

**An Analysis of Students' Responses to ABC & VCT Messages at Three
Universities in KwaZulu-Natal Province, South Africa**

Abraham Kiprof Mulwo

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**Supervised by:
Prof. Keyan G. Tomaselli**

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DECLARATION

I, Abraham Kiprop Mulwo, declare that the work presented in this thesis is my own, and that it has not been submitted for a degree at any other university. Any work done by other persons has been duly acknowledged.

Abraham Kiprop Mulwo

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DEDICATION

I dedicate this thesis to Cynthia and Diana, our two daughters to whom my pursuit of academic achievement meant three years of growing up without father's love. You have a special place in my heart and I will always strive to make up to you through my unfailing love.

ABSTRACT

The high levels of HIV prevalence amongst young people in several sub-Saharan African countries, in spite of massive HIV prevention interventions, has prompted calls to investigate the contextual factors that drive the epidemic.

A crucial component that often has been missed in the literature is an understanding of the mediation processes involved in HIV prevention communication within cultural contexts. The uniqueness of this study is thus premised in its focus on the structures and processes of meaning-production within social groups, with regard to sex and HIV/AIDS, and how the produced meanings affect the interpretation and impact of HIV prevention texts. Using *Hermeneutics*, *Reception Theory* and the *Social Constructionism Theory*, this study examines how students at University of KwaZulu-Natal, University of Zululand and the Durban University of Technology make sense of the cultural meanings offered by HIV prevention messages, such as ‘Abstinence’, ‘Be faithful’, ‘Condomise’ and Voluntary Counselling and Testing (VCT). A multi-method approach, involving a questionnaire survey, in-depth interviews with sampled students and HIV/AIDS coordinators, and non-participant observations, was used to obtain data for the study.

Findings of the study support the conclusion that the categories of students’ responses to HIV-prevention messages were often predicated upon their relationships and participation in the various social groups. Their decisions to adopt/not adopt these prevention options were often based, therefore, on how meanings attached to these options articulated with the social significance of sex and sexual practices. In the context of intersubjective meaning-formation, therefore, the relational categories of abstinence, being faithful, condomise and VCT should not be conceptualised as discreet, frozen categories, but should rather be understood as open-ended possibilities existing concurrently, coextensively and dialectically.

LIST OF ACRONYMS

AAG	Aids Advisory Group
AAU	Association of African Universities
ADEA	The Association for the Development of Education in Africa
AIDS	Acquired Immune Deficiency Syndrome
ANC	African National Congress
ARV	Antiretroviral Treatment
ATIC	AIDS Training and Information Centers
AZT	Azidothymidine
BCC	Behaviour change Communication
CADRE	Centre for AIDS Development Research and Evaluations
CBO	Community Based Organization
CHE	Council on Higher Education
CTP	Committee of Technikon Principals
DoE	Department of Education
DoH	Department of Health
DUT	Durban University of Technology
HEAIDS	Higher Education HIV and AIDS Programme
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
HST	Health Systems Trust
JKFF	John Kaiser Family Foundation
KAPB	Knowledge Attitudes Practices and Beliefs
NACC	National AIDS Control Council
MRCSA	Medical Research Council of South Africa
SAIMR	South African Institute of Medical Research
SANAC	South African National AIDS Council
SAUVCA	South African Universities Vice Chancellors Association
STI	Sexually Transmitted Infection
TAC	Treatment Action Campaign
WGHE	Working Group on Higher Education
WHO	World Health Organization
UKZN	University of KwaZulu-Natal
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNIZUL	University of Zululand

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CHAPTER ONE

Introduction

This chapter provides an overall review of the main research problem that the study seeks to address. It introduces the study by providing the background and the rationale within which the study was conceived. The overall objectives and the main research questions that guided the study are also outlined in this chapter.

The chapter begins with an overview of the problem of HIV/AIDS among young people in sub-Saharan Africa, focusing on the South African situation. This is followed by a brief discussion on the role of behaviour change communication programmes in mitigating the spread of HIV, which then leads to the main problem that the study attempts to address: How students' constructions of their sexualities influence the ways in which they make sense of the cultural meanings offered by HIV prevention communication messages such as 'Abstinence', 'Be faithful', 'Condomise' and 'Know your status (VCT)'. The definitions of key concepts used in this study are then provided, after which the overall structure of the thesis is laid out. The chapter concludes with a brief summary of the major issues that have been highlighted within the chapter.

Background and Rationale of the Study

In a world affected by HIV/AIDS, keeping young people free from HIV infection becomes a first priority (Chetty & Michel, 2005). Young people aged 15-24 years in sub-Saharan Africa are said to constitute about 20% of the entire population and therefore have a significant impact on the societal well-being and future population growth (Mba, 2003). Increasing attention is now focused on the sexual risk-taking, together with its resultant consequences, among the young people, especially in sub-Saharan Africa, and particularly in the HIV/AIDS era. Although many African societies prohibit premarital sex, research findings have shown a huge disparity between the expected and the actual behaviour, with more than 50% of all mothers in the region falling within the age category of 15 – 19 years, a period when the majority of women in most contemporary African societies are still expected to be in school (ibid).

Recent studies on youth sexual behaviour in South Africa show that young people continue to face the greatest risk of HIV infection. A study conducted in 2005 by the Human Sciences Research Council (HSRC), in conjunction with the Nelson Mandela Foundation, revealed that about 57.9% of young people aged between 15 – 24 years had already engaged in penetrative sex. The study estimated the median age of a first sexual encounter at 17 years. It was also established that about 27.2% of males and an estimated 6.0% of females had had multiple sex partners in the previous 12 months. On use of condoms, the study noted that 27.2% of males and 54.3% of females who had sex in the last one year, never used condoms (HSRC, 2005). These findings demonstrate clearly that the desired behaviour changes necessary to prevent HIV infection among young people in South Africa are still low, hence the continued rise in infection rates. Most university students fall within the age group of 20-25 years, which is within the group most vulnerable to HIV infection (Chetty & Michel, 2005; HSRC, 2005).

In sub-Saharan Africa, HIV is mainly spread through heterosexual intercourse (Mba, 2003; UNAIDS, 2006). Hence, young people within the sexually active age group bear the brunt of the HIV epidemic. A ‘think-tank’ meeting convened in 2006 by SADC and UNAIDS, in Lesotho, concluded that the uniqueness of the sub-Saharan African HIV epidemic is related to the high levels of multiple concurrent sexual relationships, combined with inconsistent condom use and lack of male circumcision (Halperin & Epstein, 2007). Multiple, concurrent partnerships result in the formation of sexual networks, which then become avenues through which HIV is easily spread, especially in the context of inconsistent condom usage (Epstein, 2007; Parker, et al. 2007; Halperin & Epstein, 2007). As a result, intervention efforts aimed at HIV prevention are increasingly focused on promoting male circumcision and dismantling these sexual networks by encouraging partner-fidelity and promoting consistent condom usage. Effective communication is critical in mobilizing the young people to change their sexual behaviour from high risk to low risk sexual activities, such as reducing the number of sexual partners or using condoms (Parker, Dalrymple, & Durden, 1999).

In South Africa, several approaches that mainly employ the use of mass media channels have been initiated, in an attempt to encourage sexual behaviour change among the young people (Parker, 2006a). These include media entertainment education programmes, such as *Soul City*, *Tsha Tsha* and *Khomanani*, television, and radio and billboard advertisements. Interpersonal communication programmes such as *DramAidE*, peer education programmes in schools and institutions of learning, condom social marketing and distribution programmes and a variety of other approaches have also been implemented, especially in institutions of learning (Department of Education, 2001; Deutsch, 2003). The ‘Abstain’, ‘Be faithful’, ‘Condomise’ and ‘Know your status (VCT)’ slogans remain the rallying call of most of the communication campaigns.

In some cases, donor support for HIV prevention communication campaigns come with strict conditions that dictate the direction in which HIV prevention efforts should take. Programmes that receive financial support from organization such as the United States’ President’s Emergency Fund for AIDS Relief (PEPFAR), for instance, are required to promote abstinence-only-until-marriage and partner reduction among unmarried young people. The conditions set by PEPFAR systematically exclude the promotion of condom usage among populations such as university students. Whilst PEPFAR states that “Every country program must include all three elements of the ‘ABCs’ promoted strategically to appropriate populations and drivers of the disease” (p.5), it also insists that:

- Emergency Plan funds may not be used to physically distribute or provide condoms in school settings;
- Emergency Plan funds may not be used in schools for marketing efforts to promote condoms to youth; and
- Emergency Plan funds may not be used in any setting for marketing campaigns that target youth and encourage condom use as the primary intervention for HIV prevention (PEPFAR, 2005, p. 6).

Condom usage is only promoted among “those whose behaviour places them at risk for transmitting or becoming infected with HIV” (p. 2), which, in this case, includes people who: engage in casual sex, practice transactional sex, have sex with people known to be HIV positive or of unknown status, use intravenous drugs, and those who abuse drugs and alcohol. Also included in this category are people who work away

from home, women who suspect their spouses to be engaging in extramarital sexual affairs and men who have sex with men. Even then, condom use should be promoted with an emphasis on the fact that condoms do not provide 100% protection (PEPFAR, 2005).

The ABC strategy has received considerable criticism from several scholars and health practitioners, especially in sub-Saharan Africa (cf. S. Cohen, 2004; Okware, et. al. 2005; Reddy, 2005; Thornton, 2006; Wawer, Gray, & Serwadda, 2005). The common argument in all the criticisms levelled against the ABC strategy is that it focuses on the individual as an agent for sexual behaviour change. Many scholars agree that individual-centred approaches are effective in changing individuals' knowledge, attitudes and beliefs regarding HIV/AIDS (Swanepoel, E. 2005; Swanepoel, P. 2005; Viswanath & Finnegan, 2002; Yzer, 1999). However, many argue that individual-centred approaches fail to critically address the social, cultural and economic conditions that may inhibit individuals' ability to carry out certain decisions at individual level (Airhihenbuwa & Obregon, 2000; National Cancer Institute, 2005; Swanepoel, P. 2005).

Many now perceive human sexuality as a social construction that needs to be understood within the broader context in which it is practiced (Foucault, 1979; Giles, 2006; Richters, 2001; Vance, 1991). It has been suggested that the design of effective HIV prevention programmes should be based on a clear understanding of how sexual behaviour is shaped by the context within which it is enacted (Airhihenbuwa & De Witt-Webster, 2004; Leclerc-Madlala, 2002; UNAIDS, 1999b). Others have also suggested a shift in focus, to address social change rather than individual sexual behaviour change (PANOS, 2006).

Problem Statement

The latest UNAIDS report indicates that young people aged 20-24 account for 45% of all new cases of HIV infection globally (UNAIDS, 2008, p. 96). Despite evidence of decline in HIV prevalence in some sub-Saharan countries after 2002 (Cheluget et al., 2006; Gregson et al., 2006; Sandøy, et. al. 2007), reports from Southern Africa show continued high HIV prevalence among young people, in spite of massive HIV prevention interventions (UNAIDS, 2007a, 2008; Department of Health, 2007). This has prompted calls to investigate the contextual factors that drive the epidemic,

especially among the young people in Southern Africa. In her article, “Youth, HIV/AIDS and the Importance of Sexual Culture and Context”, Suzanne Leclerc-Madlala calls for a “more detailed analysis of how the various components identified as contributing to the high-risk HIV/AIDS profile of youth (i.e. socio-cultural norms of gender inequality, sexual violence, multiple partnerships for men, lack of sex education, negative attitudes towards the condom, pressures to prove fertility, fatalistic attitudes, dangerous myths, etc....) are linked to and maintained by a socio-sexual culture/context that makes behaviour change such a difficulty”(Leclerc-Madlala, 2002, p. 9).

Many young women not only engage in risky sexual activities to meet their basic ‘needs’ such as money, food and clothing, but also to satisfy ‘wants’ such as expensive cell phones, high-class jewellery and rides in luxury cars (cf, Hunter, 2002; Leclerc-Madlala, 2004). Other studies have also shown that women in some communities are under intense pressure to engage in unprotected sex before marriage in order to prove their fertility (Mba, 2003; Zabin & Kiragu, 1998). This situation is exacerbated also by the gender power inequalities in most African societies, where rape and forced sex are common, and often go unreported (Dunkle, 2004; Felicity, 2005; Beverley Haddad, 2002; Beverley Haddad, 2003; Jewkes & Levin, 2003; Kalichman & Simbayi, 2005; Ottive-Igbuzor, 2007; Pienaar & Van den Berg, 2005; Strebel et al., 2006; Wojcicki, 2002). In some communities, men’s involvement in pre-marital sexual activities is considered healthy, with the belief that men have a voracious desire for sex and that somehow, unejaculated semen poses a threat to health (Chitando, 2008; Hunter, 2004; Leclerc-Madlala, 2005; Mba, 2003; Simpson, 2007; Sorrell & Raffaelli, 2005 ; Thorpe, 2002).

The findings of these studies have contributed immensely to the understanding of the structural context that underlies the enactment of risky-sex. This has further led to the development of institutional and governmental structures, such as legislation against gender violence, economic empowerment programmes targeting women and vulnerable groups, life skills programmes in schools and several other strategies, aimed at addressing contextual factors that drive the HIV epidemic.

Nevertheless, a crucial component often missed in these studies is the investigation of mediation processes that are involved in HIV prevention communication within

specific cultural contexts. In order to comprehend the evident failure of campaigns to generate the desired outcomes, in terms of behavioural modifications, it is important to understand how audiences make sense of the texts presented to them by these campaigns, especially within contexts such as universities that are characterised by the existence of multiple cultures. Previous social science research on HIV/AIDS within universities has often tended to focus on assessing students' HIV/AIDS-related knowledge, attitudes, practices and beliefs (Gańczak et al., 2007; Peltzer, Oladimeji, & Morakinyo, 2003; Petersen, Bhangwanjee, & Makhaba, 2001; Raijmakers & Pretorius, 2006; Skinner, 2001) and transactional sex and materialism among university students (Oxlund, 2007). Other studies have focused on evaluating policy development and the implementation of HIV/AIDS policies and programmes at universities (Chetty, 2000; Morrison, 2005; SAUVCA, 2005; Van Papendorp, Coetzee, & Koorts, 2007; Rawjee, 2007).

The uniqueness of the present study is thus premised on its focus on the structures and processes that underpin meaning-production, with regard to sex and HIV/AIDS among university students, and how the produced meanings ultimately affect the interpretation and impact of HIV prevention texts.

Overall Aims of the Study and Specific Research Questions

It is the purpose of this study to establish how students at University of KwaZulu-Natal (UKZN), University of Zululand (UNIZUL) and Durban University of Technology (DUT) make sense of the cultural meanings offered by HIV prevention messages such as 'Abstinence', 'Be faithful', 'Condomise' and 'Know your status (VCT)'. The study draws on the *Hermeneutics, Reception Theory and Social Constructionism Theory* to investigate the processes and structures that influence students' constructions of sex and how these constructions ultimately shape the meaning-formations, with regard to 'Abstinence' 'Be faithful', 'Condomise' and VCT, and the adoption/non-adoption of these HIV prevention options.

Specific Research Questions

Specifically, the study will attempt to answer the following questions:

- How do students at UKZN, UNIZUL and DUT access HIV/AIDS communication campaigns?

- What campaign strategies have UKZN, UNIZUL and DUT put in place to promote HIV prevention among students?
- What impact do prevailing discourses on HIV/AIDS have on meaning-formations, with regards to sex and HIV prevention among students at UKZN, UNIZUL and DUT?
- How do students at UKZN, UNIZUL and DUT interpret the cultural meanings offered by HIV prevention texts such as Abstinence, Be faithful Condomise, and Know your status (VCT)?
- How do the students' constructions of sex influence their interpretation of Abstinence, Be faithful, Condomise and VCT Messages?

Thesis Structure

Chapter One provides a background to the study and spells out the aim of research and the kind of questions that the study is set to answer.

The second chapter expounds on the nature of the HIV/AIDS epidemic and its impact on young people in South Africa. To illustrate this challenge, the chapter provides figures from the latest research on HIV prevalence and the risky sexual behaviours among young South Africans. The chapter also summarises the steps that the South African government has taken to address the HIV/AIDS epidemic and outlines the major programmes that have been initiated in attempts to influence youth sexual behaviour change. The chapter concludes with recent debates on why efforts to mitigate the spread of HIV in South Africa, unlike in other developing countries, do not seem to bear any fruits.

Chapter Three focuses on the problem of HIV/AIDS in South African universities. To highlight this problem, the chapter provides figures and statistics relating to the HIV/AIDS situation among students and discusses ways in which the disease has affected the day-to-day activities of the universities. Findings of previous research on the readiness of South African universities to handle the HIV/AIDS crisis among its students are discussed, with a focus on how policies relating to HIV prevention among students are being implemented in the three universities involved in this study.

Chapter Four critically examines previous studies that have been conducted and that relate to the theme of this study. The review is organized into three main sections. The first section examines the role of behaviour change communication in responding to HIV/AIDS, with a special focus on the ABC strategy. The second section reviews studies relating to the context of sexual activity. This analysis begins with the global studies, followed by African studies and, lastly, studies conducted in South Africa. The third section examines social science-based HIV/AIDS studies that have been conducted in South African institutions of higher learning. This section highlights the need to move beyond measuring attitudes, practices and beliefs regarding HIV/AIDS and sexual behaviour, to examine the meanings that students attach to behaviour change messages and to their sexual behaviours, and how these influence their responses to behaviour change messages.

The fifth chapter analyses the three key theoretical perspectives that provided the framework within which this study was conceived: the *Hermeneutics Theory*, *Reception Theory*, and the *Social Constructionism Theory*. The chapter begins with an analysis of the historical development of the hermeneutical theory, focusing on how various philosophers have contributed in the development and understanding of hermeneutics, with a special reference to the notion of hermeneutic circle. This is followed by a discussion of the paradigm shifts in the conceptualisation of media effects on audiences, which seeks to highlight the role of target audiences in the meaning-making process and how the perception of this role has changed over the years. The third section discusses the social construction of meaning, with a special reference to the social construction of sexual practice. The chapter concludes with a summary of the synergies between the three theoretical perspectives in researching the students' meaning-making processes, in relation to HIV prevention communication.

Chapter Six discusses the strategies employed to generate data for this study. It deals with the methods used in selecting the sample for the study and the different approaches used to obtain and to analyse data.

Chapter Seven summarises and discusses study results relating to students' access to HIV prevention communication campaigns and the impact of these programmes in terms of students' participation and behavioural responses. The chapter focuses

mainly on the survey results that examined where and how students access HIV/AIDS prevention campaigns and their perceptions concerning these campaigns. The chapter further examines students' sexual behaviours in terms of engagement in sexual activities, multiple and concurrent sexual partnerships, use/non-use of condoms and the uptake of VCT services. This chapter also draws on the results from in-depth interviews to enhance the interpretation of the students' sexual behaviours, through an analysis of the social constructions of sex.

Chapter Eight concentrates on summarising and discussing students' interpretations of Abstinence, Be faithful, Condomise and Know your status (VCT). The chapter draws on the interviews conducted with 24 students and three HIV/AIDS programme administrators to analyse the kind of meanings that students generate out of the HIV prevention texts. Results are categorised and discussed within the key themes that emerge from the interviews.

Chapter Nine deals with the interpretation and discussion of the key results, based on the theoretical assumptions of the study. In this chapter, the meanings generated by the students with regard to sex, HIV/AIDS, and the HIV prevention texts, such as Abstinence, Be faithful, Condomise and Know your status (VCT), are examined in the light of Hermeneutics, Reception Theories and Social Constructionism in order to elucidate the processes of meaning-formation and why communication campaigns do not seem to influence changes in students' sexual behaviours. This chapter highlights the significance of group dynamics in shaping the meanings that individuals generate out of the HIV prevention communication campaigns.

The final chapter concludes by summarising the key findings and stating the key conceptual and methodological contributions of the study

Definition of Key Terms

Behaviour change – “Behaviour change” is a phrase that is often used in discourses related to HIV prevention, to refer to adoption of behaviours that reduce the risk of the HIV infection. Warren Parker, Lynn Dalrymple and Emma Durden describe behaviour change as “change from high risk to low risk sexual activities – for example, having fewer sexual partners, or using condoms during every act of sexual intercourse” (1999, p.5). This perspective is adopted in this study.

Discourse – The term ‘discourse’ has been defined variously by different scholars, depending on their disciplinary backgrounds. However, this study adopts Vivien Burr’s definition of Discourse as “A set of meanings, metaphors, representations, images, stories, statements and so on that in some way together produce particular version of events” (Burr, 2003, p. 64).

Sexual identity – In contemporary literature, sexual identity is often used to refer to the homosexual-heterosexual dichotomy. In this study, however, sexual identities refer to the various categories that exist within the heterosexual collective.

Young people – in this study, the phrase “young people” is used interchangeably with “youth” to refer to the broader category of both men and women aged between 10 – 30 years which has been described by Harrison (2005) as a period of transition between childhood to adulthood.

Summary

Despite several programmes initiated to influence sexual behavioural changes among South African young people, recent studies show that young people continue to engage in practices that place them at the greatest risk of HIV infection. Understanding how young people make meaning of their own sexual behaviours and relationships and how they interpret the cultural meanings offered by HIV/AIDS advocacy information, is crucial in designing programmes that can be used to effectively motivate them to change from engaging in risky to less risky sexual practices.

Previous studies on young people’s sexual behaviours have tended to focus on their attitudes, knowledge, practices and beliefs relating to HIV/AIDS and HIV prevention strategies. More recent studies have focused on the relevance of context in sexual decision-making and have been inclined to investigate factors such as poverty, gender power relations, literacy levels and other socio-cultural practices. This study explores the communication strategies used to encourage behaviour change amongst students at three universities in KwaZulu-Natal. The study seeks to generate an understanding of how students make sense of the cultural meanings attached to behaviour change messages, such as Abstinence, Be faithful, Condomise and VCT, by seeking to understand how these notions are socially constructed within their social systems. The

study further seeks to find out how these constructions influence the interpretative positions that students undertake in relation to the HIV prevention messages.

CHAPTER TWO

HIV/AIDS and Youth in South Africa

This chapter offers a reflection on the nature of the HIV/AIDS epidemic in South Africa. It provides a brief history of HIV/AIDS and the factors that have contributed to fanning its spread in South Africa. Focusing on its impact on young people, the chapter highlights the grave danger posed by HIV/AIDS for the future of South Africa and the policy confusion and controversies that have characterized governmental response to the AIDS crisis. The chapter also examines programmes that have been initiated to prevent the spread of HIV/AIDS and the outcomes of such efforts, especially among South African young people.

The chapter begins with a brief history and the nature of the HIV/AIDS epidemic in South Africa. This is followed by an analysis of recent statistical findings related to the spread of HIV/AIDS and the risk behavioural practices that put young people at risk of HIV infection. The South African response to the HIV/AIDS challenge is then examined, followed by a concluding summary of the highlights of the chapter.

History and Nature of the AIDS Epidemic in South Africa

The first case of HIV in South Africa was detected in 1982 in one white homosexual man believed to have contracted the virus while in California (Webb, 1997). At the time, the virus had not yet received serious attention globally and was generally believed to be a gay disease (Pattern I epidemic) (Abdool Karim, S. 2005). Within the first half of the 1980s, there were few cases of HIV in South Africa reported, mainly among white homosexual men in urban areas such as Pretoria, Durban, Gauteng and Cape Town (Webb, 1997). The first cases of HIV within the black community were detected among the workers in the mining centres in mid 1980s and these are believed to have been introduced by migrant workers from what was then regarded as the Central African AIDS Belt (Kenya, Uganda, Rwanda, Burundi and Tanzania). This was a mainly Pattern II epidemic (spread through heterosexual intercourse) and was seen to be spreading South-Westwards, following major truck routes (Webb, 1997). The virus was also observed to spread northward from the Gauteng region and was linked to the movement of the mining workers (Lurie, 2005). The movement of the

virus is further linked to both national and international movements, for example, the return of refugees and combatants from Mozambique, Zimbabwe and other neighbouring countries, the resettlement of mass populations to urban townships and homelands and internal and international business travels to large business towns, such as Durban, which has recorded the highest HIV prevalence rates (Horton, 2006).

South Africa is reported as being the epicentre of HIV/AIDS in the world and the epidemic in the region is not showing any evidence of decline, even though the HIV infection rate appears to have stabilised (UNAIDS, 2006, 2008). Currently, South Africa has the largest number of people living with HIV in the world (UNAIDS, 2007a, 2008; Walker & Kotloff, 2004). It is estimated that between 4.9 and 6.6 million South Africans currently live with HIV (UNAIDS, 2008, p. 40). Even though the early cases of HIV in South Africa were detected among homosexual white men, current prevalence rates show a strong correlation with the various race groups where high prevalence is reported among blacks, followed by Coloureds, then Asians and lowest among Whites (Horton, 2006).

As in other sub-Saharan countries, the HIV/AIDS epidemic in South Africa is widely seen to be primarily heterosexually driven (Walker & Kotloff, 2004). Factors such as gender, employment status, income level and level of education have also been found to influence the prevalence rates. Previous studies have noted gender disparities in HIV prevalence rates, where prevalence among women was found to be more than double that of men (Pettifor, 2004). The epidemic is also seen to disproportionately affect the poor, compared to affluent people (Melkote, 2000). The magnitude of the epidemic among young South Africans is undoubtedly one of the highest in the world.

HIV/AIDS among the South African Youth: Painting the picture

The World Health Organization considers 'youth' as comprising people within ages 10-24. However, the term 'young people' is widely used to refer to a broader category of both men and women between ages 10-30 years (Harrison, 2005). The Western concept of young people refers to that period of transition from full dependence on parents, the society and the state, in preparation for adulthood which mainly begins at marriage (Dowsett & Aggleton, 1999). This period of human development encompasses adolescence, a period characterized by powerful physical and emotional changes that begin at puberty (Harrison, 2005). Historically, however, the gap

between childhood and adulthood continues to widen as people engage in activities such as education and other opportunities that may delay their getting into marriage (Dowsett & Aggleton, 1999; Harrison, 2005). Dowsett and Aggleton criticized the tendency to perceive young people as “some artificial homogeneity”.

Studies of HIV/AIDS globally have particularly focused on young people for a number of reasons. First, young people form a significant group of the entire population in many countries. In sub-Saharan Africa, for example, young people aged 15-24 years are said to constitute 20% of the entire population (Mba, 2003). It then follows that any threat to young people implies a threat to the core of the society. Secondly, young people live at a transitional period characterized by greater sexual desires, expression and experimentation, socio-cultural norms and peer pressure. These, coupled with lack of experience in negotiating terms of relationships, increase young people’s chances of engaging in unprotected sex, hence placing them at the greatest risk of HIV infection (Harrison, 2005). Young women also face greater risks of HIV infection specifically due to their immature genital tract and cervix that provides increased opportunities for the HIV virus to penetrate (ibid).

Dowsett and Aggleton critique the manner in which HIV/AIDS studies of young people – especially those that focus on knowledge, attitudes, practices and behaviours – are being conducted. Failure to seek young people’s understanding of the meaning of sex and sexual practices and behaviours is seen to contribute to the sidelining of young people in developing health programmes targeted at them, which often lead to failure of such programmes.

Young people are a group whose behaviour, particularly sexual behaviour, is often regarded as premature if not immature, immoral or at least unfortunate, and whose own ideas, experiences and concerns about sexuality are mostly neglected by society at large.... We have to rethink notions of sexuality.... Sexual expression can be seen as a set of meaningful acts, not just as a biological urge (Dowsett & Aggleton, 1999, p. 11).

Research conducted between 2002 and 2005 on HIV incidence and prevalence rates in South Africa showed an upward trend in the infection rate among young people aged 15-24, despite the many initiatives put in place to curb the spread of the epidemic. A study commissioned by the Nelson Mandela foundation and conducted by the Human

Sciences Research Council (HSRC, 2002) established a national infection rate of young people aged 15-24 years at 9.3%. The study noted a higher prevalence among young females (12.0%) compared to their male counterparts (6.1%) (see **Figure 1**). A similar national survey, specifically aimed at establishing the sexual behaviour among 15-24 year-old South Africans in 2003 (Pettifor, 2004), found that about one in every ten (10.2%) South African young people was infected with HIV. The prevalence was higher among 20-24 year-olds (16.5%) and lower among 15-19 year-olds (4.8%), signalling an increase in sexual activity as young people grew older. Young women were also found to be disproportionately affected compared to young men, where 77% of those infected were women (see **Figure 2**). Another national survey, conducted by the Human Sciences Research Council two years later, established a national HIV prevalence rate among young people aged 15-24 years at 10.3% (HSRC, 2005). As in the previous study, the rate of infection among females was found to be almost four times higher than that of males (16.9% vs 4.4%) (see **Figure 3**).

Figure 1: HIV prevalence among persons aged 15–24 years by sex, South Africa 2002

SEX	n	HIV POSITIVE (%)	95% CI
Total	2099	9.3	7.3–11.2
Male	976	6.1	3.9–8.3
Female	1123	12.0	9.2–14.7

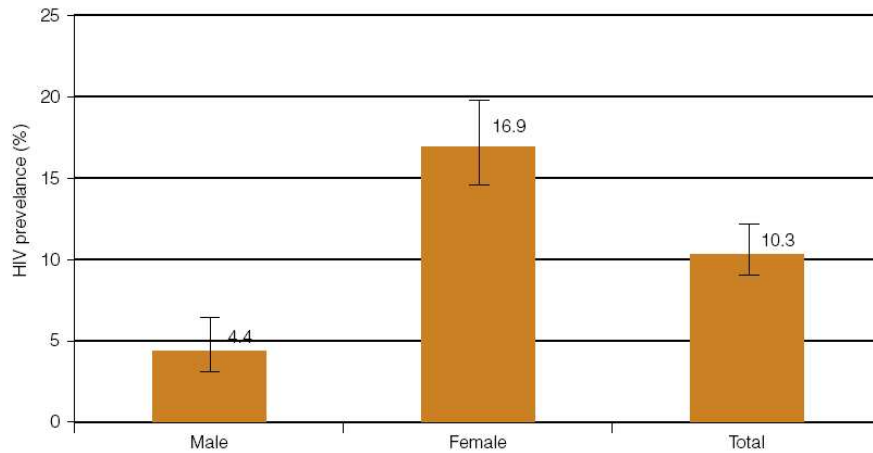
Source: (HSRC, 2002)

Figure 2: HIV prevalence by gender and age group

		Gender		Age group		Gender by age group				
		Total	Male	Female	15-19	20-24	Male Age group		Female Age group	
							15-19	20-24	15-19	20-24
HIV status	HIV positive	10.2%	4.8%	15.5%	4.8%	16.5%	2.5%	7.6%	7.3%	24.5%
	HIV negative	89.8%	95.2%	84.5%	95.2%	83.5%	97.5%	92.4%	92.7%	75.5%
	Total	11904	5687	6217	7238	4666	3556	2131	3682	2535

Source: (Pettifor, 2004)

Figure 3: HIV prevalence among youth aged 15–24 years by sex, South Africa 2005



Source: (HSRC, 2005)

Two trends can be observed from these three national surveys, although the differences could arguably be a result of the variation in the research approaches employed in each study. First, there seems to be a continuous, albeit slight, increase in the infection rates among South African young people. This is an indication that the many behaviour change programmes initiated to influence sexual behaviour change among young people are not achieving their objectives. Secondly, the epidemic seems to be disproportionately affecting young females compared to young males, with the statistics indicating a continuous rise in the infection rate among females, compared to a continuous decrease in infection rate among their male counterparts. This could be probably a result of trans-generational sex, where more females have been found to engage in sex with partners five or more years older than them, compared to their male counterparts (Preston-Whyte, 1994; Luke & Kurz, 2002, Oduyoye, 2004).

The three studies further reveal a decrease in the age of initiation into sexual activity and worsening sexual behavioural patterns among young people that are seen to put them at greater risk of HIV infection. The HSRC Survey of 2002 noted a “trend towards earlier sexual debut amongst younger respondents”. The median age among the 35-44 year-olds was found to be 18 years, 17 years among 25-34 year-olds and 16 years among the 15-24 year-olds. In the 2003 national survey, 48% of 15-19 year-olds and a 89% of 20-24 year-olds surveyed reported to have had sexual intercourse (Pettifor, 2004). Almost one in every 10 (8%) respondents in this study reported

having had sex at the age of 14 years or younger. Although there was a significant number (17%) of young people who had engaged in sexual practices previously and who reported not having had sex in the previous 12 months, in this study, the majority of them proffered lack of sexual partners or opportunities as reasons for not engaging in sex and not a deliberate choice to abstain. Twenty-seven percent of the respondents, who had had sex in the previous 12 months, reported having more than one sexual partner and only a third (33%) of them reported having used condoms. This implies that the majority of young people engage in unprotected sex. In the 2005 Human sciences Research Council national survey, the median age among the 15-24 year-olds was found to be 17 years, although more youths (57.9%), compared to the 2002 survey's (56.8%), had ever engaged in sex (HSRC, 2005).

In South Africa, it is estimated that 30% of females aged 20-24 years have given birth by the age of 20 (Central Statistics Survey, 1997) and an estimated 80% of AIDS patients are youths in their early twenties (Bateman, 2001). It is also estimated that over 60% of HIV infections in South Africa occur before the age of 25 and that South African youth are among the high-risk groups for HIV infection in the world (Leclerc-Madlala, 2002). KwaZulu-Natal is the most affected province in South Africa, with the overall prevalence rates standing at between 37.5%-40.7%, of which the majority of those who are currently infected are youths (Department of Health, 2007).

Responses to HIV/AIDS Challenge in South Africa

The South African response to the HIV/AIDS crisis, for the past two decades, has been characterized by denial, confused policy developments, controversial medical responses and persistent ideological battles between anti-HIV/AIDS activists, on one hand, and the government, on the other (Tomaselli 2009). An extensive review of the South African government's response to the HIV/AIDS epidemic has been documented by Louis Grundlingh in his article, "Government Responses to HIV/AIDS in South Africa as Reported in the Media, 1983-1994" (Grundlingh, 2001). In the early 1980's, when the first cases of HIV were reported in South Africa, the initial government response was to suppress anxiety amongst the White community with an assurance that the disease was limited to the minority white homosexuals, an idea that was then widely espoused even in the western world, where the first cases of HIV/AIDS were discovered (Grundlingh, 2001). Owing to

stigmatization and ostracization of the homosexual groups at the time, and the belief that the disease did not affect the ‘sexually straight’ (heterosexual groups), the government did not see the urgency of addressing HIV/AIDS in its initial stages (Zwi & Bachmayer, 1990). HIV/AIDS in the Black communities during this period did not receive any attention from the government, due to the racial discrimination that characterized the apartheid regime (Cross & Whitesand, 1993).

The first official acknowledgement of the potentially disastrous impact of HIV/AIDS came in 1987, from the then Minister of Health, Dr. Willie van Niekerk, who publicly acknowledged that although few cases of HIV had been diagnosed at the time, the prospective of the disease becoming a major problem in South Africa was high¹ (Grundlingh, 2001). During this period, there were calls, particularly from the medical circles, to make HIV/AIDS a notifiable disease and to isolate those who were already infected in the society². This view, however, was rejected by those who rightly pointed out that making the disease notifiable would discourage people from seeking treatment, for fear of ostracization (Grundlingh, 2001).

Attempts by the government to create public awareness of HIV/AIDS began in 1988, with the development of “low-key” awareness programmes such as ‘Aidsline’ and ‘InfoSong’, which were initiated to provide information, advice and counselling to the general public (Grundlingh, 2001). The government also funded the development of Aids Training and Information Centres (ATICS) in each province, with an objective of creating awareness and involving communities through educational programmes and confidential services offered by trained nurses (Grundlingh, 2001). However, none of the ATICS was located in the areas occupied by black people (Webb, 1997). The McCann advertising agency was contracted by the government in 1989 to design television advertisements, posters and information leaflets, to educate the people about HIV/AIDS and to promote condom use. Condom adverts were then aired on South African television for the first time, but only through M-Net and Bop-TV, not SABC. However, racist overtones were apparent in these early adverts, with those targeted at white communities using graffiti – a popular medium of expression by young people – to encourage a preventative approach, whereas adverts targeted at black people used scare tactics, such as a coffin being lowered into the grave

¹ *The Star*, 21 Jan, 1987

² *The Natal Mercury*, 25 Aug. 1988

(Grundlingh, 2001). This, therefore, seemed to propagate the thinking that HIV/AIDS was a disease associated with black people.

The first major signal of the government's commitment to address the HIV/AIDS issue came in 1992, when the National Coordinating Committee was formed and mandated to develop an HIV/AIDS strategy (Horton, 2006). By this time, it was widely accepted that the virus was mainly spread through heterosexual intercourse and the importance of involving the entire community in HIV prevention efforts had been widely acknowledged, both locally and globally (Grundlingh, 2001). However, the violent politics of transition and constitutional-making at the time distracted government's efforts to prioritize the fight against HIV/AIDS (Walker & Kotloff, 2004; Fourie, 2005).

In 1993, the government attempted to educate the masses through the transport system, by placing posters on taxi vehicles country-wide and encouraging taxi drivers to play cassettes with HIV/AIDS messages while transporting passengers. Drivers were also trained in HIV/AIDS issues and encouraged to advise their passengers on the dangers of engaging in risky behaviours, such as having multiple partners, the use of alcohol and relying on witch-craft³ (Grundlingh, 2001). This was aimed mainly at persuading the residents of townships, who were perceived to rely on taxi as a means of transportation and who were also perceived to contribute to the spread of the virus to their friends and relatives in rural areas, to change their sexual behaviours.

The Department of Education and Training also made AIDS programmes mandatory in the school curriculum in 1993, although 'AIDS and Lifestyle Education Package' had already been implemented in white secondary schools only by 1991⁴. Nonetheless, these programmes were criticized for their use of highly metaphorical, rather than clear language, which rendered the programmes ineffective (Webb, 1997).

With the coming in of the democratically elected government in 1994, there was an indication that the government would undertake more serious measures to respond to the epidemic, especially with the enactment of the first-ever comprehensive National AIDS Plan (NAP) (Fourie, 2005). Nevertheless, the policy failed to contribute to

³ *Eastern Province Herald*, 2 Dec. 1992

⁴ *The Cape Times*, 22 Mar. 1991

stemming the spread of the epidemic, due to what Peter Fourie calls the ‘crisis of implementation’. According to Fourie, the plan was drawn during the period of political transition by ANC leaders and human rights activists who were then not in government and therefore did not understand the day-to-day operations of the government. Thus, the plan “had such an idealist slant – without sufficient, realistic thought of counter-ideological arguments, or constraints of practicalities” (Fourie, 2005, p.164).

Controversy surrounding HIV/AIDS in South Africa did not end, even with the change of administration. In 1995, the new government approved R14.27 million of the money donated by the European Union for a single play called *Sarafina 2*, without even consulting its own Advisory Committee (HST & JKFF, 1996). This generated a major outcry from academics and media practitioners, who questioned the allocation of such a huge amount of money to a single play. Some members of the Advisory committee, who watched the play, recommended its immediate closure for misrepresenting facts about HIV/AIDS (Tomaselli, 2009). Two years later, the cabinet, again without consultations with the government’s Advisory Committee, approved Virodene, a chemical that was then claimed by its developers to be an AIDS cure (Epstein, 2000; Tomaselli, 2009). It was later discovered that Virodene was indeed a toxic industrial solvent, thus creating a major embarrassment for the government (Epstein, 2007).

The discourse generated by the immediate former President Thabo Mbeki’s⁵ denialism served to worsen the perception of his government’s seriousness in addressing HIV/AIDS. In 2000, Mbeki questioned the relationship between HIV and AIDS, associating the disease with poverty, rather than HIV (Mbali, 2004). Despite available scientific evidence that AIDS was indeed caused by HIV (Epstein, 2000), Mbeki continued propagating his denialist views and calling for ‘African Solutions’ to AIDS problem in Africa (Crewe, 2000). This view was also supported by immediate

⁵ Mbeki announced his resignation as South African president on 21st Sept, 2008, after being recalled by the African National Congress (ANC), about 6 months before the expiry of his term. Mbeki was primarily accused of meddling in a corruption case involving the ANC president, Jacob Zuma. However, the ANC leadership also cited several other reasons for recalling Mbeki, including his controversial stance in relation to HIV/AIDS which, the ANC believed, undermined the response against the epidemic. In the ensuing Cabinet reshuffle, Manto-Tshabalala-Msimang was replaced by Ms Barbara Hogan in the Health Ministry, to the celebration of many health activists.

former Minister of Health, Manto Tshabalala-Msimang, who urged the use of nutrition instead of anti-retrovirals as treatment for HIV/AIDS (Deane, 2005). Mbeki eventually succumbed to internal and international pressure to change his views on AIDS⁶, although he at times resorts to his denialism when questioned (Natrass, 2006).

Despite all the denialism and controversies, the South African government in 2000 developed the HIV/AIDS strategic plan for 2000-2005, which was regarded as one of the most comprehensive in the world. This plan was subsequently updated through several cabinet statements (Horton, 2006). The plan targets four priority areas: public awareness and prevention, treatment and support, research and monitoring, and legal and human rights. National and international Non-Governmental Organizations (NGOs) and other civil-society organizations also played a key role in creating awareness and trying to influence behaviour change amongst their audiences. Notable among these organizations are entertainment education programmes such as *Soul City*, *Tsha Tsha* and organisations like Khomanani, DramAidE, that are still currently functional. Others are loveLife and previous programmes such as Beyond Awareness 1 and 2, and GCIS (Kelly, et al., 2005; Pettifor, 2004).

Recent communication surveys in South Africa show high levels of exposure to communication programmes in relation to their target audiences (Kelly, et al., 2005; Pettifor, 2004). A National Communication Survey conducted by the Centre for AIDS Development, Research and Evaluation (Parker, 2006) revealed an overall high level of awareness of HIV/AIDS and HIV prevention strategies such as condom use and abstinence. Condom use was found to be high particularly among young people under 25 years old. High levels of awareness of nearby HIV testing centres and high numbers of young people who had undergone HIV testing was also noted. However, the communication programmes did not seem to have produced sufficient impact on the levels of HIV prevalence and sexual behavioural practices among young people. The study noted that the awareness of the importance of reducing the number of partners in preventing HIV infection and delaying sexual debut was still low. About 10% of the young people aged 15, half of those aged 16 and 40% of those aged 17 among the study respondents reported having had sex. The study also established high levels of 2+ partners in the past one month among young people aged 15-24 years.

⁶ *Mail and Guardian*, 6-10-2000

These findings show the need for clearer understanding of factors that motivate young people to engage in sexual practices that have been identified as risky and to develop programmes that are tailored towards addressing these factors.

Summary

South Africa is reported as being the country with the largest number of people living with HIV worldwide. The South African AIDS epidemic is seen to be primarily heterosexually driven and has been linked to both internal and international movements of people such as mass re-settlement from townships to homesteads, return of refugees and former freedom fighters and business travels. The magnitude of HIV/AIDS prevalence among young South Africans is undoubtedly one of the highest in the world. Recent research on HIV prevalence and incidence rates among South African young people continues to show an upward trend in infection rates. Women seem to suffer the brunt of the epidemic, with high prevalence rates reported among young women as compared to their male counterparts.

Between 1980 and 2008, the South African government response has been characterized by denial, confused policy development, ideological squabbles and controversial medical responses. The first major sign of government's commitment was seen in 1992 when it formed the National Coordinating Committee, tasked with developing an HIV/AIDS strategy. Current response to HIV/AIDS is guided by the HIV/AIDS strategic plan for 2000-2005, developed in 2000 and which has subsequently been updated through several cabinet statements.

Though several initiatives have been developed to combat HIV/AIDS in South Africa, national surveys on HIV/AIDS awareness and sexual behavioural practices show that young people continue to engage in risky sexual practices, despite the high awareness of HIV/AIDS risks. This begs for a clearer understanding of how young people make sense of behaviour change communication programmes so as to establish why these programmes seem not to have any impact on their sexual behaviours.

CHAPTER THREE

HIV/AIDS in South African Universities

This chapter focuses on the HIV/AIDS situation in the South African institutions of higher learning. It examines how the epidemic has affected the daily activities in universities, the threat that the disease poses on the higher education sub-sector in South Africa, and what universities are doing in response to the HIV/AIDS challenge. The chapter opens with an overview of the impact of the epidemic on the education sector in Africa, with a focus on the higher education sub-sector. This is followed by a brief discussion of the prevalence of HIV/AIDS among university students and its implications for learning in the South African universities. The responses of South African universities to the HIV/AIDS epidemic are then examined, with special reference to three universities: University of KwaZulu-Natal, University of Zululand and Durban University of Technology. The chapter closes with a summary of the points highlighted in the chapter.

HIV/AIDS Impact on the Day-to-Day Activities in South African Universities

The education sector is regarded as the “best hope for survival” against HIV/AIDS, because of its leadership position in research and knowledge development (MacGregor, 2001). Educational institutions possess both the human capacities and resources that place them in a better position to contribute to the management of the epidemic (Kelly, 2000). Education also equips individuals with a better understanding of the epidemic, therefore placing them in a better position to protect themselves against HIV infection. Some studies have shown a negative correlation between education levels and HIV prevalence rates, with higher prevalence rates being found among less educated people (Vandemoortele & Delamonica, 2000; World Bank 2002).

Educational institutions continue to lose large numbers of qualified educators because of HIV/AIDS, especially in sub-Saharan Africa. This has led to less experienced teachers assuming the roles of those who succumb to the disease, hence lowering the quality of education (Kelly, 2000). With the increasing mortality and morbidity rates in educational institutions due to AIDS, the United Nations Programme on HIV/AIDS

has warned of impending shortages of teachers if appropriate steps are not taken to address the situation (UNAIDS, 2004). Concerns are being raised also over the deep impact that the epidemic continues to have on students in many African countries. Drop-out rates have escalated, with the rapid increase in the number of students who succumb to the HIV/AIDS epidemic (Coombe, 2000). Also, loss of parents and loved ones due to HIV/AIDS has affected the enrolment rates in institutions of learning and the general performance of the affected learners (Kelly, 2000; 2001).

The most profound effects of the HIV/AIDS epidemic are felt in the education sector (Coombe, 2000). Diminishing population growth rates have raised fears that the pool of applicants and range of abilities among candidates could drastically reduce in the near future (Van der Merwe & Gouws, 2005). The proliferation of children orphaned by HIV/AIDS and child-headed households has also led to a significant increase in learners dropping out of school, thus further complicating the situation in the education sector (Van der Merwe & Gouws, 2005; Rispel, Letlape & Metcalf, 2006).

The epidemic has dealt a double blow to the higher education sector through its devastating effect on both the university community – composed of staff and students – and the general population that the universities interact with and from which they draw their staff and students (Kelly, 2001). Quality and quantity of production in universities have been compromised by the increasing morbidity and mortality rates within universities due to HIV/AIDS (Raijmakers & Pretorius, 2006). Also, loss of qualified academic, administrative and support staff has led to the depletion of the skilled and experienced staff, thus affecting the output from universities (Van der Merwe & Gouws, 2005; Rispel, Letlape & Metcalf, 2006). Researchers have also predicted a decline in admission and an increase in drop-out rates and in time taken to complete studies in the higher education sector as a result of HIV/AIDS (Badcock-Walters, Desmond, & Heard, 2003; D. Cohen, 2002; Raijmakers & Pretorius, 2006; Rispel, Letlape & Metcalf, 2006; World Bank, 2002).

Despite these concerns, the current HIV/AIDS situation in South African universities is still unclear, with no concrete statistical data on the HIV prevalence, morbidity and

mortality rates. No comprehensive HIV prevalence surveys⁷ been conducted in individual universities or across the South African higher education sector, hence the current picture of HIV/AIDS is mainly based on speculative projections and small scale prevalence surveys (cf, Abt. Associates Inc., 2000; Council on Higher Education, 2001; SAUVCA, 2001). The HIV situation at universities is also generally estimated to be comparable to that of similar groups in the general population (Kelly, 2001). However, this comparison may be misleading since residential universities are considered focal points for sexual activities (Chetty, 2000).

A study conducted in 2000 revealed a severe HIV/AIDS impact on work productivity and fiscal situations at the case study universities (Kelly, 2001). The study noted that work morale had significantly gone down among staff members who had lost their colleagues and loved ones, due to AIDS. In a more recent study, university employees were found to be struggling to adjust to a new working environment, which often requires them to step in – and sometimes work long hours – for their colleagues who are absent as a result of sickness, or have taken leave to either take care of their sick relatives or attend funerals (Peltzer & Phaswana-Mafuya, 2005). Academic programmes were also found to have been significantly affected, with lecturers having to adjust to a new teaching mode characterized by frequent delays in submission of assignments by students infected or affected by the HIV/AIDS epidemic.

The HIV/AIDS impact on university communities and the general population significantly affected the universities' sources of funding. Universities obtain their funding through student fees, government subsidies, donors and partner institutions, and property ownership. The overwhelming effect of the epidemic on the economic situations of many households has weakened affected families' abilities to pay fees for their children, consequently leading to an increase in drop-out rates among students. The number of students dropping out of school due to sickness resulting from HIV infection was also found to have significantly increased in the recent past, hence denying universities of an important revenue source. Additionally,

⁷ The Centre for AIDS Development, Research and Education (CADRE), in conjunction with Epicenter and Constella Futures, are currently involved in a national study, which involves establishing the HIV prevalence rates among university students and staff in 22 universities in South Africa. The study began in August 2008.

governments' spending on HIV/AIDS-related programmes has significantly increased in many countries, leading to a decline in government subsidies to universities.

Besides the diminishing revenue base, universities' spending on health related issues was reported to be escalating as a result of the rising morbidity and mortality rates among staff and students, due to HIV/AIDS. It is common practice for many universities to meet part of the funeral expenses of its members and to facilitate attendance of some of university staff at funerals involving members of university community. As a result of increasing AIDS-related deaths, universities have experienced a rapid increase of funeral expenses. Additionally, increasing numbers of well trained and experienced staff members continue to succumb to AIDS, resulting in loss of individuals in whom universities have invested a lot in terms of time and resources.

HIV/AIDS Situation among Students in South African Universities

The majority of university students are younger than 30 years (Raijmakers & Pretorius, 2006), which is the age category said to be at the highest risk of HIV infection (HSRC, 2002, 2005). National and international policies on human rights prohibit mandatory testing of employees or learners prior to joining institutions of learning (Department of Education, 1999; UNAIDS, 2002), thus making it impossible for universities to conduct mandatory tests among its staff and students as a way of assessing the HIV/AIDS situation. However, a number of researchers have made projections among university student populations, using prevalence rates of comparable groups in the general population, and small-scale HIV-prevalence surveys that have been conducted at a few university campuses in South Africa. Abt. Associates Inc. (2000), for example, estimates the HIV prevalence among University of Technology (Technikon) students at 25 percent and among university students, at a slightly lower rate of 20 percent. These rates were projected to increase to 35 percent for technikon students and 30 percent for university students by 2005. Fowler (2001) estimates that 25 percent of the undergraduate students and 20 percent of the post graduate students were HIV positive. Another projection by the South African Universities Vice Chancellors Association (SAUVCA) estimated the prevalence rates among undergraduate students at 22 percent, 11 percent among postgraduates and 24.5 percent among the technikon undergraduate students in the year 2000. These

figures were projected to rise to 33 percent among undergraduates, 21 percent among university postgraduates and 36 percent among the university of technology undergraduates by 2005 (Chetty, 2000). Similar prevalence rates were reported by Ramrathan (2003), who conducted a survey among a sample of 385 students, randomly selected from a total population of 8000 students at a South African university, and found a general HIV prevalence rate of 22.86 percent, with the prevalence among females estimated at 28.3 percent. A study commissioned by the University of Natal (now University of KwaZulu-Natal) in 1999, also estimated that up to 240 students could develop AIDS at this university by 2005 and that about 4850 students could be newly infected with HIV between 1998 and 2010 (Chetty, 2000). Based on these studies, it can be concluded that between one in every four and one in every three university students in South Africa are currently infected with HIV.

A number of studies have also noted increasing AIDS-related deaths and sicknesses among students in South African Universities, even though proper records on AIDS mortality and morbidity do not exist in most higher education institutions (Dube & Ochola, 2005). Rising cases of tuberculosis, which is often associated with HIV/AIDS, have been reported in some universities, while the numbers of students dropping out of university due to issues related to HIV/AIDS are also reported to be on the increase (Kelly, 2001). Researchers have also pointed out that most students are infected just a few years before they join university or during their studies at the university and therefore most of those infected succumb to the epidemic a few years after graduating (Chetty, 2000; Coombe, 2000; Kelly, M. 2001; Van der Merwe & Gouws, 2005).

South African Universities' Response to the HIV/AIDS Challenge

Universities are charged with the responsibility of generating, selecting, adapting, disseminating and preserving knowledge and stimulating intellectual life and cultural development (Kelly, 2001). For this reason, they are obliged to provide direction in tackling problems affecting society through research, knowledge dissemination and policy development. However, South African universities failed to provide leadership in responding to the HIV/AIDS challenge, in its initial stages. For close to two decades since the emergence of the epidemic in South Africa, universities were not

seen to be undertaking systematic and coordinated efforts to mitigate the spread of epidemic among its constituents.

The first major sign of concern about the HIV/AIDS situation in the South African higher education system came on 1st October, 1999 when the ‘Tertiary Institutions Against AIDS’ conference was held in Benoni, in Gauteng. It was at this conference that the Minister of Education, Prof. Kader Asmal, declared the AIDS epidemic as everyone’s problem and asked tertiary institutions to respond to emergent needs within their own communities and in the broader external community (Asmal, cited in Phaswana-Mafuya, 2005). Up to this time, universities seemed to have been preoccupied with the debate that was going on at the time about the restructuring of the higher education sector (Chetty, 2000). The Association of Commonwealth Universities organized another conference in Durban in November, 1999, to address the implications of HIV/AIDS for the university sector. This led to the development of the ‘HIV/AIDS policy for staff and students at Commonwealth Universities’ (ACU, in Phaswana-Mafuya, 2005).

At the turn of the century, the Working Group on Higher Education (WGHE), with funding from the Association for the Development of Education in Africa (ADEA), commissioned a study aimed at understanding the nature of the HIV/AIDS impact on African universities and the way in which universities were coping with the epidemic (Kelly, Parker, & Lewis, 2001; Kelly, 2001). The study, conducted at seven universities in six African countries, revealed what the report described as “awe inspiring silence that surrounds the disease at the institutional, academic and personal levels” (Kelly, 2001:13). The response to the epidemic at the case study universities was characterized by “considerable disarray, inadequate understanding, piecemeal response, lack of co-ordination, absence of well-developed action plans, minimal policy framework, and heavy reliance on the initiative of a few interested and committed members of staff” (Kelly, 2001: 13). Universities had not put in place academic policies needed to mainstream HIV/AIDS into teaching programmes in response to the epidemic. The study recommended a forward-looking policy response, characterized by committed leadership, clear targets and a strategic approach (Kelly, 2001). The study also recommended both inward-looking and outward-looking

strategic responses to the epidemic by universities to address the challenges posed by the disease, both to the university communities and to the general population.

Another study, 'Institutionalising Response to HIV/AIDS in South African University Sector: A SAUVCA Analysis' was commissioned by SAUVCA in May 2000, with the aim of examining responses to the epidemic in South African universities in four key areas: management, planning, programmes and policy (Chetty, 2000). The findings of this study were presented to a workshop of the twenty one SAUVCA member institutions on 26th October, 2000. Among other key findings, this study established that there was "a clear need for focused attention to policies, procedures and programmes that would enable all higher education institutions to prevent, mitigate and manage the HIV/AIDS pandemic" (Chetty, 2005: 21). The study noted that there was notional awareness of HIV/AIDS but universities had not taken concrete steps to address the problem. It was also established that stigma and discrimination against those who were HIV positive was common, while there was little sign of behaviour change among individuals at institutions of higher learning (Chetty, 2000). Only four out of twenty one universities represented under SAUVCA had approved and adopted an HIV/AIDS policy. Another ten universities had a draft policy, while the remaining seven universities had no policy at all (Chetty, 2000). A few universities had approved a budget for HIV/AIDS related activities. The study also noted an impressive growth in the range and scale of programmes aimed at addressing HIV/AIDS at universities, but pointed out that the programmes were uneven in their coverage across the higher education sector.

Similar concerns were raised in a paper presented at the same workshop by Michael Kelly, a prominent HIV/AIDS researcher. In his presentation, Kelly (2000) highlighted the following conditions that he pointed out as characterizing universities' response to HIV/AIDS epidemic:

- Notional awareness but lack of concrete actions from universities
- Lack of information and hard data
- Silence at institutional and individual level
- Stigma and discrimination
- HIV/AIDS is not being mainstreamed into the management of the institution.
- Little is being done to replenish society's AIDS-depleted skills

- HIV/AIDS is being treated as a health problem
- Imperfect knowledge of the disease and its impact
- Little sign of behaviour change in individuals and in institutions
- Focus on prevention rather than on pro-active control (Chetty, 2005: 21).

This clarion call for coordinated efforts to fight HIV/AIDS in universities led to the establishment of Higher Education HIV/AIDS Programme (HEAIDS) in November, 2001, as a partnership between SAUVCA, the Department of Education (DoE) and Committee of Technikon Principals (CTP)⁸. HEAIDS advocated for the design of HIV/AIDS responses that were specific to the context of each institution, but positioned within the broader framework developed by HEAIDS. Through a process involving consultation at various levels, HEAIDS compiled a comprehensive medium term strategic plan, which was eventually adopted by programme managers and participating institutions by 2004 and presented to SAUVCA, the DOE and CTP for their approval. Institutional HEAIDS managers meet three times a year to discuss new developments, share experiences and concerns and to develop linkages with other institutions (Chetty & Michel, 2005)

A recent audit conducted by HEAIDS (Chetty & Michel, 2005) shows that the majority of South African universities have put in place the necessary policy framework to steer their response to the HIV/AIDS challenge. Most (86%) of the universities had created an institutional HIV/AIDS policy, while two others reported that they were planning to draft such a policy. Almost all the universities (97%) had an institutional officer responsible for managing HIV/AIDS programmes although only 20 percent of the universities had additional finances allocated to the HIV/AIDS activities, while fewer than half the universities (43%) had an HIV/AIDS centre at their institution. In terms of academic programmes, only 37% of the universities had a policy for inculcating HIV/AIDS into their curriculum. Notably, fewer than 50% of the institutions had incorporated HIV/AIDS into the core of their planning and management framework. The low level of internal communication about the HIV/AIDS epidemic and high levels of complacency among students and staff in the universities was also noted in the study.

⁸ <http://www.heaims.org.za/>

The Case Study Universities

University of KwaZulu-Natal

The University of KwaZulu-Natal (UKZN) was formed in 2004, out of a merger between the University of Natal and the University of Durban Westville⁹. The mergers were a result of a higher education restructuring programme that began in the early 1990's (Chetty & Michel, 2005). The merger between the University of Natal and the University of Durban Westville brought together two universities with diverse historical backgrounds¹⁰. The University Natal was founded in 1910, in Pietermaritzburg, at the time known as Natal University College. As a result of its rapid expansion in the student enrolments, research opportunities and the variety of courses, Natal University College was granted the independent University status in 1949.

The University of Durban Westville, on the other hand, was set up in the 1960s, as a college specifically for Indians, on Salisbury Island, in the Durban Bay¹¹. Owing to the Congress Alliance's policy of avoiding segregationist structures set up by the apartheid system, the University of Durban Westville experienced low enrolment levels throughout the 1960s. As time passed, however, the student numbers increased slowly and the college was eventually granted university status in 1971. The university moved into its modern campus in 1972, where it became a site of major struggle against the apartheid regime and eventually became an autonomous institution in 1984, thereby opening up to students of all races.

The University of KwaZulu-Natal's AIDS Policy, which was updated in 2005, provides guidance on how the University handles various issues surrounding HIV/AIDS, including anti-discrimination, confidentiality, education, counselling, care and prevention. In this policy, the University commits itself "to prioritize prevention interventions as key to mitigating the impact of the pandemic through initiatives and activities which inform staff and students of HIV and AIDS issues". It aims to do this through provision of information and education materials, encouraging students and staff to participate in HIV/AIDS awareness campaigns during induction and

⁹ www.ukzn.ac.za

¹⁰ www.ukzn.ac.za

¹¹ www.ukzn.ac.za

orientation days, and raising awareness during important international and national calendar days (University of KwaZulu-Natal AIDS Programme, 2005, p.10).

As part of the response to this challenge, the University of Natal established the Centre for HIV/AIDS Networking (HIVAN) in 2002. HIVAN works in conjunction with the UKZN AIDS Programme in implementing the University's HIV/AIDS agenda. HIVAN set up the Campus HIV/AIDS Support Unit, that concerns itself specifically with student outreach, peer education and other counselling programmes. Through the Campus HIV/AIDS Support Unit, HIVAN has conducted a number of advocacy campaigns aimed at influencing behaviour change amongst students. The Campus HIV/AIDS Support Unit is currently a separate entity from HIVAN and has branches in each of the five UKZN campuses¹².

University of Zululand

The University of Zululand (UNIZUL) was established in 1960, as a constituent college affiliated to the University of South Africa and was eventually granted university status as the University College of Zululand in 1970. The University is located in the rural parts of KwaZulu-Natal province and was previously regarded as a "bush college"¹³.

UNIZUL developed its policy on HIV/AIDS in 2004, in which the University commits itself to provide students with general and private access to information and resources on HIV/AIDS (HEAIDS web site). Information on HIV/AIDS is to be provided to students through publication of leaflets to be sent out with application forms to students and parents, and provision of print materials on HIV/AIDS to students in their rooms for private reading. Drama in AIDS Education (DramAidE), based at the University of Zululand, which also operates out of UKZN, has also been providing information on HIV/AIDS through drama and other interactive educational methodologies to students at universities, colleges, schools as well as rural and urban communities since it was established in 1992 (University of Zululand, website). However, this study established that DramAidE does not run any campaign activities at both the University of KwaZulu-Natal and the University of Zululand, even though it is based at these two universities.

¹² Interview with UKZN HIV/AIDS Coordinator

¹³ <http://www.uzulu.ac.za/history16.aspx>

Durban University of Technology

The Durban University of Technology (DUT) emerged out of a merger between the ML Sultan Technikon and the Technikon Natal in 2001¹⁴. The ML Sultan Technikon, was initially developed as a learning institution specifically for the Indian community who had previously come to KwaZulu-Natal to work on the sugar plantations in the late 1800s and Early 1900s¹⁵. The technikon was named after Hajee Malukmohamed Lappa Sultan, who, in 1941, pledged 33 000 pounds for the construction of the technical college in Durban. The development of the College was thereafter partly subsidized by the government and the Durban City Council. ML Sultan Technical College was declared an approved institution for Higher Education in 1946 and later became a College of Advanced Technical Education after the passing of the Indian Advanced Technical Education Act in 1969. The college was upgraded to a technikon in 1979 and became a full tertiary institution by 1984.

The Natal Technikon, on the other hand, was established in 1907, and was at the time referred to as the Durban Technical Institute¹⁶. The institution was later renamed the Durban Technical College in 1915 and, with the passing of the Higher Education Act of 1923, the college was upgraded to Natal Technical College. The College was later placed in the hands of the state, in accordance with the Vocational Education Act of 1955. Natal Technical College continued to grow throughout the apartheid years, serving mainly white students. Its first Diploma Ceremony was held at Durban's Ocean City Theatre Complex in 1971. In 1979, the College was renamed Technikon Natal and was later authorized in 1991 to issue certificates and diplomas to graduates by the Certification Council for Technikon Education. Dr. Bennie Khoapa was appointed the technikon's vice rector in 1994, marking the first appointment of a black person to an executive position and, in the following year, students were, for the first time, allowed to apply for admission without stating their race or colour. Discussions about a merger between the Natal Technikon and the ML Sultan Technikon began in 1996, and were eventually concluded in 2001¹⁷.

¹⁴ <http://www.dut.ac.za/history.aspx>

¹⁵ <http://www.dut.ac.za/history.aspx>

¹⁶ <http://www.dut.ac.za/history.aspx>

¹⁷ <http://www.dut.ac.za/history.aspx>

HIV/AIDS activities at DUT are co-ordinated through the HIV/AIDS centre, which is managed by the HIV/AIDS co-ordinator, with the assistance of a Health Promoter who co-ordinates the peer education programme in conjunction with DramAidE. The HIV/AIDS centre aims to: “transform the DUT community into an HIV/AIDS competent community through effective knowledge and skills,...create a supportive and caring environment for people infected and/or affected by HIV/AIDS and thirdly, to develop an HIV/AIDS policy which addresses the human rights and dignity of people infected and affected by HIV/AIDS”¹⁸

Summary

Although the education sector is widely considered as “the best hope for survival” against HIV/AIDS, the epidemic threatens to destroy education sectors of many countries. Educational institutions continue to lose increasing numbers of students and staff, due to HIV/AIDS. South African universities have suffered a double blow from HIV/AIDS, as a result of its devastating impact on both the university communities and the general population from which universities interact and draw its staff and students. HIV/AIDS has significantly undermined universities’ sources of revenue while, at the same time, increasing their spending on issues resulting from the epidemic. The HIV/AIDS picture in South African universities is still unclear, with current prevalence rates being estimated to be similar to those of similar groups in the general population. Small scale prevalence surveys that have been conducted on some campuses show that between one in every three and one in every four students at South African universities is infected with HIV. Despite the high prevalence rates, behavioural practices that lead to HIV infection are still common among university students.

Despite their obligation to provide leadership in responding to challenges facing society, South African universities failed to put in place adequate measures to tackle HIV/AIDS during its initial stages. Until 2000, universities had not taken concrete steps to address the HIV/AIDS challenge among its constituents. A number of studies that were conducted at the turn of the century revealed a worsening situation in South African universities as a result of HIV/AIDS. This led to the establishment of HEAIDS, which has been instrumental in coordinating responses to HIV/AIDS at South African Institutions of Higher learning. HEAIDS encouraged the development

¹⁸ <http://www.dut.ac.za/site/awdep.asp?depnum=22445>

of HIV/AIDS responses that are unique to each university, but which are situated within the broader HEAIDS framework. As a result, the majority of universities have developed policies and HIV/AIDS policies that outline how HIV/AIDS issues are approached. In spite of these efforts, behaviours that are responsible for the spread of HIV are still reported to be common among university students. Thus, there is a need to establish whether the current HIV prevention framework set by universities is relevant to the contexts within which students live and make their sexual choices. This study will be conducted at three universities with diverse historical backgrounds, therefore providing a clearer understanding of how various contexts have influenced the students' responses to HIV prevention messages.

CHAPTER FOUR

Literature Review: Youth, HIV/AIDS and Responses to HIV Prevention Campaigns

The previous chapters explored the threat that HIV/AIDS poses to young South Africans and the efforts that are being undertaken to contain the epidemic, with a special focus on South African institutions of higher learning. This chapter reviews literature relating to the responses of young people towards HIV prevention communications. The first section examines the role of behaviour change communication in mitigating the spread of HIV/AIDS. In this section, the link between sexual behaviour and the spread of HIV, especially in sub-Saharan Africa, is discussed. The role of sexual behaviour change in the campaign against HIV is then analysed, with a particular focus on the Abstinence, Being Faithful and Condomise (ABC) approach to sexual behaviour change. The chapter draws on studies that have been conducted in some sub-Saharan African countries, to examine the link between sexual behaviour change and the decline of HIV in these countries. This section further examines communication strategies that were used to generate behaviour change in these countries and concludes that social and individual behaviour change can be attained when social communication channels, rather than the mass media or individual-centred programmes, are utilised effectively. The need to investigate communication channels through which students access HIV/AIDS information, is highlighted in this section.

Section Two is a review of literature relating to the context of sexual activity. Here, attention is drawn to the paradigmatic shift in social science studies on HIV/AIDS, which brought into prominence the importance of understanding the contextual factors that shape individuals' decisions relating to sex. Various contextual aspects that have been investigated globally, in sub-Saharan Africa and in South Africa, are then examined. This section concludes that even though research on the context of sexual activity has led to the development of important policies and regulations that seek to address contextual factors that expose individuals to the risk of HIV infection, the influence of social dynamics in the way young people make sense of behaviour change messages needs further investigation.

The third and final section of this chapter explores studies that have been conducted to measure students' knowledge, attitudes, practices and beliefs related to HIV/AIDS. Numerous studies have been carried out since the emergence of HIV/AIDS. However, this review is limited to the studies that have been conducted among college and university students in Africa, although some lessons are also drawn from a few national surveys that have been conducted in South Africa. This section further highlights the need to move beyond the basic measurement of knowledge, attitudes, practices and beliefs, by conducting audience studies aimed at understanding the link between the kind of meaning generated from behaviour change messages and the attitudes, practices and beliefs that have been observed among young people.

Response to HIV/AIDS in South Africa: Prevention versus Treatment

With about five million people infected in 2008, South Africa is reported to have more people currently living with HIV than any other country in the world (UNAIDS, 2008). This presents a challenge to the national response strategy, as more efforts are required to address the needs of those who are already infected, while at the same time preventing new infections. Contemporary discourse on HIV/AIDS in South Africa appears to focus more on treatment and care of those already infected, seemingly as a result of the recent intensive campaign for the roll-out of anti-retroviral treatment led by the civil society (Ncayiyana, 2005). This has led Ncayiyana to conclude, rather sarcastically, that "Prevention was a 'sexy' topic while there were heated debates about causation, abstinence, condom use and so forth. Now it has become boring for the media, and the treatment bandwagon appears steadily to be drowning out prevention as a campaign issue" (p. 1).

While treatment and care is crucial in winning the war against HIV/AIDS, success lies in the prevention of new HIV infections (Scallway, 2003; UNAIDS, 2008). As Ncayiyana (2005) points out, a large number of South Africans are born free, yet as many as 7000 people get infected with the virus daily, hence more efforts should be directed to finding ways of maintaining the status of the more than 40 million South Africans who are currently not infected with the virus. This position is also supported by UNAIDS (2005c, 2008), which points out that the increasing rate of HIV infections, especially among young people, threatens the effectiveness of the entire HIV/AIDS response strategy. According to UNAIDS, there is need to overcome

barriers that make HIV prevention efforts difficult and to scale up the HIV prevention initiatives.

Section I: HIV/AIDS and Sexual Behaviour among Young People

It is beyond any doubt that the HIV/AIDS epidemic among the young South Africans, as in other African countries, is mainly driven by unsafe heterosexual sex. The link between the South African HIV epidemic and sexual behaviour has been discussed in the works of Abdool-Karim and Abdool-Karim (2007), Abt. Associates (2000), Eaton, Flisher and Aaro (2003), and Harrison (2005), among others. Their arguments are supported by findings of nationwide studies that reveal how young South Africans engage in sexual behaviours that expose them to greater risk of HIV infection, such as having multiple and concurrent sexual partners, early age at sexual debut, and not using condoms during sexual intercourse (see for example, HSRC, 2002, 2005; Pettifor, 2004, Parker, et. al., 2007).

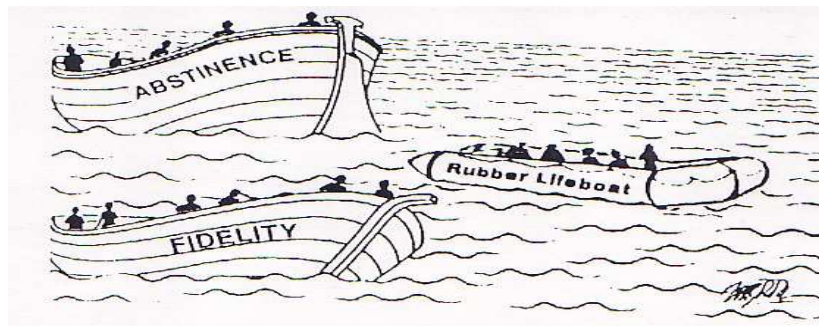
Recent studies suggest that the sub-Saharan HIV epidemic is mainly driven by the existence of concurrent multiple sexual partners coupled with lack of male circumcision and inconsistent condom usage (Epstein, 2007; Halperin & Epstein, 2007; Parker et. al., 2007; Soul City, 2007). Hellen Epstein's review of previous studies conducted by the World Health Organization and others challenges the myth held previously that the sub-Saharan African HIV epidemic was linked to uniquely high levels of sexual promiscuity among African men. Epstein points out that whilst the numbers of lifetime sexual partners among Africans may, in most cases, be lower than that of most heterosexuals in Western countries, the difference was that sexual relationships in the sub-Saharan African context are characterised by high levels of concurrent sexual partnerships, as opposed to the serial monogamy that is common in Western countries. This view is supported by the findings of a study conducted by Soul City and CADRE in 2007. According to Soul City, approximately 45% of males and 28% of females aged 15-19 and approximately 36% of males and 21% of females aged 20-24 report concurrent sexual partnerships in South Africa (Soul City, 2007). Concurrent sexual partnerships create sexual networks that easily facilitate the spread of HIV within a population, especially in the context of inconsistent condom use (Parker, 2007; Epstein, 2007; Halperin & Epstein, 2007).

Other channels of HIV transmission, such as mother-to-child transmission, blood-to-blood transmission and intravenous drug use, have also been noted but their contribution to the HIV epidemic among youths in South Africa is seen to be relatively low (Coovadia, 2005; Heyns & Swanevelder, 2005; Legget, 2005). Thus, HIV prevention efforts targeting young people in South Africa have mainly focused on promoting the adoption of safe sexual practices such as partner fidelity, condom usage and delay of sexual debut.

Sexual Behaviour change: The ABC Approach

The origin of the ABC approach to HIV prevention has been associated with Bernard Joinet, a lecturer at Dar-es-Salaam University, who also doubled as that University's Roman Catholic Chaplain for several years¹⁹. Inspired by the biblical Ark of Noah, Joinet designed several visual images in the 1980s, one of which showed people floating in three boats, in order to be saved from a 'flood of AIDS'. One of the boats was marked 'Abstinence', the second, smaller, boat was marked 'Fidelity', while the third, smallest, boat was marked "Rubber Lifeboat", which was, according to Robert Thornton, "for sinners who could not manage the first two options"²⁰. Robert Thornton observes that the third, small boat did not mention condoms because of the Catholic's refusal to promote condom use.

Figure 4: ABC poster



Source: Fleet of Hope: <http://www.mh2.dds.nl/en/fleet/index.htm> (Accessed 22-04-2008).

¹⁹ The Fleet of Hope: <http://www.mh2.dds.nl/en/fleet/fleetofhope.htm> Retrieved on 22-04-2008

²⁰ Thornton, R. (2006). The Origins and Failure of the 'ABC' message in HIV/AIDS education, and A Roadmap for the Future (Publication. Retrieved 10-03-2008: <http://forums.comminit.com/viewtopic.php?t=63239&postdays=0&postorder=desc&&start=15&style=2>. This article was posted at the Drumbeatchat in response to Joke Van Kampen's article titled *The ABC D isaster*

The ABC strategy gained prominence, following Uganda's success in reversing the national HIV prevalence rates from 15% in 1991 to fewer than 5% in 2001 (Green, et al., 2006). Several intellectuals linked Uganda's success story to the ABC strategy, some even erroneously suggesting that the ABC strategy originated from Uganda (cf. Green et al., 2006; Hallett et al., 2006; Kirungi et al., 2006; Low-Beer & Stoneburner, 2003; Mosley, 2005; Putzel, 2003; Stoneburner & Low-Beer, 2004; The Alan Guttmacher Institute, 2003). Using Uganda's success as a model, the United States Agency for International Development (USAID) adopted the ABC strategy in 2002 "as a model of HIV prevention for generalised epidemics". In the following year, the United States government pledged a total of 15 billion US dollars through the President's Emergency Fund for AIDS Relief (PEFPAR) (Green, 2006, p. iii). This amount was approved by the Congress, on condition that 30% of this fund was dedicated to programmes that exclusively advocated abstinence-only. This, according to Thornton, meant that "*NO OTHER* sex education or alternatives to abstinence could be discussed or even mentioned by programmes that accepted money from the abstinence-only 30% of PEFPAR funding"²¹.

Following this, a huge debate ensued between scholars and activists involved in health communication, some in support of the ABC approach, while others questioning its applicability, especially in the African context. Supporters of the ABC strategy cite examples such as Uganda, Kenya, Zambia, Zimbabwe and Jamaica where, they argue, the strategy has been successful in reversing the HIV epidemic (Cheluget et al., 2006; Green et al., 2006; Gregson et al., 2006; Hallett et al., 2006; Kirungi et al., 2006; Michelo, 2006; Population Services International, 2007; Sandøy et al., 2007; The Alan Guttmacher Institute, 2003). On the other hand, critics of the ABC approach argue that the strategy fails to take into consideration the contextual challenges, such as poverty, power dynamics in sexual decision-making and rape, that often render the ABC approach ineffective. Wawer, Grey and Serwada (2005) published research findings in 2005, in which they pointed out that Uganda's success in reversing the HIV epidemic was more than just ABC.

²¹ Thornton, R. (2006). The Origins and Failure of the 'ABC' message in HIV/AIDS education, and A Roadmap for the Future (Publication. Retrieved 10-03-2008: <http://forums.comminit.com/viewtopic.php?t=63239&postdays=0&postorder=desc&&start=15&style=2>. This article was posted at the Drumbeatchat in response to Joke Van Kampen's article titled *The ABC D isaster*

The ABC debate was taken a notch higher in mid-2006, after an article written by Joke van Kampen, the Programme Director at Story Workshop in Blantyre, Malawi, was published on The Communication Initiative Network (www.comminit.com)²². In this article, van Kampen condemned ABC as a “disaster” in Africa. This drew a stream of responses from various scholars and health practitioners, some in support of van Kampen’s view, while others challenging it. A response by Thornton, in support of van Kampen’s arguments, succinctly captures the position of the majority of writers who have criticised the ABC strategy:

...it is now clear that the ABC message was not the cause of even Uganda's decline in HIV prevalence. This was caused by multiple and complex factors that acted in concert on the overall sexual network that at one time linked most of the sexually active population in a large sexual network. The decline in HIV started when this network was effectively disrupted, breaking it into smaller pieces with only limited links between the more isolated sub-networks. The collapse of the network was caused primarily by a fully-coordinated and massive public and private response that brought virtually all sectors and part of the Ugandan society into action against AIDS. Schools, churches, mosques, labour organisations, employers and business, all departments of the government, traditional healers and medical doctors, children, youth and adults, began to act in concert. This succeeded in changing many aspects of Uganda's 'sexual culture', and began to fragment the sexual network. All of the A, B, and C factors had an effect, but also the 'D' factor, widespread death from AIDS, accounted for a great deal of the reduction. None of these factors worked alone, however. None of them can be identified as the 'silver bullet'. This is especially true of abstinence. Those who abstained from sex did so for other, primarily religious reasons. If youth delayed sexual debut, statistics show that this was only for a few months at most. In other words, the effect could only have been minimal. ... Unless A and B become universal – and there is no evidence that this happened or even came close – those who do practice A and B are irrelevant to public health policy and practice in efforts to limit HIV transmission.²³

For many researchers, the source of controversy in the ABC strategy relates to the manner in which PEPFAR aims to promote abstinence-only and fidelity messages

²²van Kampen, J. (2005) *The ABC D isaster* available at: http://www.comminit.com/drum_beat_345.html (Accessed 21-04-2008)

²³Thornton, R. (2006) *The Origins and Failure of the 'ABC' Messages in HIV/AIDS Education, and A Roadmap for the Future*

whilst undermining condom promotion. Furthermore, PEPFAR's approach seems to draw from the moralistic perspectives of the religious conservatives (Susser, 2009). It thus articulates with other controversial proponents of abstinence-only programmes, such as traditional organizations and religious groups. Researchers argue that such an approach will lead to re-stigmatization of condoms, which are widely seen as a core component of HIV response strategy for women in abusive relationships and those in contexts where individuals have no control over their partner's sexual behaviors²⁴ (Susser, 2009).

The following sub-sections provide a brief account of the historical factors that shaped the emergence of the abstinence-only and be faithful responses to HIV/AIDS.

PEPFAR's ABC Strategy and the Stigmatization of Condom Use

Simply stated, the ABC approach to HIV prevention stands for Abstinence, Being Faithful, and correct and consistent Condom use. The ABC strategy is an approach towards preventing HIV transmission, which is based on the understanding that the chances of getting infected with HIV through sexual intercourse can be minimised – or even eliminated completely – by simply avoiding sex (Abstain), engaging in sexual activities with only one uninfected partner (Being faithful) or using Condoms correctly and consistently (Condomise)²⁵. However, PEPFAR has provided a new definition, which specifies the focal groups of each of the three elements that constitute the ABC:

The ABC approach employs population-specific interventions that emphasize abstinence for youth and other unmarried persons, including delay of sexual debut; mutual faithfulness and partner reduction for sexually active adults; and correct and consistent use of condoms by those whose behaviour places them at risk for transmitting or becoming infected with HIV (The President's Emergency Plan for AIDS Relief, 2005, p. 2).

According to PEPFAR, all young people aged 15-24 should be encouraged to **Abstain** from sex before marriage, as the only certain way to avoid contracting HIV. Those who have already engaged in sexual activities should be encouraged to “return

²⁴ Avert (2007) The ABC of HIV Prevention. Accessed on 22-10-2007: <http://www.avert.org/abc-hiv.htm>

²⁵ Avert (2007) The ABC of HIV Prevention. Accessed on 22-10-2007: <http://www.avert.org/abc-hiv.htm>

to abstinence”, also referred to as secondary abstinence. The **Be faithful** programmes, according to PEPFAR, aim at encouraging those who are married or are already engaging in sexual activities to practice fidelity. This approach is premised on the fact that the more the number of sexual partners one has in his/her lifetime, the more the chances of contracting HIV. The programmes therefore encourage sexually active adults to avoid casual sex partners and develop the skills for mutual faithfulness. The **Correct and Consistent Condom use** programmes, on the other hand, “support the provision of full and accurate information about correct and consistent condom use reducing, but not eliminating, the risk of HIV infection; and support access to condoms for those most at risk for transmitting or becoming infected with HIV” (PEPFAR, 2005, p. 4).

PEPFAR identifies the risk groups as people who engage in casual sex, practice transactional sex, who have sex with people known to be HIV positive or of unknown status, use intravenous drugs, and those who abuse drugs and alcohol. Also, included in this category are people who work away from home, women who suspect their spouses to be engaging in extramarital sexual affairs and men who have sex with men. PEPFAR emphasises that the ABC strategy must be “informed by, and responsive to, local needs, local epidemiology, and distinctive social and cultural patterns, as well as coordinated with the HIV/AIDS strategies of host governments” (p. 2). However, PEPFAR outlines strict restrictions on the nature of prevention activities for which its funding may be used. These include limitations on the extent to which its funding may be used to promote condom use:

- Emergency Plan funds may not be used to physically distribute or provide condoms in school settings;
- Emergency Plan funds may not be used in schools for marketing efforts to promote condoms to youth; and
- Emergency Plan funds may not be used in any setting for marketing campaigns that target youth and encourage condom use as the primary intervention for HIV prevention (The President’s Emergency Plan for AIDS Relief, 2005, p. 6).

For some writers, PEPFAR’s approach not only undermines condom promotion but also appears to promote the moral agenda of the religious conservatives who influenced the authorization of PEPFAR funding (Susser, 2009). Susser’s analysis of the American policies regarding comprehensive sex education, abortion, sexuality,

gender-based violence, substance abuse and women's reproductive health, reveals that the relationship between religious conservatives and the Republican Party had precipitated what Susser describes as "imperial morality" in the US. Susser argues that the regulations attached to PEPFAR funding, in part, reflected the international promotion of the religious conservative moral agenda (Susser, 2009).

Religion, Abstinence and the Controversy Surrounding Condom Promotion

Like the PEPFAR approach, the position taken by some religious organizations with regard to condom promotion has been widely criticised (Jayasekara, 2006; Katongole, 2005; Nicholls, 2003). In religious discourse, condom use among unmarried youth is often condemned as encouraging pre-marital sex and is therefore conceptualised as sinful. In bizarre incidents in 1995 and 1996, for example, Catholic leaders in Kenya presided over the burning of condoms as a demonstration of their resistance against the roll out of family-life education in Kenyan primary schools. The public event in 1996 was announced through posters outlining the position taken by the Catholic Church in relation to the prevention of HIV/AIDS and abortion. The posters highlighted chastity for unmarried young people and fidelity for married couples as the only effective solutions to the problems of HIV and pregnancy, and criticised the use of condoms. One poster, for example said 'Trust Condoms, Trust Death'^{26, 27}.

Religious discourses of morality date back to the middle ages, when the church and the state were closely entwined, and in which the Church acted as the sole arbiter of the truth (Burr, 2003; Horrocks, 1997). The Church, at this time, perceived sex as meant purely for reproduction purposes and, through its association with the state, managed to exert significant control over individual sexuality (Horrocks, 1997). The Catholic Church, particularly, has been adamant in rejecting the promotion of options such as condomising among unmarried youth, despite evidence from research showing that the social realities of teen pregnancies and rate of HIV infection support the view that the majority of young people do not abstain from sex (Brown & Hendricks, 2004; Pillay, 2003). The Catholic Church bases its advancement of

²⁶ Wanyeki, L.M (1996) Kenya-Population: Church burns condoms and AIDS Materials. *InterPress News Services (IPS)*. 5th September, 1996. Available at: <http://www.aegis.com/news/ips/1996/IP960901.html> (Accessed 30th June, 2008)

²⁷ (No Authors listed) (1996) Kenya Cardinal Burns Condoms, *AIDS Weekly Plus*, 9 (19). Available at: <http://www.ncbi.nlm.nih.gov/pubmed/12291727> (Accessed 30th June 2008)

abstinence on *Humanae Vitae*, a document that was developed close to 40 years ago and which considers all forms of artificial contraception as evil, and therefore forbids their use²⁸. *Humanae Vitae* was developed as a counter-response to the promotion of condom use as a means of contraception. With the emergence of HIV/AIDS, the Catholic Church seized this notion to advance the argument that abstaining from sex for the unmarried and being faithful to one partner for married couples were the only ways to prevent HIV infection that were in line with the religious doctrine. Several other religious organizations, similarly, have taken an aggressive stand against condom promotion. In religious discourse, sex is often associated with reproduction and is exclusively practised within matrimonial relations. Pre-marital sex is condemned as ‘sinful,’ whilst abstinence is construed as ‘holy’.

Virginity Testing as HIV Prevention Strategy in South Africa

The discourses of pre-marital chastity and virginity testing rose to prominence in Southern Africa in recent years, following the revival of the cultural practice of virginity testing as a strategy for instituting abstinence among unmarried young women. Anthropological studies have established evidence of practice of virginity testing among the Zulu community in the early 20th century (Scorgie, 2002). Over the years, however, this practice had been abandoned until in the late 1990s, when it was

²⁸ Therefore, We base Our words on the first principles of a human and Christian doctrine of marriage when We are obliged once more to declare that the direct interruption of the generative process already begun and, above all, all direct abortion, even for therapeutic reasons, are to be absolutely excluded as lawful means of regulating the number of children. Equally to be condemned, as the magisterium of the Church has affirmed on many occasions, is direct sterilization, whether of the man or of the woman, whether permanent or temporary.

Similarly excluded is any action which either before, at the moment of, or after sexual intercourse, is specifically intended to prevent procreation—whether as an end or as a means. Neither is it valid to argue, as a justification for sexual intercourse which is deliberately contraceptive, that a lesser evil is to be preferred to a greater one, or that such intercourse would merge with procreative acts of past and future to form a single entity, and so be qualified by exactly the same moral goodness as these. Though it is true that sometimes it is lawful to tolerate a lesser moral evil in order to avoid a greater evil or in order to promote a ‘greater good,’ it is never lawful, even for the gravest reasons, to do evil that good may come of it—in other words, to intend directly something which of its very nature contradicts the moral order, and which must therefore be judged unworthy of man, even though the intention is to protect or promote the welfare of an individual, of a family or of society in general. Consequently, it is a serious error to think that a whole married life of otherwise normal relations can justify sexual intercourse which is deliberately contraceptive and so intrinsically wrong. Source: *Humanae Vitae* http://www.vatican.va/holy_father/paul_vi/encyclicals/documents/hf_p-vi_enc_25071968_humanae-vitae_en.html Accessed on 06th Oct. 2008

revived in some areas of KwaZulu-Natal. The revival of virginity testing followed the catastrophic impact of HIV/AIDS among the Zulu community, which wiped out many couples, thus leaving behind a multitude of orphans, the majority of whom fell under the care of older women. Now faced with the enormous task of raising their grandchildren, these old women had to think of strategies to prevent their grand-daughters falling pregnant and/or becoming infected with HIV. This led them to revive the practice of virginity testing, with the hope of re-asserting the cultural value of pre-marital chastity (Bruce, 2004; Leclerc-Madlala, 2001; Phiri, 2003). This practice was subsequently taken up by the advocates of the African Renaissance concept who sought to promote it as a model for an African response to the HIV epidemic (Bruce, 2004).

Pre-marital chastity is not unique to Southern African communities, but is rather a near universal virtue. What is unique, however, is the way in which virginity is determined in different communities. Among the Old Testament Jewish communities, for example, evidence of bloodied sheets in the marital bed was a sign of a bride's virginity (Bruce, 2003). Ancient Greek communities also emphasised virginity and girls who were found to have had sex were severely punished. However, Bruce points out that virginity testing was not conducted in this community but was only observed through the consequences of engagement in sex or if a girl was found engaging in sex. Fathers whose daughters were found to have engaged in pre-marital sex were allowed to sell them into slavery, as a punishment for their transgression. Bruce also highlights that there are traditional cultures that did not value pre-marital chastity but, instead, preferred pregnancy before marriage as proof of a woman's fertility.

The sharp criticism that the re-introduction of virginity testing in KwaZulu-Natal has generated arises not only from the perceived dehumanising experiences that young women undergo during the examination of their hymen, but more so from the sexist ideology upon which this practice is predicated. Bruce points out that even though the concept of virginity could be applied to both males and females, "the etymology of the word shows that the common assumption is that its main reference is to girls or young women who are indeed the main focus of virginity-testing in KwaZulu-Natal" (2004, p. 8). Among the Zulu community, for example, it is only females who undergo virginity testing, while the mechanism to test young males' virginity does not

exist. Other critics have argued that virginity testing is designed to perpetuate the sexist view that women cannot control their sexuality, hence there was need to develop a mechanism that exerts control over them (Scorgie, 2002). This, ironically, exposes young women perceived to be virgins to rape, as evidenced in the findings in previous studies (Leclerc-Madlala, 2001; Wakhusama, 2008).

Additionally, virginity testing is criticised by some scholars for bestowing the responsibility over female sexuality on males. Leclerc-Madlala points out that, during the negotiation of dowry (known among the Zulu community as *ilobola*), for instance, an extra cow is given as a reward to the father if the bride is still a virgin. On the other hand, the punishment for a breaking virginity may include a demand by the chief for a fine from the father for the “betrayal of the community values” by his daughter (Bruce, 2004; Leclerc-Madlala, 2001).

Impact of HIV Prevention Messages on Young People

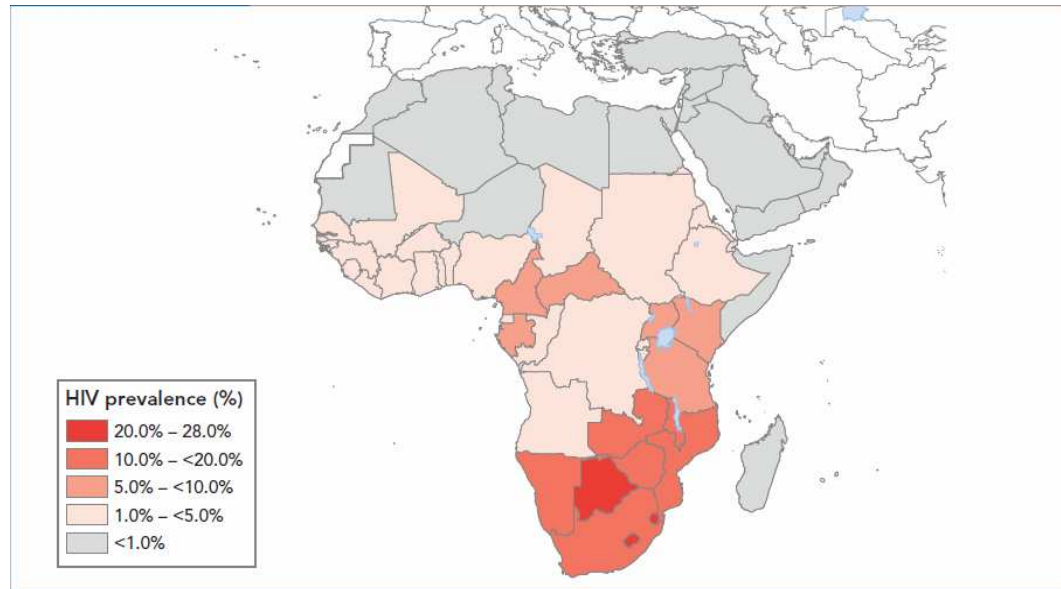
African Studies

A recent comparative analysis of data from national population-based household surveys and those from antenatal HIV surveys from 20 African countries has revealed that the HIV epidemics in Africa are much more heterogeneous than earlier thought. Findings of the study conducted by David Wilson established four distinct HIV epidemics across the African continent:

Africa’s HIV epidemic may be divided into four distinct clusters. Southern Africa is characterized by highly generalized epidemics, with HIV prevalence ranging from 15-35%. East Africa’s epidemics, for many years grouped with Southern Africa’s, are far lower, ranging from 2-7%. Prevalence in West Africa, Africa’s most populous region, ranges from 1-5%. In North Africa, HIV prevalence seldom exceeds 0.1% (Wilson, 2006, p. 3).

Wilson's arguments are supported by recent UNAIDS reports (see **Figure 5** below).

Figure 5: HIV Prevalence (%) in Adults (15-49) years old in Africa



Source: UNAIDS, 2008

Uganda and Senegal are two of the African countries often cited as success cases in the management of HIV/AIDS in Africa. While Senegal is often commended as having acted immediately to keep HIV prevalence below 0.5% since 1980's, Uganda is reported to have managed to reverse the HIV prevalence effectively in the late 1980's and early 1990's (Scalway, 2003). Recently, a significant drop in prevalence rates has also been noted in the general population and especially among young people in a number of African countries, including Kenya, Rwanda, Zimbabwe, Cote d'Ivoire, Malawi, Botswana and Zambia (Gregson et al., 2006; Michelo, 2006; Sandøy et al., 2007; UNAIDS, 2005a, 2006). UNAIDS suggests a number of factors that could be responsible for the HIV decline noted in these countries. These include the reduction of people living with HIV as a result of AIDS-related deaths, improved ways of detecting prevalence and incidence rates, which has led to reduced estimates in some cases, and behaviour change. The adoption of behaviour change has been associated with the HIV prevention interventions, spontaneous behaviour changes, for example, among those affected by the epidemic, and the general community responses (UNAIDS, 2006; Wilson, 2006). However, recent statistics show that the

HIV prevalence in most of the Southern African countries seems to have stabilised, but at extraordinary high levels (UNAIDS, 2008).

The Link between the Decline in HIV Prevalence and Sexual Behaviour change

Senegal is hailed for its immediate governmental response to check the spread of HIV. Even though religious principles of controlling premarital sex, respecting the universality of marriage, rapid re-marriage of widow(er)s and divorcees, among other moral religious tenets, played an instrumental role in checking the spread of HIV in the predominantly Muslim country (Diop, 2000; Putzel, 2003), it is also evident that Senegal undertook several other measures to curb the spread of the epidemic in its early stages. Immediately after the first six HIV cases were identified in 1986, the Senegalese government acted swiftly by setting up the national AIDS control programme and immediately began intensive public education to check the spread of HIV (Boone & Batsell, 2001; Singhal & Rogers, 2003; Scalway, 2003). Among the immediate steps undertaken by Senegal's National AIDS Control Programme was to mount an intensive prevention campaign, to promote reduction of sexual partners and to encourage condom use, especially among the high risk groups such as commercial sex workers (Singhal & Rogers, 2003). It is also reported that the Senegalese government, already, had undertaken steps to legalise commercial sex work, even before the first cases of HIV were identified (Putzel, 2003). Regular screening and treatment programmes were then established to check the spread of sexually transmitted infections among such high risk groups (Boone & Batsell, 2001; Scalway, 2003).

Senegal's strategy included systematic public education programmes combining both the mass media and social communication channels and spearheaded by state agencies, the private sector and community organizations, such as women groups and faith-based organizations. Communication through social networks was particularly instrumental in influencing sexual behaviour change. The Senegalese government took advantage of the public education principles of the country's Socialist Party to roll out a nationwide education programme against HIV/AIDS (Boone & Batsell, 2001). It drew upon the support of prominent traditional, Christian and Muslim leaders to mobilise communities to undertake preventive measures against HIV (Scalway, 2003). The involvement of community organizations and NGOs helped in

establishing open communication on HIV issues. By the year 2000, an estimated 400 women groups, with membership of about half a million, together with about 200 NGOs, were involved in HIV/AIDS activities in Senegal (UNAIDS, 2001). This has helped to foster open discussions on HIV/AIDS, reportedly common in Senegalese schools, market places, professional associations, recreational areas, football fields, homes and in virtually every other public gathering (Diop, 2000).

A combination of factors discussed above led to high levels of sexual behaviour change, which is reported to have contributed to preventing the spread of HIV in the West African country. A study conducted in 1997, based on baseline data since 1993, for example, established significant progress in adoption of behaviour change strategies advocated by the National AIDS Programme. The study, whose findings are reported in Putzel (2003), showed that the proportion of respondents who reported to have engaged in a sexual encounter with at least one casual sex partner had reduced by half between 1993 and 1997. Condom access was also found to have increased by 80% within the same period, while 70% of respondents reported having used condoms during their last sexual encounter with a casual sexual partner. Increase in age at sexual debut was also recorded, especially among young girls.

Similar changes in sexual behaviour were associated with the decline in HIV prevalence in Uganda between the late 1980s and early 1990s. A study conducted by the Alan Guttmacher Institute associates the reduction of HIV prevalence witnessed in Uganda in the late 1980s and early 1990s to increased levels of abstinence among young people, reduction of number of sexual partners and the wide-spread use of condoms (The Alan Guttmacher Institute, 2003). This study analysed the data obtained from Uganda's Demographic and Health Surveys (DHS), conducted in 1988 (involving women only), 1995 and 2000 (men and women), and the Global Programme for AIDS (GPA) national-level surveys involving both men and women, conducted in 1989 and 1995. Findings of this analysis showed that the number of women aged 15-17 who had had sex dropped from 50% in 1988, to 46% in 1995 and 34% in 2000. A significant drop in the number of men who had had sexual experience was also noted during the same period. Among the 15-24 year-old male, the GPA study reveals a decline in males reporting premarital sexual experience from 60%, in 1989, to 23% in 1995 (Green et al., 2006). The DHS statistics also showed a

significant reduction of men and women who reported having more than one sexual partner and a considerable increase in condom use reported, especially among the unmarried.

The Ugandan case has attracted a huge debate on what exactly was responsible for the rapid decline in HIV prevalence rates and has become a central point of contestation, especially between two groups of researchers supporting various components of the ABC strategy (for a more comprehensive account of this debate, see Green et al., 2006). One group of researchers argue that the Ugandan HIV decline resulted from a decrease in sexual activities with non-regular partners, rather than the increased condom use or increased mortality (for example, S. Cohen, 2004; Epstein, 2004; Epstein, 2005; Shelton et al., 2004; Stoneburner & Low-Beer, 2004). Shelton, et al. (2004) cite the data generated from a survey by the Global Programme on AIDS, which showed a drastic reduction of men reporting one or more casual partners in the previous year, from 35% in 1989, to 15% in 1995, while those reporting three or more non-regular partners dropped from 15% to 3% during the same period. The study also notes that the proportion of women reporting more than one partner fell from 16% to 6% during the same period.

A second group of researchers assert that the decline in HIV prevalence in Uganda was as a result of the increased access to, and use of, condoms, HIV testing, and significant changes in the structural environment, such as poverty and gender violence (cf., Halperin & Allen, 2000; Shelton, Cassell, & Adejunji, 2005). Increased women's involvement in politics and education is acknowledged to have also contributed to curbing the hitherto widespread gender violence and sexual coercion (Wilson, 2004). Others have also pointed out that the decline in HIV prevalence rates could have resulted from the large number of deaths among the AIDS sufferers (Wawer, et al., 2005). This view has, however, been challenged by Morsley (2005), who questions the validity of the data that was used by Wawer and colleagues, to arrive at their conclusion. Morsley also points out that the accessibility of condoms in Uganda, prior to 1990s, was low, thereby convincingly supporting the view that abstinence and partner reduction were responsible for Uganda's HIV decline. Despite the differences in opinion as to what exactly led to the decline in Uganda's HIV prevalence rates, it is evident, as Green, et al (2006) point out, that significant sexual behaviour changes,

such as delay in age at sexual debut, reduction of sexual partners and increased condom use played a key role.

The Ugandan story has also become a reference case in relation to the role of political leadership in the response to HIV. Whilst most of the African countries were still in denial, government-sponsored HIV/AIDS education programmes had already been rolled out in Uganda by 1985 (Boone & Batsell, 2001). Ugandan President, Yoweri Museveni, provided leadership in developing a nationwide strategy to fight the HIV epidemic in mid 1980s, enlisting combined efforts of state agencies and various non-governmental organizations (Boone & Batsell, 2001; Green et al., 2006; Putzel, 2003; Scalway, 2003; Wawer et al., 2005). In fact, Uganda is the first country in Africa to set up anonymous HIV counselling and testing centres and has managed to sustain its political commitment to the fight against HIV over the years (Caron, 1999). As a result, Uganda is reported as being one of the countries with “Zero stigma” against AIDS, unlike many other African countries in which AIDS victims are still largely ostracised (UNAIDS, 2001).

The HIV prevention framework developed by the Ugandan government involved a combination of both the top-down and horizontal communication strategies, although, as in the case of Senegal, social communication has been identified as having played a key role in influencing sexual behaviour change (Low-Beer & Stoneburner, 2003; Scalway, 2003). The mass media provided comprehensive education on HIV and the means through which the virus was spread, thereby helping to minimise fear of those who were already infected, which led to the reduction of stigma attached to HIV infection (Singhal & Rogers, 2003). Social communication networks were established through religious organizations, non-governmental organizations and People Living With AIDS (PLWAs). Organizations, such as The AIDS Support Organization (TASO), for example, were instrumental in fighting stigma and encouraging people to go for voluntary counselling and testing (Low-Beer & Stoneburner, 2003). The Islamic Medical Association of Uganda, also, contributed by training respected religious leaders and other volunteer teams in Uganda and using its existing Islamic networks to mount countrywide campaigns to educate people on HIV/AIDS and to encourage sexual behaviour change through adoption of mutual fidelity and sexual morality, in line with Islamic doctrine (Singhal & Rogers, 2003). As Hogle points out,

such forms of interpersonal communication were mainly responsible for the reduction in HIV prevalence witnessed in Uganda:

The most important determinant of the reduction in HIV incidence in Uganda appears to be a decrease in multiple sexual partnerships and networks ... such behaviour changes in Uganda appear related to more open personal communication networks for acquiring AIDS knowledge, which may more effectively personalize risk and result in greater actual behaviour change. Comparing Demographic and Health Survey data with Kenya, Zambia and Malawi, Ugandans are relatively more likely to receive AIDS information through friendship and other personal networks than through mass media or other sources, and are significantly more likely to know of a friend or relatives with AIDS. Social communication elements, as suggested by these kinds of indicators, may be necessary to bridge the motivational gap between AIDS prevention activities and behaviour change sufficient to affect HIV incidence (Hogle, et. al. 2002).

Kenya is also reported to have joined the growing list of countries that have managed to reverse severe HIV prevalence in recent years, especially in its urban areas (Cheluget et al., 2006; Republic of Kenya, 2006; UNAIDS, 2006). Using various sources of data, such as sentinel surveillance, the Kenya Demographic and Health Surveys (KDHS) and the estimates of national prevalence from surveillance data, Cheluget et al. (2006) provide evidence of a significant national decline in HIV prevalence from 10% in the 1990s, to 7.1% in 2003. Even though this decline could have resulted from a combination of factors, including increased mortality rates (Republic of Kenya, 2006), the analysis done by Cheluget et al. (2006) shows that the number of new HIV infections peaked in 1993 and has since declined by up to two-thirds.

The reasons for HIV decline recorded in Kenya are still quite unclear. However, sexual behaviour change, as well as political commitment, contributed profoundly in this decline, as has been found in other sub-Saharan countries that have recorded similar declines. As in most of the other African countries, the HIV/AIDS challenge was not taken seriously in Kenya, during its initial stages. Until the early 1990s, widespread denial, stigma and discrimination against those infected with HIV, were commonplace, and there was a general lack of political will to fight the epidemic (Ministry of Health, 2005). In 1987, the Kenyan government instituted the AIDS

Control Committee, thus finally demonstrating its recognition of the HIV/AIDS challenge. This led to the development of the first five-year Strategic Plan for AIDS Control (1987 – 1991), followed by a second plan for 1992 – 1996 (Ministry of Health, 2005). In 1999, the then President, Daniel Arap Moi, declared HIV/AIDS a national disaster. This important step came at a time when about 14% of the population was already infected with the HIV (Ministry of Health, 2005).

The declaration of HIV/AIDS as a national disaster in Kenya set the stage for the emergence of several actors in the campaign against the epidemic (Ministry of Health, 2005). These include government departments, the private sector, the mass media, and civil society organizations. The latter includes Faith-Based Organizations (FBOs), Non-Governmental Organizations (NGOs), and Community-Based Organizations (CBOs) (Ministry of Health, 2001). The Kenyan government established the National AIDS Control Council (NACC) in 1999, to ensure a co-ordinated multi-sectoral response to HIV/AIDS (Ministry of Health, 2001). Located at the Office of the President, NACC has recently been decentralized to the constituency level through the establishment of Constituency AIDS Control Councils (CACC) which, together with the District Technical Committees (DTCs), are charged with the responsibility of overseeing the response to HIV/AIDS at the community level (NACC, 2005). The HIV/AIDS response strategy in Kenya is guided by the *three ones* principle (UNAIDS, 2005d):

- One agreed AIDS action framework that forms the basis for coordinating the work of all partners
- One national AIDS coordinating authority with broad-based multi-sectoral mandate
- One agreed country level Monitoring and Evaluation system (NACC, 2005).

A closer look at the Kenyan HIV response strategy shows emphasis on participatory strategies that empower community organizations to fight HIV/AIDS at local levels. The NACC provides funds and co-ordinates the activities of hundreds of civil society organizations (CBOs, NGOs, FBOs and private sector organizations) operating at constituency level²⁹. These organizations use a variety of participatory techniques to

²⁹ A list of all organizations operating at constituency level in Kenya, which are funded by the NACC, can be downloaded from: <http://www.nacc.or.ke/2007/images/KHADREP%20FUNDED.pdf>

assist the local communities with regard to HIV/AIDS, such as advocacy, financial empowerment, treatment and care, voluntary counselling and testing, condom promotion, supporting orphans and vulnerable children, and so on³⁰. The use of locally-based organizations encourages open discussions on HIV/AIDS among local communities, which contribute to socially driven change.

The national response strategy employed by the Kenyan government in response to HIV/AIDS seems to have contributed significantly in influencing social change, which has led to a decrease in HIV prevalence levels in recent years. According to KDHS data (1993, 1998 and 2003) analysed by Cheluget, et al. (2006), significant changes were found, especially with regard to the percentage of respondents reporting sexual encounters with more than one partner in the past 12 months, the percentage of those who reported using condoms in their last sexual encounter, especially among women, and the proportion of women in polygamous unions. A slight increase in age at first sexual encounter was also found to have increased slightly, although evidence supporting this finding was not statistically significant. A mathematical modelling analysis of data from 13 Ante-Natal Clinic (ANC) sites in Kenya, from 1993-2003, by Hallett et al. (2006) associates the decline in HIV prevalence to observed behaviour changes, and concludes that the epidemic dynamics could not account fully for the recorded HIV decline.

Significant decline in HIV prevalence reported among young people in Zambia, in recent years, has also been associated with sexual behaviour change (Michelo, Sandøy, & Fylkesnes, 2006; Michelo, et.al 2006; Michelo, 2006). Findings of three cross-sectional population-based studies conducted between 1995 and 2003 showed a decline in HIV prevalence among young people aged 15-24, by 44% over the 8-year period. Greater decline was reported among rural males (58%), compared to rural females (54%) and urban males (44%) (Sandøy et al., 2007). The study also reports increased levels of condom use during last sexual intercourse among urban women, from 36% in 1995, to 57% in 2003. Decrease in risky sexual behaviours was noted, especially among the urban educated population, compared to rural population and those with less education. The proportion of women who had 'ever given birth', for

³⁰ www.nacc.or.ke

example, was found to be high among educated single women in 1995, compared to the less educated, but, by 2003, the trend was observed to have been reversed. Based on these findings, the researchers attribute decreased fertility among educated young women to sexual behaviour change, rather than the psychological effects, as a result of HIV infection.

In Southern Africa, Zimbabwe has been identified as the first country in the region where evidence of a decline in HIV prevalence has been documented, although the national prevalence is still high, at more than 20% (UNAIDS, 2005a, 2006). In their epidemiological assessment of the HIV prevalence data obtained from antenatal clinics in Zimbabwe, the UNAIDS found out that HIV prevalence had declined substantially among the 15-44 year-olds (from 32% to 24%) and 15-24 year-olds (from 29% to 20%) between the years 2000 and 2004 (UNAIDS, 2005a, p. 11). The study also analysed data on HIV prevalence among young people, obtained from three research studies, and noted significant declines, especially among young people in rural areas. According to the UNAIDS analysis, HIV in Zimbabwe peaked and began to decline in 2000.

The decline in HIV prevalence in Zimbabwe has been attributed to a number of factors, including internal migration as a result of land re-settlement and increased mortality rates in the late 1990s (UNAIDS, 2005a). However, a study conducted in four socioeconomic strata in Manicaland in eastern Zimbabwe, where a downward trend in HIV prevalence among men and women was recorded in surveys conducted between 1998 and 2003, provides evidence of a strong link between the HIV decline and sexual behaviour change (Gregson et al., 2006; Hayes & Weiss, 2006). Gregson and colleagues found that the HIV prevalence among men 17 to 29 years old and women aged 15 to 24 years had fallen by 23% and 9%, respectively. Reduction in casual sex was also reported by 49% and 22% of sexually experienced men and women, respectively, who participated in this study. Using mathematical models, UNAIDS (2005a) established a strong association between the HIV declines recorded in Zimbabwe and sexual behaviour change. This report, however, points out that the observed decline could be partly due to migration and the rise in adult mortality in the early- and mid-1990s.

Studies in South Africa

Whereas signs of success are being recorded in other parts of Africa, Southern Africa seems to be the most problematic region. The HIV epidemic continues to pose serious challenges in South Africa, despite campaigns against the epidemic, mainly through the media, which have been intensified especially in recent years (Swanepoel, P. 2005). UNAIDS estimates the national adult HIV prevalence in South Africa at 18.8%, with approximately 5.5 million people currently infected with the virus (UNAIDS, 2006). Recent statistics also show that young people continue to bear the brunt of the epidemic, regardless of the fact that the majority of the behaviour change programmes in South Africa are primarily targeted at young people. Indeed, the unprecedented spread of HIV among the young people in South Africa has been associated with risky sexual behaviours (Harrison, 2005; Soul City, 2007).

Three major national surveys of HIV prevalence and behavioural patterns among young South Africans in recent years show that behaviour change intervention efforts do not seem to have major impacts on individuals' sexual behaviours, despite increased levels of HIV awareness. A cross-sectional survey of 9,963 respondents, comprising children, youths and adults, which was conducted by the Human Sciences Research Council (HSRC, 2002), reported that the age at sexual debut among respondents 25 years and older was 18 years. More than 20% of respondents aged 20-29 in that study had sex at the age of 16. An inter-age analysis of the respondents' age at sexual debut revealed a worrying trend towards sexual debut at a younger age among the younger respondents. This seems to suggest that the age of initiation of sexual activity among South Africans is declining. The study also established that multiple sexual partnerships were common among young people especially those living in urban informal areas. HIV prevalence was found to be higher in this group, compared to other groups, suggesting a strong link between multiple sexual partnerships and the spread of the HIV.

In 2004, the Rural Health Research Unit (RHRU) of the University of Witwatersrand, in partnership with the Medical Research Council of South Africa and the Center for AIDS Prevention Studies, University of California, conducted a national survey of young people aged 15-24 years on behalf of the loveLife consortium, to "identify trends in HIV infection and related determinants of infection among young people"

and to evaluate the relative impact of loveLife on young people's risk sexual behaviours (Pettifor, 2004 p. 6). Respondents were drawn from all nine provinces where 17, 450 participants were selected, using a three-stage, disproportionate, stratified sampling technique. Questionnaires translated to local languages were then administered to respondents to establish data relating to their risk of HIV infection, including their behavioural patterns. Oral fluid samples were also collected for HIV testing from willing respondents using an oral specimen collection device.

The findings of this study were similar to those of the HSRC survey, conducted in 2002. A significantly high number (67%) of respondents aged between 15-24 years in this study were found to have had sexual intercourse, while only 17% of these reported not having had sex in the previous 12 months. Importantly, the majority of the sexually experienced respondents who reported not having had sexual intercourse in the past 12 months gave lack of opportunity to have sex or lacking a sexual partner as a their main reason for abstaining, rather than a deliberate choice to protect themselves against HIV. Close to half (48%) of respondents aged 15-19 years reported having had sex, thus providing evidence of young age at sexual debut. Significant levels of multiple sexual partnerships were also reported, where 27% of those who had sexual experience in the previous 12 months reported having had sex with more than one sexual partner. Even though a high level of access to condoms was reported, still 31% of respondents reported not having used condoms with their most recent sex partner. Instructively, 62% of respondents who were found to be HIV positive stated that they thought they were not at risk of HIV infection. This shows that there are still high levels of denial and misinformation regarding HIV among young people in South Africa.

A more recent national HIV/AIDS survey was conducted in 2005, in which a total of 10,584 people were interviewed (HSRC, 2005). Like in the first HSRC survey, this study involved all individuals over the age of two years but excluded individuals at institutions of learning, hospitals, old age homes and military barracks. However, people living in hostels were included in this study. The study noted that the overall age at sexual debut had declined to 17 years and, as in the 2002 study, an earlier age of sexual debut was noted among the younger respondents. It was also established that close to half (45.2%) of the young people had sexual encounters with more than one

partner in the previous 12 months. HIV prevalence was found to be closely associated with sexual behaviour, where the lowest prevalence was reported among respondents who had not had sex before, followed by those who reported not having had sexual intercourse in the previous one year, whereas prevalence was highest among the sexually active respondents.

Latest reports from the South African National Department of Health indicate that the HIV prevalence rates among young people aged 20-24 years slightly declined from (29.0%-32.2%) in 2005 to (26.9%-29.1%) in 2006 (see **Figure 6** below). However, these statistics are based on antenatal results which may not provide accurate results as compared to the national cross sectional surveys conducted by HSRC and RHRU as discussed above.

Figure 6: HIV prevalence by age in the 2005-2006 Antenatal Survey in South Africa

Age group (Years)	HIV prev (CI 95%) 2005	HIV prev (CI 95%) 2006
< 20	15.9 (14.6 – 17.2)	13.7 (12.8 – 14.6)
20 – 24	30.6 (29.0 – 32.2)	28.0 (26.9 – 29.1)
25 – 29	39.5 (37.7 – 41.3)	38.7 (37.3 – 40.2)
30 – 34	36.4 (34.3 – 38.5)	37.0 (35.5 – 38.5)
35 – 39	28.0 (25.2 – 30.8)	29.6 (27.7 – 31.5)
40+	19.8 (16.1 – 23.6)	21.3 (18.5 – 24.1)

Source: Department of Health (2007)

Why is Behaviour change Difficult to Achieve in South Africa?

The literature reviewed above shows that while studies on young people in some parts of sub-Saharan Africa have provided evidence of significant sexual behaviour changes that have contributed to reversing the HIV epidemic in their countries, national and small small-scale studies show that young South Africans continue to engage in risky sexual practices that place them at risk of HIV infection.

It is yet to be fully understood why intensive efforts to encourage safer sexual behaviour in South Africa don't seem to bear any fruit. However, a comparative analysis of the national response strategies in South Africa and in those countries which have registered significant declines may provide crucial insights into the failure of the South African HIV response strategy. Firstly, it is evident that the achievements made in countries where significant HIV prevalence declines have been recorded resulted from a strong commitment of the political leaders to the fight against HIV/AIDS. Even though political will was lacking in Kenya in the early stages of the epidemic, the change in political approach after 1999 contributed significantly to the decline in HIV prevalence rates from 14% to about 7% between 1999 and 2005 (Cheluget et al., 2006). Political leadership is not only important in mobilising resources but also in setting the public agenda on the need, and how to address HIV/AIDS in each of the three countries.

Secondly, the campaign strategies employed by these countries emphasised horizontal communication through religious and community-based organizations and other NGOs to generate discussions about HIV/AIDS at local community levels. In fact, the literature reviewed above suggests that social behaviour changes that have been documented from research in these countries resulted mainly from the social communication strategies that have been put in place in these countries. As pointed out by Scalway (2003), "what works are interventions taking place within the context of societies which have strong internal communication structures" (p. 5).

On the contrary, the South African response strategy, as explained in Chapter Two, was until late 2008 characterised by denial, controversy and confused policy development. On the political front, denial of the link between HIV and AIDS by immediate former President Mbeki and some of his ministers (Epstein, 2000; Mbali, 2004), together with the resistance against the roll-out of AZT and promotion of nutrition rather than anti-retroviral therapy by the immediate former Health Minister, Manto Tshabalala-Msimang (Deane, 2005), have adversely affected the perception of government's commitment to address HIV/AIDS. Media prevention efforts have also been dogged with controversies such as the contentious government's award of an enormous sum of money for the development of the single HIV/AIDS play, *Sarafina 2* in 1995 (HST & JKFF, 1996; Tomaselli, 2009) and the recent controversial

billboards developed by *loveLife* (Delate, 2001; Jordaan, 2006; Parker, 2003; Tomaselli, 2009). Many of these bottlenecks seem to have been overcome after intensive advocacy efforts spearheaded by the civil society, the mass media and the academic community. However, the kind of impact that these controversies have had on the South African HIV prevention efforts is yet to be fully assessed. This study seeks to address this gap by documenting the nature of influence that the controversies surrounding the national HIV response strategy have had on the reception of HIV prevention messages by students at universities in KwaZulu-Natal.

Even though South Africa has implemented most of the elements required to counter the spread of HIV, such as effective distribution of condoms, development of mass media programmes, treatment of sexually transmitted infections, and voluntary counselling and testing, it appears that the social communication channels that were instrumental in influencing sexual behaviour change in countries such as Senegal and Uganda, have not been effectively developed in South Africa (Low-Beer & Stoneburner, 2003). HIV prevention campaigns in South Africa are predominantly driven by the mass media (Swanepoel, E. 2005), unlike in Uganda, Senegal and Kenya, which placed more emphasis on community-driven social communication channels. The media are useful in creating awareness and educating people on HIV/AIDS issues. However, social and behaviour change requires effective communication through social networks which is mainly established through organizations working at the community level, rather than large mass media. This study will also seek to establish the role played by social communication channels in encouraging social and behaviour change among students at universities in KwaZulu-Natal. Specifically, the study will seek to find out how universities in KwaZulu-Natal utilise student organizations operating within the various campuses to challenge the social norms that regulate students' sexual behaviours.

Section II: The Context of Sexual Practice

In 1999, UNAIDS, in conjunction with the Pennsylvania State University (PennState), sponsored five consultative workshops, which brought together 103 leading scholars and practitioners from various parts of the world, with the aim of examining the extent to which existing communication theories could be relied upon to adequately influence desired sexual behaviour changes in Africa, Asia, Latin America and the

Caribbean. This came as a result of increasing levels of HIV infection in these parts of the world, despite the intensive roll-out of the predominantly media-based HIV/AIDS information, education and communication programmes with the aim of influencing sexual behaviour change. These workshops culminated in the publication of *Communications Framework for HIV/AIDS: A New Direction*, which identified five key areas in communications aimed at preventing the spread of HIV: government policy, socio-economic status, culture, gender relations, and spirituality (Airhihenbuwa & Obregon, 2000; Airhihenbuwa & De Witt Webster, 2004; UNAIDS & PennState, 1999).

Pointing out the greater role that family, group and the community played in decision-making in the majority of non-western contexts, participants in the five consultative workshops called for “a redirection of intervention programmes to recognize that individual behaviours are shaped and influenced by factors and domains within a broader contextual focus” (UNAIDS & PennState, 1999, p. 12). They argued that the existing theories and models that informed the development of behaviour change campaigns were inadequate since “they were designed to address health prevention from individual, linear, and rational perspectives” (p. 23). They further pointed out that “Many communications and health promotion programs proceed on the assumption that behaviour, alone, needs to be changed, when in reality, such change is unlikely to be sustainable without incurring some minimal of social change” (p. 23). Acknowledging the central role of individual-based theories and models, participants in the workshops highlighted the importance of targeting individual change but asserted that this should be carried out “only in the context of their interaction within a domain or a combination of domains” (p. 30).

Having witnessed a sharp rise in HIV prevalence in South Africa in the 1990's, despite intensive media awareness campaigns, South African scholars were quick to join in the global debate on behaviour change communication strategies. In their article, “Reconceptualising behaviour change in the HIV/AIDS context”, Kelly, Parker and Lewis (2001) critique the concept of behaviour change and the individual-based theories from the socio-psychological perspective. Kelly and colleagues seek to challenge the notion inherent in the mass media awareness campaign that behaviour is volitional. They argue that behaviour is a result of several underlying factors that

make behaviour change difficult to achieve: “behaviour is complexly determined and this makes a mockery of the expectation that appeals to change would have their intended outcomes” (p. 6). They also point out that whereas it may be relatively easy to achieve desired behaviour changes in smaller and fairly homogeneous risk groups, where HIV transmission can be associated with specific behavioural practices, such as intravenous drug users, such changes may be difficult to achieve “where both the target behaviour and intervention are relatively problematic to define” (p. 2). Warren Parker develops this criticism further, in a subsequent article, arguing that “in heterogeneous populations, degrees of risk vary considerably and as a consequence, messages about risk in reality only apply to a narrow sub-section of the ‘target, group’” (Parker, 2004, p. 2). He points out that “in many instances, a large proportion within any given heterogeneous group, may already be ‘doing the right thing’ and should be maintaining current practices rather than changing them” (p. 2). This is probably the idea that had earlier prompted Parker, Durden and Dalrymple (1998) to redefine behaviour change as changing from risky sexual practices, such as engaging in multiple sexual relationships, to less risky sexual practices, such as reducing the number of sexual partners.

Kelly, Parker and Lewis highlight the role of various socio-cultural and socio-economic factors, such as poverty, inferior position of women, and poor education, among other factors that contribute to the disempowerment of individuals in relation to sexual decision making, and which lead to the increased risk of HIV infection. In large and diversified audiences, according to Kelly and colleagues, isolating and defining factors that influence various audience segments to engage in risky sexual behaviours is almost impossible (Kelly, et al. 2001).

Several other scholars have also offered their criticisms of the individual-based cognitive theories and models of behaviour change (cf., Airihenbuwa & De Witt Webster, 2004; Coulson, 2002; Ford Foundation, 2005; Govender & Peterson, 2004; Gumucio, 2001; Haupt, Munshi, & Smallwood, 2004; Leclerc-Madlala, 2002; McKee, 2004; National Cancer Institute, 2005; Parker, 2002, 2004, 2006; Parker et al., 1998; Pulerwitz, van Dam, & Phillips-Hamblett, 2003; Swanepoel, E. 2005; Swanepoel, P. 2005). A common argument in all these criticisms is summarised by Melkote, et al. (2000) who asserts that,

cognitive theories that are largely centred around volitional control over behaviour, do not take into account individual, cultural (including gender and race), and socio-economic contexts and related differentials of self-efficacy and power in sexual interactions (cited in, Parker, 2004, p. 1).

Researching the Contexts of Youth Sexual Behaviour

Social research on youth and HIV/AIDS conducted between the late 1980's and early 1990's were mainly quantitative surveys aimed at measuring behavioural patterns, such as number of sexual partners, rate of condom use and age at sexual debut; describing people's understanding of HIV/AIDS; establishing sources of information on sex and HIV/AIDS; and measuring people's attitudes and perceptions towards HIV/AIDS (Parker, R. 2001; UNAIDS, 1999a). Although similar surveys are still common (cf., Pettifor, 2004; Raijmakers & Pretorius, 2006) criticisms of the cognitive theories and models of behaviour change in the late 1990's seemed to have influenced a shift in focus towards qualitative investigations of the people's day-to-day lives, aimed at understanding factors that shape their sexual experiences. Major organizations involved in HIV prevention activities, such as the UNAIDS (UNAIDS, 1999b; UNAIDS & PennState, 1999), World Bank and the Ford Foundation (2005), led the way in calling for a clearer understanding of the various contextual factors that shaped sexual practices in different settings, with a view to developing contextualised behaviour change programmes.

Global Studies

Since early 1990's, scholars across the world had begun conducting qualitative research aimed at understanding the contexts in which risky sexual activities were undertaken. A review of a number of these studies has been undertaken by Dowsett and Aggleton (1999), which include a study on risk-taking sexual culture of street life in Cambodia (Ruiz, 1994), the tensions in social life in Mexico as a result of HIV/AIDS (Castaneda, Allen, & Castaneda, 1996), and the gendered nature of sexual experiences and cultural expectations (for example, in India (Bhende, 1993); Thailand (Ford & Kittisuksathit, 1994); and a 13 country study (Weiss & Gupta, 1996)). However, increasing interest in contextual determinants of risky sexual behaviour began in the late 1990's and this mainly focused on communities living in developing countries, after it had become apparent that the behaviour change

programmes that reflected those used in Western countries, and which were based on cognitive theories, could not be relied upon to bring the desired change in the developing countries (Kelly et al., 2001; UNAIDS & PennState, 1999)

In 1999, Dowsett and Aggleton examined the risk-taking behaviour and sexual relations among a sample of about 3000 young people drawn from seven countries in Africa, Asia and the Americas (Dowsett & Aggleton, 1999). This study established how young people's sexual conduct was misunderstood by organizations and individuals who were seeking to change their sexual behaviours. The study examined different sexual cultures and established the different ways in which young people in different contexts made sense of their own sexualities and created their sexual identities. It noted, for example, that contrary to common assumptions, young people in Cambodia and Papua New Guinea did not regard those who engaged in same-sex activities as 'homosexuals'. Expectations and practices of sex among young people were also found to be rapidly changing as a result of modernization. Modernization was seen to be associated with the breaking of traditional rules relating to sexual conduct and the initiation of sexual activity. Socio-economic challenges, such as poverty and unemployment, were also found to contribute significantly to the widespread of rape in Papua New Guinea. The study highlighted the "need for HIV/STD prevention to be couched in the terms of young people, in their own words and meanings" (p. 30).

The association between the changing age at marriage and the shift in age at sexual debut was pursued further by Mensch, Grant and Blanc (2005). In their analysis of Demographic and Health Survey (DHS) data collected from 27 countries between 1994 and 2003, Mensch and colleagues examine the relationship between the decline in the prevalence of early marriages and the increase in the occurrence of premarital sexual encounters among young women. Out of a comparative analysis of data obtained from the 20-24 year-olds and those of 40-44 year-olds, they established that the prevalence of marriage at the age of 18 had decreased significantly in 24 out of the 27 countries while the prevalence of sex by age of 18 – whether at marriage or before – had actually declined in thirteen countries, increased in four, and was constant in the remaining ten. However, the context of sexual encounter was noted to have changed significantly as more young women had engaged in premarital sex among the 20-24

year-olds compared to the 40-44 year-olds. Similar findings were also noted in another review of DHS reports of 15-24 and 15-29 year-old females in eight countries, by Mahy and Gupta (2002). This seems to confirm the assumption made by Chuks Mba that young women and men in Africa were at risk of engaging in premarital sex as a result of delayed marriages mainly due to prolonged time spent pursuing studies (Mba, 2003). Mba points out that:

as more young women are attending school and delaying marriage more than ever in sub-Saharan Africa, they are exposed to the risks of premarital sexual intercourse for longer periods of time, which places them to greater risks of unintended pregnancies, induced abortions and STDs, including HIV/AIDS (p. 21).

The relationship between pre-marital sex and risk of HIV infection was demonstrated earlier, for example, in the work of Konings et al (1994).

The socio-economic context of sexual practice has been investigated by Luke and Kurz (2002), in their review of 45 studies focused on cross-generational and transactional sex conducted in sub-Saharan Africa. Their review demonstrates that the majority of girls in different contexts engage in sex for financial favours with older men. The main motivation for this kind of relationship was financial security, as older men were perceived by young girls to be likely to offer support in case she became pregnant. Economic survival and the pleasure of having sex with experienced (older) partners were also noted in this review. The review further demonstrated a link between the increased age gap between adolescent girls and their partners, and the risk of HIV infection. The question of power in decision making emerged where older men were found to enjoy a greater degree of power within the cross-generational relationship. Numerous other studies have documented the relationship between economic needs and trans-generational sexual relationships (cf, Meekers and Calves (1997); Tarr and Aggleton (1999)).

Power in sexual relationships has also attracted the attention of researchers investigating the socio-cultural context of sexual behaviour among young people in Africa. A study conducted by Zabin and Kiragu (1998) associated the spread of HIV/AIDS with the male dominance in sexual decision-making, submissiveness of women to their male counterparts, the socially accepted 'sugar-daddy' phenomenon, high levels of partner violence and the increasing levels of transgenerational sex,

mainly in the form of older men having sexual encounters with young girls. Similar findings were also noted in the works of Mill and, Anarfi (2002), Turmen (2003) and Sorrell and Raffaelli (2005).

Increasing global attention seems to be focused on the social norms that influence the process of sexual decision-making. A study conducted in Vietnam (Family Health International, 2006) found that sexual decision-making processes among males who frequented the Female Sex Workers (FSWs) was mainly influenced by alcohol drinking, financial status, peer acceptance and one's ability to refuse commercial sex. Level of education and money did not have any direct impact on the decision to visit FSWs, as people from different socio-economic and educational backgrounds were reported to engage in the practice. Group decision-making was noted where respondents reported the difficulty of refusing to go out to visit sex workers with friends. Other social norms such as the desire to prove masculinity and to maintain group membership were also noted. Men who practiced fidelity were seen as not being 'real' men. While HIV/AIDS and risk factors for HIV transmission were widely understood by the respondents, sex outside marriage was considered as a form of entertainment and some female respondents reported that they had no problems with their husbands visiting FSWs with their bosses to obtain favours or to establish business deals. Respondents reported little access to participatory forms of community-based activities which seems to indicate why undesirable social norms still persisted in this community (Family Health International, 2006).

South African Studies

South Africa has witnessed a dramatic increase in studies focusing on the context of sexual activity in recent years, with many scholars trying to understand why behaviour change has proved so difficult to attain, despite increasing number of people who continue to succumb to the HIV epidemic. A review by Suzanne Leclerc-Madlala (2002) highlights women's fertility as one of the major concerns addressed in the early 1990s by researchers such as Eleanor Preston-Whyte and M. Zondi (1991; 1992) and Preston-Whyte (1994; 1999). These researchers identified the desire by women to prove their fertility as a barrier not only towards delayed sexual debut, but also towards the use of condoms to prevent the spread of HIV. The term "fertility conundrum" was coined to describe the dilemma common, especially among African

women, between abstaining or using condoms to prevent HIV infection and the desire to become pregnant (Preston-Whyte, 1999; Rutenberg, et.al., 2003).

HIV prevalence among women in South Africa is much higher compared to that of men (Harrison, 2005; UNAIDS, 2006; Department of Health, 2007). Numerous studies have focused on understanding contextual determinants that place women at a greater risk of infection, compared to their male counterparts. A study by Hoosen and Collins (2004) explored the discourses of gender and HIV/AIDS among black women aged 16-74 in a peri-urban setting in Durban, South Africa. Their findings revealed ways in which the socially constructed norms about power and gender roles placed women at a disadvantaged position in relation to decision making regarding safe sex. Women were not in a position to make rational choices such as using condoms since such decisions were often placed as the prerogative of men who were socially constructed as figures of authority. Women were socially constructed as being “subordinate, submissive, and passive subjects who are encouraged to comply with men’s demands for sex, irrespective of their own desire” (p. 493). Similar norms are also described in the works of David Harrison (2005) and Pettifor et al. (2004) and in a recent study among adult Venda women attending Adult Basic Education and Training in a rural area of Vhembe (Castle & Kiggundu, 2007). However, emerging shifts in power relations between men and women, as a result of increased access to employment opportunities by women, has been identified in a recent study by Strebel et. al. (2006).

Sexual violence and rape have also been identified as key factors driving the HIV/AIDS epidemic among young South Africans. Gender violence is a common phenomenon in South Africa, where a recent national survey estimates that about 13% of women have experienced gender violence (Abdool Karim, Q. 2005). Another study conducted by Kalichman, et. al. (2005) found that more than 40% of women and 16% of men who participated in their study had been sexually assaulted. This study established that sexual assault history and the acceptance of the rape myth, coupled with the abuse of alcohol and drugs, cumulatively, had a significant association with HIV infection among men. Some studies have also associated the widespread rape cases involving men and young girls with the misconception that young girls were free from HIV and the myth that having sex with young girls could ‘cleanse’ one’s

blood of HIV (Leclerc-Madlala, 1997). There is also evidence suggesting that violence or fear of violence prevents women from discussing HIV/AIDS with their partners or requesting them to use condoms (Abdool Karim, Q. 2005; Jewkes & Levin, 2003; Swanepoel, E. 2005).

A number of studies have focused on the socio-economic conditions that enhance the spread of HIV in South Africa. With the widespread economic hardships among the majority of the South African population – which has been worsened by the spread of HIV – sexuality has been re-conceptualized as a resource that can be utilized for economic purposes (Leclerc-Madlala, 2002). A study conducted by Leclerc-Madlala among the Zulu-speaking people living in the St. Wendolin settlement in Durban established the transactional nature of sexual relations that has been associated with the spread of HIV (Leclerc-Madlala, 1999). The use of sex for economic purposes is aptly described by the researcher:

The sexual economy operates on a continuum or ‘scale of benefits’. This ranges from the trading by women of sexual favours in order to secure basic needs (i.e. food, school fees and rents), to the use of sex for obtaining expensive fashion accessories (e.g. clothes), prestigious outings (e.g. invitations to dine at restaurants and attend cinemas), and the opportunity to ride in luxury cars or sleep in hotels (Leclerc-Madlala, 2002, p. 11).

In the above passage, Leclerc-Madlala points out that transactional sex is not only practiced as a means of survival, but also as a way of attaining modern high-class lifestyles. This distinction has also been noted in the works of Wojcici and Malala (2001), Wight et al (2006) Nyanzi, et. al. (2001), Thorbe (2002), Hunter (2004) and (Leclerc-Madlala, 2004). Research done by these authors has demonstrated that even though sex exchange may be motivated by the desire to fulfil the daily needs, some women also enter into sexual relationships in pursuit of a “modern successful life” (Leclerc-Madlala, 2004, p. 2). The desire to maintain such lifestyles exposes such women to risks of partner change and condom-less sex, and therefore increasing the chances of HIV infection.

Contemporary social science research on HIV/AIDS is increasingly oriented towards understanding the socially constructed roles that increase the vulnerability of groups in different contexts towards HIV infection. Socially constructed norms about

masculinity among young South Africans have featured in the works of Varga (1997), Leclerc-Madlala (1997, 1999; 2002; 2005), Hunter (2004), and Dunkle, et al (2004). Leclerc-Madlala (2005) points out the futility of empowering women without similar efforts focused on addressing the socially constructed ways through which men continually dis-empower women. She highlights how young men among the Zulu people are socialized to be self-reliant, daring and not to reveal their emotions, and how these norms about masculinity contribute to the prevalent attitude of invulnerability, willingness to take risks, refusal to undertake VCT and denialism.

The social desirability of the womanizer status (*isoka*) among young Zulu men has also been highlighted in the works of Varga and Makubalo (1996) Varga and Mellon (2000) and Hunter (2004). Leclerc-Madlala also found out that young Zulu men in a peri-urban area of Durban perceive sex as an important necessity to maintain good health and ‘prevent insanity’, while sex between a man and a woman was seen as a necessity to enhance womanhood. Men were also constructed in this community as being duty-bound to satisfy women’s sexual urges³¹ (Leclerc-Madlala, 1999). UNAIDS World AIDS Campaign of the year 2000 highlighted the importance of focusing on men in HIV prevention.

Concurrent sexual partnerships among South African young adults aged 20-30 was the main focus of a recent study conducted by CADRE (Parker et al., 2007). This study found that sexual practice among young people was entwined in a complex web of socioeconomic and cultural context, together with individual psychological factors related to issues such as self-esteem and fatalism. As in other previous studies, Parker and colleagues found that sex had different meanings for young people:

The concepts of sex and love are often separated, as is sex *with* love for the ‘main’ partner, and sex *without* love for ‘other’ partners. [This] results in recategorisation of the concept of faithfulness, whereby being ‘faithful’ shifts in meaning from *de facto* fidelity to a concept where keeping infidelity secret is a sufficient criterion for considering oneself to be faithful (Parker et al., 2007, p. 8)

³¹ While defending himself against accusation of rape in 2006, former South African Deputy President, Jacob Zuma, said that he chose to have sex with a woman known to him as being HIV positive because it was against Zulu traditions to leave a sexually-aroused woman unsatisfied.

High levels of HIV awareness were noted by Parker et al. although the nature of contradiction that emerged as a result of individuals' acknowledgement of the risk of HIV infection and their engagement in risky sexual practices was seen to portray a general feeling of fatalism among respondents (Parker et al., 2007). This study also established that safe sexual practices such as condom use and mutual fidelity were not supported by the social norms among the young people.

Future Research Directions

From the foregoing review of previous studies, it is apparent that the context of sexual activity has recently attracted huge attention among researchers seeking to understand the spread of HIV in Africa. As a result, several factors that contribute to the difficulty in undertaking sexual behaviour changes in Africa have been documented. These include poverty, influence of modernity, cultural practices, rape and violence, and the socially constructed norms and expectations. This understanding has contributed immensely to the development of guidelines that are mainly aimed at addressing the social and economic conditions that hinder individuals' intentions to practice safe sex. Such guidelines include, for example, institutional policies against rape and gender-based violence, economic empowerment of vulnerable groups, and affirmative actions to foster gender equality, especially in workplaces and institutions. However, the challenge posed by the socially constructed norms and expectations in the HIV prevention efforts is yet to be fully addressed. A number of studies have established the social norms that influence young people's sexualities in various contexts, yet the influence of such norms in the way young people make sense of behaviour change messages is still unclear. This study is oriented towards establishing the nature of impact that socially constructed meanings and myths influence the interpretation and perceived relevance of behaviour change messages among students at universities in KwaZulu-Natal.

Section III: Reception of Behaviour change Messages among University Students

Since the 1980's, numerous studies have been undertaken globally to establish how young people are responding to HIV prevention communication programmes. Most of these studies are quantitative surveys, designed to measure young people's knowledge, attitudes, practices and beliefs. KAPB studies are often interested in young people's Knowledge about issues relating to HIV/AIDS, such as ways in which

HIV is/is not transmitted, strategies for protecting oneself against HIV infection and when and where to seek advice or assistance regarding sexually transmitted diseases; Attitudes towards people living with HIV, preventative strategies such as condom use, and perceptions of their own susceptibility to HIV infection; sexual behavioural Practices such as age at sexual initiation, frequency of sexual activity, number of sexual partners, relationship with older or younger partners, use of condoms during sexual intercourse and going for VCT; and young people's Beliefs and myths regarding the HIV epidemic, preventative strategies such as condom use, and whether or not HIV can be treated by, for example, traditional healers.

KAPB studies among young people at colleges and institutions of higher learning across the sub-Saharan Africa have yielded comparable results. High levels of HIV/AIDS awareness, correct knowledge of ways through which HIV can be transmitted and ways of protecting oneself against HIV infection were found in research among university students in Ghana (Awusabo-Asare, 1999), Tanzania (Maswanya, 1999), Nigeria (Arowojolu, 2002), and South Africa (Raijmakers & Pretorius, 2006). National household surveys undertaken in South Africa showed that a significantly high number of young people lacked clear understanding of the causal relationship between HIV and AIDS, and whether AIDS was a curable disease (HSRC, 2002, 2005).

Despite their increased levels of HIV awareness and knowledge, a large number of students seem not to consider themselves at risk of HIV infection. A study involving a sample 1162 university students³², whose aim was to understand the students' perceptions, attitudes and knowledge of HIV/AIDS, showed that the majority of the respondents did not think they were at risk of HIV infection (Raijmakers & Pretorius, 2006). Similar findings were also noted in a study conducted earlier by Michael Kelly (Kelly, 2001) and in research among Ghanaian students at different levels of education, including university (Awusabo-Asare, 1999). The main reason that respondents gave for their feeling of invulnerability was that they were not currently engaged in sexual activities. However, 61% of respondents, who were found to be HIV positive in a national survey of 15-24 year-olds, did not consider themselves at risk of HIV infection (Pettifor, 2004).

³² The name of the university where this study was undertaken is not mentioned in the article

In the study conducted by Raijmakers and Pretorius (2006) the majority (69.5 %) of students reported having had sexual encounters, with more males (75%) compared to females (65%) reporting having engaged in sex. Only 30.4% of the sexually active students in this study reported no sexual intercourse in the previous three months. The study also found that multiple sexual relationships were common among students, with 18.4 percent of the respondents reporting two partners, 13.1 percent three, 8.6 percent four and 29.8 percent reporting six or more partners. Only 25.4 percent of the respondents in the study reported one sexual partner. The study also noted gender disparity in the reported number of sexual partners, where males reported more sexual partners as compared to females. However, Petiffor, et. al. (2004) have noted a common trend in South Africa, where males tend to over-report, while females tend to under-report the number of their sexual partners. Sexual activity has been found to be higher among students who reside within campuses as compared to those who stay outside campus and has also been noted to increase with the year of study and also during exams (Kelly, 2001).

Casual sexual activities with sugar daddies and off-campus commercial sex workers have also been reported to be common among university students (Kelly, 2001; Raijmakers & Pretorius, 2006). The study conducted by Raijmakers and Pretorius established that 45.7% of the students who participated in their study had had sex with a casual partner in the previous three months while 15.3% reported sex with more than one casual sex partner. More than one in every four (28.4%) of the students who were sexually active used condoms sometimes while 6.9 percent never used condoms (Raijmakers & Pretorius, 2006). A similar study among a group of students at the University of Cape Town established that even though a high number (87.2%) of students who participated in the study reported using condoms, 29 % of them reported using condoms infrequently (Chitamun & Finchelscu, 2003). Inconsistency in condom use is widely regarded as one of the main causes of the rapid spread of HIV among young people in South Africa (Parker, 2006a).

Few of the KAPB studies move beyond measuring the knowledge, attitudes, practices and beliefs and have, therefore, failed to establish why some negative attitudes, unfounded beliefs and risky sexual practices persist in spite of increased awareness and knowledge about HIV. Research on context of sexual activity as discussed above

is part of the efforts to address this knowledge gap. However, the emerging shift towards understanding how audiences make sense of communication messages relating to HIV and AIDS is also part of the attempts to establish why people engage in risky sexual behaviour despite access to behaviour change information. This new paradigm is based on the evolving field of audience studies that conceptualise the meaning as emerging from the interaction between the text and the audience (Hall, 1996). As pointed out by Thomas Tufte (2001), this new field is founded on three premises: That the audience are not passive receivers of information, but rather actively participate in the process of creating meanings out of the messages they have access to (Fiske, 1989); that media texts can carry more than one meaning (polysemy of the text) (Hall, 1996); and that meaning of a text is a product of many other texts (intertextuality) (Fiske, 1987b).

The need to understand how audiences make use of media HIV prevention messages has been highlighted by, among others, Tufte. In “Entertainment-education and participation: Assessing the communication strategy of Soul City”, Tufte suggests that reception theory “can productively be fuel for the EE [Entertainment Education] debate as a theoretical substantiation for better understanding how audiences make sense and make use of the EE programs they listen to or watch” (p. 29). Additionally, Tufte (2003) argues that reception theory and audience ethnography can be utilised to understand the causal link between communication intervention and individual/social change

Having the focus not on the specific medium but on the everyday life of a social group, the hope is that this less mediacentric entry point to the case study will provide a broader understanding of how youth in South Africa learn to tackle HIV/AIDS and use existing communication interventions, as Soul City, in their coping strategies.... The hope is also to gain insights that can help inform how to work strategically with – and monitor and evaluate - HIV/AIDS communication and programming (p, 8).

The present study takes its trajectory from this new paradigm and seeks to establish how young people make sense of their own sexuality and how the generated meanings influence the way they interpret the ABC and VCT messages. Using a multi-method approach, the study will move beyond establishing knowledge, attitudes, practices and beliefs among students’, and seek to understand the way in which the meanings

attached to the ABC messages constitute the process through which knowledge, attitudes, practices and beliefs are developed.

Conclusion

Several previous studies on the context of behaviour change communication in Africa have been examined in this chapter. The studies reviewed have demonstrated that sexual behaviour change has, indeed, been achieved in a number of African countries through effective communications that mainly utilised the social networks. As a result, decline in HIV prevalence has been noted in these countries even though such declines cannot be attributed solely to sexual behaviour change. The studies focusing on the context of sexual activity and those aimed at measuring the respondent's knowledge, attitudes, practices and beliefs related to HIV/AIDS have also been reviewed in this chapter. This review has pointed out a number of knowledge gaps that form the focus of this study.

First, there is need to investigate communication channels that are mainly used to encourage sexual behaviour change among young people at universities in KwaZulu-Natal. As shown in studies from other sub-Saharan countries that have managed to halt or reverse the spread of HIV, such as Senegal, Uganda and Kenya, social and individual change was achieved mainly through communication programmes that utilised social networks. This study will therefore seek to establish the role of social communication channels such as peer groups, student organizations and other face-to-face communication channels, in encouraging social and individual behaviour change among students.

Secondly, previous studies have shown increasing research interest in the context in which sexual activity takes place, which has led to the understanding of the way in which environmental factors, such as poverty, influence of modernity, social and cultural practices, and the socially constructed norms and expectations influence individuals' sexual behaviour, whether or not the individual is knowledgeable about issues relating to HIV/AIDS. However, this review has shown that previous studies have merely concentrated on describing the various norms that influence people's sexuality. This study will not only seek to understand norms and beliefs about sexual practice among university students, but will also seek to understand the source of

these norms and beliefs and how they influence the meaning making process in relation to behaviour change communication among students.

Finally, the review of previous studies has identified an evolving trend in investigating the impact of the media HIV programmes, which utilises audience research strategies to understand how audiences make sense of messages targeted at them. This new approach is based on reception theory and aims to move away from the traditional trend of measuring audiences' knowledge, attitudes, practices and beliefs, towards a more in-depth analysis of the kind of meanings that audiences get out of the HIV prevention messages. The current study seeks to investigate the processes and structures through which students make sense of the Abstinence, Be faithful, Condomise and VCT texts.

CHAPTER FIVE

Theorising Audiences' Interpretations and Responses to Behaviour Change Messages

This chapter explores the theories that provided the basis upon which students' interpretations and responses to ABC and VCT messages was conceived. The study was conceptually underpinned by three complementary theoretical perspectives: *The Hermeneutics*, *Reception Theory* and *Social Constructionism*. The Hermeneutics Theory was useful in a dual sense. First, it offered a complementary perspective to Reception Theory and Social Constructionism, in formulating a theoretical basis for understanding audiences' interpretation of texts and, secondly, hermeneutics provided the methodological framework for analysing the interviews, with an objective of understanding how students interpreted the ABC and VCT messages. Reception Theory was specifically useful in analysing the ways in which students generated their own, often oppositional meanings, out of the ABC and VCT texts, whilst the Social Constructionism Theory provided the theoretical basis for understanding how social constructions about sex influenced the interpretation of HIV prevention messages.

The chapter is divided into four sections. The first section provides a brief account of the historical development of the Hermeneutics Theory. It highlights the major theoretical contributions of the key philosophers who have been involved in formulating the hermeneutical theory, with a special focus on how the notion of the hermeneutic circle has been outlined by these philosophers. The second section deals with paradigm shifts in the understanding of the relationship between media texts and media users. This section traces the emergence of Reception Theory and explains its relevance to understanding the meaning-making processes of decoding among media audiences. The third section concentrates on the social construction of meanings, with a special focus on the social construction of sexual practice. The last section explores the synergies between the three theories in conceptualising students' interpretation and responses to behavioural change messages.

The chapter concludes that even though Social Constructionism draws from a disciplinary background that is different from Hermeneutical and Reception Theories,

the three perspectives are in agreement with the view that socio-cultural conditions influence the way individuals make sense of phenomena. Whilst Hermeneutics concerns itself mainly with the methodology and philosophy of interpretation, Reception Theory is primarily concerned with the impact of the text on the audiences, that is, what the audiences actually do with the text. Social Constructionism, on the other hand, provides a useful framework for understanding the social production of meanings. The three perspectives thus form a useful complementarity that enables a more in-depth analysis of the way audiences engage with the ABC and VCT texts.

Understanding Textual Interpretation: The Hermeneutics

The concept of hermeneutics has been a subject of debate for more than four centuries and a voluminous amount of literature has emerged out of this debate. Conceptually, hermeneutics has evolved along three main strands: the analytic hermeneutics, the psychosocial hermeneutics and the ontological hermeneutics (Howard, 1982). A comprehensive analysis of each, or any, of these strands is beyond the scope of this study. However, this analysis will draw on the contributions of the various philosophers and scholars who have shaped the development of hermeneutics at various stages, to formulate a framework for uncovering the processes through which young people at universities make sense of the ABC and VCT messages. In particular, this analysis will focus on the notion of the hermeneutic circle and the relationship between the text, its source, context, and the audience, as formulated in the contributions of key philosophers such as Friedrich Schleiermacher, Wilhelm Dilthey, Martin Heidegger, Hans-Georg Gadamer, Emilio Betti, Paul Ricoeur, and others.

Hermeneutics is a theory of interpretation that has its historical roots in the Greek traditions. The etymology of the word has been associated with the Greek god, Hermes, whose role was to transmit messages from gods to human beings. In performing his duties, Hermes did not merely announce what the gods wanted but also had to “interpret” or make the messages understandable and meaningful to the mortals (Bleicher, 1980). Two factors contributed significantly to the development of hermeneutics as a field of study: the emerging interest in human sciences and the need to defend these sciences as distinct from natural sciences, and the challenge of making sense of historical texts (Stanford Encyclopedia of Philosophy, 2005). This analysis

will examine how the debate around these two factors contributed to shaping contemporary hermeneutics.

In the course of the Middle Ages and Reformation, hermeneutics emerged as a field associated with biblical interpretation. Scholars such as Mathias Flacus and Benedict de Spinoza were instrumental in formulating hermeneutics as a framework for a universally valid interpretation of those parts of the scripture whose meanings were unclear. Flacus proposed a method of interpretation of such scriptures, which focused not only on the grammatical interpretation but also on the lived experiences of Christianity at the time the text was developed, and the relations between specific text and the whole (Bleicher, 1980). The significance of the historical horizons of the texts and their authors was also underscored in the work of Benedict de Spinoza (Stanford Encyclopedia of Philosophy, 2005).

In the 18th century, philosophers such as Giambattisto Vico and Georg Friedrich Meier, made significant contributions to shaping the emergence of early modern hermeneutics. In *Scienza nuova* (1725), Vico advances the argument that thinking is always rooted in a particular cultural context which is historically developed and is fundamentally embedded in ordinary language (Cited in Stanford Encyclopedia of Philosophy, 2005). To understand oneself, therefore, a scientist must first interrogate his/her own historical development. Spinoza and Vico, amongst other philosophers, thus brought the interpreter's history and cultural context to the core of the study of meaning. Georg Mier supported this perspective by emphasizing the interdependence between hermeneutics and language. Mier argued that signs, both verbal and non verbal, attain their meanings through their relation to other signs within a linguistic collective (Bleicher, 1980).

Mier's contribution was developed further by Friedrich Schleiermacher (1768-1834), a philologist-theologian whose work on Greek and biblical texts brought him to the conclusion that philological strategies succeeded only in uncovering the vocabulary/grammatical meanings of the text (Howard, 1982). According to Schleiermacher, philological strategies failed to generate an understanding of the author's original intentions, that is, the main reason that motivated the writer to compose the work in the first place. Understanding a text, according to Schleiermacher, meant transcending the text to the spirit that motivated the speaker or

author's text. The historical context of the text and that of the author were thus central to Schleiermacher's hermeneutic circle. This formed the precondition for interpreting the text accurately (Palmer, 1969).

Schleiermacher divided interpretation into two levels: grammatical interpretation and the technical interpretation. At the grammatical level, interpretation involves analysing meaning of a spoken or written word based on the shared features of the language. This, according to Schleiermacher, was the objective form of interpretation. The technical interpretation, on the other hand, involved the interpretation of written words or spoken utterances in relation to the life and personal development of the writer/speaker. He considered this level of interpretation as subjective and argued that the key role of hermeneutics lay within the second level of interpretation. Schleiermacher thus relates hermeneutics not to the text being interpreted but to the mental processes that are involved in the act of interpretation. He saw hermeneutics as a means of understanding the worldview of the "other" (Palmer, 1969; Bleicher, 1980).

Hermeneutics attained a greater prominence in the 19th century when Wilhelm Dilthey, a German philosopher of culture, brought it into the core of the debate about the relationship between the human and natural sciences. Dilthey's philosophy draws from Johann Gustav Droysen's distinction of natural sciences which, according to Droysen, embodied explanation-theory, and the cultural sciences that were underpinned on the understanding-theory (Howard, 1982). Following Kant's justification of natural science and mathematics, Dilthey undertook to develop and to justify human sciences as a discipline distinct from natural sciences. He thus formulated hermeneutics as a historical method of understanding human life (*Vershtehen*) that is distinct from the abstractions of the natural sciences. According to Dilthey, natural science could not provide adequate understanding of human life because it "only explain[s] part of external reality" (Dilthey, 1989, p. 203). His proposition of a historical analysis of human understanding was thus distinct from the natural sciences, in moving away from the law-based, quantification methods to the analysis of the lived experiences (*Erlebnis*) in the network of history within which individuals exist. In his latter work, Dilthey inverts his framework of understanding the self by arguing that individuals understand themselves through "others":

[T]he inner experience through which I obtain reflexive awareness of my own condition can never by itself bring me to a consciousness of my own individuality. I experience the latter only through a comparison of myself with others (Dilthey 1996, 236).

Picking up from Dilthey's historical analysis of human life, Martin Heidegger, a 20th century existential philosopher, advanced hermeneutics as a theory of existential understanding, that is, the understanding of what it means "to be". His theory of hermeneutics was primarily premised on the analysis of *Dasein* (being-in-the-world) as a first step in understanding being. In his work, *Being and Time*, Heidegger proposes two ideas as key to the understanding of being: that human essence lies in its existence, and that a human being is fundamentally individual. Heidegger then goes on to argue that *Dasein* cannot be analyzed outside the world in which it exists; it can only be analyzed in its relations to others (Heidegger, 1962).

Heidegger further distinguished between understanding, interpretation and assertion. Understanding, according to him, is a mode of being that is characteristic of *Dasein*. It is an intuitive way in which *Dasein* achieves familiarity with the world. Understanding presupposes a form of "fore-knowing", a primordial conceptualization of objects that *Dasein* encounters in daily life. As a historical being, man lives in a world that is already understood. Understanding is thus achieved in terms of "fore-structures" that allow interpretation of external phenomena in a primordial way: "in every case...interpretation is grounded in something we have in advance...in a fore-having" (Heidegger, 1962, p.191). This understanding is brought into reflective consciousness of man through interpretation. Understanding and interpretation are then made intelligible to us in assertion through language. Assertion is thus a derivative of interpretation (Bleicher, 1980).

Through his synthesis of understanding, interpretation, assertion, and the fore-structures of understanding, Heidegger was able to introduce a new dimension to the concept of the hermeneutic circle. In Schleiermacher and Spinoza's formulation, a hermeneutic understanding of the text involved a movement between individual parts and whole of the texts. In Heidegger's re-formulation, hermeneutic circle becomes a movement between self-understanding and the detailed understanding of our daily

experiences in the world in which we live. Heidegger thus foregrounds lived experience and self-understanding as pre-conditions for effective interpretation.

Following Heidegger's introduction of the ontological dimension to hermeneutics, disagreements emerged between two main groups of subsequent hermeneutics scholars. One group, led by Heidegger's student, Hans-Georg Gadamer, sought to advance Heidegger's approach to hermeneutics as a philosophy of understanding of human existence. On the other hand, a group led by Emilio Betti preferred Schleiermacher and Dilthey's approach to hermeneutics as a theory of the methodological principles of interpretation (Palmer, 1969).

Gadamer's hermeneutics was oriented towards the exposition of the philosophical question of understanding. He maintains that the work of hermeneutics "is not to develop a procedure for understanding, but to clarify the conditions in which understanding takes place" (Gadamer, 1979: 263). Gadamer draws on the work of previous philosophers, such as Giambattista Vico, to develop a hermeneutic framework that integrates language, culture and history. In *Truth and Method*, Gadamer conceives of a human being as a being in language; man understands the world through language (Gadamer, 1979). Through ordinary conversations, understanding is shared and new understanding generated. Owing to the constant development of new understandings, it is difficult for an interpreter to understand the original perspective of historical works. Understanding, according to Gadamer, is thus neither fully as a result of our own perspective nor fully that of the original perspective, it is rather a *fusion* between these two *horizons*:

Understanding is not to be thought of so much as an action of one's subjectivity, but as the placing of oneself within a process of tradition, in which the past and the present are constantly fused (Gadamer, 1979, p.258).

In Gadamer's hermeneutics, objectively valid interpretations cannot be achieved because of the influence of tradition. Instead, Gadamer perceives the historical situation in which the interpreter finds himself as playing a central role in determining the meaning of the text. Interpretation, according to him, is not merely an act of reproducing meaning but is equally an act of producing new meanings:

The real meaning of a text, as it speaks to the interpreter, does not depend on the contingencies of the author and his original audience. It certainly is not identical with them, for it is always co-determined also by the historical situation of the interpreter and hence by the totality of the objective course of history. [...] Not just occasionally but always, the meaning of a text goes beyond its author (Gadamer, 2004, p.296).

Emilio Betti, a 20th Century Roman Law scholar and philosopher, disagreed with Heidegger and Gadamer particularly on their ontological approach to hermeneutics (Stanford Encyclopedia of Philosophy, 2005). Betti argued for the relocation of the hermeneutical problematic back to the epistemology of interpretation (*Geisteswissenschaften*) outlined by Schleiermacher and Dilthey (Betti, 1980). In Betti's perspective, the problem of understanding, which had been a primary concern of ontological hermeneutics, is resolved through the process of interpretation. Hermeneutics should thus concern itself with interpreting meaning-full forms (*sinnhaltige Formen*) such as writings, speech, artistic symbols, musical representations, facial expressions and any other forms through which an individual gets into the mind of the other (Betti, 1980). Drawing on Wilhelm von Humboldt's philosophy, Betti asserts that meaning-full forms cannot be transferred from one mind to another. Instead, communication occurs through the mobilization of elements that are mutually shared within a conceptual universe:

In truth, people do not establish mutual understanding by exchanging the material signs of objects or by mutual production of the same thought with the help of an automatic transference, but rather through the reciprocal mobilization of the corresponding elements in the chain of their conceptual universe and the striking of the same chord to bring forth thoughts that correspond with those of the speaker (Betti, 1980, p. 54).

One of the key issues that pitted Betti and Gadamer, and their respective followers, against each other was the question of the possibility of objective interpretation. In *Hermeneutics: Interpretation Theory in Schleiermacher, Dilthey, Heidegger, and Gadamer*, Richard Palmer (1969) explores the tension between the two camps in detail. Gadamer and his followers, including Gerhard Ebeling, Rudolf Bultmann and Ernst Fuchs, saw understanding of historical texts as an historical act which was always connected with the present (Gadamer, 1979). There is, therefore, no possibility of objective understanding as the interpreter is always influenced by the historical

situations in which they find themselves. Like Gadamer, Bultmann believes that interpretation of a historical text is always guided by a certain level of “pre-understanding” on the part of the interpreter. This leads to a subjective interpretation as the interpreter has already chosen a certain viewpoint (Bultmann, in Bleicher, 1980). Significantly, Betti’s group does not deny the possibility of subjective interpretation. In fact, in his third canon of interpretation (“the canon of actuality of understanding”), Betti acknowledges that the work of interpretation, especially of historical text, involves the integration of the material into one’s own intellectual horizon. Interpreter’s own experiences and viewpoint are thus present in every interpretation (Betti, 1980, p. 62). Betti conceives of interpretation as a triadic process in which meaning-full forms are mediated between the mind in which they are objectivated and the interpreter’s mind (Betti, 1980). The interpreter’s mind recognizes and re-constructs ideas, messages and the intentions that are manifested in those messages through a process of subjective internalization (Bleicher, 1980). Betti’s conception of the hermeneutical process is thus an inversion of the process of meaning creation in which an interpreter re-constructs the meaning contained in the meaning-full forms (Stanford Encyclopedia of Philosophy, 2005). This reconstruction process entails the interpreter’s own experience of the world (Palmer, 1962).

Nevertheless, Betti was concerned with the trend in German hermeneutics at the time, which he saw as being preoccupied with the interpreter’s role in conferring meaning on the object (*Sinngebung*). Betti seeks to distinguish *Sinngebung* from *Auslegung* (interpretation) and argues against the arbitrariness in which *Sinngebung* inferred meanings into meaning-full objects (Palmer, 1969). His first canon of interpretation, which he pointedly calls “the canon of the immanence of the standards of hermeneutics”, asserts the autonomy of the object of interpretation:

Meaning-full forms have to be regarded as autonomous and have to be understood in accordance with their own logic of development, their intended connections and their necessity, coherence and conclusiveness; they should be judged in relation to the standards immanent in the original intention: the intention, that is, which created the forms should correspond to the point of view of the author and his formative impulse in the course of the creation process...they must not be judged in terms of their

suitability for any other external purpose that may seem relevant to the interpreter (Betti, 1982, p.58)

The objectivation of meaning-full forms thus sets Betti's approach to hermeneutics apart from that of Gadamer's group. Betti's perspective was subsequently supported by other scholars, such as Eric Hirsch (1967).

One of the key philosophers who had significant influence in the development of hermeneutics in recent years is the French scholar, Paul Ricoeur. In his essay, *Existence and Hermeneutics* (a condensed version of which is reproduced in Bleicher, 1980, p. 236-256), Ricoeur proposes a third approach to hermeneutics that draws on both the epistemological orientation taken by Betti, Schleiermacher and Dilthey and the ontological dimension undertaken by Heidegger, Gadamer and Bultmann, amongst others. He asserts that every interpretation takes place within a community, a tradition or a contemporary thought hence it was impossible to suggest a hermeneutics that is free from any form of presupposition. Ricoeur further disagrees with the methodology of interpretation based on the meaning-full objects as outlined by Betti, arguing that such an approach entangles hermeneutics within the Kantian theory of objective knowledge. Instead, Ricoeur agrees with Heidegger and Gadamer that interpretation and understanding are closely intertwined since interpretation involves "extending from one psychic life to another psychic life" (Ricoeur, 1980, p. 238). Interpretation, therefore, requires an understanding of the nature of historical being that comes to understand.

Nevertheless, Ricoeur believes that the approach proposed by Heidegger in his attempt to understand *Dasein* was a "short route": instead of focusing on the conditions under which *Dasein* comes to understand a text, Heidegger chooses to focus the analysis of *Dasein* himself. Ricoeur argues that this approach not only fails to answer the question of how historical understanding is based on a pre-understanding but also loses sight of the question itself. The focus shifts from the hermeneutic question to an analysis of *Dasein*. Ricoeur thus embarks on developing a methodology of interpretation (Schleiermacher, Dilthey and Betti's approach) that is underpinned on the ontology of understanding (Heidegger and Gadamer's approach). Ricoeur asserts that the correct approach to understanding how a human being comes to understand is by beginning with the analysis of the language, the "symbolic senses"

through which meanings come to be understood in multiple ways. He believes that by examining the symbolic expressions, man is able to reflect on himself as an understanding being:

The *semantic* approach ... entails a *reflective* approach. But the subject that interprets signs is no longer the *cogito*: rather, he is a being who discovers, by the exegesis of his own life, that he is placed in being before he places and possesses himself. In this way, hermeneutics would discover a manner of existing which would remain from start to finish a being interpreted (Ricoeur, 1980, p. 243-244)

Understanding the “symbol” is central to Ricoeur’s interpretation. Through an act of interpretation, one is able to uncover the multiple meanings that are contained within a symbol and to achieve a self-understanding which is the greatest objective of hermeneutics:

The purpose of all interpretation is to conquer a remoteness, a distance between the past cultural epoch to which the text belongs and the interpreter himself. By overcoming this distance, by making himself contemporary with the text, the exegete can appropriate its meaning to himself: foreign, he makes it familiar, that is, he makes it his own. It is thus the growth of his own understanding of himself that he pursues through his understanding of the other. Every hermeneutics is thus, explicitly or implicitly, self-understanding by means of understanding others (Ricoeur, 1980, p.249)

From the foregoing analysis, it is clear that the development of the Hermeneutics Theory has mainly been anchored on the challenges of interpreting historical texts. This kind of interpretation is usually triggered by the initiative of an interpreter who has a particular interest in the texts. On the contrary, the problematic of this study is centred on the interpretation of media texts which, whilst they may share some similarities with historical texts, are often developed in the present and are designed for audiences who may be disinterested in the information. Thus, the manner in which an interpreter engages in the mass-mediated ABC and VCT texts may differ significantly from the manner in which they engage with historical texts.

Nonetheless, the concept of hermeneutic circle provided a useful framework for analysing the various factors at play in the process of interpretation of the ABC and VCT texts. Gadamer’s notion of the fusion of horizons provided the basis for

analysing the influence of the historical horizons of the text and the socio-cultural horizons of the students in the interpretation of the ABC and VCT texts. The meanings in narratives were analysed in relation to the entire text and also in relation to narratives obtained from other interviewees, in order to understand how the daily experiences within the socio-cultural systems of the students influenced the way they made sense of the HIV prevention texts. This process enabled a comparative analysis in which common trends were thematically analysed. The notion of fore-knowing/pre-understanding outlined by Heidegger, Gadamer and Betti, amongst others, together with Ricoeur's notion of "symbolic interpretation," also provided a useful basis for understanding multiple interpretations of the notions of abstinence, be faithful, condomise and 'know your status'.

The Rise of an Active Audience: Reception Theory

As discussed in the previous section, hermeneutics scholars were primarily interested in the manner in which readers/interpreters make sense of texts (written, oral, artefacts, musical and others). With the development of the mass media in the early 20th century, however, a new dimension emerged in the study of textual interpretation, which mainly focused on the nature of impact that media texts had on media users. Research in the early 1930's was focused mainly on how the mass media affected media users. The dominant view at that time was that the ideologies conveyed through the media had the capacity to change people's perceptions and behaviours (Lasswell, 1948). This view emerged as a result of the changes witnessed in Europe, with the advent of the new media technologies, such as radio and television, and which some scholars attributed to the repressive ideologies injected into the consciousness of the masses (Schröder, et.al., 2003). Having experienced the degeneration of the modern day Germany into fascism in the 1930's, members of the Frankfurt School of Social Research, led by Theodor Adorno and Max Horkheimer, developed the Hypodermic Needle model which stressed the persuasive powers that media exert on the audiences (Merton, 1946). According to this theory, the media can "inject" certain messages into the audience and therefore cause them to behave in particular ways (Adorno & Horkheimer, 1977).

In the 1940s up to the 1960s, American scholars began to question the Frankfurt School's Hypodermic Needle model, pointing out that the model failed to accurately

reflect the pluralistic nature of American society. They charged that though the mass media had an effect on the mass audience, these effects “were not necessarily all-powerful, simple or necessarily direct”³³. It was during this period that the “Sociology of Mass Persuasion”, grounded on empirical research which showed the audience as not being completely passive consumers of media products, was developed to provide a more qualified explanation of “media power”. The main brains behind the “Sociology of Mass Persuasion” included researchers like Robert Merton, Elihu Katz and Paul Lazarsfeld. The concept of “two-step flow” communication, which saw the influence of the mass media as strongly mediated by “gatekeepers and opinion leaders”, was developed in Merton’s *Mass Persuasion* (Merton, 1946) and Katz and Lazarsfeld’s *Personal Influence* (Katz & Lazarsfeld, 1955).

Out of the works of Elihu Katz, Jay Blumler and James Halloran during the 1960’s, the “Uses and Gratifications” theory was developed in the early 1970’s. This model perceived the audience as being actively involved in meaning making and in deciding what to do with the mass media messages³⁴. From this time onwards, the audience suddenly became important in understanding the meaning of the media messages as scholars started moving out of their offices to find out what people do with the media, rather than what media do to them (Halloran, Brown, & Chaney, 1970). Although the Uses and Gratifications model opened up new perspectives regarding audiences’ abilities to interpret texts in varied ways, its critics point out that the perspective of this theory “remains individualistic, in so far as differences of response or interpretation are ultimately attributed solely to individual difference of personality and psychology”³⁵.

³³, Morley, D. (Not Dated). “Audience Research”. Available at: <http://www.museum.tv/archives/etv/A/htmlA/audiencerese/audiencerese.htm> (accessed, May, 15, 2007)

³⁴ Morley, D. (Not Dated). “Audience Research”. Available at: <http://www.museum.tv/archives/etv/A/htmlA/audiencerese/audiencerese.htm> (accessed, May, 15, 2007)

³⁵ Morley, D. (Not Dated). “Audience Research”. Available at: <http://www.museum.tv/archives/etv/A/htmlA/audiencerese/audiencerese.htm> (accessed, May, 15, 2007)

Audiences as Producers of Meaning

Based on the criticism of the Uses and Gratifications model, researchers at the Centre for Contemporary Cultural Studies began pursuing the ideas emerging out of the previous perspectives. In 1973, Stuart Hall revolutionised the field of audience research when he wrote his famous essay, “Encoding/Decoding”, in which he argues that audiences interpret/decode media messages in varied ways, ranging from full acceptance to full rejection (Hall, 1996). Hall’s theory drew on Parkins’ (1972) concept of “meaning systems”. Writing from a sociological perspective, Parkins argued that the audiences’ perceptions are shaped by the dominant, subordinate and radical systems of meaning. Similarly, Hall saw the audience as playing an active role in meaning-formation within the circuit of communication and argued that the meaning of the text cannot be read off the text but instead arises out of the encounter between the text and the reader. He argues that although the agreement between text encoders and text decoders is almost universal at the denotative level, the decoded connotative meaning may be influenced by various social meanings and ideologies:

...it is at the connotative level of the sign that situational ideologies alter and transform signification. At this level we can see more clearly the active intervention of ideologies in and on discourse: here, the sign is open to new accentuations and ... enters fully into the struggle over meanings – the class struggle in language (Hall, 1973: 133 cited in Schrøder, et al. 2003: 128)

Hall outlines three types of ‘decoding positions’ that may occur at the connotative level: dominant, negotiated and oppositional. The *dominant* reading, according to Hall, occurs when the media user interprets the connoted meaning exactly as the encoder intended and is therefore ‘dominated by the encoded meaning’. The *negotiated* reading is ‘a mixture of adaptive and oppositional elements’, whereas the *oppositional* reading occurs when the media user interprets the media message ‘within some alternative framework of reference’ (Hall, 1996, p. 48). Corner (1980) expounded on the notion of *oppositional* reading, with an argument that this kind of reading often occurs when the audience is aware of the difference between the intended meaning and that which they choose to read. This argument is supported by Schrøder and colleagues, who argue that audiences construct meanings in relation to their social environment: “people from different social groups are seen as active in the

construction of everyday truths that work for them in their daily lives” (Schrøder et al, 2003: 15). After Stuart Hall’s analysis of encoding and decoding processes, interest shifted from the media producers and academicians to media consumers to find out what they actually do with the media texts.

Following up on Hall’s concept of active audience, writers such as John Fiske (1987b, 1989) and Michel de Certeau (1990) added yet another dimension in audience studies by showing how consumers not only resisted the construction of reality by the media texts but, instead, constructed their own, often oppositional realities. Thus, audiences are no longer seen as consumers of textual meanings but, instead, as active producers of meaning. According to Fiske (1987b), audiences decode media texts in ways that are related to their social and cultural circumstances hence, for researchers to uncover the meanings constructed by the audiences, they have to examine issues not only in the text itself but also other issues in the environment in which the media users live.

Fiske perceives ordinary oral communication by the audiences as shaping the way the meanings of media messages are constructed. The role of ordinary talk, according to Fiske, is to adapt the major readings incorporated in the media messages to the needs of the communities. He sees this as “one of the prime media through which these subordinated groups have resisted incorporation, have maintained their social difference” (Fiske, 1987a). A study of reception of *Beverly Hills 90210* by Rosella Tursi (1996), demonstrated how audiences watch soap operas together and discuss meanings in ways that are adapted to their own situations.

Interpretive Communities

The concept of active audiences is now a commonly accepted norm within media studies, and contemporary research within this field is now oriented towards understanding the processes of meaning formation (Newcomb, 1991). In 1991, Klaus Jensen wrote a chapter, published in *Communication Yearbook Volume 14*, titled “When is Meaning? Communication Theory, Pragmatism, and Mass Media Reception”. In this chapter, Jensen draws on Charles Peirce’s framework of pragmatism and semiotics to challenge what he describes as “essentialistic notions of meaning that characterize much previous communication theory, both in social sciences and in cultural studies”. Jensen argues that “Mass-mediated signs give rise *not* to a transmission of entities of meaning, but to specific processes of reception that

are performed by audience acting as cultural agents or interpretive communities” (Jensen, 1991, p.3). He outlines a framework of social semiotics using Peirce’s triad of sign, object and interpretant, as opposed to Saussurian dualism of signifier and signified.

Jensen’s framework has been challenged by John Fiske, who argues that as a logician, Peirce does not conceptualise the interpretant as a social being but, instead, as a cognitive one who exists outside the historical and social reality. Fiske argues that a semiotics analysis based upon the mental process of an essentialist, cognitive being is unable to address some of the most crucial problems of the late twentieth century world – problems of economic, social, and political inequality. Fiske, instead, prefers Saussurian semiology as a basis for analysing meaning production. Nevertheless, he contradicts his argument against Peirce’s cognitivism when he points out that even though Saussure states categorically that language is a social fact, “he expends all his investigative energy upon the linguistic system and none at all upon the social system or upon the relations between the two” (Fiske, 1991, p.35).

I found Peirce’s notion of interpretant, and especially Jensen’s articulation of interpretive communities, a much more elaborate framework of analysing the processes through which audiences interact with texts to produce meanings that work for them. It complemented other reception theories, hermeneutics and the social constructionism theory in developing a comprehensive framework for analysing how audiences make sense of the Abstinence, Be faithful, Condomise and Know your status (VCT) within their lived realities. Specifically, the notion of interpretant was useful in analysing the role of group dynamics in the interpretation of the ABC and VCT texts.

The Social Construction of Meaning/Reality

The need to understand how individuals make sense of phenomena has generated a huge debate across various disciplines over the years. This debate has led to the development of a wide range of paradigms of understanding, ranging from essentialism to poststructuralism. Poststructuralism, also known as postmodernism “rejects the idea that the world can be understood in terms of grand theories and metanarratives, and emphasises instead the coexistence of multiplicity and variety of situation-dependent ways of life” (Burr, 2003, p. 12). Social constructionism is

believed to have developed out of the works of 20th century scholars in the field of the sociology of knowledge, who were interested in understanding how sociocultural forces influenced the construction of knowledge (Burr, 2003).

In 1966, Berger and Luckmann published *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*, in which they argued that whatever members of the public perceived as a social reality was, instead, a construction to which each member contributes through knowledge accumulated from “the reality of everyday life” (Berger & Luckmann, 1966). According to Berger and Luckmann, meaning is *intersubjective*, which means that the meanings of different individuals in a society relate to, and are to some extent dependent upon, the meanings of others. Berger and Luckmann’s theory drew heavily on Mead’s (1934) concept of symbolic interactionism, in which individuals are conceived as constructing their own and each other’s identities through daily encounters with each other in social interactions (Burr, 2003; Mead, 1934).

Burr (2003, pp. 2-5) acknowledges the difficulty of defining what exactly social constructionism is. Nonetheless, she draws on Gergen’s (1985) work to suggest four main features that characterise a social constructionist approach. First, she argues that social constructionists undertake a critical perspective towards the taken-for-granted assumptions of knowledge by questioning those assumptions. Secondly, they perceive all ways of understanding as specific to particular cultures and historical moments. Thirdly, social constructionists conceptualise knowledge as a process of social interaction between people in their daily lives and, finally, that there are several possible constructions of the world which invite different kinds of social action from the human beings. Burr further distinguishes between two types of social constructionism: the Micro Social Constructionism and the Macro Social Constructionism. Micro Social Constructionism, also referred to as Discursive Psychology, is concerned with how people construct their worldviews through language use in everyday interactions. Macro Social Constructionism, on the other hand, “acknowledges the power of language but sees this as derived from, or at least related to, material or social structures, social relations and institutionalised practices” (Burr, 2003, p. 22). The concept of power is central to Macro Social Constructionism

which draws heavily on the works of, amongst other scholars, Michel Foucault. Burr, thus also refers to Macro Social Constructionism as Foucauldian Discourse Analysis.

Whilst my own study will draw from both levels of social constructionism, it leans heavily towards the Macro level of Social Constructionism (Foucauldian Discourse Analysis). The concept of discourse in this case is used to refer not just to the way language is used in particular contexts, but also how that language “[sets] limits upon, or at least strongly channel, not only what we can think and say, but also what we can do or what can be done to us” (Burr, 2003, p. 63). This approach, as Burr points out, goes beyond just examining the language to include practice. The study, therefore, adopts Burr’s definition of discourse as:

A set of meanings, metaphors, representations, images, stories, statements and so on that in some way together produce a particular version of events. It refers to a particular picture that is painted of an event, person or class of persons, a particular way of representing it in a certain light (Burr, 2003, p. 64).

The study investigates social meanings of Abstinence, Being Faithful, Condomise and VCT, and the meanings of sex and various sexual practices among students, by examining how these concepts are represented by students. This was achieved through an analysis of language used, statements, explanations and narratives that are generated from the interviews conducted with a sample of students drawn from across the seven campuses involved in this study. Narratives were not conceived as participants’ personal perceptions, but as “manifestations of discourses, of representations of events upon the terrain of social life [which] have their origin not in the personal private experience, but in discursive culture that those [students] inhabit” (Burr, 2003, p. 66). They are seen in this study to constitute the discourses that represent the way young people make sense of their sexual behaviours and the HIV prevention options, and may serve to explain the discordance between the sexual behaviour and the knowledge, attitudes and beliefs.

Developing Complementary Perspectives

The aim of this study was to analyse students’ interpretations and responses to the ABC and VCT texts. Through a survey involving 1400 students, the study examined the sources through which students have access to HIV prevention campaigns and

their responses to these campaigns in terms of participation and behavioural practices. In-depth interviews were further conducted with 24 students and three programme administrators drawn from across the three universities involved in this study, in order to enhance the understanding of students' sexual practices and meaning-making processes in the light of HIV prevention communication campaigns.

The ultimate objective of behaviour change campaigns is to disseminate information with an objective of persuading individuals to change their sexual behaviours from highly risky sexual practices such as having multiple sexual partners, to less risky practices such as mutual faithfulness between sexual partners, abstinence, or using condoms during sexual intercourse. Thus, HIV/AIDS campaign practitioners utilise communication campaigns to try to resolve a social problem. However, as has been pointed out in previous studies (Kelly, Parker & Lewis, 2001; Tomaselli, 1997), such campaigns are often conceptualised using the transmission model which perceives communication as a uni-directional process in which the senders present a message to a receptive audience. Commenting on his experiences as the 'media expert' on the South African Department of Health's Advisory Committee on AIDS and STDs, Tomaselli argues that the top-down imposition of messages leads to the "enddistancing of target groups from messages intended to be life-supporting and life-enhancing", hence leading to the failure of the communication programmes (Tomaselli, 1997, p. 2). As pointed out in the analysis above meanings generated by the audiences do not necessarily correspond to those intended by the author and, more so, may not generate the kind of impact designed by the originator of the message. A clear understanding of the audiences' responses to campaign texts, therefore, requires an in-depth analysis of the context within which those texts were interpreted and the processes within which meanings are re-produced or new meanings generated.

The Hermeneutical Theory, Reception Theory and Social Constructionism Theory provided a complementary framework within which this study was conceptually developed. As discussed above, the Hermeneutical Theory mainly concerns itself with the methodology and philosophy of textual interpretation. It highlights the significance of examining parts of the text in relation to the whole, and the need to understand the historical context of the author, the text and the interpreter as key to understanding interpretations. Hermeneutical Theory further provides the basis for

explaining the multiplicity of meanings generated out of one text by various interpreters. Nevertheless, the theory is mainly oriented towards the process of (re)production of meanings and, as such, fails to provide an adequate framework for analysing what the audiences do with the texts, that is, the nature of impact that texts have on the audiences. This component falls within the domain of Reception Theory.

As discussed above, Reception Theory was formulated in order to understand the media experiences of the modern audiences, which are increasingly becoming interactive. It is founded on the premise that the meaning decoded by the receiver of the message is not necessarily the same as that intended by the sender. According to Schröder, et al. (2003), the study of media audiences is necessitated by the desire to understand how the media contribute to the important social processes, including the building of relationships; the negotiation of identities, roles and norms of interaction and so on. Reception theory, thus, highlights the dialectical nature of the relationship between the media and its audience. Although the media contributes to key social processes such as the formation of social identities and social norms, such identities and norms will, in turn, influence how individuals interact with the media products:

The way individuals use and make sense of media materials is determined by the identities and communicative repertoires they are socialised into as a result of their membership of [global, regional, national and local level] groups in the course of their life history. (Schröder, et al., 2003: 5).

Both the Hermeneutical Theory and Reception Theory underscore the fact that the meaning-formation process is a social action. Social norms, for example, influence young people's world-view and especially what they perceive as being socially acceptable or unacceptable (Abrams & Hogg, 1990). Consequently, an analysis of the responses to campaign texts must also involve an analysis of the social norms, values and practices that shape the manner in which individuals within a social system collectively develop the interpretive lenses through which they make sense of phenomena. Specifically, there is need for a comprehensive understanding of the influence of the socially-constructed meanings, norms and values about sex, and the way these influence the interpretation of the ABC and VCT texts.

The Social Constructionism Theory, as outlined in the previous sub-section, provides a more comprehensive approach to understanding social processes of meaning production. In the social constructionist framework, sexuality is seen as a 'socially scripted behaviour', hence the attitudes and perceptions of young people at South African institutions of higher learning towards sex, and their sexual behaviours, are greatly shaped by norms, ideologies, discourses and beliefs that exist within their social environment. Sexual activity is also perceived by social constructionist scholars as a 'signifying system': "through sex, we are able to communicate about non-sexual matters, such as power, hatred, envy, domination and so on" (Horrocks, 1997, p. 108). Sex can mean different things for different individuals – it can be a means of obtaining material 'goods', a source of pleasure, a means of recreation and desire, a way of controlling other people's bodies, a commodity for sale, and so on (Horrocks, 1997). Social Constructionism thus provided the basis for understanding the meaning of behavioural practices, especially relating to sex amongst students, and how these practices influenced the interpretations and impact of the ABC and VCT texts.

CHAPTER SIX

Research Strategies

This chapter begins with a brief discussion of the composite *ABC Study* in which this research was embedded. This is followed by an elaboration of the nature of the research problem and the research design that was adopted to carry out the study, after which the three phases through which data was generated and analysed are discussed. The chapter concludes with a review of the validity and reliability of the strategies used to generate data and the ethical issues that were considered during research.

The ABC Study

This research is part of a composite *ABC Study*, involving three PhD theses and one MA dissertation that is being conducted in conjunction with Johns Hopkins Health and Education South Africa (JHHESA), with funding from the United States Agency for International Development (USAID). The ABC study explores the responses of students at universities in KwaZulu-Natal to communication and media strategies relating to prevention of infection with HIV, through abstinence, being faithful to one partner and correct and consistent use of condoms (ABC). The study is being conducted at seven campuses in three universities – the five campuses of the University of KwaZulu-Natal (UKZN), and one campus each at the University of Zululand (UNIZUL) and the Durban University of Technology (DUT). This researcher was part of the process of designing the concept paper for the ABC project (Centre for Cultural and Media Studies, 2006), and also in the preparation of an omnibus questionnaire that was used in the study.

Methodological Approach: Reception Research

In *Researching Audiences*, Schrøder, et al (2003) distinguish between two key types of audience research: Media Ethnography and Reception Research. Media ethnography explores media use in everyday life, with a focus on how media contributes to everyday processes such as developing social relationships, identity formation, decision-making and so on. Media ethnography researchers often observe media audiences as they interact with media products and participate in informal discussions and interviews with them over a period of time, as a means of obtaining

data. Examples of media ethnography studies include David Morley's *'Nationwide' Audience* (1980) and *Family Television* (1986), Ien Ang's (1985) *Watching Dallas*, and Thomas Tufte's (2000) *Living with the Rubbish Queen: Telenovelas, Culture and Modernity in Brazil*. In media ethnography, the researcher analyzes how audiences appropriate media products, such as soap operas, in their everyday lives. Tufte's study, for example, involved watching television with groups of local women in low-income urban areas of Brazil and engaging in informal discussions and structured interviews with the audiences about these programmes.

Reception research, on the other hand, "is the empirical study of the social production of meaning in people's encounter with media discourses" (Schröder, 2003, p.147). Unlike media ethnography, reception research analyzes media experiences through in-depth interviews conducted in the form of extended conversations. During interviews, the researcher deliberately gives the interviewee significant powers to influence the agenda of the discussion, with a view of getting them to illuminate on their experiences with the media texts. The interview is seen, in this context, as a means of moving beyond the informant's own experiences with the media to "[activate] the palate of discursive repertoires available to informants, in connection with a specific media product" (Schröder, 2003, p.148). Examples of reception research include Janice Radway's (1984) *Reading the Romance: Women, Patriarchy and Popular Culture* and Kim Schröder's (1992) 'Cultural Quality: Search for a Phantom? A Reception Perspective on Judgements of Cultural Value'.

Nevertheless, the two approaches to audience research are not necessarily mutually exclusive. Researchers can combine them to analyse complex issues relating to audience experiences with media products.

My study was a reception research aimed at generating an understanding about how university students respond to the ABC and VCT messages that they encounter in their day-to-day lives within university campuses. Specifically, the study aimed at exploring the kinds of meanings that students generate out of the behaviour change campaign messages and the systems and processes that shape production of these meanings within student communities. This required a complex approach, combining a survey and in-depth interviews, in order to develop a clear understanding of the context within which students interact with and make sense of the campaign

messages. The main thrust of the study, therefore, was to develop a hermeneutic analysis based on the interview responses, which were then used to complement the hard data generated from the survey. The in-depth interviews were designed to generate textual experiential narratives to give nuance to the survey data.

Research Design: A Mixed Methods Approach

A multi-method approach, combining both qualitative and quantitative techniques, was utilised to collect and analyse data for this study. Owing to the disparity in the epistemological foundations of qualitative and quantitative research techniques, a raging debate has emerged in the past two decades over the usefulness of each of the two techniques and whether or not they can complement each other. The disagreements between the two camps relate to the historical developments in scientific attempts to understand society and culture, particularly with the development of social sciences in the 1800's (Jensen, 2002). This led to the emergence of two camps: one interested in the use of laws established in the science of nature to understand and explain society (*Naturwissenschaften*), and the other, interested in undertaking an analysis of individuals' ways of understanding (*verstehen*), as the basis of understanding the society (Jensen, 2002).

Disagreements between qualitative and quantitative researchers are mainly centred on the differences in the way scholars in the two research traditions understand their own work and the work of the other camp (Denzin & Lincoln, 2000; 2005). Qualitative research proponents, for example, emphasize the socially constructed nature of the world within which they conduct their research. Meaning for them is a process that changes with the changing context (Jensen, 2002), hence qualitative scholars emphasize researchers' intimate involvement with the subjects of study in order to capture their points of view and to get a first-hand experience of how the social meanings are created (Denzin & Lincoln, 2000; 2005). On the other hand, the quantitative scholars mainly understand meaning as a product (Jensen, 2002) and thus emphasize the need for an objective understanding of causal relationship between phenomena obtained through measurement (Denzin & Lincoln, 2000; 2005).

In recent years, however, an increasing number of researchers have called for the integration of the two approaches, in order to obtain a more comprehensive understanding of the human condition. In their article, "A New Foundation for

Methodological Triangulation”, Risjord, Dunbar and Moloney (2002) present three arguments in support of methodological triangulation: completeness, abductive inspiration and confirmation. Methodologically triangulated research, according to Risjord and colleagues, generates complete information, since intriguing data emerging out of the quantitative research can be explored further, using the qualitative techniques and vice versa. They use “abductive inspiration”, to refer to “the use of one method to generate ideas that are tested by another method” (2002 p. 270). They also support the argument presented by other proponents of triangulation (cf, Goodwin & Goodwin, 1984; Haase & Myers, 1988; Mitchell, 1986; Shih, 1998), that methodologically triangulated research yields results that are more reliable and confirmed than those generated by either of the methods when used independently. Razuma and Gerhardus (1999) support this view, arguing that the findings derived using one approach can be ‘validated’ by the findings emerging from the other. Nevertheless, they point out a dilemma that could emerge, especially when findings from the two approaches seem to contradict each other. In such a situation, Razuma and Gerhardus argue that the emerging contradiction should be perceived as “enrichment” rather than a fault, pointing out that the primary aim of methodological triangulation is ‘deepened insight’, rather than ‘formal validation’ (Razum & Gerhardus, 1999, p. 243).

The use of a multi-method approach, also known as methodological triangulation, has been suggested in public health research, due to the complex and multifaceted nature of the public health practice (Razum & Gerhardus, 1999). Audience studies scholars have also suggested the use of mixed methods in order to capitalise on the reciprocal strengths of both quantitative and qualitative techniques to develop a comprehensive understanding of audiences’ responses to media texts (Jensen, 2002; Schröder, et al, 2003). Friesen and Punie’s (1998) research on ICTs in Holland and Belgium is one example of reception studies that successfully utilised a mixed method approach (Schröder, et al, 2003).

In the present study, both qualitative and quantitative techniques were utilised to enable a more comprehensive understanding of the phenomenon under investigation. Qualitative and quantitative techniques were perceived to be complementary, in the sense that each of the two approaches was suitable for generating different kinds of

data that were relevant to the study. Devine and Heath (1999) suggest the effective use of methodological triangulation to "... explore the dynamics of complex social phenomena, highlighting the multi-layered and often contradictory nature of social life" (p. 49). In this case, a questionnaire survey was used to provide an overall understanding of where students were getting information on HIV/AIDS, their general attitudes towards HIV/AIDS and HIV prevention messages and their sexual behavioural practices. Major themes emerging from the survey schedule were then pursued further, using both in-depth interviews and observation schedules. This mode of combining the methodological approaches, therefore, falls within what Jensen (2002, p.272) describes as 'facilitation'. The first phase (the survey) was used to map the communication campaigns and the general attitudes and lifestyle responses to those campaigns, in order to facilitate the subsequent in-depth analyses of perceptual and behavioural responses to campaigns, through observations and a hermeneutical analysis of in-depth interviews.

The study was conducted in three phases: the first phase consisted of a survey, involving 1400 respondents selected from across the seven campuses (200 from each campus) and interviews with programme administrators in charge of the HIV/AIDS programmes at the three universities. The second phase involved in-depth interviews with 24 respondents, selected from across the seven campuses, while the third and final phase was the participant observation of HIV/AIDS campaign activities taking place at each of the seven campuses.

Research Pre-planning

The study began with the development and testing of data collection instruments. Along with the other three researchers involved in the ABC study, this researcher participated in the preparation of the survey instrument during a workshop in which the questionnaire originally designed by the Centre for AIDS Development, Research and Evaluation (CADRE)³⁶ was adapted, with permission from the originators, to suit the objectives of the ABC study. The original instrument was customised by deleting questions that were not relevant to the objectives of the ABC study and adding more

³⁶ NATIONAL HIV/AIDS COMMUNICATION SURVEY QUESTIONNAIRE is a 19-page instrument designed by CADRE in 2005 and used in evaluating health communication programmes run by Khomanani. This questionnaire was adapted for use in this study with permission from the originator who, along with CCMS, is a member of the Health Communication Partnership, coordinated by Johns Hopkins Health Education South Africa.

questions that the researchers wanted to pursue, but were not addressed in the original instrument. Each researcher contributed questions that would enable him/her to obtain data that would support the direction of his/her thesis. This researcher was interested in data relating to the sources and nature of HIV/AIDS information accessible to students at each of the seven campuses, perception of students towards the relevance of this information, sexual practices, and the factors that influence students' sexual practices. In addition to the survey, interview questions and observation schedules were also developed at the pre-planning stage.

The second stage involved the selection and training of research assistants who participated in the pilot study. The one-day training session involved the briefing of research assistants on the purpose and objectives of the study, the sampling procedures and how to administer the researcher-administered questionnaires. Thereafter, a pilot study, involving one hundred students selected from Howard college campus, UKZN, was conducted where research assistants were asked to assist in identifying questions that appeared ambiguous or repetitive. The findings of the study were then analysed to identify information gaps and questions that were either repetitive or misunderstood. This enabled the revision of the study instrument, which involved the deleting or reframing of some questions and addition of new questions, to bridge the information gap.

Having revised the data collection instruments, additional research assistants were then recruited to assist in the main research. A total of 28 research assistants (four from each of the seven campuses) were recruited and trained in a workshop where they were briefed on the objectives of the study and trained in the techniques to be used in identifying respondents and in administering the questionnaire. Each research assistant was assigned one class (1st, 2nd, 3rd year or post-graduate class) where he/she was required to assist in recruiting respondents and in administering 50 researcher-administered questionnaires over a period of up to two months.

Phase One: Questionnaire Survey

Sample Frame and Sampling Procedure

A multi-stage sampling technique was used to identify a total of 1400 respondents (200 from each campus) who participated in the questionnaire survey. First, a

stratified sampling technique (Peil, 1995) was used to categorise students in each of the seven campuses according to their years of study. This yielded four strata: 1st, 2nd, 3rd-year and post-graduate students. Fourth-year students were not involved in the study since only a few faculties had programmes involving four years of undergraduate study. Such students were therefore surmised to share similar experiences with either 3rd year or post-graduate students.

With the help of respective research assistants, one faculty was randomly chosen from each of the three undergraduate academic years (1st, 2nd and 3rd years), out of which one academic programme with more than 50 students was purposively selected to participate in the study. Once the programmes had been identified, each research assistant visited their respective classes during either one of their class or tutorial sessions and briefed the students about the objectives of the study, and then informed them that he/she would be seeking their individual consent to participate in the study. The majority of the students showed willingness to participate in the study. Research assistants then made arrangements with the willing participants about the time and convenient venue where the questionnaire was administered.

A different strategy was used to identify the post-graduate students, owing to the small number of students in this category in most faculties. For this stratum, a convenient sampling technique was utilised where research assistants selected the first fifty post-graduate students (honours, masters or PhD level) that they had access to on their respective campuses, and who were willing to participate in the study.

Data Collection

Structured, closed-ended, omnibus questionnaires were administered to the selected students during times agreed between the research assistants and the respondents. Each questionnaire was administered in an average of 30 minutes where the first five minutes were used to establish a rapport between the research assistant and the respondent. The omnibus questionnaires carried questions that were of interest to each of the four principal researchers. This researcher was interested in questions seeking to address issues such as: where and how often students accessed information on HIV prevention and behaviour change; the kind of messages students received; indicators of sexual behavioural practices among students; students' attitudes and perceptions towards various behaviour change messages currently accessible to them, and social

norms that influenced students' sexual behaviour. The questionnaires were pre-coded for easy analysis, using the SPSS computer programme.

Quantitative Data Analysis

Once all the questionnaires had been completed and returned to the principal researchers, data capturing was done during which each questionnaire was first assigned a reference number and then entered into the SPSS (version 15) spreadsheet. A few questionnaires that had most questions unanswered were rejected at this stage. With the assistance of the SPSS programme, data analysis was then carried out where frequencies and percentages showing how respondents answered each question were generated. Responses were summarised in tabular form for easier analysis and interpretation. Chi-square analysis was also conducted to analyse the correlation between various responses.

Interviews with HIV/AIDS Programme Administrators

Having completed the analysis of the survey data, interviews were conducted with HIV/AIDS programme administrators at the three universities to find out how each of the seven campuses planned and executed HIV/AIDS programmes targeting students. The main objectives of these interviews were to generate an understanding of the way in which HIV prevention campaigns on each campus were organized, the main messages that were passed to students during the campaigns, and the level of student participation in the design and implementation of the campaign activities at various campuses. Major themes emerging from the findings of the survey were also pursued during this interview. A total of three programme administrators were interviewed (one administrator from each of the three universities).

Phase two: Double Hermeneutics

The second phase of this study was aimed at providing the experiential textual explanation of the hard data that had been generated through the survey. This phase involved in-depth interviews with 24 students drawn from across the seven campuses. The interviews were aimed at generating an understanding of how students make sense of the ABC and VCT texts and how their interpretations not only shape, but are also shaped by, their understanding of their everyday experiences, especially with regards to sexual practices and lifestyles within the campuses environment. The study

therefore adopted what Anthony Giddens (1987) calls a “double hermeneutic” approach, which involves the researcher trying to make sense of the way the respondent makes sense of his/her world. Textual narratives obtained through the in-depth interviews provided the basis for a hermeneutical analysis, which focused on generating an understanding of students’ interpretations of ABC and VCT texts, and the processes through which those interpretations are produced.

Semi-structured interviews were conducted with each respondent at venues suggested by the respondents. This involved the use of a set of questions that acted as a guide on issues to pursue, rather than a strict format that had to be followed (see **Appendix 2**). The interviewer raised the question, then let the respondent guide the direction in which he/she wanted to respond. This enabled the interviewees to illuminate on their own experiences with the behavioural communication campaigns and to provide details that the interviewer may not have anticipated. Probes were used to guide respondents back to the theme of discussion whenever they were found to wander off the topic of discussion.

The main issues that were covered during the interview were: respondent’s perceptions of and attitudes towards HIV/AIDS; respondent’s understanding of A, B and C and VCT prevention strategies, including their perceptions on the relevance of each approach; respondent’s sexual behaviours; and the social norms influencing respondent’s sexual behaviour and perceptions towards HIV prevention strategies. The interview questions were carefully worded to avoid narrowing down responses to particular issues (Smith & Osborn, 2003). The key objective in this approach was to generate an understanding of how individual’s interpretations were shaped by the fore-structures of understanding (Heidegger, 1962) that exist within the conceptual universe within which the respondent existed. The interviews were thus focused on uncovering the symbolic senses and structures of understanding through which students come to understand the behavioural change texts, based on Ricoeur’s (1980) and Heidegger’s (1962) hermeneutical approaches.

The focus on lived realities using contextualised in-depth interviews is one of the cornerstones of reception studies (Schröder et al., 2003). According to Schröder and colleagues, reception research mainly concerns itself with the manner in which meanings of media messages are socially produced and seeks to explore this

production process through extended conversations with respondents. They argue that an individual in-depth interview “...enables the researcher to probe deeply into personal, possibly sensitive, perceptions and attitudes in connection with media experiences” (p. 125).

All the interviews were recorded, using a digital voice recorder, with consent from the respondents. This was done to enable the researcher to capture the discussion in detail, and to give him time to concentrate on what the respondent was saying and follow possible leads to important information. However, short notes were taken throughout the interviews as reminders to important questions emerging out of the discussion that needed to be pursued further.

The Sampling Strategy

Proponents of qualitative research techniques acknowledge the difficulty of determining a representative sample size for in-depth interviews (cf., Bryman, 1988, 2001; Smith & Osborn, 2003; Temple, 1998). The proportion and characteristics of the research sample, in relation to the total study population, is often used by quantitative research scholars to determine the extent to which study findings can be generalised. It is the argument of quantitative scholars that even though it may be difficult – and often unnecessary – to study the entire population, the extent to which research findings can be said to reflect the reality in the study population depends on the ratio and characteristics of the research sample in relation to the entire study population (Marshall, 1996). The question of the representativeness of the sample has, therefore, been one of the main sources of tensions between proponents of quantitative studies and those supporting qualitative research techniques. Specifically, qualitative studies have been criticised for using smaller sample sizes, hence findings cannot be generalised to the entire study populations.

However, qualitative research scholars insist that the primary concern of qualitative research is the depth of the study, rather than the extent to which findings can be generalised. Martin Marshall (1996), points out that whereas quantitative studies often aim at testing pre-determined research hypotheses in order to generate generalisable research findings, qualitative studies pursue a more humanistic approach, aimed at answering complex psychosocial issues. Smith and Osborn further add that IPA, which mainly utilises qualitative approach, “aims to say something in detail about the

perceptions and understandings of [particular groups] rather than make more general claims” (2003, p. 54). Qualitative scholars, however, recommend the consideration of diversities that exist within the study population when deciding the ideal sample size. According to Schrøder et al., there is need to “operationalize the composition of informant sample according to a fixed set of criteria, likely to ensure the occurrence of a diversity of discursive repertoires in the interviews” (2003, p. 160).

The second phase of this research was carried out to generate a deeper understanding and a rich description of the social meanings and the meaning-production processes in relation to HIV/AIDS and behaviour change communication. The extent to which research findings could be generalised to the entire population was, therefore, a secondary consideration. However, as recommended by audience research scholars (cf, Schrøder et al., 2003), measures were taken to ensure that the major diversities observed among students at the three universities had to be catered for. These diversities included: the location of the respondent (campus), gender, race, and year of study. The location of the respondent was seen to have a significant bearing on the respondent’s reception of HIV/AIDS messages, since each campus developed its own campaign strategies, although the messages often revolved around prevention of HIV and the promotion of voluntary counselling and testing (VCT). It was assumed, therefore, that the different campaign strategies that students at different campuses were exposed to might influence the kind of responses generated.

Similarly, the respondents’ year of study was perceived to have a significant level of influence on the audience’s reception of behaviour change messages. Those who were at third year and honours level, for example, could have been exposed to a wider variety of campaign strategies, having been at the university for longer periods, compared to their first year and second year colleagues; hence, their reception of HIV/AIDS messages could vary significantly. Finally, the gendered and racialized nature of social norms was also perceived to have a significant influence on the perception of the relevance of various behaviour change messages among male and female students from different racial groups. These characteristics, therefore, formed the basis with which a sample of 24 respondents was selected to participate in the in-depth interview.

With the complex diversity of the study population as explained above, deciding sampling criteria was equally a complex exercise. Because of the differences in terms of population sizes of each of the seven campuses, the study decided to select four interview respondents from each of the three campuses with comparatively large population sizes: University of Zululand (which has only one campus), and at UKZN, the Howard College and Pietermaritzburg campuses. Each of the four levels of study, that is, first year, second year, third year and post graduate, was represented by one respondent. For the rest of the campuses, one respondent was chosen from each of the three undergraduate academic levels. The sample also had to be distributed to reflect the racial diversities among the study population. This distribution was informed by the results of the questionnaire survey which showed that the majority (68%) of the students at the three universities were Black, 20% of them were Indian, while the remaining were White (8%) and Coloured (4%). Based on these statistics, therefore, the study selected sixteen Black, three Indian, three White and two Coloured respondents (the number of White and Coloured respondents was adjusted slightly to give more meaningful results). The sample was further divided into equal proportions of male and female respondents, as summarised in **Table 1**.

Table 1: Sampling Criteria for Student Interviews

		Male				Female			
		Black	White	Indian	Coloured	Black	White	Indian	Coloured
Zululand	1st					1			
	2nd					1			
	3rd	1							
	4th	1							
Howard	1st					1			
	2nd	1							
	3rd					1			
	4th					1			
Pietermaritzburg	1st					1			
	2nd		1						
	3rd		1						
	4th					1			
DUT	1st	1							
	2nd						1		
	3rd					1			
Edgewood	1st	1							
	2nd			1					
	3rd								1
Nelson Mandela Medical School	1st			1					
	2nd								1
	3rd	1							
Westville	1st	1							
	2nd							1	
	3rd	1							

Having determined the sampling criteria in each of the seven campuses, the researcher embarked on recruiting the 24 respondents with the help of research assistants. Some reception researchers have recommended recruiting respondents for in-depth interviews from public areas such as malls, student centres and so on (for example, Schröder et al., 2003). Accompanied by the research assistant, the researcher visited main business centres and clubs located within the universities, during peak hours such as lunch time or party sessions, and engaged potential interviewees in a discussion aimed at finding out their years of study and, for those who fitted the sample criteria, requesting them to participate in the interview. Those who showed willingness to participate in the study were then requested to provide contact details for future follow-up. Later, the researcher arranged meetings with each of the selected respondents, at which further details of the study were discussed and each respondent

asked to suggest their preferred location where the interview could be conducted. One of the objectives of this session was to create a rapport between the researcher and respondents, to facilitate a relaxed interview session.

Hermeneutic Textual Analysis

Once the data was collected, the interviews were fully transcribed in order to ensure that all the emerging issues were captured during analysis. Individual transcripts were then read and re-read several times to identify key themes, which were then noted. The themes, together with supporting verbal quotes from all the interviews, were then entered into the N-Vivo computer software to facilitate easier analysis.

Hermeneutics was utilised as a methodological framework for analysing interviews. A hermeneutic analysis examines text as a part of the whole and transcends the grammatical meanings of the text to develop a broader understanding of the general world-view of the author, which, in this case, referred to the interviewee/students (Bleicher, 1980). The meaning of the text is conceptualized as a 'fusion of horizons' of the author, the text and of the historical situation of the author (Gadamer, 1979). To understand students' interpretations of the ABC and VCT texts, therefore, narratives obtained from the interviews were analysed by examining individual parts in relation to the whole and relating respondents' interpretations with those of the other respondents. In addition, the interpretation of ABC and VCT texts was examined in relation to students' understanding of sex and general university lifestyle in order to uncover the manner in which the contextual factors shaped the meaning-making processes, in relation to the HIV prevention texts. With the help of N-vivo, themes that emerged consistently in most interviews were noted, as were those that were unique to particular race groups or individuals at different campuses. This analysis utilised Ricoeur's (1980) notion of 'symbolic senses' to examine the symbolic use of language and the common metaphors that respondents used in reference to the ABC and VCT texts. This enabled the researcher to unpack the fore-structures of understanding that influenced the manner in which individuals interpreted behavioural change texts.

Phase Three: Participant Observation

The third phase of this study involved the participant observation of how HIV/AIDS activities targeting students were being conducted within the seven campuses. During this period, the researcher attended a number of HIV/AIDS activities on each campus and observed how these campaigns were being conducted, including the themes being presented and/or discussed and the attendance level of the students. The researcher also observed how poster campaigns were being conducted and noted the location and the size of posters and the messages being presented in these posters. The main objective of the participant observation was to cross-check the findings of the questionnaire survey. Specific sources and the nature of HIV/AIDS information were noted and the level of attendance at the open air campaigns and workshops was estimated.

Validity and Reliability of Study Findings

Research findings are said to be valid if they accurately captured the facts they claim to represent (Schrøder et al., 2003). This study combined the quantitative and qualitative paradigms that consider the notions of validity and reliability differently. In the quantitative design, validity is conceptualised in terms of “whether the research truly measures that which it was intended to measure or how truthful the research results are” (Joppe, 2000, p. 1). In the context of this study, the validity of the research instrument was enhanced through a pilot testing process that enabled the researchers to pin-point the weaknesses and to readjust the instruments accordingly. The questionnaire was pilot-tested with a sample of 100 participants, drawn from Howard College campus and, thereafter, changes were made to those questions that were found to be ambiguous or unclear. Deliberate efforts were then made to exclude the pre-test sample group during the actual research process.

One threat to the validity of the findings of this survey, however, relates to the use of a researcher administered questionnaire rather than a self administered one. It is assumed that, in a self administered questionnaire, respondents are able to divulge some information related to their sexualities that they may not be able to share with a research assistant. This approach, however, could not be used in this study since there were questions testing respondents’ knowledge and attitudes that required spontaneous responses, rather than a selection of options. Nonetheless, research

assistants were adequately trained on how to win the confidence of the participants by assuring them of the confidentiality with which their responses are treated.

The interviews followed the extended conversations approach in which the interviewer raised the questions and followed the approach that the respondent wanted to undertake in their response, whilst utilising probes to bring them back to the key issues of debate whenever they were observed to be wandering off the topic. This approach ensured that the participants' unique perceptions were gathered, without necessarily losing focus of the study objectives. This, therefore, meant that the interview questions did not necessarily have to be similar, even though a standardised interview guide was utilised.

Reliability, on the other hand, refers to the consistency of the study results, that is, the extent to which similar results can be generated if the same study was replicated within the same period on a similar study population (Kothari, 2004). In both the quantitative and qualitative phases of this study, deliberate efforts were undertaken to ensure that the research findings represented the various diversities that exist within the study population. The reliability of the research findings was enhanced by taking into consideration the various diversities that exist within the student population in terms of the age, campus of the student, race, year of study and gender, during its sampling. The multi-stage selection criteria involved in determining the sample ensured that these diversities are captured. Furthermore, the large sample of 1400 participants enhanced the validity of the study findings. Considering the population sizes of the three universities, however, the sample sizes may not be said to be representative of the population, in the positivistic sense of the term.

Few qualitative studies can claim reliability of their research findings, owing to the small sample sizes that are always involved. As discussed earlier, the aim of the study at this stage was not to generate generalizable results but investigate the complex social and psychological processes involved in meaning-formation (Smith & Osborn, 2003). Nevertheless, the study adopted Schröder and colleagues' suggestion that reception studies need to "operationalize the composition of informant sample according to a fixed set of criteria, likely to ensure the occurrence of a diversity of discursive repertoires in the interviews" (2003, p. 160). This was done by considering the population diversity in selecting the sample, as discussed under the sampling

strategy. This approach ensured that the cultural diversities were catered for in generating the data.

Some scholars have suggested the use of methodological triangulation to enhance both the validity and reliability of research findings (cf, Mathison, 1988; Patton, 2002). In this study, the use of in-dept interviews proved useful in generating explanations of the inconsistencies that were observed from the survey results. The researcher was thus able to further probe the gaps observed, through the use of interviews and thereby enhancing both the validity and reliability of its findings.

Ethical Considerations,

The question of ethics has become a central issue, especially with regard to studies such as this that touch on individual's private lives. Many researchers have pointed out the importance of treating research participants humanely and with care, sensitivity and respect (Oliver, 2004). Bailey (1996) underscores the importance of obtaining the participants' consent before any study can be undertaken and of respecting the participants' choice to withhold any information that they do not feel comfortable discussing.

This study was approved by the UKZN Faculty of Humanities' Higher Degree Committee after a rigorous process that was aimed to ensure that the study met the required standards with regard to ethical issues (see **Appendix 5** for the copy of ethical approval). In addition, the higher degree committees at both DUT and UNIZUL were supplied with copies of the research proposal in order to obtain their approval for this study to be conducted.

In both the quantitative survey and in-depth interviews, informed written consent (see **Appendix 4** for a copy of the consent form) was obtained from each of the research participants, after they were fully briefed about the purpose of the study; the kind of questions that they would be asked; the amount of time required for the study; and their right to decline to participate in the study, to withdraw at any stage, or to decline to answer whichever questions they did not feel comfortable sharing with the researcher. The study participants were also assured that they would remain anonymous and that their identities would not be revealed in any way. In the questionnaire survey, no identification details were requested from the participants

whereas the respondents' names used in the analysis of interviews are pseudonyms, chosen by the researcher.

CHAPTER SEVEN

HIV Prevention Campaigns: Communication Strategies and their Impact on Students' Perceptions and Sexual Behaviours

This chapter analyses the communication strategies that are mobilised in the campaigns against the HIV/AIDS epidemic among students at UKZN, UNIZUL and DUT. It examines the sources through which students access information related to HIV/AIDS and the nature of communication campaigns to which they have access. The chapter focuses on the use of both media and interpersonal communication channels to educate students about HIV/AIDS and to persuade them to adopt behavioural practices that minimise their chances of becoming infected with HIV, and the extent to which students are involved in HIV/AIDS activities. The chapter further seeks to evaluate the impact of these communication programmes, by analysing students' perceptions concerning HIV/AIDS and the HIV prevention messages, and their sexual behavioural practices, in the light of prevention communication. The results discussed in this section are mainly based on data obtained from a questionnaire survey involving 1400 students, drawn from the seven campuses that participated in the study. The survey mainly adopted the Knowledge, Attitude, Practices and Beliefs (KAPB), an approach that has also been used previously by several scholars (cf. Levine & Ross, 2002; Peltzer, 2003; Raijmakers & Pretorius, 2006). It must be stated here that, for ethical purposes, participants were informed of their right to decline to answer any question that they did not feel comfortable responding to. As a result, a few participants declined to respond to certain questions, especially those dealing with sexual practice. Thus, the percentages presented in each table are calculated, based on the number of participants who responded to the particular question, rather than the total sample size. This decision was taken in order to minimize the bias in data analysis.

The KAPB approach is fundamentally premised on the assumption that attitude and beliefs constitute behaviour. In seeking to measure the impact of IEC programmes, therefore, KAPB studies analyse the shifts in attitudes and beliefs concerning risky sexual practices which are then often conceptualised in this framework as heralding a change in sexual behaviour. However, as shown by recent studies (Airhihenbuwa &

Obregon, 2000; Hoosen & Collins, 2004; Leclerc-Madlala, 2002, 2004, 2005), there are several other intervening factors, such as poverty, gender power inequalities and the desire to adopt modern lifestyles, that often hinder an individual's capacity to make rational sexual decisions. Additionally, the KAPB framework fails to investigate meanings that shape the kind of attitudes and beliefs that young people attach to sex and HIV/AIDS, which might explain why these messages do not have any impact on their sexual behaviours. This chapter therefore draws on the qualitative data obtained through interviews conducted with 24 students and three HIV/AIDS programme co-ordinators, drawn from the three universities, to enhance the interpretation of the KAPB survey data.

This chapter is divided into five main sections. The first section explores students' access to media and interpersonal HIV/AIDS campaigns at the seven campuses. This is followed by an analysis of the campaign themes in communication programmes, based on the students' perceptions of the importance accorded to various campaign messages in the communication programmes to which they have access. This is further examined in the light of the different response models that are adopted by each of the three universities, based on the findings of interviews conducted with HIV/AIDS programme co-ordinators. The third section examines the students' involvement in HIV/AIDS communication programmes, with the objective of understanding the nature of social communication activities on HIV/AIDS within the student communities. The fourth section is an analysis of students' perception of the HIV/AIDS communication programmes and their attitudes towards the HIV epidemic, whilst the last section examines students' sexual behaviours in the light of HIV prevention communication.

The key results of the study show that students find the media HIV-prevention campaigns more accessible, compared to the interpersonal channels. Significantly, fewer participants indicated having participated in interpersonal HIV/AIDS communication programmes, such as peer education, workshops, seminars and lectures. In addition, many students do not consider HIV/AIDS as a serious problem and the debate on HIV/AIDS issues among students is significantly low. The results also show that the HIV/AIDS campaign programmes to which students have access are mainly oriented towards encouraging condom use, as compared to abstinence,

partner fidelity and VCT, although the response models adopted by each of the three universities differ in their areas of emphasis. The study findings also show that the majority of the students find the HIV/AIDS prevention activities on their campuses to be inadequate and that the students' involvement in HIV/ADS prevention activities was significantly low.

Results further show that there was lack of correlation between students' knowledge and attitudes towards HIV/AIDS and HIV prevention and their sexual behavioural patterns. Whilst the majority of students were aware of HIV/AIDS and perceived HIV prevention options positively, their sexual behavioural patterns indicate high levels of sexual risk-taking. A further analysis of in-depth interviews revealed that students' sexual behaviours were couched in the socially-constructed meanings of sex and sexual practices, rather than the knowledge and perceptions about HIV/AIDS.

HIV Prevention Campaigns

The role of effective communication in preventing the spread of HIV and encouraging care and support for HIV/AIDS victims has been underestimated (Singhal & Rogers, 2003). UNAIDS points out that "only a tiny fraction of [the mass media's potential to inform and educate the general public] has been tapped" (UNAIDS, 2005b, p. 7). The Panos Institute asserts that communication "holds the key" to effective mitigation of HIV transmission and management of the effects of the epidemic (Scalway, 2003). UNAIDS has further pointed out that the use of communication in HIV prevention "appears to be neglected and poorly understood in the minds of many activists, clinicians and donors" (UNAIDS, 2007b, p. 8). This study evaluated the role of the media and interpersonal communication strategies in campaigns against HIV/AIDS among students at the seven campuses that participated in this study.

The Media Campaigns

To establish students' access to mass media HIV/AIDS communication campaigns, study participants were presented with a list of both print and electronic media outlets and asked to indicate, for each channel, whether they had 'not seen/heard', found it 'useful for HIV/AIDS information' or 'not useful for HIV/AIDS information'. The main objective of this inquiry was to understand the main communication channels through which students have access to HIV/AIDS communication campaigns while

on campus and the extent to which students have access to campus-based media campaigns. The Results of this inquiry illustrate that both print and electronic mass- and small-media channels were popular sources of HIV/AIDS messages among students. A vast majority (80.5%) of the participants found ‘TV dramas, talk shows and other programmes’ useful in obtaining HIV/AIDS messages while on campus. This was followed by posters (79.9%), TV advertisements (78.8%), articles in magazines (78.2%), newspaper articles (78.0%), leaflets and information booklets (77.9%), television news (75.0%), radio news (69.0%), radio advertisements (67.9%), radio drama’s talk shows and other programmes (67.6%), internet (61.8), banners (57.4%), billboards (56.8%) and murals (41.4%) (see **Table 2** below).

Table 2: Media Channels of HIV/AIDS Communication that Participants Found Useful in Obtaining HIV/AIDS Information

Multi-media channels of HIV/AIDS communication while on campus	Response by the Participant					
	Not Seen or heard		Useful for HIV/AIDS Information		Not Useful for HIV/AIDS Information	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Posters	163	11.9	1096	79.9	113	8.2
Billboards	442	32.8	765	56.8	141	10.5
Banners	313	30.8	583	57.4	120	11.8
Leaflets and Information booklets	192	14.3	1048	77.9	105	7.8
Internet	304	22.4	839	61.8	215	15.8
Television news	190	14.1	1013	75.0	147	10.9
TV drama’s, talk shows and other programmes	136	10.0	1122	80.5	97	7.2
TV Advertisements	144	10.6	1073	78.8	145	10.6
Radio news	217	16.0	936	69.0	204	15.0
Radio drama’s talk shows and other programmes	279	20.6	916	67.6	161	11.9
Radio advertisements	224	16.7	937	69.8	182	13.6
Newspaper articles	163	12.0	1057	78.0	135	10.0
Articles in Magazines	179	13.2	1058	78.2	116	8.6
Murals	556	43.8	535	41.4	192	14.8

These findings echo the results of previous studies, which have also identified mass media channels as the most commonly cited sources of HIV/AIDS messages in South Africa (for example Coulson, 2002; Dube & Ochola, 2005; Haupt et al., 2004; Obregon, 2005; UNAIDS, 2005b). The researcher observed that students flocked to

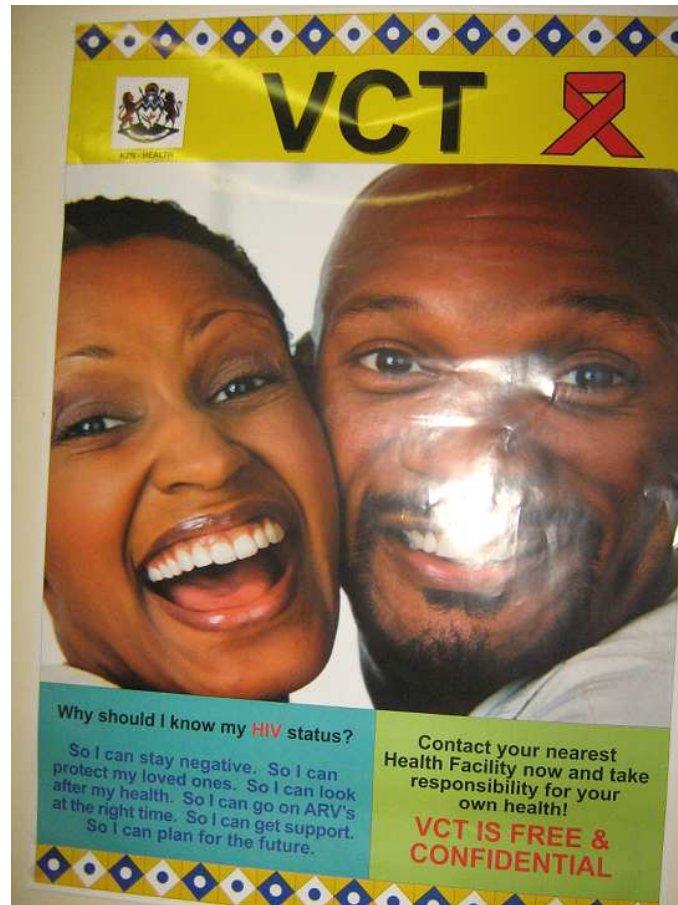
TV common rooms to watch popular soap operas, such as *Isidingo* and *Generations*³⁷. Whether these television soap operas can be categorised as HIV Prevention Entertainment Education programmes, is subject to debate. Nevertheless, HIV-related issues often feature in these programmes. This suggests a preference by students for programmes that feature entertainment education, rather than the moralistic debates that often characterised interpersonal communication programmes from religious groups and other target campaigns, as shall be discussed later in this chapter.

Media influence on behaviour and social change has generated huge debate in the past (cf., Coulson, 2002; Singhal & Rogers, 2003; Scalway, 2003; UNAIDS, 2005b). Most commentators agree that the mass media is instrumental in creating awareness and disseminating correct and relevant information regarding HIV and AIDS, but has limited impact on influencing social change. Qakisa (2003) also highlights the significance of the mass media in informing, shaping and sustaining attitudes concerning the HIV epidemic. However, he also points out that the mass media “often ignore the political, economic, social and cultural contexts of the people that they are addressing” (p. 55). The Panos Institute has also pointed out the importance of a media that is “able to support informed, inclusive debate” but perceives locally generated initiatives as being more effective in influencing social change: “changes in behaviour have happened when information is passed between people, rather than been directed at them” (Scalway, p. 11).

The researcher also observed that most of the “posters” and “leaflets and information booklets” which were also identified by the majority of the students as useful sources of HIV/AIDS messages were designed by organizations such as Khomanani and the Department of Health for the general population and did not specifically address themselves to the context of university students (see for example **Figure 7** below).

³⁷ In contrast, the mainstream HIV/AIDS EE programmes, such as *SoulCity* and *Tsha Tsha* episodes, were observed not to attract huge audiences as *Isidingo* and *Generations*.

Figure 7: KwaZulu-Natal Department of Health VCT campaign poster at UKZN, DUT and UNIZUL campuses



Through interviews with campus HIV/AIDS programme administrators, it was established that the universities often sourced their campaign materials from the Department of Health and other national HIV/AIDS organizations that design messages for the general public, rather than specific population groups such as university students. The UKZN campus HIV/AIDS coordinator thought that such posters were too general and did not address specific concerns of the university students. Nevertheless, HIV/AIDS posters that had been designed by UKZN students through a poster competition³⁸ were not printed for wider circulation due to lack of

³⁸ A HIV/AIDS poster competition for students and staff was organized by the UKZN Campus HIV/AIDS Support Unit (CHASU) between March and April 2007. Participants were asked to design a A4 poster on any of the following three themes: 'Positive living', 'knowing your HIV status', and 'Educate to eradicate stigma'. The best 10 posters were then selected by a jury identified by CHASU. These were then subjected to open scrutiny by students who were asked to vote for the best poster. The designers of the first three posters were given monetary rewards. The objective of the competition was to develop posters to be exhibited during HIV/AIDS campaigns in each of the five campuses of UKZN.

resources, even though the campus HIV/AIDS coordinator acknowledged that some of the posters were ‘brilliant’ (see **Figure 8** below):

We do get the posters from the Department of Health but I feel sometimes that they are too generic and I would like us to have locally made posters. ... We did a poster competition and that's one thing I feel it was one of the better activities that we did and I want us to do it annually. The drawback though was that we have not been able to quickly enough print those posters because some of them were really brilliantly done by the students (UKZN HIV/AIDS Programme coordinator, September 2007, Interview).

Figure 8: Poster designed by a UKZN student during poster competition



Whilst the contribution of the national campaign programmes in creating HIV/AIDS awareness and HIV/AIDS education is without doubt, questions arise whether these programmes sufficiently engage university students by addressing them in the kind of language and imagery that appeals to them. As can be seen in **Figures 7 and 8** above,

However, according to the CHASU coordinator, these posters were not printed for the campaign due to lack of resources at the time.

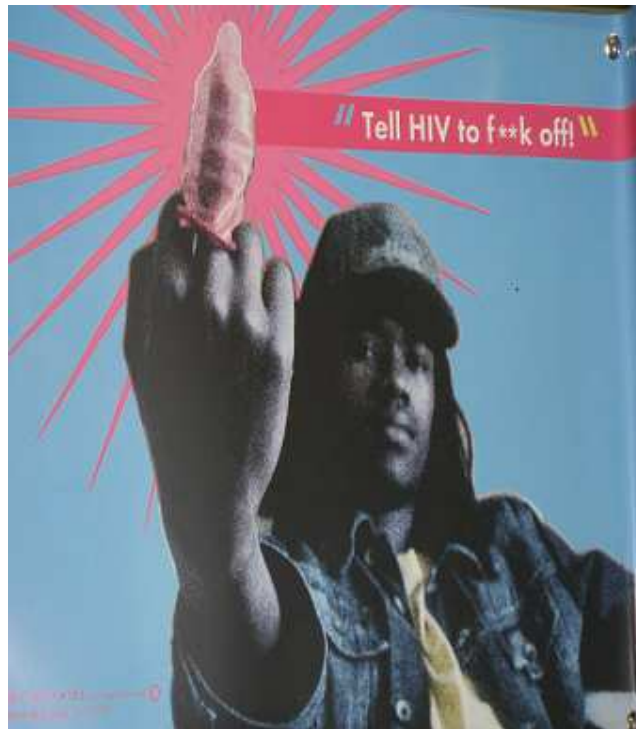
the kind of semantic codes used by students in their campaign posters (**Figure 8**) differs radically from those used in the posters common at the three universities, which were essentially designed by the Department of Health and Khomanani for the general public (**Figure 7**). The poster designed by the students uses few words to challenge stigma and encourage HIV testing in a thought-provoking way. It seeks to illustrate that whether one is HIV positive or negative, the future is still bright. Conversely, the poster designed by Department of Health is wordy and carries basic information about VCT that students already know, hence making it unappealing. A participatory research study conducted by Warren Parker among a township community in Soweto, revealed that the HIV/AIDS posters designed by the research participants working with the researcher demonstrated currency among the target local audiences. Based on his evaluation of the audiences' responses to the posters, Parker concluded that: "it is clear that media cannot be divorced from social processes that seek to promote change, and further to this, if media is to be functional to these processes then the incorporation of community perspectives into the production of media products is of tantamount importance" (Parker, 1994, p. 146).

The University of Western Cape, for example, uses HIV/AIDS posters that are locally generated through a participatory process involving students and HIV/AIDS programme administrators. These posters contrast sharply with the posters designed for the general population in terms of language, and imagery (see **Figure 9** below). The condom promotion poster in **Figure 9**, for example, deploys the use of aggressive language ("f**k off") that is characteristic of the university students' semantic codes. The dress code also reflects that of ordinary university students, hence students would most likely identify with such a poster. In "Encoding/Decoding", Stuart Hall argues that

"The level of connotation of the visual sign, of its contextual reference and positioning in the different discursive fields of meaning and association, is the point where already coded signs intersect with the deep semantic codes of a culture and take on additional, more active ideological dimensions" (1996, p. 45).

By using the language and visuals that students identify with, therefore, this poster is able to connect with the semantic codes within the student culture and is therefore able to generate more relevant decoding as compared to the poster in **Figure 7**.

Figure 9: HIV/AIDS poster used by the University of Western Cape's HIV/AIDS Programme



The failure to utilize the campaign posters generated by the UKZN students is a contradiction of the key objective of the poster competition. This also contradicts the widely acknowledged need for locally-generated and context-specific campaign materials and programmes (Dowsett & Aggleton, 1999; Kelly et al., 2001). As shall be seen later in this chapter, students at the three universities indicated that they preferred campaign programmes and materials that were generated by their fellow students, since students understood their problems and how to communicate better with each other.

It is also interesting that the theme of the poster competition was narrowed down to issues of stigma, treatment and positive living, hence leaving out HIV prevention. This lends support to critics who question the over-concentration on VCT and AIDS treatment at the expense of preventing new infections. Some argue that even though VCT and ARV treatment was critical, success in the fight against HIV/AIDS lies in prevention of infection rather than treatment, hence there needs to a balanced approach to prevention and treatment (Ncayiyana, 2005; UNAIDS, 2008).

Interpersonal Campaigns

Locally-generated, interpersonal communication programmes often involve closer interaction where issues are debated between communicators, rather than the top-down mass media approach, where information often flows in one direction. Because of this, interpersonal communication programmes are considered to be more effective in persuading social and behavioural changes, as compared to mass media campaigns (Green et al., 2006; Low-Beer & Stoneburner, 2003; Wawer, et al., 2005). This, therefore, suggests that to achieve social change, mass media campaign programmes should, of necessity, be complemented with contextualised interpersonal campaigns. This will create a social communication network which will contribute to tackling the underlying socio-cultural challenges that make it difficult for individuals to undertake steps to prevent HIV infection.

A list of interpersonal communication channels was also presented to the participants, who were then asked to respond 'Yes' or 'No', depending on whether or not they had found each channel useful in obtaining HIV/AIDS information while on campus. A slight majority (63.5%) of the participants identified friends, while 61.6% identified nurse/doctor as a useful source of HIV/AIDS information while on campus. Other sources identified were VCT centres (45.7%), guest speakers (43.7%), Campus HIV/AIDS Support Unit (44.2%), peer educators (42.3%), classroom lectures (38.5%), blood donor groups (35.7%), student organizations (30.8%), religious groups within campus (29.1%), music, theatre and puppetry (24.8%), and 'other organizations within campus' (43.5%) (See **Table 3** below).

Even though similar trends were noted across the six campuses in response to most of the questions relating to interpersonal sources of HIV/AIDS messages, a significant majority of participants from the Medical School (UKZN), compared to the other five campuses, indicated that they had attended workshops and lectures, and discussed HIV/AIDS with peer educators (see **Table 4**). This could be, perhaps, as a result of the nature of the academic programmes pursued by students at the Medical School. Nevertheless, these findings also raise questions about the extent to which HIV/AIDS programmes have been mainstreamed into all the university academic disciplines as envisaged by the HIV/AIDS policies of the three universities and by HEAIDS (Chetty & Michel, 2005). Findings from interviews with students and HIV/AIDS coordinators

showed that HIV/AIDS programmes have not been fully integrated into the university curriculum.

Table 3: Interpersonal Channels of HIV/AIDS Communication that Participant Found Useful in Obtaining HIV/AIDS Information

Interpersonal channels of HIV/AIDS communication while on campus	Response by the Participant			
	Yes		No	
	Frequency	Percentage	Frequency	Percentage
Found Campus HIV/AIDS Support Unit useful in obtaining information about HIV/AIDS	589	44.2	745	55.8
Found student organizations useful in obtaining information about HIV/AIDS	408	30.8	916	69.2
Found religious groups within campus useful in obtaining information about HIV/AIDS	387	29.1	941	70.9
Found classroom lectures useful in obtaining information about HIV/AIDS	509	38.5	812	61.5
Found peer educators useful in obtaining information about HIV/AIDS	561	42.3	766	57.7
Found guest speakers useful in obtaining information about HIV/AIDS	579	43.7	747	56.3
Found friends useful in obtaining information about HIV/AIDS	847	63.5	487	36.5
Found blood donor groups useful in obtaining information about HIV/AIDS	472	35.7	850	64.3
Found VCT centres useful in obtaining information about HIV/AIDS	608	45.7	721	54.3
Found music, theatre and puppetry groups useful in obtaining information about HIV/AIDS	328	24.8	993	75.2
Received information about HIV/AIDS from a nurse or doctor	838	61.6	522	38.4
Received information about HIV/AIDS from an organization within campus	580	43.1	766	56.9

Table 4: Cross-tabulation: Participants' campus * Sources of HIV/AIDS information

Campus	<i>Whether respondent has attended a workshop on HIV/AIDS within campus</i>			<i>Whether respondent has discussed HIV/AIDS with peer educators within campus</i>			<i>Whether respondent has found Campus HIV/AIDS Support Unit useful in obtaining information about HIV/AIDS this year</i>			<i>Whether respondent has found lecture useful in obtaining information about HIV/AIDS</i>		
	Yes	No/not Applicable	Total	Yes	No/not Applicable	Total	Yes	No/not Applicable	Total	Yes	No/not Applicable	Total
Howard	62	133	195	109	86	195	73	120	193	54	138	192
Medical School	105	91	196	107	85	192	114	80	194	151	43	194
Pietermaritzburg	41	150	191	59	127	186	58	127	185	58	128	186
Westville	51	148	199	88	111	199	73	126	199	53	145	198
Edgewood	40	157	197	77	120	197	90	109	199	77	120	197
University of Zululand	47	112	198	70	127	197	59	130	199	73	125	198
Durban University of Technology	49	151	200	90	110	200	95	104	199	62	138	200

As the results summarised in **Tables 3 and 4** illustrate, interpersonal HIV/AIDS campaigns are either not preferred by students or are less widely accessible, as compared to the media campaigns. The researcher, however, noted that target campaigns are occasionally conducted at each of the campuses but the levels of attendance are often significantly low, hence supporting the view that such campaigns are unpopular with students. Participants find friends more useful (mentioned by 64.3%) compared to other interpersonal communication channels. The nature of discourse relating to sex and HIV prevention among students is discussed further in chapter eight.

It is also interesting to note that less than half of the participants found the peer education programmes useful. Peer education programmes are theoretically underpinned on both individual cognitive theories such as the Theory of Reasoned Action as well as collective action and group empowerment theories such as Social Network Theory, Social Learning Theory, Social Inoculation Theory, Role Theory, Differential Association Theory, Sub Culture Theory and Communication of Innovations Theory (Deutsch, 2003). During interviews, the HIV/AIDS programme administrators from the three universities identified peer education as the key framework through which the universities planned to enhance social and individual behaviour changes. Lower levels of participation in these programmes would therefore suggest that the peer education programmes are not achieving their objectives. This could be blamed on the failure of universities to strengthen their HIV/AIDS programme's capacities to train, roll-out and co-ordinate a huge network of peer educators.

It was noted that universities have not put in place a proper mechanism to expand the peer education programmes. According to UKZN HIV/AIDS coordinator, UKZN which has more than 31,000 students, for example, only trains a total of between 300 and 400 peer educators across all the five campuses per year, and the majority of them do not participate in the actual peer education. The majority of those who attend training as peer educators do so to gain knowledge about HIV/AIDS. This information-seeking behaviour suggests a lack of access to adequate HIV/AIDS information by university students. In the absence of sufficient HIV/AIDS communication programmes, peer education training becomes an avenue for students

to obtain information about the epidemic, rather than getting equipped to participate in the peer education programmes, as envisaged by the CHASU:

People that attend peer education training do not necessary remain active. So if you are thinking of people that would have been recruited at the beginning of the year and got trained I think it's close to 300 - 400 people would have been trained across the UKZN. But in terms of people that are really active, get involved in the campus support activities, they organise work and, they do forum discussions, I think maybe say about 70 where you will find in one campus may be there is 50 in another campus 20 and that kind of thing (UKZN HIV/AIDS Programme coordinator, September 2007, interview).

HIV/AIDS programme administrators at UNIZUL and DUT also share a similar view. According to the UNIZUL HIV/AIDS administrator, about 80 students were trained as peer educators in 2008, the majority of whom quit eventually to engage in other income-earning activities. This partly explains why fewer than half of the respondents in this study report that they had never interacted with peer educators. When asked whether he had discussed HIV/AIDS with peer educators, for example, Khan, a male Indian student at Edgewood Campus, responded that he didn't even know of the existence of such a programme:

Interviewer: Have you come across any peer educators around campus?

Interviewee: Peer educators in terms of what?

Interviewee: Those are students who are trained to conduct peer education, or discussions about HIV/AIDS with other students around campus.

Interviewee: I have never had contact with such people. I have absolutely never had contact with such people. In fact, it is the first time I am hearing about them. I have heard about tutors and peer tutoring in terms of academic work but I have never heard peer education in terms of HIV/AIDS and stuff (Khan, August 2008, interview).

The HIV/AIDS administrator at UKZN blamed the small number of trained coordinators on the lack of sufficient financial and manpower resources to train and co-ordinate a large team of peer educators. With the recent calls for HIV programmes that emphasise horizontal communication, rather than the mass-media type top-down communication programmes, it is highly doubtful that universities are laying down

sufficient framework to encourage social communication about HIV/AIDS issues among students.

Campaign Themes

HIV/AIDS information and communication programmes often revolve around interrelated themes such as the creation of HIV/AIDS awareness, prevention of HIV infection, Voluntary Counselling and Testing, stigma and discrimination, AIDS treatment, and renegotiating socio-cultural factors that encourage the spread of HIV. Different programmes highlight different messages, depending on their objectives. However, as mentioned previously, strategies that target prevention of HIV infection have been identified as the key to reversing the spread of HIV epidemic among young people (Ncayiyana, 2005; UNAIDS, 2007b, 2008).

This study examined the key issues that are being highlighted in HIV related communication campaigns that students access, with an aim of understanding the approach that is being used to persuade young people to undertake preventive measures to avoid HIV infection. To achieve this, participants were presented with a list of HIV/AIDS communication themes and then asked to indicate how often they heard/saw particular themes being emphasised while on their respective campuses. During in-depth interviews, university HIV/AIDS administrators were also asked to explain how their campaign programmes were mobilised in terms of messages being highlighted. The responses from the student survey were captured in a five-point Likert-scale, ranging from 'Very often' to 'Never heard'. Results of this inquiry are summarised in **Table 5** below.

As the results of the survey illustrate, campaign programmes to which students have access on the seven campuses are generally oriented towards encouraging the use of condoms to prevent the spread of HIV. This was followed by communication campaigns emphasising being faithful, voluntary counselling and testing, methods of HIV transmission, HIV prevalence, stopping sexual violence, abstinence and, lastly, messages on human rights issues related to HIV/AIDS. The majority (62.6%) of participants indicated having heard/seen condom use being mentioned very often while others indicated having heard it often (28.7%), rarely (4.5%), very rarely (2.0%) or never (2.2%). Close to one in every five (37.0%) of the participants had heard/seen 'Being faithful to one partner' being emphasised very often, while a similar

proportion (37.8%) had heard/seen it often. The others had heard/seen this message rarely (14.0%) and very rarely (5.7%) while (5.6%) said they had never heard the message.

The majority of the participants also indicated that they heard/saw VCT communication campaigns frequently. Most participants reported having heard or seen VCT being emphasised, either very often (34.9%), or often (34.8%), while only 17.7% said they heard/seen the message rarely and 7.7%, very rarely. Only (4.9%) said they had never heard or seen VCT being emphasised. Similarly, the modes of HIV transmission was identified as being heard or seen by the majority of the participants very often (34.2%), or often (31.8%). Others said they had heard/seen this message rarely (17.8%) and very rarely (8.3%), while just a few (7.8%) indicated 'never heard/seen'. Furthermore, participants indicated having accessed messages highlighting the HIV prevalence levels very often (27.7%), often (26.9%), rarely (23.8%), and very rarely (9.7%). Just a few (11.8%) said they had 'never heard/seen' messages on HIV prevalence while on campus. Messages against sexual violence had been accessed by participants very often (32.8%), often (29.2%), rarely (18.2%), very rarely (10.6%) and, never heard/seen (9.2%).

In comparison with the condomise and be faithful messages, communication campaigns to which students have access seem to emphasise abstinence relatively less often across the seven campuses. Participants indicated having heard/seen abstinence messages within campus very often (27.5%), often (27.4%), rarely (21.7%), very rarely (12.5%) and, never heard/seen (10.9%). Similarly, campaigns encouraging a human rights approach to HIV prevention were less frequent in the seven campuses. Only 26.5% of the participants indicated having heard/seen this message being emphasised very often while other indicated having heard/seen it often (30.6%), rarely (21.7%), very rarely (12.0%) and, never seen (9.2%) (see **Table 5** below). There was no significant difference per campus in terms of the campaign messages identified by students.

Table 5: Messages emphasised by channels communicating HIV/AIDS information within campus

Messages heard/seen by respondents	Frequency of Emphasis									
	Very Often		Often		Rarely		Very Rarely		Never Heard/seen	
	Freq.	Perc.	Freq.	Perc.	Freq.	Perc.	Freq.	Perc.	Freq.	Perc.
Abstain until marriage	379	27.5	378	27.4	299	21.7	172	12.5	150	10.9
Be Faithful to one partner	510	37.0	522	37.8	193	14.0	78	5.7	77	5.6
Use condom	860	62.6	394	28.7	62	4.5	28	2.0	30	2.2
Go for VCT	480	34.9	479	34.8	243	17.7	106	7.7	68	4.9
Care for the HIV +	336	24.5	377	27.4	355	25.8	167	12.2	139	10.1
Stop sexual violence	450	32.8	400	29.2	250	18.2	145	10.6	126	9.2
Human rights and HIV	361	26.5	418	30.6	296	21.7	164	12.0	125	9.2
HIV Prevalence statistics	377	27.7	366	26.9	324	23.8	132	9.7	161	11.8
Modes of HIV transmission	468	34.2	436	31.8	244	17.8	114	8.3	107	7.8

Interviews with university HIV/AIDS administrators, however, revealed that each of the three universities favoured different models in their response to the HIV epidemic. The approach undertaken by the University of Zululand, for example, favours a greater emphasis on Abstinence, followed by Condomise and Testing (ACT). According to the UNIZUL HIV/AIDS administrator, the value system of the surrounding community – which emphasise virginity preservation, often enforced through virginity testing, especially among females – has to be taken into consideration when designing the university HIV response strategy:

as a rural-based institution ...students will have to abstain because we are drawing quite a large percentage of our students from the rural communities and we are a rural based university and you know very well that rural communities still uphold those traditional values. So it will be very much odd for us as an institution to advocate for ehh the condom use, but we are striking the balance, we are saying abstain but we are also promoting secondary abstinence, even for those who might have started getting involved, but the emphasis's that we don't use the AB, we no longer use the ABC, that one is not working for us, we are using the ACT, we are saying to them they must abstain, and if they can't abstain they would have to condomise and test, test,

test, so we are using the ACT not the ABC (UNIZUL HIV/AIDS Programme coordinator, April 2008, interview).

At UKZN, the campaign strategy adopted emphasises VCT as compared to the other prevention options. According to the UKZN HIV/AIDS coordinator, the strong emphasis on the need for testing is premised on the assumption that sexual behaviour change may not be helpful to an individual who does not know his/her HIV status. Knowing one's status is therefore perceived as enhancing the process towards real sexual behaviour change:

Whatever campaigns we do, whether it is the campaigns to talk about safe sex, whether its campaign to talk about the partner reduction, ultimately those things boil down to the fact that it is important to know about your HIV status because if you reduce the number of partners, for instance, but you don't know your status, it still leaves us with a problem because we don't know where you stand. You will not know how to conduct yourself even with that one partner that you are faithful to. It would still be a worthwhile thing to do even with all these other interventions, use of safe sex practice, use of condoms, which we distribute, female condom, all that, we still feel and we believe that, ultimately those strategies and interventions make much more sense to you as an individuals if you know your status (UKZN HIV/AIDS Programme Coordinator, September 2007, interview).

It is, however, noteworthy that even though the UKZN strategy preferred to encourage students to go for HIV testing, this message was not being actively communicated to the students at the time of the study, as the Campus HIV/AIDS Support Unit feared that it could not cope with the demand for VCT services:

The funny thing about the VCT at UKZN is that we think the capacity is a problem. As a result we are not aggressively marketing it and actively encouraging students to get tested. The demands from those volunteers are such as we are not coping with it as well as we like it to be. Aah! Simply because VCT is very much time consuming services. So even without actively marketing the services, we are just about coping with the demands. Then you can just imagine what would happen if we were to actively go out to

campaigns. And you see that it's happening if we bring New Start³⁹ on campus. That is the only time we do active marketing. During those two to three days, when they come to each campus, they are fully booked. So, I think the response is positive, but the capacity to meet that response is not there, so, as a result, there has been a cautious marketing of VCT. It has been more or less left on a word of mouth kind of thing and the subtle pamphlets distribution and that kind of thing, no really aggressive active marketing services (UKZN HIV/AIDS Programme Coordinator, September 2007, interview).

The view that knowing one's status leads to behavioural change has been challenged by the results of some previous studies, which have demonstrated that knowledge of HIV status do not necessarily motivate people to undertake preventive strategies (cf., Kippax, 2006; Glick, 2005).

The HIV/AIDS campaign strategy at Durban University of Technology adopts a multi-focal approach that encourages prevention, treatment and fighting stigma. According to the HIV/AIDS coordinator at this institution, the programme seeks to accord equal emphasis to abstinence, be faithful and condomise messages, in addition to other HIV/AIDS messages, such as anti-stigma campaigns, positive living and others. However, there is a slight emphasis on abstinence as required by DramAidE, which mainly runs the HIV/AIDS prevention programmes at this institution:

We normally focus on prevention and we are also promoting abstinence because that's what DramAidE requires us to do, and condom usage. And we also have support like we are running a support group for infected students and at the clinic we do have the wellness programmes for those students that are HIV infected where they do the CD4 count, I mean where they monitor, but we do not provide ARVs. We refer them to the nearest health centre that is convenient to the student (DUT HIV/AIDS Programme coordinator, October 2007, interview).

Part of the funds used by DramAidE in this institution are sourced from PEPFAR which, as discussed in Chapter Four, insists that its funds be dedicated to programmes

³⁹ New Start is one of the NGOs that are involved with the promotion of VCT. KwaZulu-Natal universities occasionally enrol their services to encourage students to test for HIV

that encourage abstinence-only-until-marriage for the unmarried young people. However, through the Health Promoter project, DramAidE focuses on four Key areas: Abstinence-only-until marriage, abstinence and be faithful, treatment literacy, VCT and “prevention other” (condomise). According to one of the co-ordinators of the Health Promoter project⁴⁰, the condomise option is presented as “prevention other” in line with the requirements of PEPFAR, so as to encourage abstinence and be-faithful, without necessarily undermining the use of condoms. As it will be noted in Chapter Eight, however, students find programmes that promote abstinence highly moralistic, which partly explains the lack of interest in peer education programmes and other interpersonal programmes within their campuses.

It should be noted that even though each of the three universities adopted a unique HIV/AIDS response strategy as discussed above, students reported that they mainly accessed HIV/AIDS communication campaigns through the mass media, hence the variation in their perceptions on the key messages that they felt were being emphasised in the campaign programmes to which they had access. This suggests that the mass media, especially those with an entertainment component, appealed to students more than the target campaigns that, as it shall be discussed below, often mobilised moralistic discourses, such as abstinence.

Students’ Involvement in HIV/AIDS-Related Activities

Contemporary debate on HIV prevention communication underlines the need for horizontal communication programmes that seek to engage audiences in identifying, understanding and developing local responses to counter the spread of the epidemic (Figueroa, Kincaid, Rani, & Lewis, 2002; Ford Foundation, 2005; PANOS, 2006). Research in some sub-Saharan African countries, in which significant declines in HIV prevalence have been recorded, indicate that, in addition to other factors such as political support, social communication strategies involving local communities are key to attaining success (Diop, 2000; Hogle, 2002; Putzel, 2003; UNAIDS, 1999a, 2001; Wawer et al., 2005).

⁴⁰ The Health Promoter project was jointly developed by DramAidE and Johns Hopkins Bloomberg School of Public Health Center for Communication Programs. It is primarily aimed at creating a closer interaction between the youth living positively with HIV and other students, with the objective of enabling students to personalise the risk of HIV infection, break down HIV/AIDS stigma, demystify HIV/AIDS and encourage healthy relationships. It is notable that even though DramAidE is a joint venture between UKZN and UNIZUL, it does not run any of its programmes in these universities. Source: <http://www.comminit.com/en/node/126835> Accessed: 15th Oct. 2008

Social movements have also been identified as the main catalysts in the processes that lead to social and behaviour change, especially with regards to changing attitudes towards those affected by AIDS. Pilot case studies conducted in South Africa and Namibia have showed that social movements effectively draw people together and create spaces for dialogue on problematic issues: “Social movements create, claim and shape spaces for public debate” (PANOS, 2006, p. 2). They are also instrumental in giving voice to and enhancing the active participation of those infected with or affected by HIV/AIDS.

It is with this background that this study investigated students’ participation in HIV/AIDS activities. This objective was pursued by asking participants whether or not they had ever participated in a list of HIV/AIDS activities outlined in the questionnaire. As shown in **Table 6** below, the results of this inquiry show that the participation of students in HIV/AIDS programmes is significantly low.

Fewer than one in every three (29.5%) participants indicated having attended workshop on HIV/AIDS, while only 12.2% indicated having attended an HIV/AIDS rally on campus. Those who had attended a meeting on HIV/AIDS were 23.4%, whereas 38.3% indicated that they had discussed HIV/AIDS with peer educators on campus. Fewer than one in every three (26.9%) of the participants had ever attended a class on HIV/AIDS on campus, whereas only 33.5% had attended a workshop/training/lecture on decision-making skills/negotiation skills/interpersonal skills related to HIV prevention.

Additionally, the study established that few students volunteer in offering services related to HIV/AIDS within their campuses and in their communities. Slightly more than one in every five participants (23.2%) had ever volunteered or helped at an HIV/AIDS organization or groups in his/her community, while a similar number (24.0%) indicated having helped care for a person with HIV/AIDS. Only 24.5% of the participants indicated having ever worn a red ribbon, whereas only 24.3% indicated having worn a T-shirt/cap/other item with HIV/AIDS message while on campus (see **Table 6** below).

Table 6: Participants' Involvement in HIV/AIDS Programmes at Campus

Participation in HIV/AIDS Information Programmes	Response by the Participant			
	Yes		No	
	Frequency	Percentage	Frequency	Percentage
Attended a workshop on HIV/AIDS within campus	395	29.5	942	70.5
Attended a rally on HIV/AIDS within campus	163	12.2	1172	87.8
Attended a meeting on HIV/AIDS within campus	311	23.4	1020	76.6
Discussed HIV/AIDS with peer educators within campus	512	38.3	824	61.7
Attended a class about HIV/AIDS at campus	358	26.9	974	73.1
Attended workshop, training or lecture on Decision making Skills/Negotiation skills/Interpersonal skills relating to HIV prevention?	445	33.5	883	66.5
Volunteered or helped at an HIV/AIDS organization or groups in his/her community	325	24.3	1015	75.7
Helped care for a person with HIV/AIDS	327	24.5	1010	75.5
Worn a red ribbon while on campus	328	24.5	1009	75.5
Worn a T-Shirt, Cap or other item with HIV/AIDS message while on campus	329	24.6	1010	75.4

Results summarised in **Table 6** clearly demonstrate that the students either do not have access to HIV/AIDS activities or are not interested in these activities. As indicated earlier, however, the tendency seems to be that the majority of students do not find these activities interesting as they often lack the entertainment component. In addition, the design of some of the HIV/AIDS activities systematically excludes some students. During one of the target campaigns held at Edgewood campus (UKZN)⁴¹, the researcher noted the language bias as one of the key factors that hindered students' participation in the campaigns. In a campus that has a mix of White, Black, Indian, Coloured and Foreign students, the main language that was used in the presentations during this campaign was isiZulu. This approach ultimately excluded students who did not understand the language and who would have wished to participate in the campaign. Most of the non-Zulu speakers participated in a run that marked the opening of the campaign but the majority of them left as soon as the presentations started, with some citing language barrier as the key reason why they were leaving.

⁴¹ The AIDSWIZE graduate alive campaign was held at Edgewood campus on the 10th Oct.2008. The campaign activities involved a run, public lectures by university and local municipality leaders and drama. About 300 students attended the campaign, the majority of whom were Zulu-speaking students since the medium of communication locked out most students, including the researcher.

In addition, the three universities have not sufficiently strengthened the social communication programmes that mainly engage students in the discussions surrounding HIV/AIDS, as discussed previously, hence students mainly access HIV/AIDS campaigns through the media. Whilst the universities recognise the crucial role of interpersonal programmes such as peer education, such programmes have not been sufficiently strengthened to have any significant impact.

Peer education campaigns also excluded students who reside outside university campuses as the sessions were more often conducted within the university halls of residence. Except in the case of the University of Zululand, where the majority of students reside within the university, the bulk of students at UKZN and DUT campuses live outside the university with their guardians or in rental residences. At UKZN, for example, only about 6000 out of the more than 31,000 students reside in the university's hall of residence. Besides, as evidenced by the study findings, only a few students are trained to lead the peer education sessions at the three universities and even fewer eventually participate in the peer education sessions. Additionally, other student-led organizations, such as the ANC Youth League, SASCO and others, have equally not been actively engaged in responding to HIV at each of the three universities. However, in comparison with students from UKZN and DUT, students at University of Zululand more often mentioned having seen their Student Representative Council (SRC) leaders address HIV/AIDS issues during the interviews.

Low levels of student participation in HIV/AIDS activities could also be attributed to high levels of HIV/AIDS stigma among students. Except at DUT, where some HIV-positive students were actively engaged in HIV/AIDS campaigns through the Health Promoter project, there was no evidence of involvement of HIV positive students at other campuses. The HIV/AIDS support group for HIV positive students at UKZN was kept highly confidential because students who had joined the group did not want to be exposed, due to the fear of stigma. It is therefore plausible to conclude that the low participation of the students in the HIV/AIDS activities is associated with the less-aggressive approach that the three universities undertake in tackling the HIV/AIDS-epidemic, the content of the HIV/AIDS activities that students find less

appealing, and the stigma surrounding HIV/AIDS, as illustrated in the in-depth interviews with students.

Perceptions of HIV/AIDS Communication Strategy

A significantly high number of students perceive that universities are not doing enough in the fight against HIV/AIDS on their respective campuses. A summary of responses shows that 40.4% of the participants felt that the campus HIV/AIDS campaigns were inadequate. Nevertheless, the majority of them (78.7%) thought that the HIV/AIDS campaigns in their campuses related messages that were clearly understood. More than half (65.5%) thought that the campus HIV/AIDS messages were well researched and designed, while 73.6% thought that the campus HIV/AIDS campaigns related messages that were applicable to the youth it targets. About three in every five participants (61.8%) thought that students were involved in design and implementation of HIV/AIDS messages (the HIV/AIDS poster competition involving students at UKZN campuses that was ongoing at the time of the survey, as discussed previously, could have influenced this response). In terms of content, more than half (68.5%) of the participants thought that the HIV/AIDS messages were both educational and entertaining.

When asked about their views on the need to involve students in the design and implementation of the HIV/AIDS prevention campaigns, participants responded overwhelmingly (92.3%) in support of such an approach. The reason, according to the majority (87.2%) of the participants, was that students understand their sexual practices and are therefore suited to construct messages that address their informational needs. The majority (92.4%) of the participants also thought that students are more responsive to messages created by fellow students (see **Table 7** below).

Table 7: Participants' perception on campus HIV/AIDS campaigns

Perception	Participant's response towards specific perceptions			
	Yes		No	
	Frequency	Percentage	Frequency	Percentage
Campus HIV/AIDS campaigns are adequate	563	40.4	802	58.8
HIV/AIDS campaigns relate messages that people understand	1068	78.7	289	21.3
Campus HIV/AIDS messages are well researched and designed	888	65.5	468	34.5
Campus HIV/AIDS campaigns have messages that are applicable to the youth it targets	996	73.6	357	26.4
Students are involved in design and implementation of HIV/AIDS messages	834	61.8	515	38.2
HIV/AIDS messages are educational and entertaining	927	68.5	427	31.5
Students should be involved in the design and implementation of HIV/AIDS prevention messages	1265	92.3	105	7.7
Students understand their sexual practices and are best suited to construct their own messages	1111	87.2	163	12.8
Students are more responsive to messages created by fellow students	1173	92.4	97	7.6

These results appear to contradict the low levels of participation by students in the HIV/AIDS activities. Whilst the majority of them believe that the campaigns are entertaining and relevant, the levels of participation clearly indicate disinterest in these programmes. This contradiction could therefore either be as a result of misunderstanding of the questions or, perhaps, the students' responses were based on isolated programmes that they may have found interesting and relevant.

Students' Perceptions of the ABC Strategy

The general perception of students of the ABC strategy was pursued by asking participants to respond to a number of statements contained in the questionnaire. These statements required them to indicate whether they 'strongly agree', 'agree', 'disagree', 'strongly disagree', or 'don't know/not applicable'. Responses to these statements are summarised in **Table 8** below. The study established that discussions about abstinence, being faithful and using condoms were less common among students. Only 8.7% of the participants strongly agreed with the statement saying 'students in my campus frequently discussed abstinence, being faithful and condom use in their ordinary conversations'. About one in every five (22.2%) of them agreed with the statement, 35.3% disagreed, 16.6% strongly disagreed, while 16.9% indicated that they didn't know/not applicable. A Chi-square analysis revealed that

there was no statistical difference on perceptions of the ABC strategy in terms of race, gender, year of study or campus.

Perceptions of Condomise

In terms of prevention alternatives, the majority of the students perceived condom use as a more realistic approach, compared to abstaining from sex, and 'being faithful'. More than one in every three (34.1%) participants strongly agreed with the statement, 'using condoms is a realistic HIV preventive option among students'. Another 50.6% agreed, 8.0% disagreed, and 2.9% strongly disagreed, while only 4.4% said they didn't know/not applicable.

Contrary to the perception of condom use as a sign of infidelity or lack of trust, which is reported to be commonly-held among some communities in sub-Saharan Africa (Preston-Whyte, 1999; Skinner, 2001; Wojcicki & Malala, 2001), the majority of survey participants in KwaZulu-Natal province do not hold this view. When participants were asked to indicate the extent to which they agreed to the statement, 'condom use is associated with infidelity', only 4.1% indicated that they strongly agreed with the statement, while 15.8% said they agreed. The majority indicated that they disagreed (42.5%), strongly disagreed (14.2%) or they didn't know/not applicable (23.4%). Very few participants (3.3%) strongly agreed with the statement, 'condom use is associated with having STI.' The remaining 13.9% agreed, 46.1% disagreed, 20.0% strongly disagreed and 16.7% indicated that they didn't know/not applicable. Similarly, a few participants (6.6%) indicated that they strongly agreed to the statement, 'insistence on condom use could break up a relationship'. Of the remaining, 19.8% indicated that they 'agreed', while 35.9% disagreed, 18.0% strongly disagreed and 19.7% indicated that they didn't know/was not applicable. However, a sharp contrast was found in the interview data where the majority of the interview participants argued that they would often use condoms with new or casual partners, but condom use would always be terminated once they begin to 'trust' their sexual partners. This, therefore, suggests that there could have been some misunderstanding of the concept of 'trust' during the survey.

Chapter Eight will examine the socially constructed meanings of the condomise approach and the implications for adoption of this strategy to prevent HIV infection among students.

Perceptions of Being Faithful

The majority of the participants also supported 'be faithful' as a realistic approach to preventing HIV infection, even though those who supported this strategy were significantly fewer in comparison to those supporting the use of condom. Close to a third of the respondents (27.5%) strongly agreed with the statement, 'being faithful to one uninfected partner is a realistic HIV prevention option among students'. The other 39.4% agreed, while 17.1% disagreed, 6.9% strongly disagreed, and 6.6% didn't know/not applicable. When presented with the statement, 'it is ok for a man to have more than one sexual partners', only 3.5% and 7.1% strongly agreed and agreed, respectively. The rest, 33.1% disagreed, 52.2% strongly disagreed, while only 4.0% said they don't know/not applicable. Similar responses were also noted when participants were asked to indicate the extent to which they agreed with the statement, 'it is ok for a woman to have more than one partners', where only 2.8% and 3.8% indicated strongly agree and agree, respectively. The rest chose disagree (32.5%), strongly disagree (57.5%) and don't know/not applicable (3.3%) (see **Table 8** below). The students' understanding of the concept of 'be faithful' will be pursued further, in the next chapter.

Perceptions of Abstinence

More than a third (32.5%) of the participants strongly agreed with the statement that abstinence is a realistic approach to HIV prevention, while another 26.2% agreed. More than one in every five (22.8%) disagreed with the statement, while another 12.2% strongly disagreed, and 6.2% did not know. In the next chapter, the social meanings of abstinence, be faithful and condomise among students is discussed, with the view of understanding the reasons for their perceptions of the three prevention options.

Table 8: Participant’s attitudes towards the ABC campaign strategy

Statement	Participants’ perceptions									
	Strongly agree		Agree		Disagree		Strongly disagree		Don’t know/ Not applicable	
	Freq.	Perc.	Freq.	Perc.	Freq.	Perc.	Freq.	Perc.	Freq.	Perc.
Students in my campus frequently discuss abstinence, being faithful and condom use in their ordinary conversations	118	8.7	303	22.2	482	35.3	231	16.6	230	16.9
Abstinence is a realistic HIV prevention option among students	439	32.5	354	26.2	307	22.8	165	12.2	84	6.2
Being faithful to one uninfected partner is a realistic HIV prevention option among students	383	27.5	549	39.4	230	17.1	92	6.9	89	6.6
Using condoms is a realistic HIV preventive option among students	458	34.1	680	50.6	107	8.0	39	2.9	59	4.4
Condom use is associated with infidelity	54	4.1	209	15.8	562	42.5	188	14.2	310	23.4
Condom use is associated with having STI	43	3.3	184	13.9	608	46.1	264	20.0	220	16.7
Insistence on condom use could break up relationship	88	6.6	262	19.8	479	35.9	239	18.0	261	19.7
It is ok for a man to have more than one partners	47	3.5	96	7.1	445	33.1	701	52.2	54	4.0
It is ok for a woman to have more than one partners	37	2.8	51	3.8	437	32.6	771	57.5	44	3.3

Students Perceptions of HIV/AIDS

Understanding the students’ responses to HIV prevention strategy would not be complete without an analysis of the extent to which communication campaigns have influenced students’ perceptions of HIV/AIDS. This was pursued by asking participants in the study to indicate the extent to which they agreed or disagreed with a list of statements relating to HIV and AIDS issues on their campuses. Their

responses were measured in a five-point Likert scale that ranged from *strongly agree* to *don't know/not applicable* (see **Table 9** below).

The findings of this inquiry suggest that students do not perceive the HIV epidemic as a threat to them. Slightly more than half (55.3%) of the participants were in agreement with the statement, 'students in my campus do not take HIV/AIDS seriously'. Others disagreed (26.0%), strongly disagreed (4.2%) or indicated that they don't know/not applicable (14.5%). In response to another statement, 'students in my campus are joining together to help people with HIV/AIDS', only 4.6% strongly agreed and 26.2% agreed, while the majority either disagreed (32.6%), strongly disagreed (9.2%) or indicated they don't know/not applicable (27.5%). When asked to respond to the statement, 'students in my campus frequently talk about HIV/AIDS in their ordinary conversations', the majority of the participants either disagreed (34.1%), strongly disagreed (13.8%) or said they don't know/not applicable (17.4%). Just a few of them strongly agreed (8.1%) or agreed (26.5%) with this statement.

Interviews with students further illustrated that some students did not perceive themselves at risk of HIV infection. This feeling of invulnerability was commonly supported by the view that HIV/AIDS was a disease for ordinary, poor people, as Sithole, a second year Black male student at Howard college explains:

...upper class students, they don't take it seriously enough. It's not, it's something they know about but they can never get it. It's just one of those, them but not us. It's their issue, not ours. I'm getting nobody wants to say 'there is a chance that my boyfriend could have it,' 'there is a chance that my girlfriend could have it'. They can have it, them the others...As in, be it the nurses, the hospitals, Government hospitals, be it poor people, be it the HIV positive people, be it just normal working class people, it's just their issue (Sithole, March 2008, interview).

To elaborate their perception that the majority of students do not take HIV/AIDS seriously, the majority of respondents cited the high number of pregnancy cases as evidence of low levels of condom use. Hlengiwe, for example, reports that some of her friends judge their partners' HIV status by their physical appearance:

For people that I live with here, only few who take it (HIV) seriously. First, some of them, they just don't care. You will hear them suspecting pregnant (sic) and ask them why? 'Cos we didn't condomise'. Yeah, those people, they don't take this thing serious, its joke to them. They judge people by looking at them and say this is negative so I can sleep with them without a condom, so they don't take it seriously, even if you just check the pregnancy rate around, people don't it seriously (Hlengiwe, July 2008, interview).

Similarly, Sinhle, a third year black male student at the University of Zululand, points out that the number of pregnancies on his campus was alarming:

...it doesn't work because we see lot of pregnant students in each and every year. Where is abstinence there? Students, ahm, number of students are pregnant, it means that they don't practice abstinence and they don't use the condoms. Why would somebody at a tertiary institution fall pregnant if they use a condom? (Sinhle, April 2008, interview).

Sinhle's views were supported by the HIV/AIDS co-ordinator at the University of Zululand, who pointed out that the number of pregnancy and STI cases reported at the university's health clinic was alarming:

We do not have statistical data that could best inform us, as an officer of HIV/AIDS programme, as to how is the (HIV) infection rate, how are the students are affected. The only indicator that we have to indicate to us that we have, number one is the pregnancy rate. There is very high pregnancy rate which to us attest to the fact that students are not condomising and secondly, the sister at the clinic is a member of the HIV/AIDS committee and she usually informs us that students who present themselves with sexually transmitted infections are really 90% of all the students who come to the campus clinic (UNIZUL HIV/AIDS Coordinator, April 2008, interview).

Ironically, this administrator reports, as discussed earlier in this chapter, that UNIZUL HIV/AIDS programme adopts an approach that prioritises encouraging abstinence (see page 130-131). With such high levels of pregnancy and STIs, it would have been more meaningful to emphasise condom use more than abstinence. The study also established that many students worry about pregnancy, rather than HIV infection.

Thus, the use of morning-after pills and other pills, rather than condoms, was reported to be common among students:

I spoke to a friend of mine and she was saying like her ex-boyfriend who had come back from overseas was coming into the country and he was saying that, they should meet for dinner. She was like ok she wants to meet with him for dinner, whatever, and then he asked her if he should book a hotel, and she was like 'a hotel for what?' you know, and he said that they could go back to after dinner and she was like, 'ok, but if you gonna pick me up on campus, I left my pills at home' (Sithole, March 2008, interview).

Another participant said:

So when you know when a person has unprotected sex the only thing that worries them the next day is whether they're pregnant or not. The whole whether am I HIV positive normally does not actually enter the mind so its actually the last thing they'll ever think about ahm, only when they encounter problems, you know, when they think about that but for now it's just about, you know, life (Zama, March 2008, interview).

From the interviews, it was evident that students' perceptions of the seriousness of HIV/AIDS had been influenced significantly by the discourses of denial propagated by some South African leaders, led by former President Thabo Mbeki. As indicated in Sithole's response above (see **page 142**), students who consider themselves as upper-class seem to believe that AIDS is for the poor class or people in townships. A similar view is presented by Philani, a first year black male student at Edgewood Campus, when asked whether he thought HIV/AIDS was a serious problem on his campus:

Interviewee: it doesn't seem serious anymore, especially on campus, I no longer see that, may be it has gone underground or something like that, it doesn't seem like there is essence of seriousness anymore.

Interviewer: So people don't take it serious anymore?

Interviewee: I don't think so, I think it is somewhere else, the townships, prostitutes who take these things seriously but not here...I don't even think it is that serious anymore (Philani, July 2008, interview).

According to Zama, a first year black female student at Howard College, some students still doubt the link between HIV and AIDS:

Some are really sort of clutching on the mere possibility, you know, that it might be something else or it might not exist or, you know, whatever. So you know, you find people sort of clutching you know or it won't get me (Zama, March 2008, interview).

This view is also supported by Sinhle, a third year black male student at the University of Zululand, who reports that some students did not believe in the existence of HIV/AIDS

...many students when you talk about AIDS, amh, they say 'go away man, there's nothing like that' (Sinhle, April 2008, interview).

This view was quite common among the Black male and female respondents, but the Indian, Coloured and Whites did not seem to share such a view.

Some participants, such as Ayanda, a second year black female student at the University of Zululand, believe that many students have heard so much about HIV/AIDS that the epidemic no longer scares them:

Interviewee: I think that why people are not abstaining, people don't care about AIDS I don't think they do care they make fun of it

Interviewer: fun like?

Interviewee: like somebody can lie and say 'I have AIDS' when they don't have it and then everybody just laughs, I don't know, people are not taking it seriously like really... I think enough has been said. I mean, if somebody has to come and do HIV speech, everybody will boo that person 'b'cos they know about it and they don't want to hear about it. I don't know nobody want hear about and it boring now. They know about it, that is bottom line (Ayanda, in-depth interview, April 2008).

Others felt that students did not care about HIV/AIDS because they saw death as inevitable. For them, death was certain whether or not one had HIV, hence there was no need to worry about becoming infected with HIV:

...its like they even say that you are going to die anyways, even if you die by AIDS or anything, the day that you will die will be still the day you will die even if you have flu or anything. So they don't really care where they die in HIV positive (Ayanda, April 2008, interview).

...they don't take it seriously b'cos you came with something that talk about HIV/AIDS they say people are dying everywhere and at the end of the day everyone is going to die maybe you won't die by HIV/AIDS but eventually we will die (Hlengiwe, July 2008, interview).

Unlike the majority of Black students, however, some White students considered themselves as being invulnerable because HIV/AIDS was an 'African' problem. John, a second year exchange programme student at Edgewood campus, perceives HIV/AIDS as a serious problem, but considers himself not at risk:

Interviewer: So, generally what comes in your mind when you look at those statistics, do you worry about them? Does it make you scared?

Interviewee: Mmm? No it doesn't make me scared, definitely not scared because, I'm not really afraid of getting it, because I know that I cannot get it by, like through a flu. So that's the reason I'm not scared but it bothers me because its really a lot and still I have those things in mind, that it's like a African problem you know, I do think that's it's an African problem. I had a little bit feeling that the Europe now leave Africa alone with the problem but in fact they were, they started it with (John, August 2008, interview).

Additionally, HIV/AIDS related stigma appears to be common among students. The survey data illustrate that the majority of the participants do not believe that the number of students openly revealing their HIV-positive status on their campus was increasing. While responding to the statement, 'the number of students in my campus openly saying that they are living with HIV is increasing', only 3.6% and 9.2% of the participants strongly agreed and agreed, respectively, while the majority either disagreed (30.7%), strongly disagreed (18.7%), or indicated that they don't know/not applicable (37.8%). When asked to indicate the extent to which they agreed with the statement, 'when students in my campus say they have HIV/AIDS, other students do not support them', the majority of the participants (63.0%) indicated that they don't

know/not applicable. Just a few strongly agreed (3.7%) or agreed (9.6%), while others disagreed (18.5%), or strongly disagreed (5.1%).

Participants also felt that the number of organizations dealing with HIV/AIDS on their campuses was not adequate. While responding to the statement, 'there are enough organizations in my campus helping with HIV/AIDS,' a few participants either strongly agreed (10.0%) or agreed (27.6%) while the majority either disagreed (29.3%), strongly disagreed (9.0%), or said they don't know/not applicable (24.2%). Students also think that male condoms are widely accessible, while female condoms are not. In response to the statement, 'male condoms are easily accessible', the majority of the participants either strongly agreed (54.4%) or agreed (35.3%), while just a few either disagreed (3.4%), strongly disagreed (1.2%) or said they don't know/not applicable (5.7%). On the contrary, the majority of the participants either disagreed (33.9%), strongly disagreed (22.6%) or indicated they don't know/ not applicable (23.2%) with the statement, 'female condoms are easily accessible'. Only a few of them strongly agreed (6.2%) or agreed (14.0%) with this statement (see **Table 9** below).

Table 9: Participants' attitudes towards the ABC campaign strategy

Statement	Participant's response									
	Strongly agree		Agree		Disagree		Strongly disagree		Don't know/ Not applicable	
	Freq.	Perc.	Freq.	Perc.	Freq.	Perc.	Freq.	Perc.	Freq.	Perc.
Students in my campus do not take HIV/AIDS seriously	271	19.8	485	35.5	356	26.0	58	4.2	198	14.5
Students in my campus are joining together to help people with HIV/AIDS	63	4.6	357	26.2	444	32.6	125	9.2	375	27.5
The number of students in my campus openly saying that they are living with HIV/AIDS is increasing	49	3.6	125	9.2	419	30.7	256	18.7	517	37.8
When students in my campus say they have HIV/AIDS, other students do NOT support them	51	3.7	131	9.6	253	18.5	70	5.1	860	63.0
There are enough organisations in my campus helping with HIV/AIDS	136	10.0	377	27.6	400	29.3	122	8.9	330	24.2
Male condoms are easily accessible	739	54.4	479	35.3	46	3.4	16	1.2	78	5.7
Female condoms are easily accessible	84	6.2	190	14.0	460	33.9	307	22.6	315	23.2
Students in my campus frequently talk about HIV/AIDS in their ordinary conversations	111	8.1	362	26.5	466	34.1	188	13.8	238	17.4

Recent studies have suggested that behaviour change may be difficult to achieve in the absence of social change, hence the shift in emphasis from behaviour change communication to social change communication (PANOS, 2006; The Rockefeller Foundation and Johns Hopkins University Center for Communication Programs, 2002). Social change takes place effectively when there is an active debate within social groups about the problematic issues, in this case, the practices that encourage

the spread of HIV. The absence of debate on these issues among university students, together with perceived HIV-related stigma, suggests that social communication on HIV/AIDS among students may not be sufficient enough to influence any meaningful changes in social behaviour. The low numbers of students openly revealing their HIV status, as shown by the statistics, may also be an indicator that students do not perceive HIV/AIDS to be a serious challenge or that HIV/AIDS is still a stigmatised subject. Through interviews with campus HIV/AIDS coordinators, the researcher established that there was a growing number of students testing positive, but the majority of them did not want to openly reveal their status due to fear of social ostracization.

Behavioural Responses to Communication Campaigns

Students' Sexual Experiences

This study examined the sexual behavioural patterns among students, in order to understand the extent to which students are exposed to risks of HIV infection, and also to generate an understanding of the extent to which HIV/AIDS campaign programmes among university students, in the case study universities, have achieved their targets. Data was obtained through both quantitative surveys, which explored the general behavioural patterns, and in-depth interviews aimed at generating an understanding of factors that drive students into engaging in particular sexual behaviours. The survey questionnaire contained questions relating to participants' personal sexual experiences. As mentioned earlier, participants were not obliged to respond to each question and therefore information provided was absolutely voluntary. Some participants chose not to respond to some questions, hence the percentages presented in each table, as in the rest of the tables in this chapter, are calculated, based on the total number of participants who responded to each question.

Sexual Practices and the Social Constructions of Sex

The majority of the participants (69.6%) indicated that they have engaged in sex previously. This is strikingly consistent with the findings of research conducted by Raijmakers and Pretorius (2006) at a South African university (institution not specified in the article), where 69.5% of participants reported having engaged in sex. The age at sexual debut for the majority of students in the current study was 18, which coincides with the average age for the majority of students in first year. This is also

consistent with the age of sexual debut in the general population, as reflected in the national survey conducted by HSRC (2005). Most (77.1%) of these sexually experienced participants indicated that they had sex in the previous 12 months. A correlation analysis revealed that there was a significant relationship between race category and respondents' sexual debut. Black students were more likely to report having engaged in sex previously, followed by Coloured and White students. A large proportion of Indian students reported not having engaged in sex (see **Table 10** below). However, an interview with Indian students revealed that Indians were not comfortable revealing their sexual practices. Two Indian interviewees reported that sex was a taboo subject among the Indian community, even at family level. Since this was a researcher administered questionnaire, it is possible that some Indian participants lied to the researchers about their engagement in sex.

Table 10 Crosstabulation: Race versus whether respondent has had sex before

		Whether respondent has had sex before		Total
		Yes	No	Yes
Respondent's race group	Black	738 (80%)	193 (20%)	931
	Coloured	25 (75%)	8 (25%)	33
	Indian	129 (45%)	160 (55%)	289
	White	62 (53%)	56 (47%)	118
Total		954	417	1371

A further analysis also revealed that Coloured students were more likely to have engaged in sex in the previous 12 months, followed by Black students, White students and, lastly, Indian students (see **Table 11**).

Table 11: Crosstabulation: Race versus engagement in sex in the past 12 months

		Whether respondent had sex in the previous 12 months		Total
		Yes	No	Yes
Respondent's race group	Black	603 (80%)	151 (20%)	754
	Coloured	23 (92%)	2 (8%)	25
	Indian	101 (63%)	59 (37%)	160
	White	51 (71%)	20(29%)	71
Total		778	232	1010

A further investigation, through in-depth interviews, established that students' sexual behaviours were often predicated on the socially constructed meanings of sex, as discussed in the next sub-sections.

Stigmatization of Virginity

The results of in-depth interviews with students showed that the majority of students who had not engaged in sex prior to joining university had their sexual debut during their first year of study at the university. This is also supported by the findings of the quantitative survey which established the average age at sexual debut at 18, the average age of the majority of first year students in this study. It emerged that students were under enormous pressure from their peers to engage in sexual activities, as Mnganyi, a third year black male student at Westville campus, explains:

The thing is like us, the students, no let me say like us boys who are living here, we used to talk about our girlfriends ok, maybe someone say, 'hey, I was sleeping with my girlfriend and hey, it was enjoyable'. All those stuff you see, and yourself, you want to express yourself to your friends, ok, and I have to go and sleep with my girl so that I will come and give my friends a feedback that 'hey, it was enjoyable', I was having that so the competition starts there and not abstaining and we're busy, and you know all these stuff, not abstaining (Mnganyi, July 2008, interview).

Sex was socially constructed by students as 'cool', hence those who were abstaining from sex were socially ostracised as they were considered as not being 'cool'. Because of this, some students indulged in sexual activities in order to gain social acceptance by proving that they were also 'cool'. For them, sex was a ritual through which individuals were initiated into the 'cool' group, where they would be able to talk about sex with peers:

... it's not cool to be a virgin, it's not. You don't have anything in common with those around you.... Students our age, at this day and age, are sleeping around, they have boyfriends, they have girlfriends and if you are, if aren't having sex with anyone at that time, you are not cool...it's practically not in fashion to be a virgin (Sithole, March 2008, interview).

For others, like Zama, a first year black female student at Howard College, engaging in sex was seen as a way of asserting oneself. Female students who were not approached by males were considered to be unattractive. Some females, therefore,

engaged in sexual activities in order to prove to their peers that they were also attractive to men:

When you're a girl, if guys don't approach you then you don't feel pretty like all the others who are getting attention. So you wanna prove that you're also attractive, you are also capable of attracting guys (Zama, March 2008, interviews).

Similar findings were also noted in a recent national-level qualitative research among unmarried 20-30 year-olds, conducted under the auspices of CADRE, by Makhubele, Ntlabati & Parker (2007). What was significant in my study, however, was that there appeared to be two categories of students; those who considered sex as 'cool' and abstinence as 'abnormal', and those who considered sex as 'sinful' or 'immoral' and abstinence as 'moral'. The second category was composed mainly of students who considered themselves religious or traditionalist or both. Among the first category, further sub-categories were evident, even though individuals could belong to multiple categories, as discussed below.

Sex as Liberation from Parental Control

Some students, who felt that they did not enjoy the freedom to engage in sex due to parental control prior to joining university, indulged in sexual activities during their first year. According to Thenjiwe, third year black female student at the Pietermaritzburg Campus, engaging in sex for such students symbolically represented freedom from parental control:

I think when people come to university they like...not involved in any way sexually and then they come into university, a lot of things change. A lot of things change. They are getting freedom they never used to have back home; you do what you feel like doing at the time you feel like doing it. You don't have, you just don't have anyone telling you what to do (Thenjiwe, April 2008, interview).

This view was particularly common, especially among Black female and Black Indian students. This, perhaps, draws from the traditional cultural values about pre-marital virginity among these two communities.

Sex as a Means of Accessing High-Class Lifestyles

Some female students engaged in sexual relationships with multiple partners for economic reasons. The desire for idealised modern lifestyles motivated some female students to engage in sex in exchange for such expensive lifestyles. This led to involvement in casual or long term concurrent sexual relationships with partners considered to have material wealth. This is illustrated by responses by Jabu and Sithole:

Just because of poverty and being... wanting to gain more things, okay, or wanting to be presented in your peers or appear nicely. Like, if I have a boyfriend who's a student, you know, he probably gets the same money I have and that money is only enough for him and you know he cannot risk his money for me. So as much as I love him, as much as I wanna be committed to him, but if I get someone, it also depends with the person, though, but if I get tempted to someone who seems like he can provide financially, then, yeah, then faithfulness disappears (Jabu, March 2008, Interview).

...I've heard girls who randomly just go out to restaurants and not pay for a single drink or not pay for dinner have a man that they've met at that restaurant settle their bill and then going home with them and as payment for him settling the bill, you know, students have done this, its common amongst girls at university...at university we are very impressionable by what others are doing around us. And if others are going out and getting drunk and doing and spending lots of money and alcohol, you want to do this whether you have the money or not, I think that's where it starts (Sithole, March 2008, interview).

Similar findings have also been noted in previous studies in rural communities (cf. Hunters, 2002; Leclerc-Madlala, 2004; Makhubele, Ntlabati & Parker, 2007)

Sex as an Exchange for Basic Needs

Sex is, however, a way of earning a living for some students, such as Amina, a postgraduate black female student at Howard College, who reports having engaged in transactional sexual relationships previously:

Interviewer: You just mentioned that you were with someone, but you cheated. What made you now engage in an extra relationship?

Interviewee: aah honestly...one of the outstanding motives was, it was purely economic (sic) and I'm that kind of person that, not that I come from a family where, aah, they can, they can't support me, but the thing is I always strive for independence, you know, do things on my own. And I thought that I would, the university especially, at the post graduate level, I would have reached an age where I should be fending for myself, you know, rather than counting on the help of family members, sister and my aging parents. I should be in the position of fending for myself, I'm also fending for my family members so, I had I had somebody that was high-cooking (laughs) (Amina, July 2008, interview).

Secondary Abstinence as 'Dishonesty'

Having a history of involvement in sex makes it difficult to revert to secondary abstinence, especially for females who have engaged in sex before. Some, like Jabu, perceive the choice to practice secondary abstinence as being dishonest to their boyfriends:

For me, I am a university student. I have had sex before and I get a boyfriend and I start telling the boyfriend 'no I can't have sex with you because I'm saving myself for marriage' and now he'll think I am silly or I am being stupid or I am trying to save something I don't know what but, 'cause I have done it before he will ask himself why am I now not wanting to have it with him? Why is it so important? (Jabu, March 2008, interview).

In the case of Jabu, the decision to practice secondary abstinence will definitely draw resistance from her sexual partner. In this context, the power to decide when to engage in sex is thus seen to have shifted from an individual to the two partners involved in a sexual relationship. The decision on when to engage in sex, therefore, has to be a mutually negotiated decision, rather than individual choice, as suggested in the ABC framework. Practising secondary abstinence will be difficult where one partner is against the choice, and could lead to mistrust in the relationship.

Multiple and Concurrent Sexual Partnerships

Contemporary studies increasingly point to concurrent sexual partnerships, coupled with lack of male circumcision, as the main driver behind the high rate of HIV infection in many sub-Saharan African countries, and more so in Southern Africa (Epstein, 2007; Parker et al., 2007; Soul City, 2007). Concurrent sexual partnerships result in complex sexual networks that provide good avenues through which HIV can easily spread within a social system. The promotion of the ‘be faithful’ concept is premised on the philosophy that the more the number of concurrent sexual partners an individual has, the greater the chances of HIV infection. The ‘be faithful’ campaigns are aimed at persuading individuals to practice partner fidelity. Besides reducing individuals’ chances of exposure to the risk of HIV infection, this strategy also aims to break the sexual network through which HIV spreads within a population, and therefore reduce the rate of infection. From the PEPFAR perspective, these messages are mainly targeted at married couples and sexually active young people (PEPFAR, 2005).

The empirical evidence from this study illustrates that close to two in every five (39.0%) of the 756 participants who indicated having had sex in the previous 12 months had more than one sexual partner during the same period (see **Table 12** below). Only 309 of them indicated being sexually active at the moment with close to half of them (48.5%) indicating that they currently had more than one sexual partner (see **Table 13** below).

Table 12: Number of respondents' sexual partners in the past 12 months

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	One	461	33.1	61.0	61.0
	Two	157	11.3	20.8	81.7
	Three	64	4.6	8.5	90.2
	Four	28	2.0	3.7	93.9
	Five	16	1.1	2.1	96.0
	Six	10	.7	1.3	97.4
	more than six	20	1.4	2.6	100.0
	Total	756	54.2	100.0	
Missing	System	638	45.8		
Total		1394	100.0		

Table 13: Number of current sexual partners

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	One	159	11.4	51.5	51.5
	Two	90	6.5	29.1	80.6
	Three	36	2.6	11.7	92.2
	More than three	24	1.7	7.8	100.0
	Total	309	22.2	100.0	
Missing	System	1085	77.8		
Total		1394	100.0		

A correlation analysis revealed a strong correlation between the year of study and the number of current sexual partners. It is interesting to note that third year students were more likely to have more sexual partners than any other categories (**Table 14**). This, perhaps, is due to the nature of relationships, where third year male students, as it shall be explained in subsequent sections, were often involved in relationships with first year and second year female students. Due to power inequalities in these relationships, third year males, perhaps, would be involved in multiple relationships while expecting their partners to be faithful, as shall be discussed in subsequent sections. It is also instructive that the majority of students indicated that their most recent sexual partners were older or younger than them (see **Table 16**).

As expected, a correlation analysis also revealed that males were more likely to have more sexual partners than females (see **Tables 15** below). This, perhaps, is due to the symbolic significance of concurrent sexual partnerships among Black male students, as shall be explained in subsequent sections. There was no statistically significant

correlation between participants' race category or campus and the number of sexual partners that one had.

Table 14: Crosstabulation: number of current sexual partners versus academic year

		Number of current sexual partners				Total
		One	Two	Three	More than three	One
Respondent's year of study	First year	18	22	10	8	58
	Second year	31	24	4	0	59
	Third year	57	29	18	12	116
	Post graduate	53	15	4	4	76
Total		159	90	36	24	309

Table 15: Crosstabulation: Gender versus number of sexual partners in the past 12 months

		Number of respondents sexual partners in the past 12 months						Total	
		One	two	three	four	Five	six	more than six	one
Respondent's Gender	Male	194	99	47	15	13	8	16	392
	Female	267	58	17	13	3	2	4	364
Total		461	157	64	28	16	10	20	756

The statistical data generated above provides a clear picture of the common sexual behavioural patterns among students with regard to concurrent and multiple sexual partnerships. Nevertheless, these statistics lack in explanations for the observed behaviours. Thus, in-depth interviews were further conducted to investigate the socially constructed meanings and reasons for engaging in multiple concurrent sexual partnerships.

Social Constructions of Multiple Concurrent Sexual Partnerships

Concurrency as an Indicator of Social Achievement

For most male students, having more sexual partners was considered a sign of success. According to Mnqanyi, male students' pride is in the number of sexual partners they have. They conceptualized their concurrent sexual relationships as competition or fun. Sex, to them, was seen as a game in which individuals competed on the basis of the number of women they had sex with, as Mnqanyi, who reported that he had three sexual partners at the moment, explains:

We usually don't talk about abstaining. We are always talking about 'ok, eeish, I wish I could sleep with that chick', eeh, because people take it as

competition where everybody wants to show that they can outdo the other or something (Mnqanyi, June 2008, interview).

This purpose of sexual relationships mainly informed an individual's decision to engage in concurrent sexual partnerships. Among these young males, concurrent sexual relationships were highly approved of and seen as a competition for superiority. For them, 'be faithful' was not considered a desirable option since they were not in relationships for marital purposes or based on whom they loved, but because of the desire to prove their 'conquering' abilities. Having more sexual partners, for them, was a source of pride. This is reminiscent of the *isoka* tradition among the Zulu, where multiple sexual partnerships among men is celebrated as a symbol of success (Hunter, 2004; Leclerc-Madlala, 2005). This seems to explain the findings of the quantitative survey, as summarized in **Tables 18 and 19** above. As Sinhle reports, young men often seemed to derive self-esteem from the number of sexual partners that they had succeeded in 'convincing':

There is no having faith to the other girlfriend because you deal with convincing. You come to Pinky, you convince her. Nonhlahla, you convince her. Nomthlebi, you convince her, you see (Sinhle, April 2008, interview).

For most females, however, engagement in concurrent sexual relationship was not driven by competition, but by other factors, such as revenge, material needs and sexual experimentation. Knowledge of their boyfriend's other girlfriends or the perception that their partners were engaged in concurrent sexual relationships, according to Thenjiwe, drives some females to seek 'revenge' by engaging in concurrent sexual relationships, as well:

People do dodgy things, aam, when cause people think people don't really trust each other, so they just think aam, 'what if am being faithful and the other person is not?' they just don't have the trust (Thenjiwe, April 2008, interview).

Concurrency as Relationship of Convenience

Some students also maintain concurrent sexual relationships with partners at different locations for convenience. Dlamini, a first year Edgewood campus, black male student, for example, explains that he is currently in sexual relationships with four

concurrent partners in order to avoid boredom. Dlamini also reports that he couldn't trust long distance relationships hence he had to have concurrent relationships in case some of his girlfriends left him:

on campus at the moment I have one...and my other girlfriends are, one is in Drankensburg, one is in Newcastle, one is in Joburg...like I'm here at school maybe you meet someone, one of the students, maybe, coz I'm from Newcastle in northern Natal. So you meet a student, maybe a student is from, like, Johannesburg, Eastern Cape and so on, you meet a student here and she becomes your girlfriend. Then you go back home and she also goes back home, so the only contact you have is via cell phones and stuff, then you become a bit lonely and then when you are at your hometown maybe you got another girlfriend there when she is away (Dlamini, June 2008, interview).

Mnqanyi, a male student at the Westville campus, also has three girlfriends located at different places in Durban:

Interviewer: So, you said that you have three partners in your life

Interviewee: Yeah

Interviewer: Here on campus?

Interviewer: Yeah ...must I say where they are at?

Interviewer: Sorry?

Interviewee: Must I say where they are at, like one is living here on campus and the other one at Howard, and the other one, she's living in Springfield (Mnqanyi, June 2008, interview).

Concurrency as "Opportunity to Sample Variety"

Others engaged in multiple and concurrent sexual partnerships for the sake of having sexual experience and fun with new people. When asked why students engage in multiple sexual partnerships, Zama, who also reports to be in sexual relationships with several partners (she didn't want to specify the number), replied:

I think it's also part of having not really grown up, you know, and just wanting to experience the different things with different people (Zama, March 2008, interview).

A similar view is presented by Julia, a postgraduate black female student at Pietermaritzburg campus, who reports about one of her friends who had sexual encounters with different people simply because she wanted to have new sexual experiences:

within the student population there is this notion of people are dating, yeah, I got one student telling me that she dates different sort of guys from different nationalities. For her that's opportunity to sample the variety (Julia, July 2008, interview).

Open Relationships as a Legitimation of Concurrency

Concurrent sexual relationships appeared to be a socially acceptable phenomenon among sexually active students. In some cases, sexual partners mutually agreed to pursue concurrent sexual relationships with others, while they were still sexually engaged with each other. This form of concurrency was referred to as 'open relationship', which contrasts with 'cheating', where an individual engages in concurrent sexual relationships without his/her partner's knowledge. Sithole, a second year black male student at Howard College, explains the nature of concurrent open relationships among students:

Two people decide that they're gonna pursue a relationship with each other, where they're emotionally attached, but the clause is that they can actively pursue others, whilst being in this relationship. They can actively just go out and kiss so and so, sleep with so and so, but at least they are still in this relationship (Sithole, March 2008, interview).

Philani reports that he is currently in an open relationship with an unspecified number of sexual partners (he was not willing to reveal the number):

Interviewer: How does the concept of be faithful apply to you as an individual?

Interviewee: No personally, it doesn't apply.

Interviewer: Why?

Interviewee: Because I do not trust the people I am in a relationship with. At least they have told me that there are other people that they have.

So I am in a situation where I know I am unprotected in that situation. But I know exactly what happens, I have that power to choose what I want to do...I don't intend to have any long term relationship with anybody (Philani, July 2008, interview).

The majority of male interview participants and a few female participants reported being currently engaged in an open relationship. It seemed here that males often revealed their concurrent relationships, while females did not. This kind of relationship often occurred among individuals who were engaged in sexual relationship for companionship, fun, or financial reasons, but less often among those who saw their relationship as being geared towards marriage. Mnqanyi, who reports being involved in a concurrent open relationship with three females, explains that in this form of relationship, there is always one partner considered as the main girlfriend/boyfriend, who acts as a fallback in case other relationships fail:

Interviewer: So when you're having a relationship with her, she also has somebody as well?

Interviewee: Yeah, they are having somebody else. Firstly you have your own person and I have mine, so that's why we think without any consequences.

Interviewer: Ehe, so that if you break up you can also go back to their own relationships?

Interviewee: to their own relationships, yes (Mnqanyi, April 2008, interview).

Concurrency as Competition for Material wealth

In some cases, males disclosed their sexual partners to their girlfriends but expected those girlfriends to remain 'faithful'. In the perspective of the males, females were considered to be 'jealous' of men and were thus, according to Sinhle, willing to 'share' a man:

My friend has got that open relationship...we actually lived in the same staff house where he had one girlfriend there. That girlfriend knew that this guy has more than three girlfriends. She loved him because she was jealous of the other girlfriends, yeah, she wanted to share my friend with the other

girlfriends. She knew he had more than one girlfriends but she loved him...they [women] don't understand it, they are jealous, you see (Sinhle, April 2008, interview).

According to Sinhle, the willingness to 'share' a man emerges out of the desire for a man's material wealth. Men were seen to attract more women through their material wealth, such as cars, clothes and money:

if somebody has got fancy cars, fancy clothes and works in a well known company, many girlfriends would like to share that guy, yeah, even if one of them knows that this guy has got lot of girlfriends in the university but they would go together, they will love each other.... What they care about is the fancy cars, fancy clothes, fancy guys...(Sinhle, April 2008, interview).

While most of the participants supported concurrent open sexual partnerships, some preferred to keep their 'other' sexual partners a secret because they thought revealing them would jeopardise their relationship with their 'main' sexual partner. Dlamini reports that, in some cases, knowledge of concurrent partners can be a source of conflict in a sexual relationship as some girlfriends developed 'jealousy' over time, and would seek to topple the 'main' girlfriend:

You tell the girl that you have a girlfriend, initially she understands. Then you go out and everything becomes good for the first 2, 3, 4 months. Then, suddenly, she's becoming more demanding, she wants more time than the other one and if you are not around her, she knows that you probably with the other one. When you come to her place she starts having attitude, next thing she wants all the time.... It's better that she doesn't know (Dlamini, June 2008, interview).

A similar view is also narrated by Mnqanyi:

Interviewer: So how do [your other girlfriends] feel about it, I mean, when you tell them that you have somebody else?

Interviewee: Sometimes they feel like, ok, if you're telling, maybe telling the person at the first time, that you are having someone, A particular person can just say 'ok, its fine', after sometime, she

will say 'no I'm not comfortable with your partner so you have to drop her and you must go out with me. 'Cause I think I give you everything... what do you want?' (Mnqanyi, June 2008, interview).

Concurrency as Lack of Trust

The notion of 'trust', which was associated with 'serious relationships', was seen as a determining factor in choosing whether to 'be faithful' to one partner or not. In this account, the concept of 'trust' seemed to carry an ambivalent meaning. At one level, trust is associated with the partner's fidelity. Trust is also associated with the sexual partner's commitment to a long term relationship. A sexual partner could be trusted only when he/she is considered to be prepared for marriage in future. Those who were not considered to be 'serious' with the relationship were not trusted, hence there was no reason to be faithful to them. In fact, practicing fidelity with such partners was considered a risk by some, like Thenjiwe:

By sticking to one partner you are actually endangering your life 'cause you don't even know what the other person is getting up to (Thenjiwe, April 2008, interview).

The danger here seems to refer to the possibility of the sexual relationship breaking, in which case, a concurrent sexual relationship was considered a fallback option.

Trans-generational Sex

Trans-generational sex has been identified as one of the key drivers of the HIV epidemic in sub-Saharan Africa (Luke & Kurz, 2002; Reddy, 2005). This is mainly because older partners would often have more powers to make sexual decisions such as using condoms. This study attempted to find out the level of trans-generational sex among students by asking participants to state the age of their most recent sexual partner. Results of this inquiry show that the majority of the participants' most recent sexual partners were either younger (33.3%) or older (38.2%) than the participant. Only 25.2% of the participants said they were aged the same as their most recent sexual partner. More than one in every ten participants indicated that their most recent sexual partners were either 3-5 years younger (13.8%) or older (15.0%). However,

few participants reported partners more than six years older or younger (see **Table 16** below).

Table 16: Age of respondent's most recent sexual partner

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
Same age as me	247	17.7	25.2	25.2
1-2 years younger than me	186	13.3	18.9	44.1
3-5 years younger	136	9.8	13.8	57.9
6-10 years younger	33	2.4	3.4	61.3
More than ten years younger	6	.4	.6	61.9
1-2 years older	149	10.7	15.2	77.1
3-5 years older	147	10.5	15.0	92.1
6-10 years older	48	3.4	4.9	96.9
More than 10 years older	30	2.2	3.1	100.0
Total	982	70.4	100.0	
Missing (Haven't engaged in sex)	412	29.6		
Total	1394	100.0		

Participants were also asked to indicate their reasons for engaging in a sexual relationship. Multiple responses were allowed for this question and the participants' spontaneous responses were marked by the research assistants against a pre-set list of possible reasons contained in the questionnaire. The majority (70.4%) of the participants indicated that they were interested in getting into a sexual relationship that will lead to marriage. However, more than one in every three (38.9%) of the participants also indicated that they wanted to get into a relationship for fun/companionship, whilst 10.0% said they wanted to get into a sexual relationship "because everyone else has a partner". Just a few participants (7.0%) indicated that their desire to get into a relationship was driven by financial reasons (see **Table 17** below). A correlation analysis revealed that there was a significant relationship between the race category and the desire to get into a relationship for fun/companionship. Black students were more likely to indicate the desire to get into relationship for fun/companionship, followed by Coloured students, White students and, lastly, Indian students (see **Tables 18** below). This further supports the data obtained through the interviews, as discussed in the previous sub-sections.

Table 17: Reasons for getting into a sexual relationship

Reason	Number of participants spontaneously stating this advise	
	Frequency	Percentage
I want to get into a relationship leading to marriage	832	70.4
I want to get into a relationship for fun/companionship	424	38.9
I want to get into a relationship for financial reasons	72	7.0
I want to get into a relationship because everyone else has a partner	103	10.0

Table 18: Crosstabulation: Race versus want to get into a relationship for fun/companionship

		I want to get into a relationship for fun/companionship only		Total
		yes	No	yes
Respondent's race group	Black	320 (43%)	421 (57%)	741
	Coloured	11(38%)	18 (62%)	29
	Indian	63 (28%)	161 (72%)	224
	White	30 (31%)	67 (69%)	97
Total		424	667	1091

Condom Use among Students

Even though there is no clear evidence of countries that have managed to reverse the rate of HIV infection purely based on the promotion of condom use (Hearst & Chen, 2004), many communication campaigns (except a few, such as those funded by PEPFAR) emphasise condom use as one of the key strategies of reducing chances of HIV infection among sexually active young adults. Statistics show that the use of condoms in South Africa has increased rapidly in recent years, even though consistency in their use is still in doubt (Parker, 2006a). Incorrect and inconsistent use of condoms has therefore been suggested as one of the key reasons for the high rates of HIV prevalence among young South Africans (Meekers & Rossem, 2005).

This study attempted to establish the rate and consistency of condom use among students, and the reasons that motivate (non)use of condoms. This was achieved by asking the sexually active participants whether they undertook to prevent themselves from getting infected with HIV in their most recent sexual encounter, what measures they undertook, whether they have used condoms before, whether they used condoms in their most recent sexual encounter, and whether they use condoms every time they

engaged in sex. Those who said they did not use condoms in their recent sexual encounter were also asked to give reasons for non-use.

The findings from this inquiry show that one in every three (27.4%) participants who had engaged in sex didn't use condoms with their most recent sexual partner (see **Table 19** below). When asked why not, 43.8% of the respondents indicated that they believed their partners were faithful, 40.7% said they were faithful to their partners, whilst only 30.1% stated that they trusted their sexual partners and therefore there was no need for HIV prevention (see **Table 20** below).

Table 19: Whether respondent used condom the last time he/she had sex

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	700	50.2	72.6	72.6
	no	264	18.9	27.4	100.0
	Total	964	69.2	100.0	
Missing		430	30.8		
Total		1394	100.0		

Table 20: Reasons for not doing anything to protect oneself from HIV infection during last sexual intercourse

Reason	Number of participants spontaneously stating this reason	
	Frequency	Percentage
I trust my partner and I are faithful to each other so there was no need for prevention	283	43.8
I am faithful to my partner	258	40.7
I trust my partner and I know our HIV status, so there was no need for HIV prevention	190	30.1

When participants were asked whether they use condoms every time they have sex with someone they are not married to/living with, more than one in every ten (13.2%) of them said 'No' (see **Table 21** below). In response to a similar question, asking them how often they used condoms, slightly more than half (54.9%) of the participants indicated that they either use condoms always, (22.7%) most of the time, (13.6%) use condoms sometimes, whereas 8.8% seldom or never use condoms (see **Table 22** below).

Table 21: Whether respondent uses condom whenever he/she has sex with someone he/she is not married to or living with

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not applicable	354	25.4	36.3	36.3
	Yes	492	35.3	50.5	86.8
	No	129	9.3	13.2	100.0
	Total	975	69.9	100.0	
Missing		419	30.1		
Total		1394	100.0		

Table 22: Frequency of condom use

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I always use condom	506	36.3	54.9	54.9
	I use condoms most of the time	209	15.0	22.7	77.6
	I use condoms sometimes	125	9.0	13.6	91.2
	I seldom or never use condoms	81	5.8	8.8	100.0
	Total	921	66.1	100.0	
Missing		473	33.9		
Total		1394	100.0		

A correlation analysis revealed that there was a significant relationship between condom use and race category. What was more significant in this case is that a large proportion of Indian students reported lack of condom use as compared to other race categories. The Black students often reported condom use, followed by Coloured, then White students (see **Table 23** below). There was no significant difference in responses between year of study, campus and gender.

Table 23: Crosstabulation: Race versus use of male condom

		We used male condom to reduce risk of HIV infection		Total
		Yes	No	Yes
Respondent's race group	Black	482 (86%)	80 (14%)	562
	Coloured	18 (82%)	4 (18%)	22
	Indian	85 (67%)	41 (33%)	126
	White	36 (73%)	13 (27%)	49
Total		621	138	759

Condom use was also investigated during in-depth interviews with students, with an objective of enhancing the understanding of the statistics generated in the

questionnaire survey. Interview questions mainly focused on establishing the rate of condom use and reasons for (non) use of condoms among students and the perceptions of the students concerning condoms use.

Social Constructions of Condomise

Skhunu (Condomless) Sex as Intimacy

Interview data supports the questionnaire survey results that condom use for most students was erratic and that some students did not use condoms. Some, like Dlamini, report that they rarely use condoms because they were not used to 'having plastics around' them. The main reason for him was that condoms reduce sexual pleasure:

...when I started having sex I didn't really use condoms, to this day I won't. I don't know why but I won't, I only use them sometimes, sometimes I don't...I'm not used to having a plastic around or anything.... when you're wearing a condom, you're not really enjoying...if you are not enjoying the sex it won't be great because you need to perform when you're having sex (Dlamini, June 2008, interview).

Dlamini also reports that he currently has four sexual partners (see **page 159**). Condom use was perceived by some participants as being unnatural. The use of condoms was seen as a hindrance to intimacy that is experienced in condomless sex. Condomless sex was described as natural, which consequentially frames sex with condoms as unnatural. According to Zama, having sex without a condom was like sharing your body with one's sexual partner. To her, condomless sex draws one closer to their sexual partner:

...people don't use condoms because there's intimacy in having sex in a natural way, you know, It's intimacy, the intimacy that you experience in one person, you know, eeh sharing something with someone and being one with someone. So, people crave that kind of sex because it's natural, it's how you know it was supposed to be (Zama, March 2008, interview).

For some, like Tambo, a first year black male at Westville campus, the use of condoms is also undermined by the fact that condoms reduce sexual pleasure:

I do it as often as I can, but then we have occurrences, you know, strange things happen with condoms, but then the thing about it[pause] I use it, but ahhm, coz I've been on the other side of fence, it is not as good as ahm, skhunu (condomless sex) (Tambo, June 2008, interview).

Condom Use as distraction of Sexual Pleasure

In addition, condom use was seen as causing unnecessary distraction during sexual intercourse, hence some students preferred not to use condoms. According to Thenjiwe, students ignore the use of condoms to avoid the distractions during foreplay:

you'll be like trying to do what you wanna do, and then you gonna have to, like think about something else, and then concentrate on actually putting it on, and then going back to doing what you wanted to do and the thing that kind of distracts us is that just people just ignore it and they think about what they were doing and aam the morning after (Thenjiwe, April 2008, interview).

The thought that the sexual partner may change their mind during the process of looking for a condom influences the decision to engage in condomless sex by some males, such as Mnqanyi:

...yeah, it depends on what time you are having with that particular girl, and that day. You understand the thing is whereby most of the students doesn't (sic) use condoms 'cause you can see that 'I'm losing this chance, I won't get this chic anymore' so, you just go and (small laugh) use the flesh (Mnqanyi, June 2008, interview).

Similar views were noted in a study conducted by Michael Flood, among heterosexual Australian men aged 18-26. In his study, Flood found that young men did not want to use condoms during sexual intercourse because condoms “kill the heat of the moment”. The participants in Flood’s study described sex as “spontaneous, irresistible and free of reflective consideration” (Flood, 2003, p. 360).

The ‘Government Condom’ Myth

The majority of the participants considered the public sector free condoms as being ineffective as compared to commercial brands sold in the pharmacies or shops. The

free (*Choice*) condoms, popularly referred to by the participants as *government condoms*, were usually described as ‘unsafe’, ‘smelly’ and ‘infectious’. Sinhle, for example, believes that commercial brands such as Lover’s Plus offer better protection against HIV infection, compared to the ‘government condom’:

I think they should make them [condoms] available but not the government ones. Better ones that have got much better protection, maybe the Lovers Plus. Maybe the university should go to the pharmacies and work together on some kind of some partnerships, mmh, and make those condoms available, maybe that one will be much better (Sinhle, April 2008, interview).

Similarly, Jabu, who reports having used both the ‘government condoms’ and the commercial brands, claims that the free condoms were not only smelly but also infectious:

one thing I know is in South Africa condoms have been provided for free. Yeah, but the Choice ones, they are nonsense. They smell bad, they are infectious at the same time and they are not comfortable to use at all. Like I used them one time eeem like its, its kinda personal I’d love to explain more but, they are not good to use (Jabu, March 2008, interview).

It was not clear whether the infectiousness of the condom referred to the allergic reactions towards latex condoms which has been reported among some users (Shur, 2006). Nevertheless, the view of ‘government condoms’ as being of poor quality is firmly established within the students’ social system, as the majority of them reported having heard about the condom’s weaknesses from their peers, while just a few acknowledged having experienced problems with these condoms. From the interviews, it emerged that this view could be associated with one or more of the following three reasons: The recall of a specific brand of *Choice* condoms by the Ministry of Health in 2007, the conflicting messages emerging from the condom promotion and condom branding campaigns, and the perception that ‘nothing good comes for free’.

The South African Ministry of Health recalled millions of *Choice* condoms, manufactured by Zalatex, which, earlier, had been distributed nationally, after it was discovered that an official at the South African Bureau of Standards (SABS) was

bribed to approve this particular batch as meeting the required SABS safety standard⁴². Following this recall, a statement released by the University of KwaZulu-Natal's Campus HIV/AIDS Support Unit, on the 28th August 2007, notified students of the recall of Zalatex condoms *Batch Code: 4308/ZLX*. This was followed shortly thereafter by another notice, on the 12th October 2007, of another recall of *Choice* condoms *Batch Code: Med*, manufactured by Kohrs Medical Supplies. Students who had taken these brands to their rooms were asked to hand them back to CHASU or the university clinics, while those who suspected to have used the said brand were advised to go for VCT. Since then, no information has been passed to the students to confirm that the current brand of *Choice*, being distributed among students, has been properly checked for quality purposes. This, probably, could be the cause of mistrust of the free condoms, as Amina explains:

I think early this year we were told that those condoms that I get in toilets are not good. Those government condoms. Now I don't know whether it was just a sabotage or, I don't know that, ok, we were warned, so that means we were warned not to use them. People were convinced that we were warned not to use them because they were infected, they were not well made (Amina, July 2008, interview).

The myth that free condoms were ineffective could also be a result of the competing ideological conflict emerging from condom promotion on the one hand, and condom branding on the other. Condom promotion seeks to promote condom use generally, as the most effective strategy against HIV and STI infection for sexually active individuals. Condom promotion advertisements are often not associated with particular brands. On the contrary, commercial condom branding seeks to promote particular brands of condoms as being 'most effective', thus casting other brands as being 'less effective'. Branding seeks to define a product or service in a manner that the potential buyer perceives its unique characteristics (De Chernatony & Mc Donald, 1992). The ideological conflict emerging from these advertisements is perhaps responsible for the perception among the majority of students of the commercial condom brands as *good* or *professional* and the free condoms as *ineffective*, *infectious*

⁴² Carter, C. & Ngalwa, S. (2007) State set to act on faulty condoms. Retrieved from: http://www.iol.co.za/index.php?set_id=1&click_id=13&art_id=vn20071019043532373C728402 Date, 07-10-2008

or *weak*: According to the majority of the students, the commercial condom brands offered more protection as compared to the free condoms:

Lovers plus are much better than these ones (Vusi, April 2008, interview).

The common philosophy that ‘nothing so good comes so easily’ also seemed to have influenced the common perception of free condoms as ineffective. From a business perspective, price is often regarded as an indicator of the quality of a product in relation to other competing products. This philosophy seemed to inform the perceptions of the quality of various condom brands among students. Students perceived *Choice* condoms as being of poorer quality compared to other pricey brands. The philosophy here seemed to be that ‘nothing so good comes for free’, as explained by Jabu:

Of course, there’s confidence in the condom that you buy because you think that they will work for you, and the ones that you get for free you ask yourself the following, why must I get this one for free and this one is being sold? What is so less about this one? (Jabu, March 2008, interview)

In a study of condom-related calls to the National AIDS Helpline, Parker, et.al. (2004) noted strikingly similar perceptions of various condom brands from the callers. Like university students in this study, callers were concerned with the quality of public sector condoms, which they similarly referred to as ‘government condoms’. Parker and colleagues suggested the introduction of branded public sector condoms and that communication programmes should emphasize the quality of public sector condoms and the fact that public sector condoms are available free of charge as a result of a huge investment of funds from the government. However, it seems that these recommendations have not been effectively implemented, as misconceptions prevail.

Condom Brands as Indicators of Status

University students assigned varying symbolic status to public sector condoms and commercial brands. According to this account, the free condoms symbolized lower status as compared to the commercial brands, which were construed as being ‘professional’. These symbolic meanings influenced students’ choices of various condoms, depending on the perceived ‘status’ of the female partner they intended to have sex with. In an attempt to associate themselves with high status, males would

rather avoid the use of free condom, especially if the female partner was considered to be of 'high-class', as explained by Sinhle and Mnqanyi.

...it's about status, if you use that government condom to a lady who is like eeh, who is too much gorgeous, beautiful and who has eeh nice clothes, who is glamorous and you come with eeh government's condom, she will be like, 'this guy, what's that, government condom? it smells, it's got a bad smelling, Geese'... in your mind something tells you that 'no, no, no, I cannot have sex with that girl with eeh government condom. I have to buy a condom somewhere [or] get some, my friends, to give some lover's plus', yeah. Not the regular ones because she will think I'm cheap or I'm poor or something, she has to see that I have certain status myself, I'm using eeh good condoms professional ones (Sinhle, April 2008, in-depth interview).

According to Mnqanyi, girls preferred to have, *skhunu*, a slang word for condomless sex, instead of using public sector condoms:

*...most of these chics doesn't (sic) like these condoms, they're saying that 'you won't have it with me with the Choice, no, you must go and buy some condoms'. You are like 'wow I doesn't (sic) have them so what must I do?' And they say 'aii you must maybe end up having **skhunu** here', like stick in flesh to flesh (Mnqanyi, June 2008, interview).*

The perceived symbolic status of the various condom brands, together with the common view of free condoms as unsafe, greatly influenced the students' preference for purchased condoms. Nevertheless, the sustained use of these purchased condoms was hindered by the financial implications. The economic realities among students, according to Vusi, often forced students who wanted to protect themselves, to use the free condoms, against their preference:

If you are unemployed and you are a student, you are compelled to use Choice, the government condoms, because if you are speaking about Lovers [Plus], Lovers are expensive, and other condoms as well... its five rand actually, in fact with five rand I can buy bread instead of condoms. I'd rather use the government condoms and use the five rand to buy bread (Vusi, April 2008, interview).

Condomise As an Indicator of Incertitude

For some students, the decision to use condoms would largely depend on their perception of the health status of their sexual partner. Some, like Amina, who had sexual relationships with married men, at times judged the health of their sexual partners, based on their children:

...when you're getting a married man they say 'besides my wife it is you next', and all that, and then you find that, ok, he, this person and the wife they are producing healthy children, you know. It's just that evident of the fact that the man is healthy so, you have no fear especially if you love the man you have no fear (Amina, July 2008, interview).

This response supports that of Hlengiwe, who reported that her friends perceived the health status of their partners through their physical appearance (see **pages 143**). In this account, it appears that a condom was used only when the health status of the sexual partner was in doubt.

Some participants complained that even though they wanted to use condoms consistently in their sexual relationships, they were not always available in dispenser boxes. In some instances, individuals are sexually aroused but they realise that they couldn't get condoms in dispenser boxes, and thus end up having condomless sex. One informant explains that condoms are rarely found in the dispenser boxes at their campus residence:

On campus, you have boxes like over the blocks of flats and what not...you are supposed to get them from but you don't really find them there. There's like pieces of rubbish and stuff in them....I've always looked at the boxes, because I, in the beginning I wasn't sure, what they were for. And then you find like one, and then there's like pieces of rubbish, and then you'd be like, ok, why isn't there any condoms because there's like supposed to be? (Thenjiwe, April 2008, interview)

An observation by the researcher at UNIZUL halls of residence supported this participant's claim. It was reported that even though condoms were often available at UNIZUL, supply was inconsistent and uncoordinated, such that condoms would be

available in some residences often, while missing in others. However, condoms were found to be common in toilets at UKZN and DUT campuses.

Uptake of VCT Services

The individual's knowledge of their HIV status is still considered an important element in HIV prevention, even though some researchers have raised doubts about the connection between voluntary counselling and testing and sexual behaviour change (cf. Kippax, 2006). A study conducted by van Dyk and van Dyk (Van Dyk & Van Dyk, 2003) revealed that even though the majority of people are not, in principle, opposed to VCT, existence of stigma within their communities and their perceived inabilities to deal with the psychological challenges following a positive diagnosis, influenced their resistance to undergoing HIV testing. This study attempted to evaluate the impact of VCT as an HIV prevention strategy by establishing the extent to which students use VCT services within their campuses. Participants were asked to indicate whether or not they knew a place within campus where they could have an HIV test. They were then asked whether they had undergone an HIV test, when they undertook the latest HIV test, and why they undertook/have never undertaken an HIV test. Through in-depth-interviews, students' understanding of the notion of VCT was further pursued, findings of which are discussed in detail in chapter eight.

The results of the survey inquiry suggest that even though the majority (85.0%) of the participants knew where to go for VCT within their campuses (see **Table 24** below), fewer than half (42.2%) of them have been tested for HIV (see **Table 25** below). Among those who have undergone the HIV test, the majority (88.9%) undertook their latest test within the last 12 months, while just a few (11.1%) were tested between 12-24 months ago. This seems to suggest an increase in the number of students undergoing VCT in recent years. Interviews with campus HIV/AIDS administrators further revealed that the universities, especially UKZN, have been expanding their VCT programmes in recent years, resulting in an increase in the number of students undergoing the test.

Slightly fewer than one in every three (27.5%) of those who had been tested have undergone the HIV test with their sexual partner. There was no statistically significant relationship between participants' campus, gender, race or year of study and VCT uptake.

Table 24: Whether respondent knows a place in campus where he/she can be tested for HIV

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1158	83.1	85.0	85.0
	No	205	14.7	15.0	100.0
	Total	1363	97.8	100.0	
Missing		31	2.2		
Total		1394	100.0		

Table 25: Whether respondent has ever undergone HIV test

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	573	41.1	42.2	42.2
	No	785	56.3	57.8	100.0
	Total	1358	97.4	100.0	
Missing		36	2.6		
Total		1394	100.0		

Participants who said that they had not been tested for HIV were asked to state their reasons for not undergoing the test. Multiple responses were accepted for this question and the reasons stated by the participants were marked by the research assistants against a pre-set list of anticipated responses in the questionnaire. Results show that the majority (49.5%) of participants had not undergone the HIV test because they did not think they had HIV. It should be noted that 44.4% of them did not think they were at risk of HIV infection, 15.6% were not ready for an HIV test yet, 26.3% were afraid to find out that they were HIV positive, 24.6% said they trusted their sexual partner(s), 10.9% were concerned about the stigma, discrimination and rejection of those with HIV, 7.7% were concerned about the standard of service at VCT centres, 6.5% did not know where to get tested, whereas 2.2% were concerned about losing their jobs (see **Table 26** below).

Table 26: Reasons for not undergoing HIV test

Reason	Number of participants spontaneously stating this reason	
	Frequency	Percentage
I do not know where to get tested	37	6.5
I do not think I have HIV	323	49.5
I am not at risk of HIV infection	289	44.4
I trust my sexual partner(s)	146	24.6
I am afraid to find out that I am HIV positive	159	26.3
I am not ready to have an HIV test	225	36.6
I am concerned about stigma, discrimination and rejection	62	10.9
I am concerned about losing my job	12	2.2
I am concerned about the standard of service	43	7.7

These results suggest that even though universities have scaled up VCT services on each campus, VCT uptake among students was still significantly low. A significant proportion of the students said they ‘do not think they have HIV’ or that they ‘do not think they were at risk of HIV infection’ which suggests that perceptions of invulnerability are still common among students. In the recent Nelson Mandela/HSRC national survey (HSRC, 2005), the majority of the participants who thought they were not at risk of HIV infection were actually found to be unknowingly HIV positive. It is also important to note that a significant proportion of the participants who had not undergone the HIV test were scared of finding out that they were HIV positive, and that slightly more than 10% of them were concerned with the stigma and discrimination against those who were HIV positive. This suggests that HIV stigma levels were still high among students.

HIV/AIDS Stigma

A further investigation, through in-depth interviews, established that students who were known or suspected to be HIV positive were often socially ostracised by their peers:

The minute you get HIV Positive, people will kind of get scared of you a bit. I've spoken to one person who is HIV positive. Maybe because I am so much knowledge about HIV and AIDS am... I did not exclude her and you know we talked more and I was not one of her close friends after all, but she just made a new friend with me. So probably she didn't feel comfortable telling her

friends because she knew she was not gonna be accepted nicely (Jabu, March 2008, interview).

It is also interesting to note from the results of the quantitative survey that many students do not openly reveal their HIV-positive status. When presented with the statement, “the number of students in my campus openly saying that they are living with HIV is increasing”, the majority of the students either disagreed with the statement (49.4%) or said that they did not know (37.8%). This view was also supported by the majority of the participants during the in-depth interviews. When asked whether she knows of students who have openly stated that they were HIV positive, Zama, for example, replied:

I don't think there's anyone who wants to stand on the roof and say I am HIV positive (Zama, March 2008, interview).

Lack of Confidentiality

Students were also concerned with lack of confidentiality in the rapid testing VCT campaigns conducted at recreational spaces, such as parks and other open spaces. The main concern for some, like Jabu, was that such spaces did not provide adequate privacy where students have time to recover from the shock, in case they are diagnosed to be HIV positive. Jabu gave an example of one student she saw emerging from a VCT conducted at the Shepstone building foyer of Howard College, who was evidently shocked by her HIV test results:

Like one time aam, I'm not sure how 'cause I didn't go test myself there I'm not sure how long they took to counsel you and do all that stuff. But one time when I was going past there I saw this girl. She just left, she came out of the, out of those small tents, white ones. She looked so depressed. You can see she's been crying. And you know if it's in level 6 [Shepstone building] everybody could see that she is probably positive. And what happens to privacy, what happens to [pause] you know that you must keep your status confident and, you know, say to whoever you wanna say (Jabu, March 2008, interview).

Several other participants also raised similar concerns, with some, like Ayanda, suggesting that they would rather go for VCT outside their campus where they are assured of confidentiality:

If I have to go test, I will go to another doctor or something, I wouldn't test in public like that (Ayanda, April 2008, interview).

Part of the concern by Ayanda, is that students, who assisted in facilitating VCT services and were involved in the testing, may not keep her HIV status confidential. However, it was also established that there were testing facilities at the health clinics of each campus, while the UKZN campuses had Campus HIV/AIDS Support Units that were fully equipped with VCT facilities. The personnel conducting testing in these facilities were professionally trained and had set aside sufficient space for conducting pre- and post- testing counseling for the students.

Unprepared for Results

Some students perceived the approach used in some rapid-results VCT campaigns as tricking students to undertake VCT even when they were unprepared for results. According to some participants, some VCT programmes that were previously conducted in their campuses, tricked students into undergoing testing. This view was specifically associated with rapid-results campaigns, such as *each one reach five graduate alive campaign*⁴³. Thenjiwe, a third year black female student at Pietermaritzburg campus, explains her objection to the approach used in this campaign:

It was in a park there so there were booths all over the placeThere were people walking past, that's when they actually collect them to encourage them to do the testing.... if that person, that particular person goes in then, when they come out and they know their status and they are positive maybe aam they not gonna be able to control themselves, obviously its gonna be a shock (Thenjiwe, April 2008, interview).

⁴³ Each one reach five graduate alive campaign was conducted at Howard college campus on the 26th October, 2007. It was aimed at encouraging students to know their status and to remove stigma associated with HIV among students and staff.

A similar view is shared by Jabu, in reference to a VCT campaign that was carried out in the foyer section of the Shepstone building at Howard college campus of UKZN:

Now, they put this small tent in level 6. Everybody goes past in level 6 and there's an influence from your peers. If I see you coming from testing and then I tell you that you go! You know exactly that your results are negative. Now you're influencing me to go and test and I don't know what's gonna come out for me. And from that pressure that we get from friends we end up doing it, which I don't think is appropriate (Jabu, March 2008, interview).

Like others, Jabu is concerned with the impulsive decision that students make as a result of the pressure that they get from their friends who already know their status. This, she feels, is inappropriate since such individuals may not be psychologically prepared for the results. It was clear from the interviews that students were concerned with the approach used to persuade students to test, rather than the notion of VCT itself.

Summary

This chapter has focused on analysing students' access to media and interpersonal HIV/AIDS communication campaigns and their reception of these campaigns, in terms of attitudes towards HIV prevention messages and sexual practices, in the light of communication campaigns. The results of the study have illustrated that students find the mass media, especially television drama programmes, more useful in obtaining information about HIV/AIDS. In contrast, relatively few students identified interpersonal communication campaigns, such as peer education programmes, public lectures and open air campaigns, as useful sources of HIV/AIDS information. Fewer than half of the participants cited peer education as a useful source of HIV/AIDS information, even though this is considered by the universities as the main avenue through which HIV/AIDS campaigns among students are mobilised. Further interviews with HIV/AIDS programme administrators from the three universities established that universities had not invested major efforts to ensure a sustained and coordinated interpersonal communication campaign within campuses, in spite of their recognition of peer education as a critical tool in the campaigns against HIV/AIDS, especially among students. Thus, it is plausible to argue that the communication

campaigns against HIV/AIDS among university students mainly adopt a top-down, rather than horizontal approach.

Empirical evidence emerging from the study further illustrates that students seldom participated in HIV/AIDS activities. Few participants reported having been involved in campus HIV/AIDS activities, such as attending HIV/AIDS workshops and seminars, wearing red ribbons and T-shirts with HIV/AIDS messages and attending peer education programmes. This indicates a lack of interest among students in issues related to HIV/AIDS. A further inquiry through in-depth interviews revealed that some students did not consider HIV/AIDS as a threat to them. Some argued that HIV/AIDS was a disease of the poor, hence their belonging in the upper-class category cushioned them against HIV/AIDS. This belief was further illustrated by the sexual behaviours among some females, who considered pregnancy a more serious threat than HIV. Other's, however, still held to the myth that HIV might not be a reality. This perspective resonated with the discourses of denialism propagated earlier by the political elite in the ANC, led by the immediate former president, Thabo Mbeki. For others, however, the feeling of fatalism informed their don't-care attitudes. This group of students argued that they would still die whether or not through HIV, hence there was no need to worry about the epidemic.

An analysis of the campaign themes showed a dissonance in the perceived importance accorded to various prevention options from the perspectives of the students in relation to those of the universities' HIV/AIDS programme administrators. Responses from students showed that campaign programmes that they had access to more often emphasised the condomise approach, followed by abstinence, being faithful and VCT (often framed as "know your status"). However, interviews with HIV/AIDS programme administrators from the three universities revealed that each of the universities favoured a distinct approach. The University of Zululand favoured the ACT (Abstinence, Condomise, Test) approach in which abstinence is highly emphasised in accordance with the values of the local community. The UZKN approach, on the other hand, emphasised "knowing your status" as a starting point in behaviour change, whereas the DUT preferred a more balanced approach, even though with a slight emphasis on abstinence, especially with those programmes operating under funds from PEPFAR. The difference between the students'

perspectives and those of the administrators could be attributed to the fact that students access communication campaigns mainly through the mass media, rather than the locally-generated programmes. This supports the conclusion that students preferred the programmes with entertainment content rather than the programmes organized by the universities.

The survey also showed that close to half of the students thought that HIV/AIDS communication campaigns were inadequate. In addition, the majority of the students indicated that they supported an approach that involved students in the design and implementation of prevention communication, with an overwhelming support of the argument that students mainly understood their own problems and were in a better position to design prevention communication that was of relevance to them. Unfortunately, an attempt at such an approach through a poster competition involving university students at UKZN, failed after the posters – described by an UKZN programme administrator as “brilliant” – were not utilised in the HIV/AIDS campaigns as per the objective of the competition.

On the perceptions of ABC and VCT prevention options, the study established that the majority of students perceived the condomise approach as the most realistic way of preventing HIV infection. Huge proportions of the students also perceived abstinence, being faithful and VCT as realistic ways of preventing infection. However, the analysis of students’ sexual behaviours revealed a gap between their perceptions of HIV prevention options and the adoption of these options in their day-to-day sexual behaviours. An investigation of students’ sexual behaviours revealed that the majority (68.5%) of university students had engaged in sex, with most of them (77.1%) reporting having had sex in the past 12 months. Black students were more likely to report having had sex before, followed by Coloured and White. Significantly, fewer than half of the Indian students reported having had a sexual experience.

A further investigation through in-depth interviews established that students’ sexual behaviours were often shaped by the socially constructed meanings of sex. It was established that students were under enormous pressure from their peers to engage in sex. Sex was construed as ‘cool’, hence virginity was a socially stigmatized identity. Sex was therefore a ritual through which individuals could be incorporated into the

'cool' social groups in which they could be able to talk about sex. For some females, the desire to prove their attractiveness for men motivated them to engage in sexual activities, whereas for others, engagement in sexual activities was a symbolic sign of freedom from control from parents or guardians. Among Black males, sex was often a sign of social achievement.

Concurrent multiple sexual partnerships were also found to be common among students. Almost two in every five (39.0%) participants who had engaged in sex in the past one year indicated having had more than one sexual partner in the same period, whilst 48.5% of the currently sexually active students reported having more than one sexual partner. Third year students were more likely to report concurrent sexual partners than students in other levels. In terms of gender, males were more likely to report engagement in concurrent sexual relationship than females. The reasons for engagement in concurrent multiple partnerships were varied, with the majority of males perceiving the number of sexual partners as a symbolic signifier of social status. Concurrent multiple sexual partners were also maintained at different locations for convenience when one is at home or at university. Others saw concurrent relationships as a means of cushioning oneself from disappointment by untrusted sexual partners.

Amongst females, engagement in multiple concurrent sexual partnerships was often seen as a means revenging on cheating or untrustable sexual partners. Others also used their sexuality to assert themselves within their social groups. Beauty was conceived of in terms of the number of male partners that one was able to attract. Sex among some female students was also a commodity for exchange for symbolic signifiers of status, such as visits to expensive restaurants, rides in high-class cars and possession of items of higher social status. Some engaged in multiple concurrent sexual partnerships for fun and new experiences. It was further established that multiple concurrent partnerships among students were legitimated through the social acceptance of open relationships where partners mutually agreed to pursue other concurrent sexual relationship.

The study further established that close to one-third (27.4%) of sexually-active students didn't use condoms with their most recent sexual partners. Only 13.2% indicated that they used condoms every time they had sex with someone they were not

married to or living with. During in-depth interviews, participants reported that they mainly used condoms in casual sex and in short-term sexual relationships. In long term relationships, however, condom use was gradually abandoned as “trust” developed amongst sexual partners. During interviews, some participants reported that they did not use condoms during sex because they were ‘not used to having plastics around’. For some, the decision to use or not use condom largely depended on the perceived health status of the sexual partner.

The inconsistent supply of condoms by the university was also cited as one of the key factors for inconsistent condom use among students. In the absence of condoms, some students were ready to engage in condomless sex, referred to in common slang as *skhunu*, for fear of losing their chance in case their partners changed their minds. It was further established that the socially constructed notions of trust and the symbolic significance of condom use were also perceived to have a great influence on the decision to use or not to use condoms.

In terms of Voluntary counselling and Testing, the study results established that even though the majority (85.0%) of students knew where to go for VCT services, fewer than half (42.2%) of them had ever been tested for HIV. Fewer than one in every three (27.5%) of those who had been tested had undergone VCT with their sexual partners. About half (49.5%) of those who had not undergone VCT thought they did not have HIV, whereas another 44.4% did not think they were at risk of infection. Another 26.3% indicated that they trusted their sexual partners. A further investigation through in-depth interviews revealed that some students were scared of knowing their status because they thought their partners would hold them accountable in case they were found to be HIV positive. Some students were also scared of being socially ostracised by their colleagues in case they were found to be HIV positive. For some, the choice to undergo VCT mainly depended on their perception of their health status, with some arguing that they were “not skinny”, hence they didn’t see any need to undergo VCT.

In sum, it can be argued that even though students perceived HIV prevention options positively, the social constructions of sex and HIV/AIDS, rather than HIV prevention communication, often informed their sexual practices. The next chapter will further examine how the social constructions of sex influenced students’ interpretations of HIV prevention communication texts.

CHAPTER EIGHT

Interpretations of ‘Abstinence’, ‘Be Faithful’, ‘Condomise’ and ‘VCT’ Messages Among University Students

Results discussed in Chapter Seven have illustrated that students’ sexual behaviours were often shaped by the socially constructed meanings of sex, sexual relationships and HIV/AIDS, rather than their knowledge and attitudes towards HIV prevention. This chapter builds on these findings, in seeking to generate an understanding of how students made sense of the Abstinence, Be faithful, Condomise, and Know your status (VCT) messages. The chapter analyses the representations of these notions within the student’s social networks and how the socially produced meanings influence the way students perceive the usefulness of the ABC & VCT prevention approaches in their own sexual lives. Through this exposition, the chapter seeks to further demystify the evidently indeterminate correlation between students’ knowledge, attitudes and beliefs towards the HIV/AIDS and HIV prevention options on the one hand, and their sexual practices on the other.

Conventional reception studies analyse the reception of media texts based on the specified media programmes. In this study, however, the media programmes were not specified since the ABC and VCT slogans were often used by multiple HIV/AIDS campaign programmes, and thus it would have been difficult to relate interpretations to particular programmes. Interview participants were therefore, instead, asked whether they had heard or read about abstinence, be faithful, condomise, and VCT and thereafter asked how they understood each of the concepts (see **Appendix 2**). This analysis deals with the connotative meanings, rather than the denotative ones, derived through the analysis of the kind of language and choice of words that participants use to express issues related to the ABC and VCT.

Making Sense of the ABC and VCT

The transmission model of communication, within which most mass media prevention messages are formulated, assumes that individuals decode messages as transmitted by the source. In this perspective, meaning can be transmitted from the source to the

audience through the media. On the contrary, the Reception Theory, within which this analysis is conceived, understands textual meaning at the connotative level as emerging from a point of interaction between the media text and the text reader. Stuart Hall outlines three decoding positions within which individuals may understand media text: The *dominant* reading, the *negotiated* reading and the *oppositional* reading (Hall, 1996). The dominant reading, according to Hall, occurs when an individual “takes the connoted meaning ...full and straight”. Hall also conceives of negotiated reading as an ambivalent “mixture of adaptive and oppositional elements”, whereas he perceives oppositional reading as one in which the reader (viewer) understands a media message “within some alternative framework of reference” (Hall, 1996, p. 48).

An oppositional reading often occurs when the audience is aware of the difference between the intended meaning and that which they choose to read (Corner, 1980). This argument is also supported by Schröder, et al. who argue that audiences construct meanings in relation to their social environment: “people from different social groups are seen as active in the construction of everyday truths that work for them in their daily lives” (2003: 15).

Interpretations of ‘Abstinence’

During interviews, participants freely expressed their understandings of the notions of Abstinence, Be Faithful and Condomise, and VCT and how they experienced these notions in their personal lives. However, it was common for interviewees to refer to their collective behaviours as students rather than their own personal behaviours, even when the questions were carefully worded to indicate the researcher’s interest in the participant’s own sexual behaviour. The phrase “we as students” was common in responses to questions asking about sexual behaviour. This, perhaps, indicates a collective rather than individualised way of thinking within the groups. Individuals saw their behaviours through the collective lens of the group rather than the individual perspectives.

In the ABC strategy, abstinence means not engaging in sexual activity. This concept is often promoted together with ‘delaying sexual debut’, which means delaying the onset of sexual activity until marriage or, in some communication programmes, until one is mature enough to make good choices regarding sex. The analysis of interview

results, however, reveals that the students' frames of interpretations varied, with the majority of them understanding abstinence from a negotiated point of view (Hall's (1996) second moment of interpretation). It is evident that students' interpretations were always influenced by the social constructions of sex and the kind of meanings that individuals or groups attached to their sexual practices, as discussed in Chapter Seven.

Abstinence as 'Not engaging in Sex'

It was clear from the in-depth interviews conducted with students that some participants understood the connotative meaning of abstinence messages as fully and straight as it is intended in the ABC strategy. When asked what they understood when they were told to abstain from sex, some participants explained it as follows:

It's that I have to hold myself, Wait for the right time, yeah, it's wait for the right time. Not like sleeping around. That's what I can tell you about abstinence (Mnqanyi, June 2008, interview).

Do not engage in sexual activities (Ayanda, April 2008, interview).

Abstinence, I think is, yeah, is the only way to prevent HIV/AIDS because once you abstain, it means you do not have sex at all (Zodwa, April 2008, interviews).

These accounts reflect a connotative meaning that has not been altered in any significant way, hence the participants seem to interpret it exactly as intended in the ABC strategy. This resonates with Hall's first moment of reading, the *dominant* reading, and was common in all categories of students, whether or not they were engaging in sexual activities.

Nevertheless, the interpretation of abstinence was closely intertwined with protective sex amongst some students, such as Philani. According to him, abstinence means occasional postponement of sexual encounter because of, for instance, lack of condoms:

Interviewer: At a personal level, how does the concept of abstinence apply to you?

Interviewee: Oh, yeah, I do abstain, sometimes, [laughs]...especially, what happens is that when I do abstain is that I do so when I don't have condoms. When I don't have condoms, I don't engage in sex (Philani, July 2008, interview).

For other participants, however, experiences of the HIV-prevention 'abstinence' messages were clouded by the cultural and religious, moral discourses on sex and sexuality. The pervasive connotative meanings that were attached to 'abstinence' by these participants seemed to draw from, or respond to, morality discourses depending on individual's perspectives with regard to sex and sexual practice. Additionally, these meanings seemed to influence the way participants generated attitudes towards its pertinence. The majority of participants who claimed to be abstaining from sex often cited religious or cultural rationalities, rather than HIV prevention, as the main reason for abstaining. As shall be illustrated in the subsequent sections, the resultant interpretations were often *negotiated* readings of abstinence (Hall's (1996) second moment of interpretation).

Abstinence as a Religious Moral Practice

The concept of abstinence was understood by the majority of participants as a religious, moral practice. During interviews, the majority of participants associated abstinence with religion, especially Christianity. For students who subscribed to religious moral ideals, abstaining from sex was seen in terms of preserving sexual purity, a framework that is underlined in religious notions of pre-marital chastity. This is perhaps as a result of the greater emphasis on abstinence by religious organizations and traditional cultural institutions, as reported by these participants. Vusi, a postgraduate black male student at the University of Zululand, who also advocates for what he calls "moral regeneration", believes in the biblical view that sex should only be practiced within a marital union. When asked what he thought about the Abstinence strategy to HIV prevention, Vusi replied:

Abstinence is very much important. It applies to everyone...even yourself as you are speaking, hopefully you are abstaining. You are not just going to your partner but what you would do first is to abstain till a certain stage because when you read the bible, the bible says that you can only sleep with a woman after marriage which means before a marriage, it is abstinence but ... after

marriage, you can go to voluntary testing, after that you can start practicing sex but before a marriage you must abstain. That is why I've abstained. After my marriage I'll go and check with my wife, to test, after that I can have kids (Vusi, May 2008, interview).

In Vusi's perspective, premarital sex is immoral as sex is meant for procreation purposes in a matrimonial relationship, even though he also emphasises the importance of HIV testing before marital sex. Abstinence for him a moral issue and draws from the biblical teachings rather than health discourse. As the interview progressed, however, Vusi contradicts himself by saying he always engages in protected sex.

It is clear that Vusi's perspective has been shaped by his belief in religious values of pre-marital virginity. This view is also shared by Amina, a post-graduate black female student at Howard College, who looks at abstinence as a necessary step to establishing a healthy relationship with God. In her response, Amina seems to equate abstinence with virginity, and regrets that she cannot abstain now, since she is no longer a virgin. Amina's account integrates both religious and traditional cultural perspectives of morality:

I wish I could turn the hands of the clock but, aah, because right now I am trying to establish a healthy relationship between myself and my God. And I wish I could be a virgin again because, for me, Virginity means virtue, yeah abstinence not only helps you in bridging up the gap between you and your God, it saves you from emotional stress.... Even looking at our African culture, many cultures, African cultures that I know, they attach importance to virginity and chastity, and it is the pride of the family to send, to give a young lady to her husband as a virgin as a bride and that I uphold. I'm an African woman, I am a typical African woman who can't compromise cultural values that I think is safe importance (Amina, June 2008, interview).

Like the majority of other participants in this study, Amina's account conceptualizes abstinence as a state of sexual purity, which is often associated with religious doctrine. This view seems to construe engagement in sex as sinful which, in Amina's account, creates a 'gap' between individuals and God. Sex, in this view, is confined to a matrimonial relationship. In her response, Amina clearly illustrates that her

perspective draws from her identity both as a Christian and as a “typical African woman”.

Amina further believes that individuals at universities cannot abstain from sex because the majority of them do not subscribe to Christianity:

Abstinence is something very difficult because the university doesn't have aaah, I'm not trying to be (pause) trying to live on assumptions here but practically, the university doesn't have that kind of a Christian background. Not many students in the university are (pause) can really have their life deep into Christianity (Amina, June 2008, interview).

Even though this participant understands abstinence as an HIV prevention strategy, she, like others, sees it as being activated only through religious or cultural practice. In the absence of religion and traditional culture, therefore, abstinence is not practical, according to this perspective. The main purpose of abstinence in this account is not prevention of the disease but preservation of religious and/or cultural values. The prevention of HIV is, therefore, a concomitant result in this practice.

Similarly, Khan, a male Muslim Indian student at Edgewood campus, understands abstinence as chastity. Khan reports that he is abstaining from sex because of his religious background and he believes HIV is less prevalent in the Muslim community because of abstinence among unmarried youth:

It means chastity and not engaging in sexual activity at all... I believe that abstinence is the only way you can stop it [HIV infection]...at a personal level, because of my personal religious and moral convictions, I do not engage in any form of sex....As a result of what I have seen in the Muslim society, it is not that HIV is not there in the Muslim society but it is less prevalent because people abstain there (Khan, August 2008, interview).

This limitation of sex to marriage for some participants also seemed to limit abstinence as a strategy applicable to individuals who intend to marry in the future. For some, like Sithole, a second year black male student at Howard College, abstinence should be practiced by those who intend to marry in the future:

If you gonna get married and you plan to get married you should abstain
(Sithole, March 2008, interview).

Among most of the participants who interpreted abstinence as a religious, moral practice, their desire to maintain abstinence was primarily motivated by their understanding of pre-marital sex as sinful, rather than the risk of HIV infection through sexual intercourse. Jabu, who is currently sexually active, for example, explains that she previously desired to maintain her virginity because she conceived of pre-marital sex as ‘immoral’ and against the religious values of her family:

I wanted to break my virginity when I go, when I marry. I come from a very religious family, so I believe that was one of the things I had to do...somehow I felt it was immoral for me to have sex (Jabu, March 2008, interview).

Like most of the participants, practicing abstinence is seen by Jabu as practicing morality. Abstaining from sex is understood as both a submission to the authority of the parents and obedience to religious virtues. Within this perspective, Jabu views pre-marital sex as not only immoral, but also as a disobedience of her parents.

Abstinence as Virginity Preservation

Traditional culture also played a significant role in influencing the way abstinence was understood by some participants, especially the female participants at the University of Zululand. During interviews, two female participants at this university explained their practice of abstinence as a cultural practice. The University of Zululand is located in the rural interior of KwaZulu-Natal province, an area in which the cultural practice of virginity testing has been revived in recent years. The vast majority of students at this institution are drawn from the surrounding community. According to the university’s HIV/AIDS coordinator, the University of Zululand is forced to respect the value system of the surrounding community in their design of HIV prevention messages:

As a rural-based institution ...students will have to abstain because we are drawing quite a large percentage of our students from the rural communities and we are a rural-based university, and you know very well that rural communities still uphold those traditional values. So it will be very much odd

for us as an institution to advocate for, ehh, the condom use. But we are striking the balance, we are saying abstain but we are also promoting secondary abstinence, even for those who might have started getting involved (UNIZUL HIV/AIDS Coordinator, April 2008, interview).

The emphasis on the cultural values of virginity preservation seemed to have significantly influenced the understanding of abstinence as a cultural practice, rather than a health one. Like Amina, Ayanda understands abstinence as both a cultural and religious practice. According to Ayanda, the spread of HIV is a result of individuals engaging in pre-marital sex in disregard of both the religious and cultural values. This also echoes Khan's perspective, discussed above. When asked what she thought about abstinence, Ayanda responded:

There is like a certain principle that every religion and culture agrees that you must only involve yourself into sexual practices when you are married. So I think if all people were to follow that I think the whole HIV thing wouldn't be so high (Ayanda, March 2008, interview).

Ayanda's view blames the spread of HIV on the decay in moral values which have been broken through engagement in sex. Similarly, Zodwa, a third year black female student at the University of Zululand, conceptualizes her practice of abstinence as a cultural practice. In her account, abstinence (which in this case is conceived as virginity preservation) is celebrated even though it is not seen in terms of HIV prevention, but in terms of obedience to culture. As Zodwa explains, her desire to abstain is mainly driven by the need to preserve virginity, rather than preventing HIV infection:

Yeah, it [abstinence] works, 'cause the first thing it helps, myself I am still a virgin. My culture, when you are eighteen and you are not still a virgin (sic), your parents will be instructed to disown you (Zodwa, March 2008, interview).

To prove that she is still a virgin, Zodwa undergoes virginity testing every three months. It would seem that the practice of abstinence, for Zodwa, is not out of a personal choice to avoid HIV infection, but is motivated by the fear of embarrassing herself and her parents. In Zulu traditions, the chief would demand a fine from the

father whose daughter was found during virginity testing to have “tainted the community” by losing her virginity. The girl would be also socially ostracized (Bruce, 2004; Leclerc-Madlala, 2001). As will be discussed below, this kind of restriction provokes resistance to the notion of abstinence from students who perceived this as a restriction of their engagement in sexual pleasure.

It is worth noting that female students more often perceived abstinence as a practical way of preventing HIV, though often from a religious or cultural perspective. On the contrary, the majority of the male participants dismissed abstinence as being ‘difficult to practice’. This illustrates the influence of the cultural constructions of sexuality that limits pre-marital chastity to females. Among the Zulu community, for example, females are expected to preserve their virginity, whilst the masculinity discourses encourage males to engage in sex with the common belief that non-ejaculated semen was unhealthy (Hunter, 2004; Leclerc-Madlala, 2005). Five females reported they were currently abstaining from sex, two of them mainly because of their religious beliefs, and two mainly because of their cultural values, while one did not have a sexual partner at the moment. Several others thought they should be abstaining from sex even though they explained that it is difficult to abstain once one has ‘tested sex’.

Perhaps, drawing from the sexist perspective that the traditional practice of virginity testing is implemented, some male participants understood abstinence as a strategy applicable only to females. Sinhle, an undergraduate black male student at the University of Zululand, for example, explains that it is only females who “understand” abstinence:

Guys, they don't understand abstinence, most of them. Some ladies understand this thing of abstinence, especially those who are serious about their future. Yeah, they understand when you talk about abstinence (Sinhle, March 2008, interview).

From Sinhle’s perspective, abstinence is not only limited to females but is also constructed as a pre-condition for future success among females which, in turn, seems to construct engagement in sex as a signifier of failure. Similarly, Dlamini, a black second year male student at Edgewood campus, believes that it is only females who can abstain from sex because they are endowed with self-control, as compared to the males:

Interviewer: So, do you think many students practise abstinence?

Interviewee: ...I don't think that many students do, and even if there are students, it's usually, I would say, the females, mostly

Interviewer: Females?

Interviewee: Yeah, abstinence is more of females.

Interviewer: And why do you think abstinence is more of females?

Interviewee: ...I think they've got no problem because they've got more self control in terms of sex, than males do (Dlamini, June 2008, interview).

Sinhle and Dlamini's perspectives feed into the socially constructed notions of male and female sexuality that perceives males as having an uncontrollable urge to engage in sex, while women are asexual beings. Studies have found this perspective to be common among adolescents across the globe (cf. Dowsett & Aggleton, 1999; Hird & Jackson, 2001; Sorrell & Raffaelli, 2005).

Among the male interviewees, only one reported to be currently abstaining from sex. Sithole, who reported that he had experienced his only sexual encounter when he was raped, said he was abstaining from sex because he saw any form of sexual encounter as a gamble with life. For him, his ambitions motivated him to secure his future by avoiding risky sexual behaviours:

The idea behind abstinence is that, at least the way I see it, is that if you cannot afford ARVs, good ARVs at that you may not do it, you know. If you are at a level where when you are sick from HIV/AIDS you will have to go back home... then I don't think you should be having sex... I have said to myself, you are twenty one and you gonna not do this because by thirty I plan to have made my first million. If you lay goals for yourself and you want to achieve them and anywhere in your goals HIV/AIDS, a baby or whatever is not in there you, can reach that (Sithole, March 2008, interview).

This view displays a dominant reading of abstinence though it has evidently been influenced by the view of sex as fatalistic.

The understanding of abstinence as virginity preservation seemed to exclude secondary forms of abstinence, especially since virginity would have been lost in any case. Abstinence, here, can be seen as applying only to those who had never engaged in sex, as seen earlier in the response by Amina, who argued that abstinence does not apply to her since she has already engaged in sex. Some male respondents held a similar view, as in the case of Sinhle:

When you talk about abstinence, eh, eish, it's quite difficult. I have had sex for quite some time since high school but with a condom, but, mmh, I have never experienced it [abstinence]...yeah, I wouldn't talk too much about it but I have never experienced it because I have had sex. Abstinence is, I think, is for only people who have never had sex. People who will wait until a certain time to have sex, or after marriage (Sinhle, March 2008, interview).

This understanding of abstinence seems to re-articulate abstinence in a way that systematically excludes those who have already engaged in sex previously. Thus, secondary forms of abstinence which are framed in the ABC approach as part of the A strategy, are not recognized in this view that appears to draw from cultural and religious notions of abstinence as virginity.

The religious and traditional framework of understanding abstinence generated some level of *oppositional* reading (Hall's (1996) third moment of interpretation) among those students who did not subscribe to the religious or cultural notions of morality. This study established that the majority of students interpreted the promotion of abstinence as an attempt to control their sexual behaviour and to deny them their rights to sexual pleasure. The common perception among students that the abstinence strategy was externally motivated seemed to have prompted this kind of oppositional reading. As Zama explains, students reject the notion of abstinence primarily on the basis that they view it as a strategy that is being imposed on them:

Students don't take that thing seriously. This whole abstain from sex thing, they don't take it seriously here. They don't like that kind of shit, you know. Young people don't want to be told what to do (Zama, March 2008, interview).

Abstinence, here, appears to be seen as serving the interest of those who advocate it, rather than those who are targeted by the message. As seen in the previous chapter,

the main channel through which students have access to information related to HIV/AIDS was through the media. Social communication on HIV/AIDS issues was found to be scarce, hence information on HIV/AIDS communication often takes a top-down approach. The oppositional interpretation of abstinence can be seen, therefore, as a form of resistance, not to abstinence as a preventative strategy, but to the manner in which abstinence messages were perceived as being “enforced” by the top-down communication programmes and in the moralistic discourses of religious and traditional cultural organizations. This resistance is also seen as a struggle over the control of sexuality, with students perceiving those who advocate abstinence as attempting to usurp individual’s responsibilities over their own sexuality:

As long as people, as long as abstinence comes from the person, as long as it’s the person’s, what the person wants. Then the person is also willing to do it... but when it’s enforced to you...or when you are or seen that you are immoral when you don’t abstain...that’s where the problem comes (Jabu, March 2008, interview).

Abstinence as Sexual Abnormality

Among most sexually active students, abstaining from sex was seen as being ‘abnormal’, thus the abstinence message was often considered by some as an attempt to deny individuals the pleasure enjoyed by ‘normal’ people. Mnqanyi explains in his response to the interviewer’s question asking him whether many students go for an HIV test:

I think other students, they go. More students who used to go there is (sic) those who are churching (sic), who are going to church ‘cause they know that ‘aah obvious I’m having Jesus on my side’ and like they know that they are not sleeping around, they’re not like normal people like us, who are just living freely like us (Mnqanyi, June 2008, interview).

In Mnqanyi’s perspective, abstaining from sex is an abnormal behaviour. In addition, this account constructs people who are not abstaining as “living freely”. This construction re-defines those who are abstaining from sex as living a regulated lifestyle. By interpreting those students who practise sex as normal, Mnqanyi, in essence, sees those abstaining from sex as abnormal. Normality for him is associated

with the freedom to engage in sex, a right which, according to Amina, is denied those who subscribe to the cultural and religious ideals of abstinence:

Abstaining from sex is like you have deprived me of my biological function, you know ... maybe you could be a Christian, a Christian which does not permit you to have sex or whatever. But if you're just a normal human being, just going about your life, you know, and then somebody just say ... 'no you have to abstain from sex', it sounds funny, you know, its like you're depriving the person of a biological pleasure (Amina, June 2008, interview).

Amina, however, later regrets having lost her virginity – and thereby creating a ‘gap’ between herself and God. She now feels guilty of having engaged in immorality.

For David, a third year White Male student at Pietermaritzburg campus, abstinence is more of a religious doctrine, which does not apply in real life:

I really don't know, it seems to me like it comes from some Christian community, like Catholic Church, and I don't think it works for me; definitely, it has no connection to myself. I don't, I cannot identify myself with such a campaign because obviously everyone wants to have sex so that's not the real option, so yeah, I don't think its good.

Abstinence as Denial of Sexual Freedom

Oppositional reading of abstinence was particularly common among students who perceived themselves as having been denied the opportunity to enjoy sex by their parents, prior to joining university, and those who did not subscribe to the religious or cultural beliefs of chastity and virginity preservation. Entry into university, for some, marked the end of parental sexual control. They thus conceived engagement in sex as an exercise of freedom from sexual control. As Thenjiwe explains, sexual activities were seen as a celebration of independence to make sexual choices, rather than sticking to choices made by parents:

when you are like back at home you can (pause), its not like things aren't happening but there's I think your parents or guardians have some control over you, unlike here in the university, you just go out and do what you wanna do and you know that nobody is gonna tell you anything about it... you do

what you feel like doing at the time you feel like doing it. You don't have, you just don't have anyone telling you what to do (Thenjiwe, April 2008, interview).

In spite of the resistance it generated among some students, the structural framework laid down by religious organization, to regulate individual's sexual behaviours through the call for chastity, was perceived by some students as being helpful in prevention of HIV infection. According to Jabu, the threat of HIV infection has forced individuals to consider several options of controlling their sexual behaviour, one of which is to submit to the authority of the church:

everybody seems to be scared of HIV, everybody seems to be so conscious, so wanting to stay away from sex and all those things, or there are some who even resolve to going to church as way of trying to prevent (laugh) getting HIV.... You see, like when you go to church, especially the churches we have here on campus, most of them when you go there aah not that you're not allowed to have a boyfriend, but it's seen as a bad thing to have a boyfriend. It is seen as if you're kind of immoral 'cause it seen as a, you know, you're supposed to have sex when you're married, you're supposed to save yourself for that important person which you're supposed to meet in the future (Jabu, March 2008, interview).

However, it is clear from the sexual practices discussed in Chapter Seven, that not many students consider HIV a threat, as suggested by Jabu.

Interpretations of 'Be Faithful'

The 'Be faithful' campaign slogan is aimed at encouraging individuals "to practise fidelity in marriage and other sexual relationships as a critical way to reduce risk of exposure to HIV" (PEPFAR, 2005, p. 3). Whilst PEPFAR insists on abstinence-only-until marriage for unmarried young people, several HIV/AIDS organizations promote be faithful to all sexually active age categories, with the realisation of the levels of sexual activity, and, especially, concurrent sexual practice among young people. The key message in the Be faithful slogan is "sticking to one partner", as a way of reducing the risk of HIV infection. During the interview, participants were asked about what they understood by the notion of 'be faithful' and how this prevention

strategy applied in their own sexual lives. Their understanding of the 'Be faithful' concept was further investigated by asking them about their sexual activities, especially with regard to their current and past sexual partners, and how they conceptualised their sexual relationships. This approach generated useful information that helped in understanding how the notion of 'be faithful' was socially constructed within the students' social networks.

The findings of the study show that even though some participants understood this notion from the same framework as that designed in the ABC strategy, the interpretations of the 'Be faithful' message were often negotiated readings. Unlike in the interpretation of the abstinence message, however, there was no oppositional interpretation of 'be faithful' among the participants in the study.

Be Faithful as Sticking To One Partner

Based on the interview transcripts, it was clear that the meaning interpreted by some students corresponded with the connotative meaning that underlies the "Be faithful" campaign slogan that is, practising sexual fidelity. When asked what they thought about 'Be faithful', some respondents answered:

I think it's a matter of sex between you and your partner, so if you are faithful to your partner, she or he will be also, say, like faithful to you coz that's when you get to be safe. When it come to those diseases like STI's and HIV&AIDS, if you like a partner then you go together for blood test and then, from there you know your status and become faithful to your partner. B'cos you know kuthi [that] you won't get affected by other infections or something, cos you know your statuses (sic) and you move on just continue with your partner and you don't cheat to be safe. You are not doing it for you, but you also doing it for her (Gumede, June 2008, interviews).

This view illustrates the *dominant* reading of 'be faithful', that is, an interpretation in which meaning has not been altered. For others, however, the understanding of 'be faithful' was seen to have been interpreted from an alternative framework.

Be Faithful as Commitment

To 'Be Faithful' was understood by the majority of participants as a commitment to either a marital relationship, or one that culminates in marriage. When asked what he understood by 'Be faithful', Sithole replied that it meant '*that you are supposed to be in a marriage*' (Sithole, March 2008, interview). Others, such as Khan, perceive Be faithful in terms of lifetime commitment:

For me, be faithful is being with one partner for a long period, indefinitely. It is just dedicating yourself to one person and spending, well, hopefully, the rest of your life with that person (Khan, August 2008, interview).

Amina intends to begin practising 'being faithful' when she gets married. Her view is based on her religious belief, in which to 'be faithful' to a marriage partner is a pre-condition:

When I get married I should be able to observe the, amh, the conditions that surround the Christian marriage and being faithful is one of those conditions (Amina, June 2008, interview).

The significance of this view is that the 'Be faithful' message was mainly seen to appeal only to those who were engaged in a 'serious relationship' – one that leads to marriage – or to those who are already in marriage. In this view, the perceived reason for engaging in a sexual relationship greatly influenced the perception of the necessity to 'Be faithful' to a sexual partner. Others, like Zama, thought that females engage in sexual relationships with concurrent sexual partners because *they just [want] to experience the different things with different people* (Zama, March 2008, interview). Such sexual relationships seem to be driven by the desire to have fun derived from sexual pleasure, rather than engaging in a committed relationship. Those who did not consider themselves to be in a 'serious relationship' did not find it necessary to practice partner fidelity, hence 'Be faithful' does not apply to them, as Dlamini explains:

It doesn't really work, it doesn't cause...here at varsity you can't be like with one person you're with and think that this is the person you will spend the rest of you're life with. This is varsity. You are here to have some fun, study and

leave ... you can't start talking about being faithful. At the moment you have a girlfriend, yeah? You might sleep around as long as she doesn't find out at all but, it's not a big issue. Cause now, even girls know wuti [that] their boyfriends sleep around cause this is varsity, cause no one has promised someone marriage or anything, it's just having fun (Dlamini, June 2008, interview).

Similarly, Lizzy, a second year Coloured female student at Nelson Mandela Medical School, perceives Be faithful in terms of committing oneself to a sexual relationship:

I think when you saying being faithful, it means that one person is committed to the relationship where somebody else is also committed to that same relationship. There is an agreement between two people in that relationship, that ...there is a common goal you know, love, respect, maturity, all of those things coming into it, to say one person is committed to another person, yeah (Lizzy, August 2008, interviews).

In Lizzy's view, be faithful is not just about practicing fidelity, it also includes aspects of a strong committed relationship such as love, maturity, respect and so on. What was interesting in this interpretation was that students from both sexually active categories and those who were abstaining for religious/cultural reasons perceived Be faithful as a commitment to serious or marital relationship. However, whilst the interpretation of traditionalist and religious students seemed to draw from their belief systems, interpretations of sexually active students mainly drew from the meanings they attached to their sexualities, hence the interpretation of Be faithful as commitment to a serious relationship seemed to exclude especially students who saw themselves as engaging in sex for fun and companionship.

Some participants also rearticulated the meaning of being faithful to encompass concepts such as trust and being open with each other. According to this interpretation, 'faithfulness' is only achieved through trusting one's sexual partner and assuring them of your trust and, for others, sharing private secrets with the sexual partner:

I think its right, its okay, yeah because when you are faithful to your partner it means like you have to give your trust to him (Zodwa, April 2008, interview).

basically in a relationshipwise (sic), it means having one partner and being faithful to that partner telling your partner everything...not having secrets in any way and if the person is HIV positive that person you are going with has a right to know (Ayanda, April 2008, interview).

It means that ...I wanna trust my partner that she's faithful ... she doesn't hook up with anybody else or kiss anybody else, whatever, like that we are together, yeah, like really classical. It's a far working trust for my partner, she trusts me, she's faithful (David, July 2008, interviews).

For others, like Thenjiwe, however, the main reason why students did not practice being faithful was because they were in sexual relationships for reasons other than marriage:

they don't even get into relationships because they really like the person...They know they are not in the relationship for the right reasons so it's really hard for them to try and trust the person and remain faithful (Thenjiwe, April 2008, interviews).

'Liking' the partner was seen in this account as a pre-condition for a 'serious relationship'. This, in contrast, seems to suggest that other forms of relationship were not driven by the 'liking' of the sexual partner, but by other factors. In the quantitative survey, close to half of the students (38.9%) claimed to be in a sexual relationship for fun/companionship, whereas others cited economic reasons (7%) or just because everyone else was in a relationship (10%). By confining 'Be faithful' to a marital or a committed relationship, this discourse seems to exclude those who do not consider themselves to be in such a relationship from practising partner fidelity. Zama, for example, explained that she was not practising 'being faithful' because she was not ready to commit herself to her current sexual partner:

I am not ready for commitment, you know, and amh, being this appreciating that it means being faithful (Zama, March 2008, interview).

The underlying connotative meaning of "Be faithful", as understood here, is that you only need to be faithful to your sexual partner if you are married or in a committed

relationship. Individuals who are not in a committed relationship do not necessarily need to be faithful to their partners.

Be faithful as protecting sexual partner

According to some participants, especially the male students who engaged in multiple concurrent relationships, 'Be faithful' meant being considerate of your sexual partner and protecting them from infection. When asked whether he considered being faithful as a useful strategy in preventing the spread of HIV, Sinhle replied:

if you are faithful with yourself and with your partner, really, each and every time you gonna use a condom, or if you don't use a condom, you won't cheat on her or she won't cheat on you (Sinhle, April 2008, interview).

Be faithful, in this account, was conceptualised in terms of caring for the sexual partner and ensuring that one did not place their lives at risk by engaging in unprotected sex. In this understanding, concurrent sexual partnership was permissible as long as one undertook steps to ensure that one's main sexual partners were protected from infection by, for example, using condoms with other sexual partners. Cheating on the sexual partner was considered in terms of putting the life of the sexual partner at risk by engaging in unprotected sex, hence one could still be faithful while having more than one sex partner:

I've been faithful, yeah to my girlfriends. I've never had more than two girlfriends same time (Sinhle, April 2008, interview).

Philani, who is currently involved in concurrent open relationships, believes that one can have more than one partner and still be faithful by protecting the main partner:

Some people have casual sex somewhere and want to forget about that person and still want to be with their boyfriends or girlfriends, you see. I think they are unfaithful in that sense but sometimes I can also be faithful even if I am engaging in casual sex with someone else...you got to have a certain, one particular person and if you do have unprotected sex, it must be with that particular partner, especially if you are married or, you'd better have it when you are married so that in that kind of relationship, if something does ever happen, then it should be protected sex, you only protect particular unit. You

have unprotected sex the two of you but anywhere else it should be protected. That means being faithful in that context (Philani, July 2008, interview,).

The negotiated meanings of 'Be faithful' were noted to be common among students who were engaged in concurrent multiple relationships and especially those who reported being in relationships for fun and companionship. It would seem that their negotiated interpretations of the concept of 'Be faithful' served to rationalise their sexual behaviours as they saw themselves as being outside of the category of those who were expected to practise partner fidelity.

Interpretations of Condomise

Promotion of the use of condoms as a prevention strategy remains one of the cornerstones of many HIV prevention campaigns, including those to which students have access. As seen in the previous chapter, the majority (91.3%) of the participants in the questionnaire survey indicated having heard/seen condom messages very often and often while on campus. The students also indicated that free male condoms were easily accessible, even though students at the University of Zululand complained that the condom cans were empty most of the time.

One of the key areas of focus during the interviews was on how students make meaning of the condomise messages. This was achieved, mainly, by asking the students what they thought about the condomise approach to HIV prevention, how often they used condoms and reasons for (non)use of condoms. It should be noted that, unlike in the cases of abstinence and Be faithful messages, it was difficult to distinguish the line separating the social constructions of condomise approach, that is, the socially constructed norms and meanings regarding condom use, as opposed to how students actually interacted with the condomise messages. Nevertheless, particular responses were taken as indicators of students' interpretations of media messages on condomise, based on the socially constructed meanings of condom use. What was interesting in these interpretations is that, unlike the interpretations of Abstinence and Be faithful, where the dominant readings were common among the students who did not engage in sex, the dominant reading of condomise was more prevalent among the sexually-active students, whereas negotiated readings were often common among students who subscribed to the religious or traditionalist moral ideal.

Dominant Reading of Condomise Message

Despite the different constructions relating to condom use among students, as discussed in the previous chapter, sexually-active students often interpreted the condomise message to mean consistent condom use to prevent HIV infection, a perspective that reflects the connotative meaning that is underlined in the ABC strategy. Sinhle, for example, believes that condomising is the best way to prevent HIV infection:

condomising is the only (pause,) I think is best. The disease kills. This is AIDS. It can kill more than million of people in Africa. People should use a condom even if they trust each other, people should use a condom, because if they don't want to use the condoms in the clinic they should go and buy the condoms at chemists, pharmacists (Sinhle, April 2008, interview).

Hlengiwe, a third year black female student at DUT, similarly understands condomising as the number one rule in the prevention of HIV infection:

Interviewer: ok, what about condomising, using condom?

Interviewee: Number one rule. That should be the number one rule, I think, for people who are married. They need to condomise, everyone should condomise.

Interviewer: why would you say so?

Interviewee: B'cos the problem they don't want to follow the Be faithful part, so you wouldn't know if your partner is faithful. So if you engage in that sexual relationship you just have to condomise (Hlengiwe, July 2008, interview).

A similar view is also shared by Philani:

Interviewer: What comes into your mind when we talk about condomising?

Interviewee: All the time, what comes into my mind is that every time, wherever, never have sex without one (Philani, July 2008, interview).

These views reflect the dominant reading of the notion of condomise. For some participants, however, the interpretation of condomise messages appeared to draw from the general discourses on the effectiveness of condoms. This resulted in the negotiated readings of the condomise messages, as discussed in the next sections.

Condom Use as Last Option:

For some participants, condom use was understood as a HIV prevention strategy that should only be used when the first two options can't work. According to Lizzy, who reports that she is abstaining for religious reasons, the condomise message means that if you have no other option, then one should use a condom. This view appears to rank condomising as the last in the chain of options of HIV prevention, a perspective that underlies some of the ABC campaigns, such as those funded by PEPFAR:

Interviewer: what comes into your mind when they talk about condomising,

Interviewee: Ok ahm I think that again, like the government has put it so nicely, that if you can't abstain then be faithful, if you cannot be faithful, condomise, you know. It sort of like, almost the last option that you have to protect yourself against HIV/AIDS or STD's, you know. So ahm again, for me, what's come to mind is the absolute last option, if you have no alternative, if cannot hold yourself, if you cannot hold yourself within a relationship, then be, then condomise (Lizzy, August 2008, interview).

As discussed in Chapter Four, PEPFAR-funded campaigns present Abstain-only-until-marriage and sometimes 'Be faithful' to the youths as the only effective ways of preventing HIV infection. The C component is presented as "prevention other" and highlights the failure rate of condoms, rather than their effectiveness. In this perspective, therefore, this interpretation of condomise can be seen as both *dominant* and *negotiated* readings, depending on the source from which the participant obtains information about HIV prevention. As mentioned earlier, this study did not focus itself on analysing the reception of specific media messages, unlike in conventional reception studies, because the ABC & T framework is used by multiple HIV/AIDS campaigns that students have access to, hence it would be difficult to relate particular interpretations to one source. However, it is clear that this interviewee seems to draw her interpretation from the programmes that present the ranked ABC strategy.

Condom Use as a ‘Gamble’

Some participants, especially those who were not currently sexually active, conceptualised the use of condoms as a ‘gamble’. This *negotiated* reading highlights the failure rate of condoms and appears to be premised on the understanding that any form of penetrative sexual engagement was a gamble with life since even the condom does not guarantee absolute protection from HIV. This, again, resonates with the approach undertaken by PEPFAR and which has generated criticism from some scholars (cf, McClelland & Fine, 2008; Mosley, 2003; Thornton, 2006). Sithole, one of the only two male informants who reported they were abstaining from sex, argues that individuals who choose to have sex may as well not use condoms since they are not guaranteed complete protection from HIV infection:

It’s a gamble, you’re gambling with your life, because you use a condom and it’s not a hundred percent safe...I feel that, it is a waste. If you tell someone to use a condom, and you tell them that it is never a 100% safe, their first instinct is to want to know what are the chances and when they see the figures of, I don’t know what it is, I think it is 0.1 or I don’t know what the percentage risk is, but people say to you that, then I might as well not use it (Sithole, March 2008, interview).

Condom use as Lack of ‘Trust’

Consistent with previous research (cf, Hearst & Chen, 2004; Parker et al., 2004; Preston-Whyte, 1999), this study also established that condom use was socially understood as an indicator of lack of trust between sexual partners. The majority of participants argued that they would often use a condom with either casual sexual partners, or the partners that they couldn’t trust. As pointed out earlier, however, the concept of trust among these participants in this study seemed to have an ambivalent meaning. Some participants viewed trust in terms of their sexual partners not ‘cheating on them’. Within this perspective, a sexual encounter would begin with a position of ‘trust’, which implied that there was no need to use a condom. Condom use would then only be initiated when that ‘trust’ is lost, as Amina explains:

I condomise when I begin to lose trust in you. Ok, maybe I have heard one or two stories about you. Then I say now we are condomizing. Ok, I know that

was too bad because I was supposed from the initial point to condomise, because whatever thing I hear now may not serve any purpose because if it is there it's already there (Amina, July 2008, interview).

For other participants, 'trust' was conceptualised in terms commitment towards marriage. In this account, trust was associated with a stronger bonding based on the perception that the relationship was not just a casual or a short term one, but a 'serious' relationship that would eventually culminate in marriage. Unlike in the previous perception, participants who perceived trust from this perspective reported that they would often use condoms with their sexual partners for the first few instances, but once they were 'sure' of their partners commitment to a 'serious' relationship, they develop 'trust' in them, therefore rendering the use of condom unnecessary, as Zama explains:

You know what happens? You sleep together, four weeks you use a condom, all those four weeks. After three weeks you consider this idea of not using condoms, you play around but then you don't, then maybe two weeks later, you really, really care about each other, you really love each other, you really think you love each other, anyway, you trust each other, then you screw the condom (Zama, March 2008, interview).

A similar view is also shared by Jabu:

The minute you date someone, aam especially when you normally buy yourself some condoms. As time goes I trust you, you trust me. Depends on how serious you are with each other, the condom disappears away 'cause you trust the person 'cause you feel he wont let you down, cause you feel you are on the same track, somehow (Jabu, March 2008, interview).

The trust here is not based on knowledge of the partner's HIV status, but a mere perception of his/her commitment in the relationship. For others, like Julia, there is no need to use a condom in monogamous relationship. Use of condom for her is an indication of sexual infidelity:

If you have an open relationship, then use condoms because you are free to go wherever, but now we talking about a relationship that supposed to be monogamous, but then a person is also wanted to use a condom? So I have

relationship, the boundaries of the relationship defines the kind of intervention that can be used (Julia, July 2008, interview).

Interpretations of ‘VCT’

Voluntary Counselling and Testing was also identified in the quantitative survey as one of the key areas of focus by the HIV/AIDS campaigns to which university students had access. About four in every five students, 79.9% of the survey participants, indicated having seen/heard messages on VCT very often and often. Virtually, all the interview participants also recalled seeing advertisements. The majority of them also reported having seen VCT campaigns conducted by NGOs, such as *New Start* and others that were occasionally invited by universities to conduct free VCT services among students. Such VCT services were often conducted at open spaces such as parks or social gathering spaces. However, fewer than half (42.2%) of the participants had ever undergone VCT, which suggests a low level of VCT uptake.

The interview schedules investigated how students understood the notion of VCT. Findings of the interview illustrate that at the denotative level, there was a near-universal understanding of VCT as a counselling and testing service for HIV, which individuals underwent at free will. Connotatively, however, the concept of VCT elicited a number of *negotiated* readings among students.

VCT as ‘Facing the Reality’

VCT was seen by the majority of sexually active students, especially those who were involved in concurrent sexual relationships, as a way of coming to terms with the reality of a possible HIV infection. Some felt that a positive diagnosis would signal an uncertain future which participants, such as Sinhle, likened to ‘knowing when you will die’:

The issue of testing is difficult, especially if you have had unsafe sex, yeah, if you have had unsafe sex that it is difficult. I’m telling you because you don’t trust yourself, you go there and they tell you that you are HIV positive. Sometimes you can kill yourself, you won’t live a good life because now you, kind of know the dates when are you going to die (Sinhle, April 2008, interview).

Similarly, Philani reports that every time he hears about VCT, he experiences fear:

Interviewer: What comes into your mind when we talk of VCT?

Interviewee: Fear, fear comes into my mind (laughs). Fear of testing. What is actually very strange is that all my brothers and I have got friends from Zimbabwe. I have met them quite a lot this year then I went to a party with them last semester. They are all from Zimbabwe. What is surprising about them is that they keep talking about going to test. 'Hey we went for HIV test, ah, my brother just went for an HIV test two weeks ago, we did an HIV test'. Men, I was shocked how comes these guys from Zim [Zimbabwe] are all talking about going for an HIV test when no one here wants to talk about it?...I am too frightened! (Philani, July 2008, interview).

The majority of the participants, including the HIV/AIDS programme co-ordinators, felt that it was mainly students who had not engaged in unprotected sex that often went for VCT. Those who were sexually active often shied away from going for VCT:

I think the people that go and get tested are the people that know for a fact that they have not slept around and that they were not involved in car accidents and that you know, people that have that initial bit of hope, and that if they did have that bit of AIDS, it will be 0.0.0 chance that they have it. You know it's not sexually active students (Sithole, March 2008, interview).

...it is client initiated so as the result it will have a certain bias in a sense that who goes there, who doesn't go there, because we think people that have got grounds not to be confident about their HIV status are likely not to go. And people that are relatively secure about their kind of life style, that they do just to make sure that every thing is okay ,tend to go for VCT because then it doesn't explain why you ... people who are supposed to be at high risk in terms of prevalence surveys from the national survey, but if you were just to look at our VCT data, you would think that our youth at UKZN are not at risk because they are so few testing positiveThese are the people we test,

people that are relatively comfortable with themselves in terms of their lifestyle (UKZN HIV/AIDS administrator, September 2007, interview).

VCT as 'Taking Responsibility'

To some, undertaking VCT amounted to taking responsibility for their sexual partner's HIV status. For these students, the idea of testing positive evoked the feeling of guilt for having infected their sexual partner(s). According to Sithole, sexually active students do not want to go for VCT because they believe that they owe their sexual partners an explanation, in case they test HIV positive:

sexually active students don't want to face reality, they don't want to face the fact that, they could be HIV positive, they don't want to because that will mean that they owe somebody else an explanation. You know it will mean that they are responsible for somebody else's state of sickness (Sithole, March 2008, interview).

The guilty conscience prevents individuals from testing since they think their partners will hold them accountable for their HIV status. HIV testing would then only be undertaken with mutual consent between sexual partners. For some, like Lizzy, a second year Coloured student at Medical school, many students do not want to test because of a guilty conscience which arises from the fact that they engage in risky sex, when they know the dangers involved:

...you know, we laugh at [HIV/AIDS adverts] and you know they sink somewhere and yet if I have to become HIV positive in this day and age, it will be like 'where have you been?', you know, type of thing, so, yeah, I think the stigma attached to it, now not only because HIV is the dreaded disease but more of there is so much information available to us, especially as young people, as young women, as young men, yet why aren't we taking this information and using this information on a personal level? (Lizzy, August 2008, interview).

It should be noted that only 42.2% of the participants in the questionnaire survey had undergone VCT, despite the overwhelming majority of them (85%) being aware of where they could go for VCT services within campus. Significantly, high numbers of students (26.3%) indicated that they had not gone for a HIV test because they feared

knowing their HIV status, whereas another 36.6% said that they were “not yet ready for an HIV test”.

Doubting Health Status

Among some participants, going for a VCT was associated with poor health. Some participants perceived themselves as healthy and therefore did not see the need to go for VCT. For some, like Thenjiwe, going for VCT would only be necessary *when the situation pushes me to test* (Thenjiwe, April 2008, interview). Those who perceived themselves to be in good health, like Amina, did not see the need to undergo VCT:

I have not gone there [VCT check] myself because I'm healthy. Nothing has really threatened me that I should find a need to really go there

Similarly, when asked whether he thinks students on his campus go for VCT, Gumede, a black first year student at DUT, replied:

there are few of them who go there, but most of them when you ask 'have you gone to do a blood test?' are Like, 'no I'm healthy, look at me I'm not skinny! I don't have any problem with my health so I'm healthy' (Gumede, June 2008, interview).

Summary

Consistent with Hall's (1996) argument that the codes of encoding and decoding of media texts may not necessarily be symmetrical at the connotative level, the research findings summarized in this chapter have illustrated that the students' interpretations of the abstinence, Be faithful, condomise and 'know your status (VCT) messages were often contrary to the connotative meanings that are intended in the ABC and VCT campaigns. Though dominant readings were observed, students often interpreted these meanings from alternative frameworks that resulted in negotiated meanings and, in some cases, oppositional ones. It is evident from this analysis that the interpreted meanings related to the socially constructed meanings of sex as discussed in Chapter Seven and appeared to draw from the various categories of students with regard to their involvement in sexual practice. Students who subscribed to the religious and/or cultural ideals of pre-marital chastity often understood the concept of abstinence from the religious and traditional cultural perspective, as a religious, moral practice and

virginity preservation. This group of students perceived abstinence as an effective way to avoid HIV infection even though abstaining, for them, was primarily motivated by the desire to uphold cultural or religious ideals, rather than avoiding HIV infection.

On the other hand, students who did not subscribe to the religious/cultural ideals of pre-marital chastity often interpreted abstinence oppositionally, as sexual abnormality or denial of sexual pleasure. Some argued that “normal people” engage in sex, hence those who “claimed” to be abstaining were considered abnormal. Among other students in this category, the call for abstinence was often understood as an attempt to deny individuals the opportunity to engage in sexual pleasure. Some argued that abstinence can be implemented successfully if the decision comes from individuals themselves rather than “being told what to do”. This illustrates that the resistance that the notion of abstinence encountered was often a result of the way the message was communicated in the moralistic discourses of culture and religion, rather than to the concept itself.

The dominant interpretation of “Be faithful” was also observed in the study. Nevertheless, the majority of participants understood to “Be faithful” as a commitment to a serious or marriage relationship. According to this account, individuals who were not in a relationship for marriage purposes did not have to be faithful since they “were not in a relationship for the right reasons”. This understanding therefore seemed to legitimize concurrent sexual relationships among those who were in relationships for fun, companionships, and so on. For others, the notion of “be faithful” was understood as protecting one’s sexual partner. According to this account, one could still be faithful to the ‘main’ partner, whilst engaging in concurrent relationships, as long as they engaged in protective sex with other sexual partners. There was no oppositional interpretation observed with regards to the Be faithful message.

With regards to the condomise message, some participants interpret it connotatively as meaning the use of condoms to prevent HIV and STIs. This illustrates an interpretation that is in perfect symmetry with the connotative meaning intended in the ABC campaign. For some participants, however, the interpretations of the condomise message were seen to have been mainly influenced by the socially

constructed meanings relating to the use of condoms and, for others, the competing discourses with regards to the prominence given to the different prevention options in some of the ABC campaigns. Some understood the notion of condomise as “the last option”, which should only be used in prevention of HIV when all other options have failed. This also seemed to construe condomise as a less secure method of HIV prevention, compared to other methods, a perspective that is emphasized in some ABC campaigns, such as those funded by PEPFAR. For others, the use of condoms symbolized lack of trust, whereas other respondents understood condom use as a ‘gamble’ with life.

The students’ interpretations of the “Know your status” (VCT) also reflected the dominant and negotiated readings. Some understood VCT from the same connotative code as intended in the VCT campaign, as undergoing voluntary counseling and testing, to “know your status”. However, others understood VCT from a variety of perspectives, such as “facing reality” of possible HIV infection, “taking responsibility” for one’s partner’s HIV status and uncertainty about health status. Some argued that they were not ready to undergo VCT because they did not want to face the reality of possible infection which, for others, meant “knowing when you are going to die”. A positive diagnosis for some participants meant that one owes an explanation to one’s sexual partner about their HIV status.

In sum, it can be argued that the categories of interpretations of the ABC and VCT messages amongst students vary, depending on the various sub-cultures that students identify with regards to the meanings attached to sex and sexual behavior. These sub-cultures supply the interpretive repertoires through which students engage with and make meaning of the ABC and VCT texts.

The next chapter will critically examine the processes and structures through which students make sense of ABC and VCT texts, based on the results discussed in this and the previous chapter.

CHAPTER NINE

Communication, Meaning-Formation and Social Action: Why HIV Prevention Campaigns May Fail

The previous two chapters have focused on summarizing and analyzing the data generated from the questionnaire survey involving 1400 students, and interviews that were conducted with 24 students and three HIV/AIDS administrators, drawn from the three participating universities. This chapter concentrates on the interpretations of the key findings in the light of the key theories that informed this research. These interpretations provide the basis for generating new ways of understanding the mediation processes that are involved in HIV prevention campaigns within a complex cultural environment. This will further enhance the understanding of the context of sexual practice and why communication campaigns do not seem to have any impact on sexual behaviours, despite the changes in knowledge and attitudes, as evidenced in the empirical findings of this study.

The chapter begins with a summary of the key findings of the questionnaire survey and highlights the contradictions emerging with regards to the students' engagement in risky sexual practices, despite their near-universal knowledge of HIV/ADS and positive attitudes towards HIV prevention strategies. This leads to the critical question that this thesis was set to address: how students make sense of the cultural meanings of Abstinence, Be faithful, Condomise and Know your status (VCT). This question forms the point of connection between the quantitative and qualitative data and therefore leads to the subsequent subsections that systematically deal with the processes and structures through which students generate meanings about sex and HIV prevention communication.

This analysis illustrates that the codes of interpretation of the Abstinence, Be faithful, Condomise and Know your status (VCT) messages draw from the various interpretive communities into which students constitute themselves. These interpretive communities were often constituted along three categories: sexual identities, racial identities and discourse. Nevertheless, these interpretive communities did not exist as discreet/frozen categories but were, instead, interlinked in a manner that allowed

individuals to belong to more than one category at a time. This process of meaning-formation completely undermines the individual-centered approaches, such as the ABC and VCT prevention strategies, as individuals' knowledge and practices were socially sanctioned through the collective lens of the group.

Knowledge, Attitudes and Practices: The Gap

A critical examination of the results of this study reveals a discrepancy between students' perceptions of the HIV prevention strategies, and their adoption of these strategies in their lived experiences. The results illustrate that the majority of students generally perceived Abstaining from sex, Being faithful to one partner, using Condoms consistently during sexual intercourse and Knowing one's HIV status (VCT) as realistic ways of preventing HIV infection. Furthermore, huge proportions of the students think it is "not ok" for either male or female to have more than one sexual partner (see **Table 8**). Conversely, the majority of them have had sexual experience, with close to half (48.5%) of the currently sexually active students having more than one sexual partner. Consistency in condom use was also found to be significantly low, with close to a third (27.4%) reporting not having used condom in their most recent sexual encounter. Fewer than half (42.2%) of the students had ever tested for HIV, even though 85.0% of them knew where to get an HIV test within campus. These results illustrate the discrepancy between the perception and knowledge of students with regard to HIV/AIDS and HIV prevention and their actual behavioural practices, with regards to the risk of HIV infection.

Further analysis reveals that, despite near universal knowledge of HIV/AIDS, the majority of the students do not take the epidemic seriously. This is evidenced by the general lack of interest in HIV-related activities, such as workshops, seminars and campaigns, and the general absence of active dialogue on HIV/AIDS and HIV prevention among students (see **Table 6**). This lack of interest could arguably be attributed to the low levels of HIV-related activities and the high levels of HIV related stigma at the three universities, as is evident in the survey results. The study established that interpersonal communication campaigns around the seven campuses were mainly mobilised through peer education programmes. However, such programmes focused on resident students and were found to be insufficient due to the small number of peer educators involved in the programme. Occasional target

campaigns were also conducted, especially during the orientation weeks and whenever there were national HIV/AIDS events. These campaigns were observed to attract few students, perhaps, due to the poor organization or the oft lack of entertainment component, unlike that found in the television dramas that attracted the majority of the students.

Nevertheless, the empirical evidence derived from in-depth interviews also suggests that students' risky sexual activities were often entwined in the patterns, processes, and structures that underpinned their meaning-formation with regard to sex, HIV/AIDS and HIV prevention. Study findings clearly illustrate that students' sexual practices were often predicated upon an understanding of sex and HIV/AIDS that was based on a frame of reference which drew from a variety of competing discourses. These discourses contributed to the formation of various sexual identities and sub-cultures which then supplied the frames of understanding through which members of the groups made sense of HIV prevention communication. It is thus imperative that the cultural spaces within which students live and participate and which they negotiate via various discourses are critically examined, in the light of evidence emerging from this study, in order to elucidate the meaning-making processes that render the HIV/AIDS campaign efforts ineffective.

ABC and VCT Campaigns as Signifying Processes

Jeff Lewis has defined culture as “an assemblage of imaginings and meanings that may be constant, disjunctive, overlapping, contentious, continuous or discontinuous. These assemblages may operate through a wide variety of human social groupings and social practices”. He argues that “in contemporary culture these experiences of imagining and meaning-making are intensified through proliferation of mass media images and information” (2002, p. 15). Lewis further points out the ambivalent relations between culture, media and the audience: culture is not only a product of the mediation process but also forms the resource within which this process itself is formed. It is thus important to conceptualise students as audiences whose experiences of ABC and VCT texts not only derive from a particular culture, but are also part of a continuous process that shapes the formation of that culture.

Within a culture, mediation occurs through an exchange of signs. Charles Peirce, one of the pioneers of semiotics, defines a sign as follows:

A sign, or *representamen*, is something which stands for something in some respect or capacity. It addresses somebody, that is, creates in the mind of that person an equivalent sign, or perhaps a more developed sign. That sign which it creates I call the *interpretant* of the first sign. The sign stands for something, its *object*. (CP 2.228) (in Jensen, 1995, p. 21)

Texts such as Abstinence, Be faithful, Condomise and Know Your Status (VCT), are seen in Peircian perspective as representamens, signs which stand for certain realities that exist outside these signs. When university students encounter these signs through the media, other signs are then formed in their minds which then become interpretants of the first signs. Students therefore make sense of the first signs based, not on the signs themselves, but rather on the interpretants of those signs. However, as pointed out by Peirce, the interpretant “is neither identical with the interpretive agent, nor an essence representing the content of that person’s thoughts. Being a sign, the interpretant itself calls up another interpretant, and so on *ad infinitum*” (Peirce, cited in Jensen, 1995, p. 22). Peirce’s notion of interpretant is thus key to uncovering the ambiguities involved in the mediation of Abstinence, Be faithful, Condomise and Know your status among university students, as evidenced in the results of this study.

The Triad of Signification: Interpretants of the ABC and VCT Texts

Based on Peirce’s notion of interpretant, Klaus Jensen has suggested a useful framework through which the interaction between the mass media signs, audience decoding processes and the influence of texts on audiences can be understood. Jensen observes that the meanings in mass communication are generated through a semiotic continuum involving three interrelated stages of interpretants: the Immediate, Dynamical and Final interpretants (Jensen, 1991, 1995). Peirce conceived of immediate interpretants as “the total unanalyzed effect that the Sign is calculated to produce, or naturally might be expected to produce” (1958, p. 413). This corresponds to Stuart Hall’s (1996) notion of the *preferred* meaning and, in the context of HIV prevention communication, it corresponds to the meanings that the ABC and VCT texts are designed to produce amongst the audiences.

Peirce’s second category of interpretants, the Dynamical Interpretant, “consists in the direct effect actually produced by a Sign upon the interpreter of it” (Peirce, 1958, p. 413). This consists of the actual meaning that the audiences derive out of their

interaction with the media texts. Interpretation at the level of Dynamical interpretant, according to Jensen, is not necessarily based on the media discourses themselves, but rather on the social context within which these discourses attain their relevance. The category of meanings generated at this level “may owe less to the structure of media discourses than to the social contexts in which they attain practical relevance” (Peirce in Jensen, 1995, p. 24). From a mass communication perspective, Hall further points out that

...the lack of fit between [meanings] has a great deal to do with the structural differences of relation and position between broadcasters and audiences, but it also has something to do with the asymmetry between the codes of ‘source’ and receiver at the moment of transformation into and out of the discursive form (1996, p. 44)

Individuals thus generate their interpretations of media texts out of a collection of meanings that exist within their cultural space and which have been shaped by social, historical and material conditions (Lewis, 2002). As shall be demonstrated below, the findings of this study illustrate that students constituted themselves into various social groups that were mainly defined by sexual identities and, in some cases, racial identities and discourse. These social groups then supplied the interpretive strategies through which students made sense of the ABC and VCT texts. The degree of symmetry (Hall, 1996) between the students’ interpretations and the intended meanings thus depended largely on the nature of interpretive strategies existing within the social groups with which various students identified.

The impact of ABC and VCT communication can be conceptualised through Peirce’s third level of interpretants, the Final Interpretant. The Final interpretant is “the effect the sign would produce upon any mind upon which circumstances should permit it to work out its full effects” (Peirce, 1958, p. 413). In the context of HIV prevention communication, it is at this stage that campaign messages are expected to lead to behaviour modification, the ultimate objective of HIV prevention communication. Peirce argues that the final interpretant provides the final link where the media text may lead to behaviour modification:

It can be proved that the only mental effect that can be so produced and that is not a sign but is of a general application is a *habit-change*; meaning by habit-change a modification of a person’s tendencies towards action, resulting from previous

experiences or from previous exertions of his will or acts, or from a complexus of both kinds of cause (in Clarke, 1990, p. 83; Jensen, 1995, p. 24)

Jensen re-emphasises the significance of the Final interpretant as the final stage of the mediation process by asserting that it is at this stage that media discourses may significantly alter the cognition and action of the audience-publics (Jensen, 1995). Hall further asserts that the nature of influence produced by the media text in terms of alteration of cognition and social action largely depends on the kind of meanings generated out of the text:

Before this message can have an effect (however defined), satisfy a need or be put to a use, it must first be appropriated as meaningful discourse and be meaningfully decoded. It is this set of decoded meanings which 'have an effect', influence, entertain, instruct or persuade, with very complex perceptual, cognitive, emotional, ideological and behavioural consequences (Hall, 1996, p. 43)

The results of this study support this perspective. My findings show that the ABC and VCT texts were interpreted differently by different categories of students, based on the various social groups with which the students identified. The meanings generated consequentially led to varying levels of influence at the cognitive and, perhaps, behavioural levels⁴⁴. The study established that students who subscribed to religious and/or cultural ideals of pre-marital chastity, for instance, often indicated that they were practising, or intended to practise, abstinence, which they often interpreted through the moralistic code. Conversely, those who did not subscribe to the ideal of pre-marital chastity often interpreted the call for abstinence oppositionally, as an attempt to control their engagement in sex. They thus understood their sexual activities as a form of resistance to the perceived sexual control. This, therefore, supports the conclusion that the nature of cognitive influence and social action that media texts generate among the audience-publics ultimately depends on how the meanings that are generated from the texts articulate with the situated discourses that led to the formation of those meanings. The processes of production of these meanings within various interpretive communities are analysed further in the next section.

⁴⁴ Changes in sexual behaviours may have been influenced by several other factors, thus may not be entirely as a result of the impact of communication campaigns.

Students as ‘Interpretive Communities’: Group Dynamics in Meaning-Formation

The results of this study highlight the intersubjective nature of meanings (Berger & Luckmann, 1966) that were generated by the students in relation to aspects of their sexual behaviours and interpretation of HIV prevention texts. This intersubjectivity reflected itself not only in the nature of meanings generated but also in the manner in which those meanings were expressed by individual students. As noted in chapter eight, for example, there was a common tendency by interview participants to respond, using collective pronouns such as “we as students”, rather than singular (“I/myself”), even when the question was carefully framed to show the interviewer’s interest in the interviewee’s own views/experiences. This clearly illustrates a frame of reference that draws from the collective rather than individual meanings and identities. In most traditional African cultures, the group is often the dominant frame of reference, as manifested in the popular Zulu maxim, *umuntu ngumuntu ngabantu* (“a person is a person through (other) persons”) (Forster, 2006). This is, however, being re-fractured by the current social and economic realities that increasingly favour individualistic outlooks.

Drawing on Mead’s concept of symbolic interactionism, Berger and Luckmann perceive individuals as constructing their own identities through their social interactions with others (Berger & Luckmann, 1966). These collective identities, in the context of mass media, define the formation of the audience categories within which individuals interact with media texts. Jensen employs Fish’s (1979) notion of ‘interpretive communities’ to describe these audience groups and further points out that these groups are not just defined by their roles within their social formations but, more importantly, “by the strategies of understanding by which they engage mass media contents and other cultural forms” (1991, p. 13). According to Jensen, interpretive communities may make sense of the same media content through multiple interpretive strategies. Furthermore, “the same recipient may draw on multiple interpretive strategies, depending on the purpose or context of reception” (Jensen, 1991, p. 13).

Jensen identifies three types of conditions that lead to the formation of interpretive communities: discourses and genres, practices, and social institutions. In the context

of this study, the interpretive communities were mainly constituted along the various sexual identities that were often defined by the socially constructed meanings of sex. Sexual identity, in this case, does not refer to the homosexual-heterosexual dichotomy as the phrase is often used in contemporary literature (Makhubele, Ntlabati & Parker, 2007). It, instead, relates to the sexual action/non action and the various sub-categories within the heterosexual collective. The racial identities, gender and political discourses on HIV/AIDS also appeared to characterise these interpretive communities in some instances. The discourses about sex and HIV/AIDS within these interpretive communities supplied the individuals with the interpretive repertoires through which they made sense of their sexual practice and of the texts relating to HIV prevention. This process reflected the dialectical relationship between meaning-formation and culture, where culture served as a means of generating meanings which then constitute that culture (Lewis, 2002).

Sexual Identities as Interpretive Communities

The interviews discussed in Chapters Seven and Eight clearly illustrate two distinct cultural categories that were primarily constituted along the perceptions of, and engagement in, pre-marital sexual activities. On the one hand, there was the sexually non-active category of participants who often considered themselves as religious, traditionalist, or both, and who perceived pre-marital sex as immoral and/or sinful. On the other hand, there was another category of sexually-active participants who perceived pre-marital sexual activity as 'cool' and the practice of abstinence as 'abnormal'. A form of power relationship existed between these two categories. In contemporary audience studies, power is often conceived in terms of the hegemonic dichotomy of domination and subordination, where the dominant groups are conceptualised as using the media to seek control over the subordinate groups through ideology. Thus, audience studies often concentrate on how the subordinate groups seek to subvert hegemonic powers by generating their own meanings out of the media texts (cf. Fiske, 1987, 1989; de Certeau, 1984). Whilst this kind of power dynamic was observed in the interpretation of abstinence by some interpretive communities, the predominant type of power manifested itself within the categories of audiences and was mainly operationalised in terms of social inclusion/exclusion.

Students who were abstaining were socially constructed as being ‘abnormal’, naïve and – among females – unattractive. This process of othering served to create the hierarchy within the students’ social system, where sexually non-active students were considered to be of lower status than the sexually active students. As one of the participants in this study remarked, ‘*it is not cool to be a virgin*’. Consequentially, social exclusion was used as a weapon to pressurise sexually non-active students into engaging in sex in order to identify with the ‘cool’ group.

What is significant in this study is not just the nature of power dynamic that influenced the students’ engagement/non engagement in sex, but also the way in which these sexual identities supplied the discourses through which students made sense of sexual practice and the HIV prevention texts. Within the sexually non-active group, the meaning of sex drew mainly from the religious and cultural discourses of sexual morality, which construct pre-marital sex as ‘sinful’ or ‘immoral’. Religious organizations, led by the Catholic Church, have vehemently opposed the promotion of condom use despite evidence of pre-marital sex activities among young people. For the Catholic and the majority of other mainstream conservative religious organizations, the only way to prevent HIV infection among unmarried young people is through abstinence. This view is also shared by the traditionalist practice of virginity testing, which perceives pre-marital chastity as a virtue. However, unlike in the religious perspective, the cultural tradition of virginity testing perceives pre-marital chastity from a gendered perspective, where it is only the females who are expected to practise pre-marital chastity (see detailed discussions on religious and traditionalist perspectives on abstinence in Chapter Four).

Interpretations of Abstinence, Be faithful and Condomise by the sexually non-active students appeared to draw predominantly from the religious and traditionalist discourses on pre-marital sex within. The majority of respondents who subscribed to the religious doctrine or the cultural traditions of virginity preservation perceived Abstinence as an effective strategy, even though they conceived abstaining from sex from the religious or traditionalist moral codes (see **page 186-198**). Sex was understood in this framework as a means of reproduction and the pleasure of sex was to be enjoyed only within a marital relationship. Pre-marital sex was thus conceived as immoral or sinful and was, in some instances, blamed for the spread of HIV/AIDS.

Pre-marital abstinence was perceived in terms of morality and, consequentially, as the most effective and acceptable way of preventing HIV infection. The majority of participants in the religious interpretive community also perceived concurrent sexual relationships as immoral, and being faithful to one partner as the ideal form in a marital relationship. Interpretation of condomise within this cultural group often highlighted condom failure.

Within the sexually-active category, members further constituted themselves into various sub-cultures defined along the various socially constructed meanings of sex. However, as Jensen (1991) characterises interpretive communities, these sub-cultures often overlapped in a manner that allowed individuals to participate in, and draw meanings from, more than one sub-culture, simultaneously. Some participants reported that they engaged in sex with people they loved. Sex was used in this context, therefore, as a means of expressing and experiencing love, often in monogamous unions. For others, however, engagement in sex was not motivated by love or desire for sexual pleasure but, instead, by a multiplicity of factors that often led to engagement in multiple and concurrent sexual partnerships. Among Black males, for example, sex was often conceived as a form of competition where individuals achieved social esteem through the number of sexual partners they had slept with. One participant explained the nature of discourse about sex within his group: *“We are always talking about ‘ok, eeish, I wish I could sleep with that chick’, eeh, because people take it as competition where everybody wants to show that they can outdo the other or something (see page 157-158).* This perspective redefines sex, not only as a signifier of social identity but, also, as a ritual through which an individual obtained acceptance into the ‘cool’ group where he can then talk about sex and achieve higher ranking within the social system.

Some male and female participants also perceived engagement in concurrent sexual partnerships as opportunities to ‘sample a variety’ and to get new experiences with new people (see **page 158-159**). In this context, sex is not driven by love but by the desire for pleasure and new experiences. The nature of sexual relationships in this case was therefore often casual and concurrent. For other female students, sex was utilised as a commodity for exchange for symbols of social status, such as visiting expensive restaurants, riding in expensive cars and other signifiers of modern ‘cool’

lifestyles. In this context, the practise of sex was not based on the need for pleasure or love, but by the desire for the socially idealised 'highlife' experience. The nature of sexual relationships was therefore often casual and concurrent.

The nature of interpretations of Abstinence, Be faithful, Condomise and VCT within these interpretive communities often took the form of negotiated and, in some instances, oppositional reading. Abstinence was often interpreted through the moralistic code as a religious issue or virginity preservation. In this case, Abstinence was conceived as appealing only to those who subscribed to such religious or traditionalist ideals. For others, however, Abstinence was perceived as 'abnormal', 'sexual naivety', or as 'denial of sexual freedom'. These oppositional interpretations were seen mainly as a response to the way abstinence was presented, rather than the concept itself. Some argued, as one participant puts it, that "*As long as people, as long as abstinence comes from the person, as long as it's the person's, what the person wants. Then the person is also willing to do it... but when it's enforced to you...or when you are or seen that you are immoral when you don't abstain...that's where the problem comes*" (see **Page 196**). In this case, the moralistic discourses of sex are perceived in terms of power as instruments of control.

Be faithful was often interpreted as a commitment to a serious or marital relationship. The majority of participants argued that they were not practising "Be faithful" because they were not in serious relationships, as Dlamini puts it: "*this is varsity, cause no one has promised someone marriage or anything, it's just having fun*" (see **page 200**). This understanding, therefore, redefines Be faithful in such a way that it is perceived as being aimed only at those who are in a serious relationship and who are intending to marry, eventually. For others, Be faithful meant 'protecting' the sexual partner, hence, one could have more than one sexual partner as long as the main partner was protected from HIV infection by having protected sex with the other partners. These interpretations re-define the notion of Be faithful in a manner that produces new meanings, which then formed the basis through which individuals determined whether Be faithful applied to them or not.

Similarly, the notion of VCT was often interpreted within this cultural category in a manner that rationalised why individuals within the group refused to undergo the test. Some saw VCT as "taking responsibility", which meant that in case one tested

positive, he/she will owe their sexual partners an explanation about their HIV status. In this case, undergoing VCT was seen as a collective decision rather than an individual one. For others, undergoing VCT amounted to “knowing when you are going to die”. This perspective reveals the individuals’ underlying assumptions of the possibility of HIV infection, mainly due their engagement in risky sex. It is important to note here that the students who often went for VCT were those who had little doubts about their HIV status (see **Page 210-211**). Sexually active groups, however, often perceived condom use as the most effective way of preventing HIV infection, even though some understood it as a sign of infidelity or as interference in sexual process.

Moralistic Code as ‘Disciplinary Power’

Among some participants, especially the Black female and Indian female students, who perceived themselves as having been under strict sexual control by parents/guardians prior to joining the university, engagement in sex was understood as a celebration of freedom (see **page 152**). Others, similarly, rejected the notion of Abstinence, arguing that abstaining in sex denied individuals their biological pleasure: *‘if you’re just a normal human being, just going about your life, you know, and then somebody just say ... ‘no you have to abstain from sex’, it sounds funny you know, it’s like you’re depriving the person of biological pleasure’* (see **page 197**). These interpretations located the meaning of sex and abstinence within the discourse of power and resistance, where abstinence was thus oppositionally interpreted as a means of restricting individual’s engagement in sexual pleasure. This interpretation seems to draw from the discourses of social control that Michel Foucault refers to in *Discipline and Punish*, as ‘disciplinary power’. In the Foucauldian perspective, discourses of morality are seen as apparatuses of surveillance and control, through what Foucault refers to as ‘discipline’. Foucault perceived ‘discipline’ as a form of social repression instituted by societies through discourses that seek to normalize certain practices (such as pre-marital chastity in the context of religion and traditional culture) and thereby constructing others (engagement in pre-marital sex) as perverse (Foucault, 1977). He uses Jeremy Bentham’s prison blueprint, the ‘panopticon’, as a metaphor for the discourses of ‘discipline’, through which the state seeks to control the individual. The purpose of such discourses, according to Foucault, is to draw the individual from his/her immediate experience into the world constructed through

discourse. From this perspective, therefore, some sexually active students in KwaZulu-Natal appear to interpret abstinence as the ‘panoptic watchtowers’ through which religion and culture instituted their power of control over individuals’ engagement in sexual pleasure. Therefore, they understand their engagement in sex as a resistance to the power of religious/traditional cultural discourses.

Looked at from the perspective of power and resistance, it becomes clear that the strategies of interpretation through which the sexually active interpretive communities engaged with HIV prevention texts, as discussed above, are not necessarily as a result of the polysemic nature of the ABC and VCT texts. Members of these interpretive communities often appeared to understand the preferred connotative meaning of abstinence and Be faithful but they, instead, deliberately mobilised interpretive strategies that generate meanings which rationalised their engagement in sexual practice. Corner (1980) developed Stuart Hall’s concept of *oppositional* reading with an argument that such interpretations often occur when the audiences are aware of the differences between the intended meaning and that which they choose to read. Schrøder and colleagues also support this view by stating that “people from different social groups are seen as active in the construction of everyday truths that work for them in their daily lives” (2003: 15).

Negotiated and Oppositional Readings as Détournement of Abstinence

The strategies of oppositional codes of interpretation deployed by the sexually active students in interpreting the notion of abstinence resonate with Michel de Certeau’s notion of *détournement*. de Certeau points out that audiences are not necessarily shaped by the cultural products imposed on them, but they, instead, conduct ‘raids’ on the sites and structures of coercive institutions and generate their own meanings, which then overthrow the powers of the hegemony (de Certeau, 1984). Through semiotic ‘tactics’, audiences seek to suspend the influences of what de Certeau regards as the ‘strategies’ of the structures of coercive institutions, by “[re-inventing] new moves that disqualify the dispositive of power” of those strategies (de Certeau, cited in de B’beri, 2008). In the context of this study, the preferred connotative meaning of the notion of abstinence is seen by students as entailing ‘structures’ that restrict individuals’ engagement in sexual pleasure. However, these structures did not articulate well with the meanings that sexually active groups attached to their sexual

practices, and therefore members of these interpretive communities had to find ways of circumventing those structures. This was achieved by deploying interpretive strategies that generated meanings that were favourable to their sexual lifestyles. In Hall's words, these interpretive communities decoded the notion of abstinence in ways that "[detotalized] the message in the preferred code in order to [retotalize] the message within some alternative framework of reference" (Hall, 1996, p. 49). The deployment of moral code in the interpretation of abstinence can thus be understood as a 'tactic' that has been used to generate new meanings, which then rationalise students' rejection of the notion of abstinence. Students' engagement in sex thus becomes a signifier (what de B'beri (2008) describes as *marronage*) of their resistance to the structures that seek to impose abstinence on them.

Political Discourses as Interpretive Codes

Discourse, as Vivien Burr (2003, p. 65) points out, "...serve(s) to construct the phenomena of our world for us, and different discourses construct these [phenomena] in different ways". Burr further asserts that "a discourse provides a frame of reference, a way of interpreting the world and giving it meaning that allows some objects to take shape" (p. 105). The variety of discourses emerging from different cultures within which individuals participate, at any one time, leads to a constant emergence of new meanings. This makes culture highly dynamic:

An individual human subject may participate in many different cultures simultaneously. Each of these cultures may have its own system of meanings which articulates itself through norms and values, beliefs, political ideals, rituals (repeated behaviours), clothing styles, vocabulary, status positions and so on (Lewis, 2002, p. 15)

Among KwaZulu-Natal university students, political discourses on HIV/AIDS seemed to have had a significant influence in constructing the interpretive repertoires through which some students engaged with the HIV/AIDS and HIV prevention texts. As discussed in Chapter Two, early responses to the HIV epidemic in South Africa were characterised by discourses of denial propagated by the political elite, with the support of some 'dissident' academics. As recently as 2000, several African National Congress (ANC) leaders, led by the immediate former President, Thabo Mbeki, were still questioning the relationship between HIV and AIDS. During the 13th

International AIDS Conference in Durban, Mbeki sought to advance the view that AIDS was a product of extreme poverty rather than HIV (Mbali, 2002, 2004; Poku, 2005). In 2000, Mbeki was also reported to have accused the United States' Central Intelligence Agency (CIA) of "participating in a conspiracy to promote the view that HIV causes AIDS"⁴⁵. This drew a sharp criticism from academics and health activists, led by the Treatment Action Campaign (TAC), who were puzzled by Mbeki's utterances that came at a time when the causal relationship between HIV and AIDS had been established beyond reasonable doubt (Abdool-Karim, Q. 2005).

The empirical evidence derived from the findings of this study illustrates the impact of these discourses of denial on the understanding of HIV/AIDS among some students. Study findings show that the students' risky sexual practices, that appear to mock their high levels of HIV/AIDS awareness and perceptions concerning prevention options, were often predicated upon a pervasive feeling of invulnerability. It is evident from interviews analysed in Chapter Eight that some female students were more often scared of falling pregnant than contracting HIV, even whilst engaging in unprotected sex with partners whose HIV status may have been unknown to them. This perception of invulnerability often drew from their categorisation of the self as belonging to the upper- or middle-class, which was a common reference among black respondents who, by virtue of being in an institution of higher learning, perceived themselves as having moved out of the lower-class (see **Pages 142-146**). HIV/AIDS, for this interpretive community, "*is their issue (the poor), not ours*". By virtue of belonging outside the category of "the poor", these students appear to consider themselves at less risk of HIV infection, as the quoted views illustrate.

These students' appear to draw from Mbeki's argument that seeks to link AIDS to poverty rather than HIV. By constructing AIDS as a disease of poverty, Mbeki and his allies implicitly suggested that the middle- and upper-class echelons of the society – where most students consider themselves to belong – are somehow insulated from the HIV-epidemic. Students, especially Black students who participated in this study, thus appear to perceive that by belonging outside the category of the poor, they are somehow insulated from HIV infection. This, perhaps also explains, in part, the

⁴⁵ Mail and Guardian, cited in *United Press International*, 6 October 2000, available at: <http://www.aegis.com/news/upi/2000/UP001001.html>

general lack of interest among students in HIV/AIDS issues, as evidenced by the study findings.

Power, Discourse and Signification

These results further illustrate the operation of power in influencing the kind of discourses within which audiences make sense of phenomena, contrary to Foucault's assertion that no discourse dominates over the other. Apparently, in response to the Marxist view that the powerful elite control the masses through discourse, Foucault argued that it is the social conditions, rather than the machinations of the powerful groups, that influence the possibilities of particular representations, rather than others (Foucault, 1977). However, it is clear from the results of the study that, in the context where there is a confluence of competing discourses, discourses emerging from the political elite – who are conceived in Diffusion of Innovations Theory (Rogers, 2003) as information gatekeepers – have a significant influence on the audiences' meaning-making processes. It therefore means that even though the influence of power in altering the signification processes may not be as a result of a deliberate effort of the power elite, their position of power influences the trust of the audience-publics, hence discourses emerging from them gain more prominence⁴⁶.

Summary

From the semiotic perspective, media texts, such as Abstinence, Be faithful, Condomise and Know your status (VCT) are considered as signs which represent particular realities. These signs acquire meanings through a signification process that

⁴⁶ The significance of discourses supported by the political elite in influencing meaning-formation is also exemplified by the recent overwhelming adoption of circumcision as an HIV prevention strategy among the Luo men in Kenya. The Luo community are among the only three out of forty-two ethnic groups in Kenya that do not traditionally practice male circumcision. It is also the community that has, for many years, been greatly ravaged by the HIV/AIDS epidemic. Based on recent studies conducted in South Africa and Kenya (with some study participants drawn from the Luo community) that showed that male circumcision significantly reduces chances of HIV infection (Helperin & Epstein, 2007), the Kenyan government embarked on a programme to encourage male Luo members to undergo circumcision as a way of reducing chances of HIV infection. This concept was vehemently rejected by the community members who saw the practice as a foreign cultural practice ("Kenyans reject circumcision plan" *BBC online* (18-07-2008). However, as soon as the concept received the endorsement of the political leaders from the community, the hospitals in the region were overwhelmed by demands for the cut, which had now been conceptualised from the medical perspective ("Hospitals can't handle scores seeking circumcision" *The East African Standard* (26-09-2008) <http://www.eastandard.net/InsidePage.php?id=1143995661&cid=4&>).

draws from various cultures. Because there is no direct relationship between a sign and the concept it represents, different cultures represent these signs differently.

This analysis has shown that university students make sense of the ABC and VCT campaign texts through interpretive codes that they obtain through membership in various interpretive communities. Two major interpretive communities were identified and which were constituted along the socially constructed meanings of sex. Within each of the two interpretive communities, there were multiple and overlapping sub-cultures that constructed the meanings of sex and HIV prevention differently. However, these sub-cultures were not discreet categories and individuals could draw from multiple interpretive communities simultaneously in making meaning of the various components of the ABC and VCT texts. This process reflected the intersubjective dimension of meaning-formation, which consequently undermined the individual-centred ideological orientation that underpins the ABC and VCT campaigns. This, therefore, supports the conclusion that despite the increase in HIV/AIDS awareness and changes in attitudes towards HIV/AIDS and HIV prevention, ABC and VCT campaigns may not necessarily lead to behaviour change, as evidenced in this study, since individuals' knowledge and sexual practices are socially sanctioned through a social process that exercises power over the individual through social exclusion and inclusion.

Chapter Ten

Conclusions

This chapter forms the overall conclusion of this thesis. The chapter begins with a statement of the key aim and objectives of the study, followed by a summary of the key findings. The chapter then concludes with a discussion of the conceptual and methodological contributions of the study towards understanding HIV prevention communication.

Aims and Objectives of the Study

The aim of this study was to analyse the responses of university students at UKZN, UNIZUL and DUT to HIV prevention communication campaigns, by examining how students make sense of the cultural meanings offered by HIV prevention texts, such as Abstinence, Be faithful, Condomise and Know your status (VCT). The study involved three key stages. The first stage involved a questionnaire survey of 1400 students (200 from each of the seven campuses), selected through a multi-stage sampling. The purpose of the survey was to examine how students access HIV prevention campaigns and the nature of their responses both in terms of perceptions and behavioural modifications. Interviews were also conducted with three HIV/AIDS programme coordinators, one drawn from each of the three universities, in order to generate more understanding of how universities mobilised their HIV/AIDS campaigns among students. The second phase involved in-depth interviews with 24 students drawn from across the seven campuses. This was aimed at generating a broader understanding of the behavioural responses of students towards HIV prevention communication campaigns. Interviews focused not only on the behavioural patterns among the students but also on the processes and structures that underpinned meaning-formation within the students' social networks. The third and final phase of study involved non-participant observation, which was conducted alongside the survey and interviews. The aim of the observations was to examine the manner in which campaigns were being conducted and the responses of students in terms of participation.

Summary of Key Findings

Students Access to HIV Prevention Communication Campaigns

This objective was achieved mainly through the questionnaire survey. The survey focused on from where the students obtained information regarding HIV/AIDS, the kind of information they obtained, and their attitudes towards the communication campaigns. Interviews were further conducted with three HIV/AIDS programme administrators, one drawn from each of the three universities involved in the study. The interviews were focused on enhancing the understanding of how communication campaigns were mobilised at each of the three universities and the behavioural responses of students towards these campaigns. The campaign focal areas at each of the three universities were also investigated through these interviews. However, the study did not delve into the processes that go into the planning and management of each of the campaign events within the seven campuses, since this was outside the scope of this study⁴⁷. Instead, the study focused on the general programmes that have been put in place by the universities to enhance the communication of HIV/ AIDS and HIV prevention amongst university students.

The findings of the study illustrated that university students find the mass media, especially television programmes with an entertainment component, more useful in accessing HIV prevention communication campaigns. The communication strategies developed by the universities were found to be both inadequate and less appealing to the students. The key interpersonal campaigns in each of the seven campuses revolved around the peer education programmes. However, insufficient number of peer educators and the inherent focus of the programmes on resident students rendered the programmes highly ineffective. Target campaigns were also conducted occasionally, for instance, during orientation weeks and national AIDS events such as the national AIDS week. However, participation in these events was found to be significantly low, partly because students did not find these programmes interesting and, in some instances, because of lack of proper planning. Furthermore, small media campaigns,

⁴⁷ One such study was recently conducted in 16 campuses, including two out of the five campuses at UKZN, UNIZUL and DUT (Rawjee, 2007).

such as posters, banners and information booklets, were often designed by the Department of Health or other organizations, such as Khomanani, for the general public rather than the specific context of university students.

Social Constructions of Sex and Sexual Relationships and Their Implications on Students' Risk-Taking

The understanding of students' sexual behaviours was also pursued through both the survey questionnaire and in-depth interviews. Survey questions on this theme focused on students' engagement in sex, number of sexual partners, use of condoms and uptake of VCT. In-depth interviews were utilised to interrogate particular behaviours that were observed from the survey findings, such as multiple and concurrent sexual partnerships and inconsistent or lack of condom use. There was need, for instance, to find out why students engaged in risky sexual activities, even when the survey reflected high levels of awareness and knowledge of HIV/AIDS and positive attitudes towards HIV prevention.

Study findings show that the majority of students were sexually active with a significant proportion of them currently engaging in multiple concurrent sexual relationships. Inconsistency in condom use was noted to be significantly high, whereas fewer than half the students had tested for HIV, despite high levels of awareness of where one could be tested. A further analysis of interviews established that the categories of students' responses to HIV-prevention communications were often predicated upon their relationships and participation in the various social discourses. Within some social groups, sex was understood as a means of achieving social esteem. In this case, sex was not only a signifier of social identity but also a ritual through which individuals were initiated into the 'cool' group. The sexually active 'cool' group was considered to be of higher status in the social hierarchy than the virgins, thus, individuals were under intense social pressure to engage in sex. Additionally, some female students used sex as a commodity in exchange for symbolic signs of social status, such as visits to expensive restaurants, rides in expensive cars, and so on.

Multiple concurrent sexual partners were also maintained at different locations for convenience. Others also saw this as a means of cushioning themselves from disappointment by untrusted sexual partners. Amongst females, engagement in

multiple concurrent sexual partnerships was often seen as a means of revenging on cheating or untrustworthy sexual partners. Multiple concurrent partnerships among students were legitimated through the social acceptance of open relationships, where partners mutually agreed to pursue other concurrent sexual relationship.

Impact of Competing Discourses on Students' Interpretation of HIV/AIDS and HIV Prevention

Individuals perceive reality through discourse, hence different discourses construct reality and, therefore, individuals' perceptions differently (Burr, 2003). Through in-depth interviews, this study sought to investigate how various discourses have influenced the signification processes with regard to HIV/AIDS and HIV prevention among university students. This was achieved through a critical analysis of interviewees' responses to interview questions. The findings of this analysis show that the discourses of denial propagated by the political elite in the late 1990's, until recently, have had significant influence on the students' perceptions of HIV/AIDS. Students' sexual behaviours were often seen to be founded on the general assumption of invulnerability because AIDS was considered among some social groups as a disease of the poor. The students who considered themselves middle- or upper-class thus considered themselves as being insulated from the epidemic.

Students' Interpretations of Abstinence, Be Faithful, Condomise and VCT

The study established that the students' frames of reference with regard to sex, HIV/AIDS, and HIV prevention notions of Abstinence, Be faithful, Condomise and VCT were ultimately underpinned by their daily experiences within their social groups. Meaning-formation was a complex process that drew from a totality of competing discourses, ideologies, structures and social norms within the students' social networks. The notion of abstinence was often understood from the moralistic perspective as virginity preservation, chastity and moral obligation, whereas others saw it as sexual naivety or denial of sexual pleasure.

The notion of 'Be faithful' was often understood as commitment to a 'serious' relationship or to a marital relationship. This implied that those who were in relationships for fun and companionship did not necessarily have to practice partner fidelity. Being faithful was also understood by others as protecting sexual partners. Amongst this group, an individual displayed his/her faithfulness by undertaking steps

to protect their sexual partners from HIV infection by, for example, using condoms during sexual intercourse with concurrent sexual partners.

As in previous studies, condom use indicated lack of trust in the sexual partner. However, the notion of trust was found to have an ambivalent meaning in this study. For some, trust meant the belief that the sexual partner was not cheating on them, whereas, for others, it meant that the sexual partner was committed to a serious relationship that culminates in marriage. Most students argued that they used condoms for the first few encounters but once 'trust' had been established, condom use would cease whether or not they knew the HIV status of their partners. Clearly, trust in this case, implies the belief that the sexual partner was serious about the relationship, whether or not they were involved in other relationships or were infected with HIV.

The effectiveness of condoms was also perceived differently, with public sector condoms being construed as smelly, ineffective and infectious, whereas commercial brands were considered to be professional and effective. For some students, condom use was perceived as 'unnatural' and limiting sexual pleasure. This group thus preferred to engage in condomless sex, which was commonly referred in slang language as *skhunu*.

VCT, on the other hand, was socially understood variously as 'taking responsibility', 'facing reality' and as a sign of poor health. Some students argued that they did not want to undertake VCT because they were not ready to face the reality of possible HIV infection, whilst others thought that their partners would hold them responsible for their HIV status, hence they were not ready to take this responsibility by testing. Some students argued that they had not tested for HIV because they were not sick or 'skinny'.

One of the weaknesses of this study was that, unlike conventional reception studies, this study did not limit its analysis to reception of texts from one particular source. Such an approach would not have been appropriate in this context because the ABC and VCT texts are accessible to audiences through multiple channels. It would therefore have been difficult to associate particular interpretations with specific campaigns. However, specific HIV prevention campaigns can utilise this approach to

analyse the reception of their programmes, especially if such campaigns focus on unique themes.

Conceptual and Methodological Contributions of the Study

The persistently high levels of HIV prevalence in Southern Africa, despite massive financial investments in HIV prevention interventions, has prompted researchers to question the impact of communication campaigns in mitigating the spread of HIV (cf. Parker, 2006b; Swannepoel, P. 2005; Swannepoel, E. 2005). Consequently, increased scholarly attention is now focused on the context of sexual enactment, as researchers seek to find out why individuals engage in sexual risk-taking, despite their awareness of HIV/AIDS. Previous studies investigating the context of sexual practice have tended to focus on the structural factors, such as poverty, consumer culture, partner violence, rape, social constructions of gendered roles, and traditional practices. More recent studies have focused on meanings of sex, sexual practice and social norms. However, the understanding of the processes through which those meanings are generated has been consistently missed in the previous literature.

The uniqueness of this study is thus premised on its focus on the structures and processes of meaning-formation within social systems, with regard to sex and HIV/AIDS, and how the meanings generated through these processes influence the interpretations and impact of HIV prevention texts. The study has demonstrated that meaning formation within the students' social networks is a collective process, defined by group dynamics rather than individual cognitions. Students constitute themselves into various social categories, which then supply the discourses and interpretive strategies through which members of the group make sense of sexual practice, HIV/AIDS and HIV prevention texts. The relationships that exist within these groups are not just social relations, but also power relations with social hierarchies and systems of control, such as exclusion and inclusion. Due to these power dynamics, individuals' behaviours are often aligned towards group meanings rather than individual volitions, hence the categories of sexual activity/non activity exist as a continuum of possibilities. Within this context of intersubjective formations, individuals' frames of reference are re-fractured through the collective lens of the group, consequently, interpretations of HIV prevention texts often draw from the group. It is plausible, thus, to conclude that HIV prevention campaigns that appeal to

individual action may become futile in the context where individual cognitive changes depend on the changes within the collective frames of understanding.

This study has illustrated, therefore, that besides understanding other structural and contextual factors that influence sexual behaviour, there is also need to conceptualise the meaning formation process as one of the key factors that may influence individual behavioural responses to HIV prevention communication. The findings of this study have also demonstrated that in order to understand the impact of HIV prevention communication campaigns, it is important to move beyond the assessment of changes in individuals' knowledge, attitudes and behavioural practices relating to HIV/AIDS, to the actual analysis of the mediation processes that are involved in HIV prevention campaigns. As this study has illustrated, such an approach will provide a clearer picture, not only of the kind of meanings generated by the audiences, but also the structures that lead to the formation of such meanings and thus explain why communication campaigns may fail to influence behavioural change.

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APPENDIX I: Omnibus Questionnaire