

PJ Schutte

Tswana-speaking students' perceptions of HIV/AIDS and poverty: implications for communication

ABSTRACT

This article addresses the perceptions of the causal relationship between poverty and HIV/AIDS among selected Tswana-speaking students by using the theoretical framework of one of the theories of symbolic interactionism, also known as the *Fantasy Theme Analysis or Symbolic Convergence theory*. This theory is designed to provide insights into the shared world views of communicators, which would result in a better understanding of a rhetorical situation. This understanding will enable communication agents to articulate more audience-centred messages in their combat against HIV/AIDS.

This article describes the theoretical framework and research method that have been used. After the synthesis of the findings, recommendations are made with regard to communication with this specific target audience, but suggestions are also given to address any target audience.

The research indicates that there are two shared rhetorical visions exist. Almost 74% of the respondents shared the vision that poverty is the cause of AIDS, although most of them mentioned that unprotected sex with multiple partners plays a major role. The other vision, shared by 26% of the respondents, perceives unprotected intercourse with several partners, and not poverty, to be the cause. The lack of values and morals as well as uncontrolled sexual drives are perceived as contributing factors.

Prof P Schutte is the director of the School of Communication Studies at the Potchefstroom University. The article is part of a paper presented at the international Conference on Language, Literature and the discourse of HIV/AIDS in Africa University of Botswana, Gabarone, June, 2002

1. INTRODUCTION AND RESEARCH QUESTIONS

At the 13th International AIDS Conference in Durban, 2000, president Mbeki questioned the belief that the HI virus causes AIDS. Instead, he rather linked the collapse of the immune system to poverty. He came under sustained attack from the scientific community and his allies about the confusion that he had sown. Although most people would admit that poverty is one of the 'role players' in the pandemic, it is not quite clear what its specific role would be, because there are infected and affected people among all races and all groups, rich and poor, all over the world.

Therefore, the research problem that was addressed was to determine the extent of the existing confusion among the citizens, especially the youth, who are exposed to HIV/AIDS-related messages. Thus, the rationale for this research was to investigate the perceptions regarding the causal relationship between poverty and AIDS. The aim is firstly to establish to what extent this message has spread through a limited sample of the youth, and secondly, to provide this information to Local Aids Councils (LACs) in the North-West Province, to enable them to adjust future prevention messages with regard to the youth's perceptions. In order for the message to be more effective, one needs to hear what they are saying: to stand where they are standing.

Thus, the main research question was: What are Tswana-speaking students' perceptions of the causal relationship between HIV/AIDS and poverty? This question was further divided into the following sub-questions:

Is poverty a direct cause of HIV/AIDS?

How strong/intense are the convictions of the students in the sample?

Is poverty merely a 'catalytic agent' for HIV/AIDS?

Who should be responsible for combating HIV/AIDS?

What should be done about the HIV/AIDS problem?

What are the implications for future HIV/AIDS communication?

For the research to be feasible, 228 essays were used for the analysis. The essays were written for the School of Languages' National Research Foundation (NRF) project entitled: *Tswana Learner English Corpus* at the Potchefstroom University. Prof. B. van Rooy, the project leader, asked all the first- to third-year level Tswana-speaking students, who have English as one of their subjects, to write an essay on one of five possible topics. Poverty and HIV/AIDS in Africa was one of the topics. The students were not restricted in their approach to the topic they had selected by specific questions or guidelines, except for the instruction that they had to stick to the topic. The assumption was that they would write about the issues that were most relevant to them. Students at the

Potchefstroom Teachers' College (6%), the University of the North-West (80%) at Mafikeng and the Northern Cape Teachers' College (14%) at Kimberley were involved. Of these students, 49% were women, 31% men and 20% inconclusive, because only initials were written on some essays. (It is not implied that only Tswana-speaking students are vulnerable to HIV/AIDS. All people are. A similar research will be done among Afrikaans- and English-speaking students in this province to be able to address that particular group more effectively.)

2. THEORETICAL FRAMEWORK

2.1 Symbolic Convergence theory

Before discussing the methodology, the theoretical approach should be made clear. There are different theoretical approaches or frameworks that could be applied to answer the above research questions. For this study, the data was analysed and interpreted within the framework of one of the theories of symbolic interactionism, also known as the *Fantasy Theme Analysis or Symbolic Convergence theory*. According to Littlejohn (1992), symbolic interactionism contains a core of common premises about communication and society where human understanding and perceptions are always mediated by a filter of symbols.

This theory briefly entails the following. The Symbolic Convergence theory was originally based on Robert Bale's research of small-group communication, where he found that groups often become dramatic and share stories or fantasy themes at moments of tension (Littlejohn, 1992:184). It may be assumed that the magnitude and dreadful consequences of the HIV/AIDS pandemic create great fear, tension and anxiety, which makes this theory very appropriate and applicable. Ernest Bormann, who developed this theory, said that much of individuals' images of reality consist of narratives of how things are or are believed to be. Thus, he applied the idea of shared storytelling to rhetorical action in society at large. Bormann (1972, 1982, 1985) argued that dramatising and fantasy could provide a theoretical foundation to account for human communication. Communication thus creates reality because it helps participants to make sense of their perceptions through the use of shared symbols. People tend to create a shared reality where they are inclined to harmonise, move more closely together, or even overlap during certain processes of communication (Bormann, 1983:102).

The Symbolic Convergence theory is designed to provide insights into the shared world view of groups of communicators, in this case the shared perceptions of Tswana-speaking youth about the causes of HIV/AIDS. It relies on perceived and shared aspects of fantasy, which will result in a better understanding of a rhetorical situation. Rhetoric in this sense does not mean empty, bombastic language or flowery, ornamental speech, but refers to the use of symbols to influence thought and action (Foss, 1996). For this

research, it would mean that the students create and share certain meanings in order to come not only to some form of understanding of the HIV/AIDS pandemic, but also to influence each other with regard to the causes of AIDS.

2.2 Definition of concepts

To apply the theory, the following concepts must be understood: *fantasy theme*, *fantasy type*, *fantasy chain* and *rhetorical vision*.

In this theory, the fantasy concept does not necessarily refer to fictitious stories or erotic desires, but to jokes, stories, analogies, metaphors or any form of communication. These different 'forms' grasp the group's interpretation of how they feel about familiar events. Thus, fantasy themes are the 'stories' or depictions of social events that describe the social reality of a certain account. This theory is also appropriate for Tswana students, because Afrocentric cultures can be characterised as collectivistic cultures which emphasise interpersonal and oral communication where stories, dramas, riddles and proverbs play an important role in everyday conversation (Hall, 2002; Van der Walt, 1997:22).

Fantasies must be defined as *dramatis personae*, setting, action saga and rhetorical communities (Bormann, et al., 1994). *Dramatis personae* may be individuals, groups, organisations, myths or legends. In fantasy themes the setting refers to where the fantasy takes place. Action has to do with the plot lines, while a rhetorical community refers to a 'community at large' that tries to make sense of it all by listening, reading or talking.

Mohrmann (1982a, 1982b) argues that it is difficult to tell the difference between fantasy theme and fantasy type, because the two tend to overlap in meaning. Bormann explains fantasy theme as 'the content of the dramatising message that sparks the fantasy chain', whereas fantasy type is a 'general scenario that covers several of the more concrete fantasy themes' (Bormann, et al., 1994:281). According to Littlejohn (1992), fantasy themes are recognisable by their quality of being repeated again and again up to the point that they abbreviate the telling of the theme by presenting just a 'trigger or in-cue'. Fantasy themes that develop to this point of familiarity are known as fantasy types. This would be stock situations or stories told over and over within a group. The group can choose to accept this fantasy and elaborate upon it further, or to do nothing. If the group chooses to 'go with' this thought and expand on it, a chain reaction or 'fantasy chaining' is said to take place.

Once community members have shared a number of fantasies, they often integrate them by means of some organising principle into a coherent rhetorical vision (Bormann,

1980:189). As people share fantasy themes, the resulting rhetorical vision pulls them together and gives them a sense of identification with a shared reality (Littlejohn, 1992:184). The rhetorical vision is the view or perception of how things are, have been or will be. This shared vision creates a common culture and generates a sense of cohesion for that group.

Thus, the symbolic convergence theory is based on the idea that members in a group exchange fantasies in order to create cohesion or come to grips with, or make sense of, a certain situation.

3. METHODOLOGY

A qualitative analysis and, to a lesser extent, a quantitative content analysis were applied to the 228 essays. These samples (essays) tend to be purposive, rather than random to tie in with the mostly qualitative nature of the research (Miles & Huberman, 1994:27). According to Bauer and Gaskell (2000:132), researchers tend to under-evaluate textual material as data. The text corpus is the representation and expression of a community that writes, and in this case, it is the expression of selected Tswana-speaking youth about important HIV/AIDS issues as they perceive the problem.

Content analysis was used, since it allows the researcher to construct indicators of a respondent's views, attitudes, opinions and stereotypes with regard to HIV/AIDS and to compare the respondents' views, etc. This comparison revealed similarities as well as differences, which could be an indication of ambiguity towards the cause and prevention of HIV/AIDS in general, and the causal relationship between poverty and HIV/AIDS in particular. This is not only a purely descriptive study that counts the frequency of all the coded features, but also a normative analysis that draws comparisons between the coded features of the respondents to reach a synthesis on their perceived reality or rhetorical visions.

The following linked sub-processes approach of Miles and Huberman (1994:8-15, see also De Vos, 1994:340-345), was followed in the analysis: data reduction, data display, and conclusion drawing and verification:

3.1 Data reduction

Firstly, all the essays were read (n=228) to obtain an impression of the whole. At the same time, all the repeated themes were written down. The main themes that emerged were the causes of HIV/AIDS and possible solutions. These themes were divided into sub-themes. The responsible agency/organisation (Who?) and the activity or suggested

programme (What?), for example, were sub-themes of possible solutions. Secondly, each essay was thoroughly scrutinised while using a colour coding system to highlight all the mentioned causes with one colour and all the suggested solutions with another colour. The words or phrases that indicate the 'strength' or intensity of the respondent's conviction were underlined. Phrases or words like I think, maybe and/or it is possible were taken as tentative agreement ("I think poverty is the cause of HIV/AIDS"; "It is possible that poverty causes AIDS" and "Well, poverty might be the cause of this monster."), while phrases or words like definitely, strongly agree and/or without a doubt were taken as strong agreement ("Poverty is definitely the main cause of HIV/AIDS"; "I fully agree with the topic that poverty is the cause of the HIV/AIDS epidemic in Africa"; and "Now, poverty is without a doubt the main cause of HIV/AIDS in Africa"). Assertions without any adjectives were interpreted as simple agreement, for example: "Poverty is the reason we have HIV/AIDS epidemic in Africa", or "Poverty is the problem causing the distribution of HIV/AIDS".

3.2 Data display

For the second sub-process of analysis - namely to display an organised and reduced set of data as a basis for thinking, reflection and drawing a conclusion - the following steps were taken:

Apart from the colour coding in the text, which is a form of data reduction as well as data display, a key-word summary was written at the bottom of each page by using the headings of causes and solutions. The solutions were recorded under the category: 'Who should do What?' (this was done just after the colour coding).

During the third reading, the content was quantified by coding the reduced data with regard to gender, place of study, the specific role of poverty, other causes, people involved in the drama, who should help with solutions and what should be done. The aim of the quantification was to obtain a statistical 'picture' of the frequency of all the mentioned aspects in order to verify the qualitative analysis with regard to the convergence of themes.

3.3 Conclusions

In this process, the reduced data was interpreted by means of synthesis, where the relationships between relevant variables were reconstructed to provide insight into the respondents' perceived causal factors associated with AIDS. To support and verify the qualitative analysis, frequency and two way contingency tables were used. The contingency tables were used to measure possible relationships between the identified variables or

fantasy types/themes and gender as well as place of study respectively. The phi coefficient was also used to measure the relationship between the different variables (fantasy types and themes) and gender and place of study respectively.

4. SYNTHESIS OF FINDINGS

4.1 Rhetorical vision

Two shared visions emerged. The majority of the respondents believe that poverty is the cause of AIDS (74%). In this group, 17.11% agree strongly with this, 42.12% agree, 3.51% agree tentatively and 11.4% perceive poverty as one of the causes.

The confusion on the issue of the cause of Aids is evident because even those 59% who agree and strongly agree, 77% of the 59% also mention in different ways that Aids is a sexually transmitted disease, or that condoms should be used to prevent transmission. They experience considerable confusion and contradiction. This is partly because of the meaning and their understanding of the concept of cause or causality. Most of them give the follow chain of reasoning:

Women or children are poor and need money. In order to get money, they sell their bodies and indulge in unprotected sex with more than one partner, thus causing the distribution of HIV/AIDS. Therefore, they conclude that poverty is the cause of AIDS. The issue is not that they do not know that Aids is transmitted through body fluids like blood or semen, but what or who they think is to be blamed and what should be done about it. Their reasoning is similar to arguing that hunger is the cause of illness or death when one eats spoiled or poisoned food, and that hunger must therefore be blamed and eradicated instead of the spoiled food.

The vision that poverty is not the cause of AIDS was shared by only 26% of the respondents. In this group, 14.04% perceive poverty as a catalytic agent rather than a direct cause and 11.84% think poverty is not the cause of AIDS. This finding of two visions is in accordance with Foss (1996), who asserts that more than one rhetorical vision may be found within a rhetorical 'artefact'. In this case, the artefact is the group of essays written by the respondents.

According to the theory, one should ask: What are the fantasy themes and fantasy types that emerged in the essays to give substance to the above rhetorical visions? The following discussion focuses on the main vision, namely that poverty is the cause of AIDS. It will be indicated where differences occurred with regard to the two visions.

4.2 Fantasy types and themes

Two aspects are relevant here: the reasons for sexual activity, and solutions (*Who* should do something and *what* should be done?).

4.2.1 *Reasons for sexual activities*

The different fantasy types, which are general scenarios that cover several of the more concrete fantasy themes, encompass the different reasons for sexual activities. They were the selling of bodies to get money (81%); sexual involvement due to ignorance and/or a lack of knowledge about AIDS (42%); forced intercourse or rape (14%); unprotected sex due to fatalism and carelessness (6%); irresponsible sex due to drug and/or alcohol abuse (5%); and unfaithful married couples (5%). (The percentage will not add up to 100, because the respondents gave more than one reason for sexual activities.)

The overwhelming fantasy type is the '*selling of one's body*' (as phrased by most of the respondents). Within this type, there are several slightly different themes. The one with the most convergence is the theme of young girls who do not have food or enough clothes, due to poverty, who sell their bodies to 'rich, older or foreign men' to provide for their 'daily bread'. A slightly different, second theme is that of children who want to go to school but whose parents cannot afford it, with the result that the children have sex with willing partners or 'sugar daddies' in order to obtain the necessary fee. A third theme is that children are forced by their parents to indulge in prostitution to provide for the needs of the family. Another subtly different theme is that of young women who have all the basic needs but sell their bodies to buy expensive clothes and other luxuries. A fifth theme also emerges, namely of single mothers or even married women who provide for their families with money from commercial sex. The sixth theme refers to commercial sex workers who earn a full-time living from prostitution.

A second fantasy type is *ignorance or illiteracy* due to the lack of formal or informal education at school and/or at home. The theme with the most convergence is the belief that especially children from rural areas do not get any or appropriate education, in general, and sex education, in particular, because their parents cannot afford to send them to school where they will learn about the disease. A second theme that emerges is that parents do not inform their children about safe sex and the danger of multiple sex partners – the parents themselves are ignorant or the topic is avoided because of cultural taboos. A third theme within this fantasy type is the belief that there are still many people who simply do not believe that a disease such as AIDS exists.

A third fantasy type is *rape*. The themes that emerge in this regard refer to the different perceived reasons for rape: firstly, there are those men who rape because they are unemployed criminals; secondly, there are those who believe that intercourse with a virgin or young child will cure them of the disease; and thirdly, there are men who rape women because they are angry about their infected status and want to take revenge by spreading the disease because they 'don't want to die alone'.

A fourth fantasy refers to the *feeling of hopelessness and fatalism* of many poverty-stricken people. The one theme refers to their experience of the circumstances as being so bad and their self-esteem so low that they do not even care about a disease that can cause their death. They even prefer to act riskily and challenge death. The second, slightly different, theme is the perception that being surrounded by so much poverty, sex is the only pleasure in life, so they must 'fully enjoy it while it lasts'.

A fifth fantasy type refers to *alcohol and drug abuse*. In this regard there is mainly one theme, with the scenario where people get out of control. They do not know or care what they are doing, due to too much alcohol or the effects of drug abuse.

A sixth type is the *unfaithfulness of couples*. One theme indicates husbands who work far from home and who are involved in prostitution or extra marital affairs, while certain wives are also tempted to have sex with available men while their husbands are away. A slightly different theme simply labels certain husbands as unfaithful.

4.2.2 Solutions

Who should do something?

Only 57% (n=119) of the respondents indicated an agency or agent who should be responsible for doing something. In this group, some recommended more than one solution. The fantasy type with the most convergence is that the *government* (59% of those who mentioned a responsible agency) should do something, while others think that the *community itself* (18%) must address the problem. Slightly different themes appeared within the two mentioned fantasy types. One is that African countries should join hands in this struggle (17%), while others think that people from health departments should be responsible (5%). A few even think that the president himself should take the lead (3%). One group (11%) is of the opinion that the government and the community should jointly combat AIDS.

What should be done?

Of those who mentioned certain steps to be taken (78%; n=177), the majority convergence tends towards *poverty elimination* through the creation of jobs (39%). Another solution is *education*, which includes a few themes like free education for all (29%), organising information campaigns, especially in rural areas (20%), and the empowerment or development of society (11%). A third type focuses on *drugs and medical care*, which encompasses lower prices of drugs (8%), better equipped clinics and hospitals (7%), the development of a cure for AIDS (7%), better distribution of condoms (7%), improved birth control (3%) and better governmental motivation to visit clinics (3%).

To a certain extent, there is a low convergence with regard to the *ABC* of prevention: to abstain (6%), to be faithful in a stable relationship (12%) and to 'condomise' (17%). It is interesting to note the sequence of priorities, where the best way to combat AIDS, namely abstention, was mentioned by only 6%. This type of solution received the most support by the group with the rhetorical vision that poverty is not the cause of AIDS.

The following quotes prove the core fantasy type of many, namely that *the government should create jobs* to solve the problem of AIDS:

'If people in Africa works, there will be no poverty and HIV/AIDS.'

'I blame the country by not giving people jobs to work in order to avoid HIV/AIDS.'

'Why the government cannot stand up and distribute some foods and clothes to such places so that the percentage of HIV/AIDS VICTIMS can be minimum.'

'If the problem of poverty will have been solved; Africa will be free from Aids.'

'If the government will take the problem of poverty seriously and create jobs for the unemployment the problem of HIV will be solved.'

'I think government conduct people to raise Aids because it does not want to create jobs for people to get better life. They are the one who conduct Aids to increase.'

'If the government can get the solution about poverty the HIV/AIDS will be cured.'

4.2.3 Aspects of drama

According to Bormann's theory (1994), when looking for fantasies, the researcher should search for various aspects of drama, which indicates that fantasy is taking place: *dramatis personae*, setting, action and rhetorical community.

Dramatis personae

According to the analysis, there are several role players or *dramatis personae*. There are the 'victims', mostly young girls between the ages of 12 and 24 years. Other victims are older women, married or unmarried, and single mothers. On the other hand, the men are perceived as wealthy or richer, older, sugar daddies and/or foreigners. With reference to men, specific jobs like truck and taxi drivers as well as mine workers were mentioned. It is interesting to note that only one respondent refers to homosexuals, while in certain other countries, like North America and Europe, same-sex partners, especially men, are to a large extent associated with HIV/AIDS. A tentative conclusion can be made that they perceive HIV/AIDS mainly as a heterosexual issue. Another, third role player that was sometimes mentioned is parents who 'sell their children' to wealthy people in order to provide for their daily needs.

Dramatis personae may also be groups, organisations or legends, where some are the heroes and others the villains. The condom plays a very important role in the drama, both as hero and villain. Although many perceive the condom as the hero making safe sex possible, there are others (13%) who describe the condom in 'villainous terms'. According to them, most men believe it is not safe, for different reasons: it bursts easily; the government provides bad quality condoms; it prevents pleasure – 'no one wants to eat sweets with the plastic wrapping around'; some 'cultural groups' believe that the condom is the vehicle for spreading different diseases. Others respond that the condom is not acceptable because it is 'against their culture' or that many do not know how to use it.

The condom is also the biggest stumbling block in determining the amount of money men are willing to pay for sex. According to almost all the respondents, men are willing to pay much more to have sex without a condom, because 'he cannot pay for plastic like condom. They want flesh-to-flesh'. One respondent mentioned that prostitutes 'don't want to use condoms because they are paying them hundred rand instead of two hundred rand, that's the reason they don't condomise'.

Another very important perceived villain (see quotes above) is the government who does not eliminate poverty, create jobs for everyone, provide free education or spend their

money correctly. Also mentioned as a villain, but to a much lesser extent, is the Western world, which is perceived as being rich, exploiting Africa and taking advantage of the poverty-stricken countries. Five respondents also mentioned apartheid as one of the villains in the AIDS drama.

Settings

The settings where the dramas take place were very general and vague. No explicit settings were given of where all the different sexual dramas take place. Many students referred to rural areas in general terms. When urban areas were mentioned, they indicated that women could be picked up on street corners and at shebeens and/or night clubs. Some respondents mentioned that for those who are unemployed and staying at home, thinking about sex most of the time, the drama takes place in their homes during the day, when other people are at work. A few mentioned hostels and prisons as possible settings for the drama to take place.

Rhetorical community

As discussed earlier, the rhetorical community is one of the concepts of Bornmann's theory. Rhetorical communities refer to the 'community at large'. These are the "audiences" of the fantasies, or people who are involved in acknowledging the drama and nurturing the fantasies, trying to make sense of it all. Generally speaking, five community groups can be identified, each consisting of different sub-groups (see also Marais, 2000; Schneider, 2002): governmental actors, political parties, the science community non-governmental organisations and the media.

Some of the most influential governmental actors in the AIDS debate are the Department of Health (particularly the STD/HIV/AIDS directorate), the National Assembly and the Presidency. Governmental bodies like the South African National Aids Council do not appear to have had any real power and influence thus far.

In the area of political parties, it is particularly the ANC and individual high-profile ANC politicians like president Mbeki, minister Tshabalala-Msimang and the late Peter Mokaba who had provoked many debates because of controversial statements and documents on AIDS.

One of the most controversial ANC documents on AIDS is 'Castro Hlogawana, caravans, cats, geese, foot and mouth statistics: HIV/AIDS and the struggle for the humanisation of the African' (Kindra, 2002:6). Among others, the document claims antiretrovirals (AVRs) to be poisonous and severely criticises scientists and scientific institutions. It

seems that the government changed its views with regard to antiretrovirals after the South African Aids Conference held in Durban in August 2003. Only time will tell whether the government is really committed to providing antiretrovirals to infected people. The Democratic Alliance (DA) differs on the following issues with the national government's line of policy: universal treatment of HIV/AIDS patients with antiretrovirals is recommended, Nevirapine as a prevention strategy of mother to child transmission in public health is recommended, supportive treatment should get more attention, and international aid and expertise should be welcomed.

Scientists and scientific institutions (like the Medical Research Council [MRC], and AIDS centres at universities) and bio-medical scientists in particular have become strongly involved in the AIDS policy debate. The fact that AIDS is such a highly politicised issue makes the work of many scientists a sensitive and complex matter. Professor Hussey, the head of paediatric infectious diseases at the University of Cape Town, describes the situation in the following terms: 'a scientist involved in AIDS research is extremely belittling, the politicisation of HIV/AIDS sits at the back of your mind and it complicates the way you react with the health department'.

Non-governmental organisations (NGOs) play a role in various ways, for example, the Treatment Action Campaign (TAC) is an important force behind placing the issue of antiretrovirals on the political agenda. In December 2001, the TAC took the government to court on the issue of the prevention of mother to child transmission. Another NGO, the National Association of Persons Living with AIDS (NAPWA), plays a relevant role in focusing attention on human rights issues related to the AIDS pandemic.

The role of the media in the AIDS debate has been extensive, particularly in highlighting the controversies and debacles. Marais (2000:36) describes the response of the media as a 'journalistic search for headline-grabbing conflict and drama. Above all, the media that are obviously critical towards the government seem to spread the message that the government does not care about its people'. It is problematic to identify the role and response of the media precisely, since all kinds of factors, like ownership patterns, political and cultural backgrounds of both owners and media public, and general public behaviour towards media messages, have to be taken into account.

Action and saga

Action has to do with the plot lines and saga with the ongoing story. Everything mentioned above, especially with regard to fantasy types and themes, represents the different actions and stories and will not be repeated. Thus, the fantasy themes are the 'stories' or depictions of social events that describe the respondents' social reality.

Special attention should be given to the concept of calamity, because it is the crux of the dramatic action where the two visions diverge. Bormann (1977) also uses the concept of *calamity* in his framework. Calamity is a rhetorical form that functions to point out the evil in a rhetor's enemy. For most of the respondents, poverty is the evil within this social calamity of AIDS. 'The rhetor uses the calamity to point out the evil (poverty) in society that must be removed or reduced in order for the general population to survive and regain its loss' (Bormann, 1977). This view is in line with many Tswana people's cultural belief that one should look for a "scapegoat" (Stoltz, 2001:154). They will not easily place the blame on themselves, but rather blame external forces. According to the symbolic convergence used by most of the respondents, the people are trapped by this evil against their will and this devil is the direct force and cause of AIDS. See the following quotations:

'And some students the only way to pay their fees at school they practice these prostitution because they don't have a choice, whether they practice safe or unsafe [sex] they don't mind because they don't have a choice.'

'This ladies their sometimes called prostitutes and this is not how they were able to choose how they are going to live but this is the only life they can choose to live because there are no jobs no nothing to make a living out of.'

'The other thing that causes HIV/AIDS is older men use money to sleep with younger children. These younger girls don't have a choice; they just have to go along with this.'

'They know that selling their bodies is risky, but they do not have an option. The only way to survive is to go through with that kind of job that does not need any experience.'

'The unmarried woman had no other option except only to have many men in their lives to provide money.'

'Lastly they are poor, so, the only way left to survive is to market men, to sell your body to them.'

In direct contrast with the above-mentioned are the following:

'By saying poverty causes HIV/AIDS could be a way of defending ourselves in our failure to combat HIV/AIDS epidemic.'

'I do not mean to be stereotyped but that is how the minds of Africans operate – we always try to find something or someone to blame.'

'I would say the only thing that makes us to be infected is our stupidity, our foolishness. People let us not act like morons or idiots. Let us be wise and start to see the importance of life.'

'We should not be so ignorant as to blame the HIV/AIDS epidemic only on poverty.'

'Do you agree with me in saying that poverty is not the only cause for this epidemic, sense of self-being is and lack of this is a reason for this killer. The body overrules the mind and greed for sexual needs derive.'

'The moral norm demanding sexual abstinence is lost. The attraction of sexual intercourse, in the deep pleasure felt by man's biological nature.'

'HIV and AIDS are caused by man's inability to abstain and be pure.'

'To many, love is sex, not commitment.'

'The thing is, we have to discipline ourselves in many ways so that at the end we must not blame poverty to be the cause of HIV/AIDS epidemic in Africa.'

'Maintaining stable, lasting and trusting relationship is at the heart of the epidemic.'

'To say Aids is related to poverty is a big mistake. Aids are not caused by poverty but by men who failed to control their sexual behaviour. Men should learn to have control and respect for women.'

'The world is slowly but surely coming to an end, our morals and values are not what they used to be.'

'Instead of poverty causing HIV/AIDS, HIV/AIDS is causing poverty.'

'Now Africans blamed poverty as the thing, which had caused Aids. What about America/ There is no poverty to Americans, but HIV/AIDS is there. So the problem is within the people.'

The major difference between these two rhetorical visions identifies the different motives that drive members to act or not to act. Those who consider poverty as the evil cause, although most of them know unprotected sex plays a major role, perceive themselves as 'innocent victims' of external circumstances. They cannot do much, if anything, about it. This vision may be labelled as the external mode of control. Those who disagree

perceive the cause as something within the people; the so-called internal mode of control. These internal causes would be the lack of morals and values, the lack of self-control over a person's sexual drives in order to abstain from sex, and the lack of lasting and trusting relationships.

5. SUMMARY

The research indicates that a shared reality or rhetorical vision exists between the selected Tswana-speaking tertiary students about the causes of, and possible solutions for, HIV/AIDS. During moments of stress, some members release tension by becoming dramatic and telling stories. In other words, in order to cope with anxiety, members would dramatise sometimes unrelated thoughts or ideas and relate it to the situation at hand. These fantasy chains are intersubjective as group members spin off their stories to each other. They create different combinations of facts to create a symbolic similarity of attitudes and value statements.

The fact that 74% of the students shared the rhetorical vision that poverty is the cause of AIDS proves that this vision has been chained out and that convergence has been reached, if not in all the communities, at least in this group in the North-West and the Northern Cape. Although many students refer to President Mbeki's announcement in 2000, this vision cannot be linked only to his vision. As mentioned above, 17% strongly believe, 42% believe and 4% tentatively believe in this vision, while 11% believe poverty is one of the causes.

The phi coefficient was used to measure the relationship between the different variables (fantasy types and themes) and gender and place of study respectively. There were no differences between men and women or between the three places of study. This is a solid indication that convergence is very high and the results reliable. This vision is shared, irrespective of gender and place of study. Thus, one would assume that the same vision is apparent among other Tswana-speaking youth in the North-West.

The respondents with this rhetorical vision perceive themselves as victims of the evil of poverty (about which they cannot do much) and that the government should be the main agency to combat poverty and create jobs in order for the AIDS pandemic to be solved.

This study cannot indicate exactly how the verbal exchange of fantasies or 'the spinning off' actually took place. The mere fact that almost 60% of the students preferred to write on this subject, rather than about four other possible topics (including the popular sport of soccer), indicates that this calamity is a salient, often discussed issue.

The other rhetorical vision, shared by only 26% of the respondents, does not perceive poverty to be the cause of AIDS, but rather identifies intrinsic factors such as the lack of values and morals and uncontrolled sexual drives. Apparent in this vision is the belief that people should take the responsibility to use condoms, to be faithful or to abstain from sex.

6. RECOMMENDATIONS

Taking the mentioned visions into consideration, the following suggestions are made with regard to the what, how and who of the communication of HIV/AIDS-related messages:

6.1 What

Mere pragmatic and shallow messages about safe sex for the entire community will not turn the tables.

The vision of relying on external factors, such as that the government should combat poverty (how important that may seem), should be turned around in favour of relying on more intrinsic long-term values and individual rights.

Communicators should distinguish between two closely related aspects. The one is the mere objective "scientific facts" about HIV/AIDS, and the other concerns the rhetorical context of persuasion of ways to prevent Aids. To be successful with the latter is very difficult and communicators should know their target audiences as well as the means of persuasion very well.

Factors like the low priority attached to abstention or faithful relations, the perception of the condom as unsafe, and the loss of income when condoms are used indicate that it should be an important objective of any campaign to reverse the role of the condom from that of villain to that of hero.

Women should be informed and encouraged to be assertive with their partners and to negotiate the use of condoms in an effective way. The current theme of "no condom, more money" should be turned around into a major vision of "no condom, no sex" for all those who sell their bodies. The ultimate goal should be that future buyers of sex would realise that if they are not willing to use a condom, they will not find any willing sellers anywhere.

The role of poverty and the reasoning principles of causality should be explained very clearly. Analogies and metaphors that are in line with the recipient audience's level of experience should be used.

6.2 How

At grassroots or micro level, the "creators" of prevention messages should address more homogenous, demarcated target audiences at a time, taking their existing cultural beliefs, circumstances and perceptions into consideration. Examples of demarcated groups are schoolchildren, students, parents, hostel dwellers, truck drivers, commercial sex workers, etc. They should change the tactic of addressing huge audiences on general aspects through the mass media to addressing smaller demarcated groups on specific issues on an interpersonal level.

An intensive long-term campaign should be launched to address the target audiences in a holistic way. Experts from different sub-disciplines, like sociology, psychology and cultural anthropology, with the participation of each target audience, should form part of such a campaign.

Interactive sessions should be used where feedback and discussion are possible. The discussion should take place in an environment where the participants would feel free to interact. The existing fantasy should be replaced with a "new" fantasy that is supposed to be chained out to other peer groups.

The respondents who mentioned the case of Nkosi Johnson had a vivid memory of his story. In contrast, recalled factual content about HIV/AIDS was very obscure and sometimes totally incorrect. Thus, it is suggested that information should be communicated in the form of narratives/stories and/or dramas rather than as mere cold facts.

The language used should rather be the mother tongue of the audience, and the style and level of abstraction should be compatible with the level of the audience.

6.3 Who

Many respondents only realised the seriousness of AIDS after a loved one had died or after they had met an HIVpositive person. Therefore, even though it is controversial, it is suggested that campaigns make use of infected and affected people from the community who are willing to speak openly with their peers. According to Stoltz (2001:127), most Tswanas live for today and yesterday. Therefore, to change behaviour that will

have an effect on the distant future is difficult to grasp. Thus, the AIDS must have a face or a reality *today*.

The target audience should be able to identify with the sender of the message with regard to race, gender, age and/or socio-economic characteristics, to abide by the principle of homophily. Otherwise the speaker should be a well-known and/or respected hero or leader who would fulfil the role of an icon or role model.

Unless people realise that they have a right to say no and make their own choices, the pandemic will not be combated effectively. If communication does not apply an audience-centred approach, and the motivational drive does not come from within people, hope for a reversal of the problem is slim.

Of course, poverty should always be addressed by all, because the alleviation of poverty would make it easier for people to change their risky behaviour. In reality, though, even if it would be possible to eradicate poverty, people's aggressive sexual behaviour will persist, and unprotected sex with multiple partners will still cause HIV/Aids. People must realise the exact role of poverty and understand how to survive, without taking any risks.

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