

L. Barriers to ARV adherence

- Why do you think some people stop taking ARVs?
- Your journey on ARVs?
- Have you always thought ARVs are the best way to treat HIV?

M. If you had one minute to talk to the Minister of Health about HIV and ARVs and why people stop using them, what would you tell him?

N. If you could make a TV program to encourage people to take their ARVs, would you make a Soap Opera like *Isidingo* with characters or would you make a program with real life celebrities who are HIV-positive? And why?

Q. P. Realism and The effects of HIV messaging by and from the role models from and in the media

- Do you connect more with real people who are living with HIV and taking ARVs?
- Do you connect more with characters playing an HIV-positive person who takes ARVs?
- Who do you listen to more?
- Are you aware when you are watching shows like *Soul City* that the show is giving you health information?
- How do you respond to this information?
- How do you respond to the information you get in soap operas like in *Isidingo*? Give an example?

R. Faith

S. Reactions to the story of the lady bringing a candle? (prompt)

T. I'm going to give a summary of everything that has been said today and then I will give you each a turn to tell me if I have left anything out and what the most important thing we have discussed today is. Is there anything that we should have talked about that we didn't?

U. Closing statement

This is the first discussion in a series of groups like this. Do you have suggestions for how I can improve?

We have come to the end of the discussion. Allow me to remind you that the interview has been recorded and will be transcribed. You will be allocated different names for the transcription and data analysis in order that everything you have said

remains confidential. Thank you again for your time and honest responses. You have assisted me greatly in this research and I am deeply grateful. Enkosi.