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PRODUCTION OF HIV/AIDS LESSONS IN THE ENTERTAINMENT-EDUCATION TELEVISION PROGRAMME *TSHA TSHA* AND THEIR RECEPTION BY HIV-POSITIVE MEN IN SOWETO – JOHANNESBURG.

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Abstract

This study aims to examine the production of HIV/AIDS lessons on *Tsha Tsha* Entertainment-Education and their reception by HIV-positive men in Soweto, and to find out whether this response impacts on their perception of their roles and responsibilities in HIV/AIDS. The rationale behind this study is that gender and HIV/AIDS has been critical in interventions aimed at combating the disease. Studies in South Africa on gender have revealed that versions of masculinity can be implicated in the increasing infection rates of HIV/AIDS making efforts to combat the disease problematic. A qualitative methodology is used. This method included interviews and focus group discussions. Five interviews were done with programme producers and researchers of *Tsha Tsha* to find out the major considerations in production. An average of seven HIV-positive men were exposed to 12 episodes of *Tsha Tsha* to find out their responses in six focus group discussions, and whether these indicated a changed perceptions in their roles and responsibilities in HIV/AIDS. Their responses were then examined under Bandura's (1971) social learning theory and Hall's (1977) encoding-decoding theory .This theories explain the considerations in the production of lessons in *Tsha Tsha* and how audiences respond to those lessons respectively. The findings reveal that audiences (HIV-positive) men identify with lessons around HIV-testing, disclosure, support and those that challenge stigma and masculinity in HIV/AIDS. Disclosure emerges as a major theme and is compared with sub themes of testing, stigma, masculinity and social support to form categories that are presented as the findings. While HIV-disclosure is seen as challenging HIV/AIDS stigma and masculinity, where men accept their condition, and take

responsibility to continue occupying their space as men, E-E production can reinforce lessons around disclosure and other coping strategies to combat HIV/AIDS.

Declaration

I declare that this dissertation/thesis is my own unaided work. It is submitted for the degree of Masters of Arts Journalism and Media Studies in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any other degree or examination for any other university.

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Dedication

To my loving mother and the rest of the family for all their support and patience while undertaking this research

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CONTENTS

Introduction

South Africa has a historical explanation of the gender relations and the challenges in addressing such relations to ensure respect for both men and women. One of the challenges of the disparity between gender roles is that it is a power infested zone where men and women interacting with suspicion. Among other things that this power imbalance between men and women can be blamed for is the increasing prevalence of HIV/AID. However, there are interventions (media and other) that have been put forward to steer change.

This research investigates the production of HIV/AIDS lessons and their reception by HIV-positive men utilizing *Tsha Tsha* as a case. It divided into six chapters. It looks at the production of HIV/AIDS lessons on the Entertainment-Education television programme *Tsha Tsha* and their reception by HIV-positive men in Soweto. This includes all the considerations and challenges in the production of Entertainment-Education on one hand and the context at which the produced messages are received by the audience (HIV-positive men)

The objectives of this research are two fold:

- To understand the production of HIV/AIDS lessons on *Tsha Tsha* Entertainment-Education and their reception by HIV-positive men in Soweto.
- To find out whether this response impacts on HIV-positive men's perceptions of their roles and responsibilities in HIV/AIDS.

The questions addressed in this research are

1. What lessons in HIV/AIDS do producers encode in *Tsha Tsha*?
2. How do HIV-positive men respond to these lessons?
3. Do these lessons help them change their perceptions of their roles and responsibilities in HIV/AIDS?

The rationale behind this study is that gender and HIV/AIDS has been critical in interventions aimed at combating the disease. In South Africa, studies have been done under African sexuality studies in the area of HIV/AIDS. These studies have revealed that versions of masculinity, especially those that are exercised on sex and sexuality depicted women as more vulnerable to HIV/AIDS than men and men are seen as the drivers of the epidemic (Kometsi, 2004). Masculinity is visible around issues such as having multiple partner, fear of testing, fear of disclosure, men's 'macho' attitude that ensures they don't seek treatment, and rejection of their partners when they realize they are positive.

The perception towards traditional gender roles partially constructed by culture, where notions of masculinity thrive, ensures that men don't take responsibility for HIV/AIDS. These notions have disempowered men, leaving them vulnerable and making it difficult for them to cope with the epidemic. The perceived vulnerability of women has led to several efforts to empower women with few efforts focusing on men's vulnerability (Kometsi, 2004; Gupta, 2000; Mane & Aggleton, 2001). The empowerment of women in South Africa on gender equality has perhaps threatened and disempowered men. The

‘New Gender Order’ amidst traditional masculinity has left men confused. They have lost their traditional roles dictated by power positions in the society. This is evident in the increase of domestic violence and sexual abuse of women and children including baby rape (Morell, 2001; Reid &Walker, 2005)

However, there is a changing masculinity particularly in HIV/AIDS that is now penetrating the spaces of traditional masculinity, especially around men’s roles and responsibilities in HIV/AIDS. (Reid & Walker, 2001; Morell, 2004). Traditional masculinity crumbles in the face of the epidemic, by the fact that men become weakened by the disease and they lose their dignity due to the association of the disease with ‘bad sex’ that leads to ‘bad death’ (Posel, 2003). These men are forced to forge a new masculinity especially around their roles and responsibilities, through action that will ensure their well being and those of their partners, for those still in a relationship. These are actions such as testing for HIV, living positively with HIV disclosure, Stigma and opening up for support for themselves and their partners at different levels (partner, family and community level).

The first chapter forms this introduction while the second chapter gives a historical perspective of masculinity as a key concept in gender studies and how it has impacted on HIV/AIDS. It gives an idea of the nature of heterosexual relationships and HIV/AIDS in South Africa. The background includes the socio-economic and political context of HIV/AIDS in South Africa, where HIV/AIDS testing, stigma, disclosure, support and

how they relate to masculinity are discussed. The background also includes a brief discussion of *Tsha Tsha* E-E as a case study.

The third chapter discusses the theoretical approach to this research. Bandura's (1969) social learning theory explains considerations made by producers in encoding/production, by virtue of the understanding that human beings learn from their social environment through modelling. Hall's (1977) theory is also introduced to partly explain production, and largely explain the responses of HIV-positive men to the lessons presented. This theory explains how encoding is done within the genre of E-E, determining the product that appears in form of lessons. This genre (E-E) is defined by certain professional rules and regulations that define it. Therefore, the intention of the producers is for the audiences to have a preferred meaning to the lessons they present when decoding the lessons.

Hall's (1977) theory of encoding-decoding also explains how HIV-positive men respond to these lessons depending on several other factors that determine the way they receive the lessons. In understanding how such factors influence reception other cultural studies theorists are introduced that is, Morley (1980), Fiske (1978) and Ang (in Downing *et al* 1990). They are included in the discussion because they are a build up of Hall's encoding-decoding theory within the cultural studies framework.

The fourth chapter explores the methods used in this research. A qualitative methodology is used. This method included interviews and focus group discussions. Five interviews

were done with programme producers and researchers of *Tsha Tsha* and six focus group discussions with an average of seven HIV-positive men after the screening of twelve episodes of *Tsha Tsha.* The responses to these lessons were discussed after each screening to show how HIV-men responded to the lessons about HIV/AIDS. HIV-positive men's responses to these lessons were examined under the social learning theory and self efficacy theory in E-E as mentioned earlier. These theories explain the intentions of programme producers in the production of *Tsha Tsha*. Their intention is to provide lessons around HIV/AIDS through characters that audience identifies with (models) and later empower them (audience) to see themselves as responsible for their own actions respectively. These lessons include those that encourage HIV-testing, living openly with HIV-disclosure and stigma, opening up for support and supporting others infected by the disease.

The fifth chapter is a discussion of the findings. The findings are divided into two sections (i) production (ii) reception. The findings in the production section indicate that producers rely on certain theoretical and other consideration when encoding Entertainment-Education lessons. This includes, initially, some levels of research into the problematic issues facing the potential audience and later addressing such issues through modeling characters that the audiences can easily identify with to enhance self-efficacy. At this section (production) research, identification and modeling appear as major theoretical consideration when producing *Tsha-Tsha*.

At the reception section, there is an indication that audiences (HIV-positive) men had a "dominant reading" (reading TV lessons in a manner intended by the producers) of lessons around HIV-testing, living openly with HIV/AIDS disclosure and stigma, and opening up for support and supporting others (their partners) in HIV/AIDS. This dominant reading emanates from the dominant encoding (encoding TV lessons in a manner likely to influence the reading of those lessons as seen in the production section) by the programme producers (Hall, 1971). HIV-disclosure is seen as challenging HIV/AIDS stigma and traditional masculinity, where men accept their condition, and take responsibility to continue occupying their space as men. This they do through actions that promote their health and well being as well as those of their partners. The line between gender roles thus becomes less visible when it comes to HIV/AIDS.

At the reception section, there is also an indication that *Tsha Tsha* encouraged HIV-positive men to talk about certain important issues in HIV/AIDS such as reduction of sexual partners, using safety measures, seeking treatment and the need to live humanly with those infected. The HIV-positive men saw the programme as very encouraging because it teaches people and gives them information about HIV/AIDS. In line with supporting their partners (their roles and responsibilities), most of them were abandoned and were no longer in a relationship because their partners had 'run away' after they disclosed. However, out of watching *Tsha Tsha* they indicated a changed perception of their roles in a relationship. Most importantly, the findings in this research on this section indicate that there are men who are changing and taking responsibility for themselves and 'partners' (others), through disclosure, in HIV/AIDS. It has also demonstrated *Tsha*

Tsha's contribution in providing lessons that brings about a change in perception in men's roles and responsibilities in HIV/AIDS.

The HIV-positive men reported having learnt, especially, about the usefulness of HIV/AIDS disclosure as a coping strategy that enables a HIV-positive person to receive social support. Testing was equally seen as very important, although the men dwelt on disclosure probably because they already know they are infected. These men identified with the character Viwe due to her courage to test and disclose openly to her family and community, as well as starting a support group to help others.

The last chapter is the conclusion chapter. In summarizing the whole work, this chapter indicates the level at which the audience relate to the lessons presented (produced) and identify with the media characters (models). As explained in the social learning theory, there is an indication that the HIV-positive men have a changed perception on various problematic issues in HIV/AIDS like testing, stigma, disclosure and social support.

Background to gender and HIV/AIDS in South Africa

Introduction

This section traces the historical perspective and the prevailing circumstances of masculinity, as a key concept in the study of gender, and how it relates to HIV (Morell, 1991; Reid & Walker, 2005). The fact that this research focuses on HIV-positive men does not necessarily disqualify it from looking at their behaviours and perceptions prior to their infection (this, however, does not mean that this research is concerned with behaviour change). It is from this understanding, as we shall see later, that traditional masculinities are seen to have played a major role in cultivating a fertile ground for HIV/AIDS infection in the first place. Apart from fuelling the rates of infection, traditional masculinities have had other adverse effect (after infection) especially on HIV-positive men. They have ensured that men fear HIV-testing, due to the fear of losing their social status (dignity). It has also made disclosure difficult due to stigma (the feeling of shame and the loss of status and power for men). The effects of these have been that HIV-positive men have slim chances of receiving emotional, physical, psychological and other forms of support from their partners, friends, family and the community at large. These (friends, partners, family and the community) are important pillars of support that can allow positive living among infected men.

However, there has been a dramatic shift in the way HIV-positive men exercise their traditional masculinities after infection. They have indicated a changing masculinity especially in the way they relate to their partners and the way they perceive themselves as

HIV-positive. They have seemed to have abandoned traditional masculinities associated with domination and power over their sexual partners (Kometsi, 2004). This dramatic shift is an indication that masculinity which, as we have seen earlier, has been a fuelling factor in HIV-infection at a pre-infection level, is now being challenged by HIV/AIDS, at a post-infection level, allowing men to live positively with the reality that they are infected. These men have adopted strategies that explicitly challenge old notions of manhood and masculinity, and present new avenues that help them deal with, equally, other important issues in HIV/AIDS, like testing, stigma, disclosure and support which are problematic.

Men, masculinity and HIV/AIDS in South Africa

Masculinity refers to the construction of different gender roles for men and women in the society and the socialization of men and women according to those roles (Zlotnik, 2002. p. 8-10). “Masculine” is a term commonly used in describing one who has internalized society’s sex typed standards of what is thought to be desirable behaviour for men (Ibid). In particular this refers to having ‘instrumental orientation’ (assertive, forceful, independent) and being focused on “getting the job done”. Women are described as having an expressive orientation (warm, supportive and nurturing) and an affective concern for the welfare of others (Zlotnik, 2002. p.9).

Socialisation into gender roles in the society is more stringent for men than it is for women. The reason for this may lie in the fact that men have assumed the position of

control in the economic, education and political arena. By imposing a more stringent socialization for boys, as men they are more assured of access to dominate power within the society. Boys are socialized to be self reliant, achievement oriented and independent whereas for girls dependency and conformity are encouraged (Zlotnik, 2002. p. 21). Women are socialized into being submissive and accepting the dominant role of men. Gender socialization therefore contributes in the continuation of sexual division of power. The mass media and the people and organisations who use them, institutions like schools and the managers and the employees who inhabit them, leisure and work activities and people who are involved in them.- all this media mentioned above, places people who are involved in them in a complex process of constructing gendered discourse (Morell, 1991. p. 6)

The nature of relationships between men and women in South Africa and their general perception of their roles and responsibilities within those relationships should be contextualised. They have partly been shaped by notions of masculinity and they include culturally defined gender roles in heterosexual interactions between partners in South Africa. Looking at this in relation to HIV/AIDS, I will cite several works done under African sexuality studies. These are works that seek to recognise how the demands of gender roles relate to HIV/AIDS. These roles are partially defined by culture, they are patriarchal and legitimate men to exclude themselves in certain critical aspects of HIV prevention, testing, disclosure, care and support (Kometsi, 2004. p. 31-32). Culture constructs certain traditional gender roles which shape the way men and women interact.

The major reason why there is a perceived lack of participation in HIV/AIDS interventions by men can be linked to how men perceive their roles and responsibilities in their relationship with their partners and in HIV/AIDS. Some traditional constructions of masculinity creates negative power over women and other sexual partners, acting as a setback when looked at in terms of combating HIV/AIDS (Kometsi, 2004. p. 37).

The political landscape surrounding HIV/AIDS characterised by the confusion between the science and pseudo science of HIV/AIDS infection, prevention, care and treatment as well as public confusion amidst the mask of masculinities present new challenges that men have to face. Lack of political will can make combating AIDS at the micro and macro level difficult to achieve (Singhal & Rogers, 2003. 375-376). The stigma – which is deeply entrenched in the society- attached to the disease, is problematic. It hinders many HIV/AIDS interventions that begin from Voluntary Counselling and Testing (VCT), disclosure to social support as a way of coping with the prevention and treatment of HIV/AIDS within a partner level, family level or the community level and across all sectors of the economy (Singhal & Rogers, 2003. 248-253). Stigma, just like masculinity is a social construct and it will be discussed in detail later in the chapter in order to show how it affects sexual relationships. However, notions of masculinity are a key starting point to help us grasp the nature of relationships between men and women in the face of HIV/AIDS in South Africa.

The emergence of gender studies and the recognition of women rights in the legislature in South Africa emerged as a social force where feminism came up as a powerful force championing women's rights and challenging the power that men hold in the socio-political and economic sphere. Consequently, efforts have emerged in several countries across the world including South Africa, to tackle what has since been called the "crisis of masculinity" (Morell, 1991. p. 4). Gender plays a big role in the relationships between men and women. In recent years scholars working in the fields of gender, sexuality and health studies have pointed to "a crisis of masculinity" characterised by instability and uncertainty over social roles and identities, sexuality, work and personal relationships (Frosh *et al* in Reid &Walker, 2005. p.161).

Bob Conell, an Australian sociologist argues that men enjoyed the "patriarchal dividend" the advantage men in general gain from the subordination of women. Being a man, Conell argues, conferred power but not all men shared this power equally and not all were individually exploitative (Conell in Morell, 1991: p. 5). He cites men who are exploitative to other men, driven by the force of hegemonic masculinity. This is a form of masculinity that dominates other masculinities. It succeeds in creating prescriptions of masculinity which are binding (or at least partially so), and which create cultural images of what it meant to be a "real man" (Ibid). This masculinity is dominant in the society exercising its power over other rival masculinities and regulates male power over women and distributes this power differently amongst men. Hegemonic masculinity does not rely on brute force for its efficacy, but on a range of mechanisms which create a gender consensus that legitimates the power of men (Morell, 1991. p.7).

However, Morrell argues that even though most men profit from hegemonic masculinity, not every man holds this kind of masculinity. Hegemonic masculinity therefore tends to exclude marginalised groups in the society. Women hardly benefit from this form of masculinity. Donaldson (in Zlotnik 2000.p.12) notes that "a fundamental element of hegemonic masculinity is that women exist as potential sexual objects for men". Men gain sexual validation not only by pursuing women but also competing for them. This is where hegemonic masculinity is associated with sexual conquest and having many sexual partners partially accounting for the rising infection rates of HIV in South Africa.

Masculinity socializes men to be macho risk takers and to crave for social power. Campbell (in Kometsi 2004. p. 84) claims that "frequent and unprotected sex with multiple partners may often be one of the few ways in which men can act on their hegemonic masculinity". The active and conscious pursuit of real manhood or prescriptions of masculinity create anxiety precisely because of the shifting nature of the boundaries and its instability over time and place. The socialisation described earlier creates men and women as opponents. It creates the perception that masculine power and status are under threat from those who are not masculine. It also qualifies violence as a tool for lessening anxiety and fear against the threat, against their masculine power which has a reinforcing effect always repeating itself each time these feelings are experienced (Hooks in Kometsi, 2004. p. 85)

The effects of this hegemonic masculinity are severely felt in relationships between partners. Their sexual health is severely affected especially when they are HIV/positive. For example, a HIV-positive man who does not use protection when having sex can re-infect himself and his partner with HIV. In other cases, this situation is often characterized by men's negligence in parental roles and their negligence of other roles and responsibilities such as HIV testing, disclosure, care and support. Research done on masculinity in South Africa by Kometsi, (2004) indicates that displaying masculine power can be rewarding in the community even though this could jeopardizes other peoples lives (Kometsi, 2004).

Woods (in Zlotnick, 2002. p.14) observes that "men are inclined to displace their frustrations onto others which may take the form of the perpetration of abuse of those in position of less physical power than themselves". It is the men that make many decisions in the family and therefore it is imperative to ensure that men contribute wisely in decisions concerning their health and that of their partners. The burden that couples face due to HIV/AIDS is associated with the feeling of social rejection and stigma, is difficult to deal with. This is the moment when men and women are required to work jointly, to support each other psychologically, emotionally and financially. It is likely that the kind of relationship existing between partners can influence the choices they make regarding their health.

With sex being central to the self-imaging of men as real men, which is men with power especially over women, women's insistence on practicing safer sex might be seen as a

challenge to the power of men (Kometsi, 2004.p.83). Therefore, in looking at men's perception of their partners in their relationships and within the broader aspect of HIV/AIDS, it is clear from this discussion that some decision regarding sex for instance decisions about condom use becomes problematic.

The event of sexual negotiations in relationships between men and women marks the beginning of trying to understand and account for why HIV/AIDS interventions are problematic without the inclusion of men. It becomes even worse at the point where masculinity is expressed through sexual intercourse and how much a man is willing to risk not using a condom (Kometsi, 2004. p. 12); and further to the fact that both men and women (the society) participate in ensuring certain masculinities are privileged and not others. Both men and women are active participants in the perpetuation of some forms of masculinity depending on whether they are favoring them or not.

However, masculinities are fluid and should not be considered as belonging in a fixed way to any group of men. They are socially and historically constructed in a process which involves contestation between rival understandings of what being a man should involve. There are, according to anthropologists, a core set of activities or traits which are transculturally associated with men (Morell, 1991. p. 5) Masculinities are constantly being protected and defended, are constantly breaking down and being recreated. This gender identity specifically belonging to the male person is not inherent nor is it acquired in a one-off way. It is constructed in the context of class, race and other factors which are

interdependent through a prism of age where boys for instance are nurtured to be men (Ibid).

Deaux (in Zlotnik, 2002. p. 9) observes that masculinity is socially constructed and changes as relationships between societies do, rather than being a natural attribute. Masculinity as a construct or set of attributes does not apply only to men. Rather, it is a construct that may constitute part of the identity of both men and women to some extent. The terms “masculine” and “feminine” are based on notions of what is regarded to be the cultural ideal or the epitome of a gender stereotype. Hence, a woman may have masculine traits and a man may have feminine ones however, it is more common to have masculine traits with men than women (Zlotnik, 2002. p. 9).

Morell (in Reid and Walker, 2005, p.7) argues that masculinity and violence have been yoked together in South African history. From a minefield historical perspective, it was not in relation to accidents alone that some men felt a sense of powerlessness, they also lack control over a range of contexts like lack of education and unemployment and powerlessness in avoiding a range of other disease in the minefield like TB (Campbell in Kallipeni, *et al* 2004. p. 149-150). The risk of HIV/AIDS thus appeared minimal compared to the risk of death underground and this accounts for the reason why many mineworkers did not use condoms (Ibid). The concepts of bravery, fearlessness and persistence, in the face of the demand of underground work is that of a macho sexuality doing underground work (Kallipeni, *et al* 2004. p. 151). Linked to this masculinity are things such as the need for multiple sexual partners, and manly desires for the pleasure of ‘flesh to flesh’ sexual contact. This powerlessness and low self efficacy is visible even among the infected who may feel

there is not so much they can do about their conditions and therefore, continue performing these 'scripts' of masculinity even though it jeopardises their health. While some forms of masculinities put some men at risk of HIV infection, like the practice of unsafe sex with multiple partners, others keep these men in denial such that they do not seek treatment (Gupta, 2000; Kometsi, 2004; Morell, 2001; Reid & Walker, 2005). As a result, some men can neglect their roles and responsibilities in HIV/AIDS from testing, to HIV disclosure and support.

The transition to democracy in South Africa has had an effect in the unseating of entrenched masculinities: masculinities which were, in the main, patriarchal, authoritarian and steeped in violence (Reid &Walker, 2005, p.8). The publicness of sex and sexuality, sex no longer being sacred and secret as it was in traditional African societies, and the shifting gender order in South Africa have had significant consequences for men and masculinities. Men are centrally implicated in the shifting sexual landscape. As already illustrated, there is a perception that the HIV/AIDS epidemic is driven by men, and men are blamed for the prevalence of domestic violence and child sexual abuse (Reid & Walker, 2005. p. 9; Mane & Aggleton, 2001). The recognition that it is men who spread the epidemic to women was ignored until the late 1990s. This is when it was recognised that since men have some power in sexual relationships they should shoulder the responsibility of preventing the transmission of HIV, protecting their own health as well as that of their female partners (Campbell in Kallipeni *et al*, 2004. p. 97-98) New ways of targeting and addressing men that are not simply reinforcing traditional stereotypes of gender roles and masculine identities are needed (ibid).

Prevailing norms of masculinity that expect men to be knowledgeable and experienced in sex and related issues actually "disempowered" them because such norms prevent men from seeking information and admitting their lack of knowledge (Gupta, 2000. p. 3). The social construction of masculinity and what it means "to be a man" has perhaps encouraged the negative perception on certain roles and responsibilities that men should play in HIV/AIDS testing, care and support considering them as "women issues".

"*Unreal*" Aids review (2004) research done by Kometsi on masculinity and HIV/AIDS in South Africa, University of Pretoria indicates that men's perceptions on masculinity influence their relations with others especially their partners. There is a link between some of men's practices and the spread of HIV (Kometsi, 2004. p. 81). Power as an operational concept is essential in examining how some men relate to themselves, and more importantly to women. Traditional masculinity therefore becomes some men's practices in such relationships. This are practices that dominant images of manhood are associated with (Kometsi, 2004. p. 81).

Connell (in Kometsi, 2004. p. 82) suggest the importance of looking at how men and women lead gendered lives as a lead into what the concept of masculinity means.

Masculinity represents not just an idea in the head, or a personality identity. It is also extended in the world, merged in organized social relations. Concepts of masculinity and femininity therefore become useful instruments in looking at men, women and their gender experiences in the context of HIV/AIDS.

Considering that some men are rendered more powerful than women in patriarchal societies, it is important to look at the gender power dynamics. This can help us understand men's perception in their relationships with their partners and their roles in HIV/AIDS especially in testing, stigma support and care.

Relationships and masculinity

Traditional masculinity continues to impact on sex for HIV-positive men. While some HIV-positive men use safety measures when having sex with their partners, others do not. They find themselves in a situation where they either risk being accused of infidelity and rejection by introducing a condom (changing), or they hold on to the notion of 'flesh to flesh' despite the risk of re-infection (see Kometsi, 2004). This presents a dilemma because the fact that men are HIV-positive, does not mean that they only have one sexual partner. One of the participants in this research confessed to having two sexual partners, where only one of them knew that he was HIV-positive. Hegemonic masculinity, therefore, has an impact on sex and presents anxieties which are difficult for HIV-positive men to deal with due to the consequences of introducing notions that are contrary to their 'usual' performance in a relationship.

Sex is complicated especially between those who are already infected. One of my respondents indicated that men who practise 'flesh to flesh' sex or 'dry sex', find it difficult to introduce condoms in a relationship at a later stage after testing HIV-positive.

This is because it can raise questions about trust in the relationship and may suggest infidelity. There is, therefore, the burden of having to perform on their masculinity by continuing to have unprotected sex which leads to re-infection (See Kometsi, 2004. p. 32). In the context of HIV/AIDS, other ways of having sex, which are non penetrative in nature are encouraged as part of the campaigns to curb the rates of infection. However, certain attitudes towards these interfere with their adoption as "legitimate ways" of having sex. For example, men perceive these alternative sexual acts, for instance masturbation, as engendering ill health in a man.

In this sense, hegemonic masculinity constructs a woman as the only valid "object" for sex, and penetrative sex as the only valid practice. Some men also perceive condom use as unmanly, teenagers believe that condom use challenges the image of the healthy 'up-and-coming man' (Walker *et al* in Kometsi, 2004. p. 32).The availability of male condoms is most effective as far as men are willing to protect themselves and their partners (Karim in Kometsi, 2004. p.32). The use of condoms here is not only restricted to those who are not infected with HIV/AIDS. It also applies to those who are infected to avoid the spread of the virus and re infection for those who are already infected.

Being diagnosed as HIV positive often leads to separation and divorce (Barolsky in Kometsi, 2004). This means the self imaging of men as being real men crumbles under the strain of having a sick wife. Men prize the successful performance of manhood (free from the strain of an ill partner) above the need to respond caringly towards a loved one that has been rendered vulnerable by disease. The fact that men cannot be depended upon

even during the most manageable stage of HIV/AIDS, means they have escaped inclusion into the total effort to combat the epidemic. In a different sense they represent a reserve group which can be tapped into in an attempt to fight the epidemic (Barolsky in Kometsi, 2004). Targeting HIV-positive men Entertainment-Education on lessons on the impacts of hegemonic masculinity, and how they can have safe sex with their partners, can create room for them to change their masculine perceptions. Among other things, HIV-positive men can abandon hegemonic versions of masculinity like a preference of 'flesh to flesh' sex and if they have more than one sexual partner, they make sure they use a condom.

Changing masculinity changing men

This section explores the growing insistence that "without men there would be no AIDS epidemic" (Foreman in Bujra, 2000). Since the first section has already explored how masculinity is theorised, this section will focus on how it is changing. My field research targeted HIV-positive men in Soweto, South Africa. It echoes the already existing shift in the focus of HIV/AIDS campaigns that now include men (See Kalipeni *et al*, 2004. p.97). Essentialists' perceptions of both men and women, which held considerable political force, are now generally rejected, with acknowledgement of diverse social forms in which gender may take. It is not masculinity as a singular characteristic of men that is now at issue, but the plurality and contingency of masculinities (Bujra, 2000). Studies are now indicating that there is a changing masculinity among men in South Africa (Morell, 2000). This means men challenge hegemonic masculinities especially around men's roles and responsibilities in HIV/AIDS.

This change affects these men's view on sex, sexuality and gender roles (Morell, 2001). As noted in the previous section, masculinities are of critical importance (Mane & Aggleton, 2001). However, there is a changing masculinity after HIV/AIDS infection among the HIV-positive men in this research. This happens as the HIV-positive men accept the realities of infection and adopt options that help them cope and live positively. The responses of participants of this research have indicated that HIV-positive men identify with lessons about using condoms, disclosure of status and support. The HIV-positive men accept these lessons due to the fact that these are the very things which help them cope with their situation and live a 'normal life'. They have, therefore, abandoned hegemonic notions of masculinity that still hold on having multiple partners, practicing 'flesh to flesh' sex, fear of testing and disclosure and failure to seek treatment among others.

Being infected with HIV could mean men lose their physical strength and wealth due to the severity of becoming sick with AIDS related diseases. This invites fear due to the association of the disease with death acting as a major setback of coping with HIV (Posel, 2004). These men find humility in HIV/AIDS and are forced to forge a new masculinity that will ensure they continue to live a productive life as men. At this stage, I have looked at the historical perspectives and the prevailing context of masculinity in relation to HIV/AIDS. Next, I will examine the socio-economic context of HIV/AIDS and how it relates to constructs of masculinity and HIV/AIDS, especially, in an attempt to deal with prevention, treatment and support for those infected and affected by the disease in South Africa.

Socio-economic context of HIV/AIDS in South Africa

Apart from the historical context of masculinity, there are socio-economic issues related to masculinity and HIV/AIDS that needs to be explored. This section discusses how constructs of masculinity impact on the major issues related to HIV/AIDS and the social and economic effects of those issues. These are disclosure, stigma, testing, and social support and their implications in societies where they occur. This context is also related to the politics of HIV/AIDS especially at the policy level of the government and how this impact on those infected and affected by HIV/AIDS.

Disclosure

Masculinity can be related to disclosure in terms of the fact that, in hegemonic masculinity, men have some power including sexual power over women and other men. Disclosing that they are HIV-positive means that they lose this power, in addition to losing their status and dignity (Posel, 2004). The success of performance of this prescription of masculinity is fulfilled by HIV-men not disclosing their status to maintain this "comfort zone" (a space of domination of others, including sexual domination). The effects of this are that opportunities for support are missed, and sexual partners are placed at risk depending on whether the HIV-positive man is willing to use a condom or not or willing to disclose or not (Kometsi, 2004). In addition, the HIV-positive man is also at risk of re-infection. Disclosure of HIV reduces levels of stigma for HIV-positive men because significant others open up and accept them despite their status. It creates room for social support from others including partners, friends, family members and the

community and thus helps HIV-positive men to cope. As much as there are several issues related to the failure to disclosure by HIV-positive men, most of them can be related to hegemonic masculinity (ibid).

Disclosure is primarily a difficult thing to do for both men and women; women find it difficult to disclose their status due to fear of rejection by their partners (see Ogende & Nyblade, 2005. p. 35). Men on the other hand may simply choose not to go for testing. In such cases, the disclosure cannot work (ibid). Disclosure of HIV sero status has been conceptualised as reasoned action following subjective evaluation of the various consequences of informing others. Individuals who are aware that they are infected have a legal and social responsibility to disclose their infection to their partners. Withholding this information increases the potential for HIV transmission because it creates a situation where unsafe sex is likely to occur (Sesotha & Peltzer, 2005. p.2). Decisions about disclosure of HIV status involve anxiety, stigma and shame. Divulging one's status to sexual partners may lead to isolation or even physical injury.

Stein *et al* (in Sesotha & Peltzer, 2005. p. 2) indicate that there are powerful forces working against disclosure. First there are psychological consequences of disclosure, especially the risk of rejection (Ogden & Nyblade, 2005. p. 35). Second, there is practical social ramification, desired sexual encounters may be missed, and financial and sick care support may be denied. Third, HIV infected individuals may rationalise that their partners need to protect themselves, thus protection is every individual's responsibility. There issues related to financial dependence, where men depend on women for financial

support. This study done with HIV-positive men in Soweto, Johannesburg indicates that men, just like women, fear partner reaction, rejection and loss of financial support because people's reactions to disclosure are mixed. One participant explained that he had two partners, (performance of prescriptions of hegemonic masculinity) and had disclosed to only one of them since he feared losing financial support. Another participant explained that when he disclosed to his partner, his partner rejected him and did not want to see him anymore. Others explained that when they disclosed to their partners, their partners ran away from them. These are perhaps the factors that prevent men as well as women in Soweto from disclosing their status to their partners.

Disclosure is one of the necessary requirements to ensure success in HIV/AIDS interventions because couples are aware of their status and can seek timely treatment and further protect themselves and their partners and support each other. In some cases, people with HIV avoid making use of available support services out of fear that using those services would result in public disclosure of their status (Ogden & Nyblade, 2005. p. 35). If men disclose women have a better chance of negotiating safe sex (Sesotha & Peltzer, 2005. p. 3). Women also have a better chance of knowing their status and seeking treatment for HIV/AIDS. Non disclosure of HIV sero status has its own risks apart from it being stressful and isolating because of the feeling of putting others at risk, it also exclude people who may offer social support, which has been noted to lessen the effects of physical symptoms on depression (Hayes *et al* in Sesotha & Peltzer, 2005. p.3)

An adult sample study conducted in Tanzania revealed that the primary perceived barrier to HIV sero status disclosure among women was fear of partner's reaction and the fear of being rejected (Maman *et al*, in Sesotha & Peltzer, 2005. p. 3). A separate study done by Maman *et al*, examining the effects of maternal HIV infection on pregnancy outcomes in Kenya reported increased violence and loss of security for some of the women involved who shared information about their HIV sero positivity with others (ibid). This is an indication that HIV disclosure can lead to violence and rejection.

Although most women did not share their sero status information with their partners, those who did were either replaced by another wife, some were beaten and others committed suicide (Sesotha & Peltzer, 2005. p. 3). Women in this context are blamed for bringing AIDS in the family and the options of these seropositive women are to cope with their unfair burden silently or share sero status information with their partners and risk violence or divorce. Violence or the threat of violence is a strong barrier against disclosure, some women face denial of their partners who "know, but don't want to know" and refuse to disclose it. Such women are critical of men in general, blaming them for spreading HIV (Garson, 2005. p.5).

Stigma

Jo Stein's (2003) HIV/AIDS stigma: The latest dirty secret, Ogden & Nyblade's (2005) HIV-related stigma across contexts and Posel's (2004) work on Sex, Death and embodiment: Reflection on the stigma of AIDS in Angincourt, South Africa are works

that gives a detailed analysis of the root causes of stigma and the impacts of stigma in South Africa.

Stein (2003) and Ogden & Nyblade (2005) observe that stigma remains a common barrier in every effort to combat HIV/AIDS (P.2; P7). Stein states that HIV/AIDS stigma is listed as the third problematic area after HIV/AIDS infection and HIV/AIDS epidemic. Although South Africa records reduced levels of stigma, there are still sections of the population that stigmatize those who are infected. In Western Cape Province, for example, HIV/AIDS is just called 'Ulwazi' which means 'that thing' (ibid). This has been taken to suggest that HIV/AIDS is seen, not only as a disease that has no cure, but one which is so stigmatized, it cannot even be referred to by name (Stein, 2003. p.1)

Stein (2003) points out that South African quantitative studies, like international ones point to one very significant correlation- the correlation between increased levels of HIV/AIDS knowledge and decreased stigma for instance campaign which promote the rights of people living with HIV (P.3). This suggests that HIV/AIDS stigma can be dealt with through appropriate education regarding the transmission of HIV/AIDS (Ibid). However, access to information or exposure to public health education does not mean that individuals will not maintain erroneous beliefs about transmission, certainly, people may doubt, disregard or disagree with public health information regarding things such as 'low risk' and 'non risk' contacts provided to them by public health professionals. This suggests that access to sufficient information to eliminate false beliefs regarding transmission or to eradicate stigma is limited (Stein, 2003.p.4).

Ogden & Nyblade (2005) like Posel (2004) observe that stigma related to medical condition like HIV/AIDS is great when the condition is associated with deviant behavior or when the cause of the condition is viewed as individual's responsibility. Stigma is more evident when the condition is unalterable, incurable, severe degenerative and leads to apparent physical disfigurement and death (P.8). Stigma is a result of the association of HIV/AIDS with socially improper forms of sex and injecting drug use, socially censored behaviors that are viewed as the responsibility of an individual. Like Stein (2003.p.3), Ogden & Nyblade (2005). also observe that the lack of information and deep understanding of HIV/AIDS among the general population and sometimes medical personnel is a contributing factor to increased stigmatization (P.8)

Stigma, at some level, can be related to hegemonic masculinity, as explained above stigma is often high in conditions that are caused through actions that can be related to individual's responsibility. I will briefly explain how hegemonic masculinity relates to stigma and the effects this has on HIV-positive men in this research. Hegemonic masculinity has prescriptions that define manhood and therefore, any prescription contrary to this creates tension. Hegemonic masculinity with prescriptions such as competition for women and 'flesh to flesh' sex, ensures that HIV-positive men remain in secret since disclosure of their status could ensure that desires for sexual encounters with other partners or the chance for 'flesh to flesh' sex are missed, if others know that they are HIV-positive. This climate creates secrecy in such a way that HIV-positive men fear to disclose to significant others that they are infected. The result of this is that there is a continuation of the prescriptions of hegemonic masculinity, amidst a risky climate, where

several others get infected and re-infected. With reduced levels of stigma, there can be a shift from old constructions of masculinities to new ones which could favour the health of HIV-positive men and their partners (see Kometsi, 2004).

Being HIV-positive is a stigmatised label and therefore, hegemonic masculinity would not allow HIV-positive men to be associated with such a label. This construction of masculinity contributes to increasing the levels of stigma due to the fact that HIV-positive men, as already mentioned, remain in secret where they continue spreading the disease. At the same time, they fail to disclose to others to increase their chances of being accepted and supported despite their status. However, stigma is a complex issue to understand because it is a product of several other socio-cultural constructions related to HIV/AIDS and the realities of death (Posel, 2004).

Stigma is more than just emotional reaction to difference in that it serves to emphasise and maintain structural inequalities. It is fundamentally a sociological phenomena; it is about unequal distribution of resources and power (Parker & Aggleton in Roberts, 2005. p. 2). As distinct from merely prejudice or discrimination, stigma is a label given to an individual who is “negatively valued” by a group which that individual is part of. The mark need not to be physical but is visible in the sense of being publicly intelligible and recognizable. Stigma marks the bearer as a blemished person, ritually polluted and to be avoided. Stigma is an enduring condition, status or attribute that is negatively valued by society. Meaning that individuals with that label are consequently discredited and disadvantaged (Herek cited in Posel, 2004. p. 6).

Stigma is the sign of a spoilt identity, the sense of being someone who is deemed to have done something, or exhibited a trait, behaviour or bodily aberration, considered highly offensive by the social vanguard of normality (Goffman in Posel, 2004. p. 6). Stigma is a mark that identifies a person as blemished and morally degenerate individual to be avoided. A stigmatised person is one who is seen to possess 'an attribute that is deeply discrediting' (Stein, 2003.p.6) A stigmatised person is one who is part of a group but who has a 'spoilt identity' in relation to that group, because in some respect h/she has become deviant or abnormal (ibid).

Stigma among other reasons is a product of lack of proper information about the mode of transmission of HIV. This allows fears of casual transmission to go unchallenged (Ogden & Nyblade, 2005. p. 17). According to Ogden & Nyblade, (2005. p. 15) stigma results from the fear that HIV could be transmitted through ordinary, daily interactions with people living with HIV and AIDS that involve no exchange of bodily fluids for example contact with an HIV-positive person through simple touch and sharing food with those infected. Fear of and preoccupation with transmission through everyday casual contact leads directly to stigma in form of isolation of persons living with HIV/AIDS in all aspects of daily life. The fear of casual transmission leads directly to stigma (Ogden & Nyblade, 2005. p. 15). This association of fear and stigma therefore denies the infected the chances to disclose and live positively in an environment where they are likely to receive support and supporting others to cope.

The media may also be blamed for nurturing fear through fear based public messages (Ogden & Nyblade, 2005. p. 19). The focus, both in public and health campaigns and the media is on the negative images of sick dying and disfigured persons and lack of the positive images of the more prevalent reality of people with HIV/AIDS in South Africa who are productive and responsible members of the society. This enhances the fear of contracting HIV and creates fear for those living with HIV and AIDS. The stigma associated with HIV creates the fear of testing because of the belief that being diagnosed HIV-positive means death (Ibid). This is evident in the manner in which HIV/AIDS reporting in the South African media is characterised by a focus on attention grabbing parts of a story with little educational components.

HIV stigma is also a product of human uncertainty about the scientific facts and knowledge about HIV/AIDS and its 'mysteriousness' (Posel, 2004). This has acted as a fertile ground for the construction of stigma through historical narratives both past and present across the board in the human society (Posel, 2004. p.15). Posel (2004) argues that the unfamiliarity and mysteriousness of AIDS is critical to its stigmatisation. The stigma is rooted in the idea of bad living, in other words, the readings and diagnoses of values and ways of life which far exceeds the illness itself. In the first instance, and as a necessary condition of the stigmatisation of AIDS derives from the absence of a routine commonplace and narrowly focused biological accounts which normalises illness, associated with demonstrated capacity to treat it. Posel suggests that whatever the metaphoric density of the disease, the capacity for treatment, together with the popularly

accepted medical versions of the disease will play a critical role in the distigmatisation of the disease (Posel, 2004. p.15)

According to Stein (2003.p 8) stigma has some functions in the society. It can be argued that symbolic stigma (stigma based on condemnation regarding sexual behaviour) is useful because it serves to distance the individual or group from fear of infection by facilitating denial of own risk. In other words symbolic stigma seems to give us a sense of invulnerability and is a response to imminent threat designed to control anxiety. Clearly, symbolic stigma is counter productive in as far as it gives us a false sense of security. However, its function is to protect us from fear and anxiety although not from infection (ibid). Blame and stigma has a function, they make us feel safe or less venerable to misfortune because, unlike the victim, we have done nothing to 'deserve' it. In other word, stigma is a psychological defence mechanism which serves to control anxiety in the face of danger (Stein, 2003.p.9).

Stigma is a powerful means of social control applied by marginalising, excluding and exercising power over individuals who display certain traits (Stein, 2003.p.9). The stigma associated with HIV/AIDS functions to reinforce social norms around fidelity and family. Because HIV/AIDS is sexually transmitted, it functions as a marker of promiscuity and other 'deviant' sexual practices which threaten to disrupt family life (ibid). Unlike Ogden and Nyblade (2005) stein argues that with the functional role of stigma in the society and if it persists across time and culture, then it is because it is instrumental and useful for many reasons. It is not simply the results of inadequate

knowledge. Stigma cannot be addressed solely by giving people true facts about risks, because people are not motivated by the need for true information about risk alone. We are also motivated by the desire to represent risk in a way that suits and protects us at both the individual and group level (Stein, 2003. 10-11).

Although Stein agrees with the Ogden, Nyblade and Posel on some issues about stigma, especially as a setback to efforts that are geared towards addressing HIV/AIDS and as a major cause for denial and increased vulnerability, Stein's argument about the functional role of stigma indicates that there are a variety of issues at stake in HIV/AIDS stigma which needs to be distinguished if stigma is to be properly conceptualised, identified, measured and addressed. Measuring stigma is difficult, stigma may not necessarily be the result of denial or devaluing people with HIV/AIDS at all, but rather the results of valid or misguided fear about infection.

In cases where fear of infection is simply a consequence of ignorance, AIDS education about transmission can go a long way in eliminating stigmatising behaviors. But it must be noted that there are in fact stigmatising behaviors which do indeed protect us from infection (ibid). While decisions not to sleep with an infected person can be considered rational and desirable at an individual perspective, even among many of those involved in the project of eradicating HIV/AIDS stigma, it is not a desirable option from a public health perspective because it mitigates against disclosure of infection, drives HIV/AIDS infection underground and undermines prevention objectives (Stein, 2003.p.11)

Impact of HIV/AIDS stigma

There are three important issues that can be linked to HIV/AIDS stigma which makes HIV/AIDS interventions problematic by acting against already established counter efforts to control the disease These limits HIV/AIDS testing, care and support (See Deacons *et al*, 2004; Stein,2003.p 12). These they do in the context of their family relationships especially relations with their partners. These are:

- Fear of testing
- Non disclosure of HIV status
- Lack of social support for those who are positive

These issues are critical in prevention, care, treatment and support efforts of HIV/AIDS. These and their importance in HIV/AIDS interventions will be discussed later under the sub headings; testing, disclosure and social support.

Stigma attached to HIV/AIDS affects men and women in particular adverse ways in South Africa. There is fear of violence, exclusion and destitution. The ultimate effect of stigma is that the stigmatised are denied life chances that they would otherwise experience (Goffman in Roberts, 2005. p.3). Stigma brings about isolation including social isolation such as separation from children and other family members, separating sleeping quarters, clothing and utensils. Stigma also results in the loss of identity/role where HIV-positive people are viewed and treated as having no future, no longer considered productive members of the society, automatically associated with social evils; for example, drugs and sex work; loss of power, respect and standing in the community;

loss of the right to make decisions about their own life and loss of marriage and child bearing opportunities (Ogden & Nyblade, 2005. p. 27)

Ogden and Nyblade (2005. p. 27) argue that stigma also leads to gossip, taunting, expression of blame and shame, labelling and use of derogatory words to describe people living with HIV/AIDS for example " moving skeleton", "walking corpse", or "keys to the mortuary" (Ibid). It leads to loss of livelihood and future, loss of housing, different treatment in the health care setting like denial of health care services, isolation of patients with HIV/AIDS and provision of substandard treatment (Ibid).

From the above argument there is an indication of lack of total support. If HIV-positive people are rejected in the family, the community and denied participation in social institutions then it makes it impossible for them to cope. Participation in support groups is normally recommended in post test counselling for both men and women. Support groups create a secure environment where stigma is minimised, offering opportunities for sharing experiences information and advice about disclosure strategy (Roberts, 2005, p.5).

HIV places tremendous strain on relationships, with women expressing intense anger around men's perceived "denial" of their roles and responsibilities in respect to testing, care and support in HIV/AIDS. However, some men are changing and beginning to come up with strategies to deal with stigma. These men assume what Roberts (2005) calls "a normal identity" (seeing themselves as equal to others) by rejecting a stigmatised

identity and accepting and disclosing their HIV status to significant others and behaving as ‘normal people’ (Roberts, 2005. p. 5). This new approach by HIV positive people helps them manage stigma, as well as disclose and receive support from family and friends.

Testing

This is another area where hegemonic masculinity operates. It impacts on testing in that men fear to test to know their status due to the fear of testing positive. Testing positive could mean that men lose their status and dignity as earlier explained in the section of stigma. Potential desired sexual encounters (competing for women) might be missed therefore; some men prefer not to know their status. The results are that men continue practicing prescriptions of hegemonic masculinity that leads them to infection and re-infection. However, HIV-positive men in this research belonged to a support group indicating that they all tested positive. Testing helps HIV-positive men, among other things, to change their lifestyles, that is, abandon old prescriptions of masculinity and adopt new ones that will favour their health and those of their partners. This includes using safety measures, taking medication and keeping a healthy diet. One idea that participants raised about a healthy diet, was the concern that it was expensive given that most of them were not employed. One of the participants relied on his partner, and explained that he had tested HIV-positive but did not want to disclose to his partner due to the fear of losing financial support. Testing has been observed to have incredible benefits to HIV-positive men as explained below:

The primary relevance of voluntary counselling and testing (VCT) services are:

(1) To provide an opportunity for persons to learn their HIV sero-status and if infected, to obtain referrals for medical and psychological care and

(2) To provide counselling so that clients might change their behaviour to avoid infection or, if they are already infected, to avoid transmitting the virus to the others (Center for Disease Control in Sesotha & Peltzer, 2005. p.1).

According to the UNAIDS, there is a key component that they are integrating in the fight against HIV/AIDS. This is the identification of those infected with the disease, coupled with efforts to interrupt transmission (Mc Cauley, 2004. P. 4-20). Studies in both the U.S. and the developing world have demonstrated that VCT can lead to self-reported changes in high-risk sexual behavior among both HIV positive and HIV negative people (Mc Cauley 2004. P. 2). In U.S.-based studies, participant reports of sexual behavior change have been further corroborated by a reduction in sexually transmitted infections. The body of evidence is especially strong for VCT as a tool to help HIV positive persons to reduce their high-risk behaviors to avoid spreading the disease to uninfected persons. VCT counselors work one-on-one with clients to help them to assess their individual risk for HIV and engage them in a focused discussion of realistic ways to reduce their risk (Mc Cauley, 2004). HIV testing is the first step in combating the disease from an individual level. Individuals who have tested are more likely to adopt safer sexual behaviours like using safety measures. Without testing then disclosure is surely not possible. Issues such as disclosure, couple counselling and VCT requires the full consent and participation of both partners.

Power plays a key role in reaching decisions about these services. Power imbalance that defines gender relations and sexual interactions therefore increases the vulnerability of men and women to HIV and affects women's access to and use of services such as VCT and treatment (Gupta, 2000, p.4). For example a study conducted by Mbwambo *et al* (1999) in Tanzania on access to Voluntary Counselling and Testing indicated that there are gender differences in decision making that led to use of VCT services. While men made the decision to seek VCT independent of others, women felt compelled to discuss testing with their partners before accessing the service, therefore creating a potential barrier in accessing VCT service (Gupta, 2000, p.4).

According to Campbell *et al* (in Sesotha & Peltzer, 2005. P.1), there is growing evidence that HIV counselling and testing in developing countries can help empower individuals and couples to adopt safer behaviour. A study of discordant couples where one member is HIV positive and the other negative in Rwanda found that confidential HIV testing with counselling caused a large reported increase in condom use and were associated with lower rate of new infections among couples (Allen, *et al* in Sesotha & Peltzer, 2005. p.1).

In addition to its role in prevention, HIV testing and counselling is a critical first step in identifying those who are HIV positive so as to effectively link them with HIV treatment, care, & support services (Mc Cauley in Sesotha & Peltzer, 2005). These services include the prevention of HIV-related illnesses, (including tuberculosis), psychosocial and family support, and comprehensive treatment with antiretroviral therapy, as it becomes

available. Knowing one's HIV status also provides essential information to better enable HIV positive persons to plan for their own future and that of their family. VCT can help to connect clients with services including hospice care, legal services, and support for orphans and vulnerable children. VCT clients also benefit from ongoing support and counseling to cope with their diagnosis and facilitate disclosure (Ibid).

HIV-related stigma and discrimination contribute to the creation of a barrier to participation in VCT, disclosure of HIV status, and seeking care, treatment and support by people living with HIV/AIDS (Posel, 2004; Roberts, 2005; Gupta, 2000. p. 4). HIV/AIDS related stigma in South Africa prevents people from coming forward for testing or when they do get tested, from returning for their test results (Ogden & Nyblade, 2005. p. 34). This is partly a result of how the testing clinic is designed (HIV testing site) such that whoever consults that section is perceived to be HIV-positive. People also avoid testing out of fear of getting positive results- with the stigma and other repercussions that would ensue (Ogden & Nyblade, 2005. p. 34). Involving the community in VCT and related programs helps to increase participation in VCT and fosters community ownership of the programs. This approach can help people living with HIV/AIDS to be accepted within their communities, thereby reducing stigma and denial (Mc Cauley, 2004). Providing VCT with quality counseling and appropriate linkages, referrals, and prevention and care services can enhance the opportunities for people living with HIV/AIDS to access care, treatment and support (Mc Cauley, 2004).

Social support

Support can be related to psychological, emotional, physical and even financial assistance. The benefits of support are that the HIV-positive men feel accepted and loved and therefore, the effects of stress are reduced. Masculinity impacts on support due to the fact that support is only possible after disclosure (see Sesotha & Peltza, 2005. p. 3). The fact that masculinity acts against disclosure, means that it limits the possibility of HIV-positive men to receive support as well. On the other hand, masculinity has it that men are 'masculine and self reliant' and therefore not in need of any form support from 'others' who they dominate. HIV-positive men may be ashamed of receiving support from those who they wielded power over and dominated prior to their infection. They might just chose to live in isolation, and therefore die of emotional stress (Posel, 2004). Among others, the benefit of disclosure and support, according to the participants of this research, is that it reduces emotional and psychological stress. One of the participant said that when he tested HIV-positive, he was staying indoors since he did not want anyone to see him. This is what I mean by the feeling of loss of power and status among others that he used to have power over prior to infection. By HIV-positive men isolating themselves, chances of support are almost nil (Sesotho & Peltzer, 2005. p. 3).

Social support is very important for those infected with HIV to help them cope with the stressors involved. Women, especially those who are pregnant and positive need this kind of support owing to the kind of environment they are exposed to when others, especially their partners realise they are positive. Social support is an exchange of resources

between two individuals perceived by the provider or recipient to be intended to enhance the well being of the recipient (Duffy and Wong in Sesotha & Peltzer, 2005. p. 4)

Social support seems to go hand in hand with disclosure, people who disclose their status have more social support than those who do not. Support groups are the single most important and effective intervention for many HIV infected individuals, they help normalise the effects of this life crisis, recognise fear as a common reaction, provide a place to ventilate emotional reactions and gain a feeling of control (Sesotha & Peltzer, 2005. p.10).

The possibility of social support is denied to many people living with HIV and AIDS due to the stigma attached to the disease as it has already been explained where stigma results in isolation (see Ogden & Nyblade, 2005 above). Many people who are infected either do not test to know their status and when they test, they don't go back for the results. However when they get they get back their results they don't disclose to others therefore limiting their chances of getting the support they need (Ibid).

Political context of HIV/AIDS in South Africa

Introduction

Apart from hegemonic masculinity and the socio-economic context of HIV in South Africa, there is also a political context. This context has impacted greatly on HIV-positive men. In a nutshell, this context is characterised by lack of leadership in the prevention and treatment of HIV/AIDS. There has been confusion in communicating government policies on preventing HIV/AIDS on one hand, and confusion on the possible treatment options for HIV-positive people on the other. The confusion is severely felt by people living with HIV/AIDS. This is evident in one of my respondents who when asked whether he uses antiretrovirals (ARVs) for treatment, he responded that they are 'toxic' and that instead, he uses herbs and vegetables. He, however, would not specify which kind of herbs or vegetables he uses. At the same time he admitted that his health condition was not well. He however claimed that he is used to that kind of situation.

The fact that this participant relates ARVs to 'poison' means that he understands the political debates that were going on in the media between the government, ministry of health and different stakeholder about the safety of ARVs. This context has, therefore, affected HIV-positive men's confidence in various treatment and preventive options, and has continuously misguided them. The fact that highly rated political figures like the health minister (Manto Tshabalala Msimang) and the president (Thabo Mbeki) were key figures in debates around toxicity and safety of ARVs and other debates concerning the link between HIV and AIDS means that the HIV-positive men are confused by such

controversies. Lack of clear information or leadership about prevention and treatment options adversely affect HIV-positive men, and limit their chances of coping.

Since this section concerns public debates basically on the issues mentioned above, it draws widely from Journ-aids website, media publications and research work about HIV/AIDS policy in South Africa. Journ-aids has been keen on publishing political debates and other developments on a timely basis explaining the political context of HIV treatment by different stakeholders. The context of HIV has been based on politics of power especially gender imbalances at different levels. This is evident in things such as violence against women and children. People occupy different power positions which translate into economic imbalances for example the wealthy are able to access ARVs but the poor die of AIDS related illnesses (Journ-AIDS, 2006).

HIV/AIDS politics

The questioning of the link between HIV and AIDS by the president is confusing for HIV-positive men who need to explore treatment options to help them continue living a healthy life. President Thabo Mbeki‘s denial of the causal link between HIV and AIDS, and claims that anti-retroviral drugs are not effective and toxic, in the face of massive scientific evidence to the contrary is confusing (Mbali, 2002. p. 2). Contrary to Mbeki’s statement about the link between HIV and AIDS, Makgoba, in his paper on ‘*Politics the media and science in HIV/AIDS*’ illustrates clearly the evidence that HIV actually causes AIDS (Makgoba, 2002. p.1). Mbali (2002. P. 2) claims that Mbeki seeks to indicate the science around HIV/AIDS to be racist and that he himself is defending Africans from

racism and neo imperialism through his denialism. Conspirational arguments about drugs for the treatment of HIV and the backtrack by the ANC on its reconstruction and development programme on maternal and child health, and refusal to provide drugs for the prevention of mother to child transmission are examples of policy blunders that demonstrate the breakdown between the government and the civil society over AIDS policy (Mbali, 2002. p. 3) but this situation has changed, for instance nevirapine is now available for the Prevention of Mother to Child Transmission of HIV.

Robins (2004) in his paper presented at the WISER & CRESP symposium on *Life and death in a time of AIDS: The Southern African experience,* explains how South African AIDS activists belonging to the treatment action campaign (TAC) and Medicines sans Frontiers (MSF) make similar connections between individual AIDS sufferers and body politic. Here the wider social world is characterised by conditions of unequal and inadequate health care reproduced by the greed and profiteering of global pharmaceutical companies. The inequalities are also understood as products of apartheid racism as well as more recent forms of state indifference and inaction in relation to the provision of AIDS treatment in the public sector (Robins, 2004. p. 3). However Mbali (2002) observes though that the histories of the 'long illness', of the link between racism and science, and a collapsing public health infrastructure in South Africa are partially to blame for recent events. The question as to whether HIV causes AIDS is less important than the pressure from the civil society to have its voice heard for the provision of treatment for the already infected (Ibid).

The government has demonstrated confusion on how to deal with mounting tension from the civil society amidst a clash between traditional versus conventional medicine in the treatment of AIDS (Journ-AIDS, 2006). The rationale behind this clash is that the ANC has discredited scientific research on the basis that it is a reflection of the pre-colonial apartheid past characterised by labelling of the black man as a symbol of dirt and disease (other) and therefore regarded the facts from scientific community as biased (Mbali, 2002).

Mbali (2002) however observes that to attempt to construct arguments that AIDS is a western biomedical plot to discredit Africans and their sexuality, and on the basis make complicated and unjustifiable denials of its causative roots in HIV and the existence of effective treatment for HIV is tragic and an inappropriate response by Mbeki (Mbali, 2002. p. 10). The effects of Mbeki's denial has been that the vision by many AIDS activists and doctors of free health with a particular accent on maternal and child health has been betrayed by the refusal to provide treatment to prevent mother to child transmission, and the state's failure to provide triple antiretroviral therapy to HIV-positive South Africans (Mbali, 2002. p. 5).

Klaaren (2004) in his paper on "*the rights to life in a time of AIDS"* questions whether the South African constitution has a right to life. Section 11 of the 1996 constitution states that "every person shall have the right to life". He cites the Treatment Action Campaign (TAC) case where the constitutional court found the government's policy of limiting the provision of Nevirapine to a limited number of pilot sites unconstitutional.

The minister of health and the nine health Members of the Executive Council (MECs) were ordered to lift restrictions on the availability of the drug 'without delay' (Klaaren, 2004. p. 10). The civil society including doctors and researchers therefore regarded the lack of proper response by the South African government and Mbeki's denialism as unconstitutional in terms of the failure of the government to protect the right to life for its people as enshrined in the constitution.

Questions about how the government handles its policy on HIV/AIDS took a dramatic twist in the international arena at the World AIDS Conference in Toronto Canada where the health minister, Manto Tshabalala Msimang was questioned about miscommunicating government policy. At the same time, a South African stand, which contained nutritional vegetables, was trashed by demonstrators claiming South Africa is in denials (City Press, 2006. p. 1). There seems to be division about how to handle and communicate HIV/AIDS issues in line with government policy. This led to the reformulation of Inter Ministerial Committee (IMC) and the replacement of Msimang with the deputy president (Phumzile Mlambo Ngcuka) as the key driver of the government's HIV/AIDS programme. Msimang has been accused of placing emphasis on nutrition at the expense of other elements of the government's anti -AIDS strategy such as the provision of antiretroviral drugs (City Press, 2006. p. 1). Clearly, the government is communicating HIV/AIDS amidst a climate characterised by political tensions among political leaders and their loyal supporters.

As already been observed, racial division on the other hand, ensures that views of the scientific community dominated by white males are discounted by the new black government. This interferes with the credibility of medical and scientific fact about the disease and encourages public confusion (Journ-AIDS, 2005) See also (Makgoba, 2001.p 1). Problems with service delivery, particularly in rural areas can be related to party politics and the disease. This happens as the overstretched and overburdened health system struggles to deal with influx of AIDS patients (Journ-AIDS, 2005). The democratic government's handling of HIV/AIDS has been disastrous. President Mbeki's government was challenged for the first time by civil society concerning the provision of ARVs. The Treatment Action Campaign demanded affordable health care for people living with HIV (Heywood, 2003). The ANC lost moral high ground when the constitutional court compelled it to provide nevirapine to pregnant HIV-positive women (Heywood, 2003. p. 312). Now the government has also been forced to provide ARVs to infected prisoners (e-tv news, Tuesday 29th , 2005).

However despite the political setbacks, there are positive interventions going on in South Africa in terms of government activities to the HIV/AIDS epidemic. The current government under Mbeki has clearly articulated an HIV/AIDS strategy embodied in the HIV/AIDS national plan [3] (Makgoba 2002. p. 1901-1902). The government under the Department of Health has formed partnership with businesses, NGO and labour. The government has also shown leadership and commitment in promoting and advocating for behaviour change and promoting the use of condoms although the coordination, coherence and implementation have lagged behind (Ibid).

The media has been accused among other things of not giving enough attention to HIV/AIDS but instead, as focusing on the major issues on the calendar of the AIDS pandemic and privileged groups instead of mobilising the society by representing issues pertaining to the community at grass root level such as education labour and the effects of AIDS (Media Tenor, 2002). There is also the general idea of audience fatigue in HIV/AIDS stories and the lack of trust in the relationship between the government and the media regarding reporting on HIV/AIDS (Ibid).

The role of the media in the reporting of this political controversy has also been characterised by distortion of facts and failure to see the bigger picture of an international holistic strategy that links the whole HIV/AIDS epidemic to socio-economic and national development (Makgoba, 2002. p. 1901). For example there is a holistic development approach that takes into account the high impact socio-economic diseases, such as TB, AIDS, malaria and conditions such as poverty and malnutrition have been established in institutions such as WHO and UNAIDS. The media has been seen to have failed to be instrumental in proper information and education of the public in relation to this shift of approach to the epidemic (Makgoba, 2002. p. 1902). Consequently, South African people (those infected and affected) are made to lose hope and trust in a government that is working hard to address with urgency such moral, ethical, social and developmental issues located within the HIV/AIDS epidemic (Ibid).

This context is chaotic, especially for HIV-positive people who are in a constant search for the right information from the media and other sources to help them cope with their situation. A context characterised by confusion raises scepticism of the medical aspects of HIV AIDS and misguides those who are infected. It opens spaces where other negative social forces emerge militating against overall efforts to combat HIV and cultivates a fertile ground where stigma thrives. With increased levels of stigma, there is fear of testing and disclosure and therefore difficulty in coping with the pandemic.

Including men in HIV/AIDS interventions

Most HIV/AIDS intervention programmes have been historically targeted towards women because they have been identified as being more sociologically and biologically vulnerable to HIV/AIDS. These programmes have addressed the specific gender needs of women: empowerment, life skills, information and education on reproductive health issues, increasing awareness and prevention of sexually transmitted infections (STIs) and HIV/AIDS. Existing programmes in clinics such as Family Planning Programmes and Voluntary Counselling and Testing (VCT) give women the opportunity to be counselled, gain access to sexual health talks and support groups. However, the result of these kinds of programmes is that there has been an increase in the gap between men and women's knowledge on these issues (Mane & Aggleton in Gupta, Whelan & Allendorf, 2003).

Including men in the HIV/AIDS campaigns ensures a "lighter burden" for HIV positive women (UNFPA, 2003). Current "transformative" programmes attempt to address men, give them the chance to be educated about the virus, examine their own knowledge, attitudes and practices. Examples are the "Men as Partners", "Stepping Stones", Men for Change (MFC), and *Imbizo*- men's health centre, where my research was based. Other programmes encourage partnership between men and women, where they are informed and educated together, for example, the couples counselling programme at PHRU (Perinatal HIV Research Unit)

Gender constructions define certain roles that eventually condition behaviour. Behaviour is shaped by deeply entrenched socio-cultural traditions, for instance patriarchy, where

women often may not negotiate with their partners about reproductive decisions and contraceptive use (Ryder *et al*; Keogh *et al* in Rutenberg *et al*, 2002; Caldwell, 1982. p. 47-69). An understanding of gender should be at the heart of communication campaigns in HIV/AIDS, owing to the fact that the success or failure of such initiatives can rely heavily on whether or not the male partner is willing or encouraged to participate which also depends on his attitude and perception on his roles and responsibilities in HIV/AIDS. The possibility of this "gender gap" in existing HIV/AIDS initiatives in South Africa can contribute to the exclusion of men and the perception that they are not obliged to participate in certain roles related to HIV/AIDS testing, care and support.

Thus, the recognition of the role of gender in HIV/AIDS is crucial especially in the way men and women perceive themselves and their roles and responsibilities in their relationships with their partners in the face of this disease. The interpersonal power relations within the space of sexual transactions between men and women become of consequence especially when negotiating for instance, condom use. These are the power relations that are carried over repeatedly when negotiating other issues that impact on the sex life of the couples where more often than not men carry the upper hand in decision making (Kometsi, 2004). Entertainment -Education programmes can be effective in breaking the socio-cultural barriers that are created through gender roles by availing information on HIV/AIDS that targets men through the media.

In the developing world initiatives are underway to include men in gender works while promoting women's access to resources. Gender and development work offers little scope

for men's involvement and men have always been classed as the problem. UNESCO and other European agencies are now looking at how men can gain from gender equality (Reid &Walker, 2005 p.3). As earlier noted, this research draws from a sample of men who are HIV-positive and belong to a support group called *Imbizo* (Men's health centre).

As already been noted earlier, these men are examples of the changing men since they are in the process of being empowered on various issues that can impact on their relationships and their health as well as those of their partners especially as men living with HIV. These men explore and challenge various versions of masculinities that put their life at risk prior and after infection and come up with alternative ways of living as men and with the realities of their status as HIV-positive. They challenge traditional masculinity attached to gender roles and stigma attached to HIV/AIDS through disclosing and thus assuming what can be termed as a 'normal identity'. They take responsibility of their personal health and that of their partners by performing roles that cut across the traditional gender divide.

The social economic and political context of HIV/AIDS in South Africa presents a reality that has shaped the country's HIV/AIDS initiative. This context presents critical considerations not only in how it problematises micro and macro level interventions, but most importantly in how partners in heterosexual relationship deal with this problem. This can be mirrored against their general perception towards their partners in sexual and other transactions in this context (the socio-economic and political), within a general effort to seek testing, care and to open up for support and support others in HIV/AIDS.

Most importantly, there is a dire need to effectively address the intersection between HIV, gender and sexuality through interventions that don't reinforce damaging gender or sexual stereotypes, to challenge stigma and damaging educational materials that erode the very foundation on which AIDS prevention is based- responsible, respectful and mutually satisfying sex (Gupta, 2000. p.5)

Tsha Tsha as a case study

Tsha Tsha multimedia Entertainment-Education initiative in South Africa builds on the foundations laid by *Soul City* –A flagship of E-E in South Africa. *Tsha Tsha* explores HIV/AIDS as a core problematic issues among many other social problems like alcoholism and unemployment unlike *Soul City* which ranked HIV/AIDS in a liner continuum with other social issues like domestic violence for instance. This is done within the broader lessons *Tsha Tsha* presents in its episodes. *Tsha Tsha* is commissioned by SABC education and produced by Centre for AIDS Research (CADRE) and Curious Pictures. Additional support is provided by Johns Hopkins Bloomberg School of Public Health Centre for Communications Programs.

The series focuses on young people living in a world affected by HIV/AIDS and other social problems. It is was broadcasted at 20h30 on Wednesday evenings on SABC1 and the current series was on air from October 2004 to April 2005. The second series is now broadcast every Friday at 20h30 hrs on the same station. The first series achieved an audience share of 40-50% during the timeslot it was broadcasted and reached in excess of 2-million viewers (Retrieved 29th May, 2005 from www.cadre.org.za/projects/tsha.htm). *Tsha Tsha* uses a multimedia approach with a view to encouraging post-broadcast discussion. It has also developed training manuals, textbooks for academics and facilitators guide for researchers interested in the series (Retrieved 29th May, 2005 from www.cadre.org.za/projects/tsha.htm.)

Tsha Tsha explores the lives of a group of young people living in a small fictional rural town called Lubusi. This is from the understanding that rural areas are always marginalised and adversely affected by issues such as HIV/AIDS as opposed to urban areas. Furthermore, many television programmes have been centred in the urban areas despite the fact that urban areas always have the necessary resources. In comparison therefore, this would help highlight the plight of rural dwellers as they struggle to cope with whatever little that is at their disposal (Retrieved 29th May, 2005 from www.cadre.org.za/projects/tsha.htm.).

Tsha Tsha Entertainment-Education is based on certain key theoretical principles that informs the production of the programme. This approach is informed through research to encourage the possibility of success to the lessons presented. The key principles that inform the production of *Tsha Tsha* include:

Identification: This is the most dominant concept in the theoretical development of *Tsha Tsha*. Emphasis is placed on the psychological depth of characters with a view to allowing audience members to relate to personality traits, circumstances and challenges on both emotional and intellectual levels. For example Viwe, despite being the most popular, attractive and socially advantaged character in terms of family background is presented as HIV-positive. Audiences identify with the fact that anyone can be infected with HIV and when she struggles to cope with her situation, the audiences identify with that and travel with her along that journey until the climax where she is in control of her life.

Problem-solving: Established ways of thinking about problems are critically examined, and multiple paths to solutions are explored. It is recognised that problems do not always have simple solutions, a variety of alternative choices are presented and audiences are expected to explore, through critical thinking, the best actions to take under such conditions. For example DJ wanted Boniswa (his girlfriend) to have sex with him. He had a choice to be patient and wait for the right time or to be unfaithful. He also had a choice to be unfaithful and use protection but he chose to be unfaithful and not use a condom. As a result DJ is infected with a sexually transmitted infection and suffers the consequences of the choice he made.

Self-efficacy: This includes exploring strategies for coping with challenges, developing self-esteem and confidence in the ability to exercise control over one's life.

Living humanely: This involves recognising the value of empathy, co-operation and collaboration with others. It is promoted in contrast to individualism.

Lessons rather than messages: *Tsha Tsha* avoids promoting simplified solutions to problems, including avoiding closed-ended didactic messaging. Instead, the focus is on lessons that are contextualised as a process including reflections on choices, consequences and multiple pathways of action occurring over extended periods of time. This has already been explained under problem solving.

Limit situations: Problems are complex, and solutions are often not simple because

contexts may limit the choices that can be made. Creativity is often required for effective solutions, and problems may need to be approached from many different perspectives. In *Tsha Tsha* the issue of stigma is challenged through public disclosure of Viwe, Mrs. K and others of their HIV status and the red ribbon thrown at Andile's mother's grave to publicly acknowledge that she died of AIDS. This is together with the support shown by the Lubusi community during that funeral.

Challenging norms, conventions and stereotypes: The world is framed by codes and norms that sometimes have to be challenged, before problems can be effectively addressed. The belief that HIV infection makes you "dirty" is challenged by showing care and support for those infected like the one shown to Mrs. K by her dance students.

Understanding change: Change is seen as a process that is dependent on experiences, relationships, and frames of reference. Sustainable changes are generally small changes. For example DJ is a character that was grappling with change having lived in the township then moved to rural Lubusi. The life experiences he undergoes in Lubusi are life changing and help him make positive decisions about is character.

Naming/showing things: Ideas, practices and social activities are brought into being by naming, and this allows the audience to identify and address problems. For example in series one, the red ribbon symbol was used to acknowledge Andile's mother's death from AIDS (www.cadre.org.za/projects/tsha.htm).

Research setting

The 2003 Department of Health HIV Sentinel Surveillance estimates the prevalence rate of HIV in South Africa measured against women visiting antenatal clinics at 26.5 percent, with Gauteng having a prevalence rate of 31.6 (Garbus, 2003. p.5). UNAIDS estimates that there were five million South Africans living with HIV/AIDS at the end of 2001 (Ibid). HIV/AIDS in South Africa must be looked upon the context in which it emerges. South Africa has a more complex socio-economic and political structure where gender disparities (although reduced through law) and issues of race remain significant determinants of HIV risk (Garbus, 2003).

HIV risk remains highest among the economically underprivileged black South Africans, lower among coloureds and Asians and lowest among whites. 35 percent of South African population lives on less than $ 2 US a day, unemployment among women greatly exceed that of men (Garbus, 2003.p.6). There is a high rate of unemployment among unskilled workers, who have the highest HIV infection rates and the highest AIDS related death rate (Ibid). A history of mining and migrant labor has created an environment that may be considered conducive to rapid HIV/AIDS transmission. High levels of crime including violence against women and children are issues of serious concern (Garbus, 2003). Violence is a common way of men expressing their power over women and coercing them to sex (Walker, 2005. p. 179).

Stigma around HIV/AIDS remains strong and is likely to influence personal decision making with regard to HIV testing and disclosure (Garbus, 2003. p.7). High number of

sexual partners, especially among men, is socially acceptable and encouraged. Multiple sexual partners as well as the ability to control girlfriends are key notions of "masculinity". Masculinity among miners signifies bravery, fearlessness and the willingness to take risks "real men" (See Kometsi, 2004) have enormous sex drives that lead them to have sex with unlimited number of women. Given this scenario, many miners do not use condoms (Grabus, 2003.p.8)

Sex is used as a commodity in exchange for money and other forms of payment as a result of men's superior economic position and access to resources (Garbus, 2003). Much sex work is initiated in 'shebeens' (informal liquor stores and bars) and alcohol consumption is more likely to be a risk factor to HIV (ibid). The impacts of this would be a low life expectancy and a reduced population in South Africa years to come. However, responses have been put in place and Soweto, where this research was focused, is one area that benefits from government interventions to combat HIV/AIDS.

About 15 minutes drive from Johannesburg is the Diepkloorf area, zone four of Soweto Township. This place is inhabited by middle to mostly lower class blacks. In Soweto some men believe in the notion of manhood (hegemonic masculinity), as Garbus (2003) observes above, where they earn respect by the number of women they have, the clothes they wear and the cars they drive (Reid and Walker, 2005). Women participate in this masculinity by having an affinity to such men. Poverty and unemployment is rife amidst the demand for men to provide for their partners, families and community presenting new anxieties.

Having multiple partners (*Isoka* masculinity) is partly the result of AIDS epidemic (Walker, 2005. p. 179). Due to the increasing number of men infected with HIV/AIDS visiting the clinic at Baragwanath Hospital in Soweto, *Imbizo* was started as a support wing of the Perinatal HIV/AIDS Research Unit (PHRU) for HIV-positive men (Mdou, 2005)[1]. *Imbizo* is a men's health centre located centrally in zone four. Men receive free HIV testing and counselling and support. *Imbizo* presents a one stop care shop for HIV positive men as well as those newly infected. Although it is a useful centre for men, the client turnover is still low due to the stigma attached to HIV/AIDS (Mdou, 2005). In fact anyone seen around the centre is assumed to be HIV positive by the neighbouring community. Nevertheless, *Imbizo* is one of the community interventions that can reduce the socio-economic and political impacts of HIV/AIDS because it provides free counselling, testing and access to treatment for HIV-positive men.

[1] Response from a personal interview with Lawrence Mdou in 2005 at the Baragwanath Hospital in Soweto.

Theoretical framework

Introduction

In this chapter, the theoretical approach used in my research is discussed. The first section is **production**. It discusses how lessons are produced in *Tsha Tsha*. The discussion centres on how producers are guided by theoretical principles when encoding lessons in *Tsha Tsha*. These principles create the possibility of identification with the series, setting, characters, context, situation and challenges in the programme (Kelly, *et al* 2005. p. 3).Producers apply the knowledge of the fact that people learn from their social environment and are able to change their perception based on what they have learnt largely from others (models). Producers encode lessons based on this assumption.

The second section is **reception**. It discusses the reception of encoded messages. After encoding messages in line with the objectives of programme producers, reception of these lessons by the audience can be according to the producers' expectations (preferred reading) when decoding, (see Hall, 1977 on decoding and Singhal,1999. p. 205 on dominant reading). However, audiences emerge from a variety of cultures and social orientations, and they carry this along when making meaning to the lessons presented to them through artificial screening of *Tsha Tsha* (Morley, 1980. p.140-1 41; Hobson in Turner, 1990. p.113-114). This means that audience's cultural background and social orientation influences the manner in which they can decode television messages. Whatever the case, as Bandura, (1971) argues, the possibility of a combination

of processes, that will be explained in detail later that is, vicarious, symbolic and self regulatory to facilitate learning, has the potential of increasing the richness in information at an individual level and the potential to enhance individuals perception of their capabilities to perform and hence self- efficacy-the ability and conviction that one has in his or her own capability to take responsibility of his/ her own actions (Bandura, 2003. p. 313).

Hall's (1977) encoding-decoding theory is briefly used together with the theoretical approach that informs E-E when encoding lessons in *Tsha Tsha* and consequently, how lessons are received by audiences.

Production

The research uses a framework that emanates from theories of Entertainment-Education (E-E). Two socio-psychological theories championed by Albert Bandura (1969) are used namely;

- Social learning theory and
- Self efficacy theory.

Social learning theory explains how learning takes place through different processes. Firstly, the vicarious process which involves learning through the observation of others or modelling. Secondly, the symbolic process which is the use of verbal and other symbols in the mediation of reality for example, television programming and thus helps in guiding future action (Bandura, 1971. p. 5). Thirdly, the self regulatory process which claims that people are able to exercise some measures of control over their behaviour to produce

desired consequences for their own actions. Individuals can act as central agents in their own behaviour change (Bandura, 1977. p. 27).

Self efficacy theory claims that individuals exercise greater ability to be in control of their own actions based on how they perceive themselves as able to perform in a manner that will result in expected outcomes. In social learning, self efficacy is based on three sources of information namely; enactive mastery (performance accomplishment), vicarious experience (learning through observing others, models) and emotional (physiological) arousal (Bandura in Ballentine, 1989. p.14). These sources of information alter individuals coping behaviour by strengthening the feeling of competence.

The above theories explain the foundation of how messages about gender, HIV testing, stigma, disclosure and support are formulated in the theoretical approach when designing *Tsha Tsha*. The messages are designed and produced with a purpose of making the audience identify with them through characterisation (modelling). The characters are the models that carry the lessons along the journeys[2] that they travel through an episode or the entire series. Audiences travel with characters along this journey.

This approach is based on different theoretical principles informed by E-E. One key principle is;

[2] In this journey, obstacles come their way or are thrown on their way by the producers intentionally. The challenge is to overcome these obstacles. This is where audiences, through the characters, are presented with different pathways to action to overcome those obstacles. The audience then learn about different possibilities to cope (Kelly *et al*, 2005). Bandura (1969) refers to this as modelling.

The concept of identification: This concept explains how production is done in such a way that audiences will identify with the series, setting, context, situation and challenges and lastly the characters (Kelly *et al* 2005. p. 3).

However, when producing (encoding) lessons, there is no guarantee that they will be read or decoded in line with producers' intentions. Hall (1977) calls this preferred reading (based on the similarities between the intentions of programme producers when producing lessons, and how the lessons are read in line with those intentions by the audience).

In Hall's (1977) theory, encoding is the production of lessons by producers while decoding is the reading of the produced lessons by the audience. The relationship between encoding and decoding is problematic. This is because audiences emanate from a social-cultural space characterised by different practices and traditions that influence how they perceive these lessons (Ibid). According to Singhal & Rogers (1999), audience members actively negotiate the meaning they perceive when negotiating E-E text. E-E programme designers cannot ensure that everyone will read the text exactly as intended. Some viewers make oppositional or unintended reading, for instance identification with a negative role model (Singhal & Rogers, 1999. p. 205). However, both formative and summative audience research (including pre testing of messages) can facilitate dominant reading of E-E (Singhal & Brown in Singhal & Rogers, 1998. p. 207).

Just like any other programme, E-E programming follows the conentions that define the genre (E-E) when encoding its content and cannot escape Hall's theory. Producers are

obliged to work under these mechanisms when encoding lessons. This is in consideration of the fact that models are involved to influence this reception. Hall (1977) is introduced in this discussion to account for the problematic relationship between encoding and decoding particularly when audiences negotiate meaning of the lessons presented.

Lessons are encoded for the purpose of fulfilling particular objectives in line with the interests of those who encode. In this case, lessons are encoded in line with the interests of the programme producers of *Tsha Tsha* which apparently, were shaped by the overall objectives of the funders[3] (Kelly *et al* 2005).As already noted, two major sections are discussed under this chapter, production and reception. A brief discussion into E-E as a health communication strategy is also discussed under production with a cited example from *Soul City* .

E-E is more effective in creating knowledge of an educational issue than in changing overt behaviour. E-E messages are interpreted selectively through the process of exposure, perception and retention (Singhal & Rogers, 1998. p. 207). This is the extent that theory informs my research. The concern of this research is not behaviour change, although it uses certain aspects of behaviour change to explain how individuals can possibly change their perceptions about certain problematic issues in HIV/AIDS like testing, stigma, disclosure and support. Bandura (2003) claims that the mere change in individual perception about such issues can ultimately lead to behaviour change (P.337).

[3] *Tsha Tsha* , commissioned through SABC education, provides lessons about love, sex and relationships. This is the understanding of where HIV/AIDS lessons emanates from. It is argued that HIV/AIDS is always a reflection of what is going on or a symptom of what is going on, which can be related to a bad relationship or relationship problems (Hajiyiannis, 2005).

A changed perception explains the potential of E-E to change audience perception towards educational objectives and facilitate retention after exposure.

The Entertainment-Education (E-E) Communication strategy in South Africa

What is Entertainment–Education or E-E?

This is a communication strategy to disseminate information through the media. Originally developed in Mexico in the mid 1970s, it has now been used in many countries in the world (Coleman, 1999. p. 77). In South Africa, it has been used with special reference to health education. Good examples are the television series *Soul City* and *Tsha Tsha*. One fundamental premise where E-E emanates is that messages are more likely to succeed or have an effect if they are set out to be entertaining (Sighal & Rogers, 2003). But the question of whether the effects can be negative or positive is open for contest.

While the positive benefits of the media can include the stimulation of ideas and the provision of positive role models, negative effects can include providing negative role models, portraying cultural and ethnic dominance by one group, stereotyping and increasing the exposure to violence which can lead to aggressive behaviour (Coleman, 1999. p.76). For these reasons, writers and directors in many countries across the world have focused on the development of programmes that focus on disseminating positive values. The John Hopkins University Centre for Communication Programmes (JHU/CCP) calls this field Entertainment-Education or Enter-Educate in short (Coleman, 1999).

Coleman defines E-E as a strategic process to design and implement communication form with both entertainment and education elements to facilitate social change. According to Coleman (1999) and Singhal & Rogers (1999) four main factors have contributed in the philosophy of E-E. These are;

- Marketing: This concept contributes to product definition, analysis of consumer: behaviour needs, desire and characteristics that lead to audience definition and selection. It also emphasizes planning and feedback.
- Persuasive communication: This theory underlines the need to develop messages and programming that provides rational and emotional appeals.
- Play theory: the depiction of pleasure as a legitimate form of escapism and provides people with information and parasocial interaction (people talking about what they have watched on television drama).
- Social learning and self efficacy: these are the theories used in this research. They stress the impact of modelling behaviour and belief in the ability of people to make changes in their own interests.

Entertainment-Education is the process of purposely designing and implementing a media message both to entertain and to educate (Singhal & Rogers, 2003). This is done in order to increase audience members' knowledge about an educational issue, create favorable environment, shift social norms and change the overt behaviour of individuals and communities. Entertainment-Education emerged in South Africa, powerfully driven by the issue of HIV/AIDS (Ibid). The larger purpose of entertainment E-E is to contribute to

the process of directed social change, which can occur at the individual, community or societal level. The E-E strategy contributes to social change by influencing audience awareness, attitudes and perceptions towards a socially desirable end. First, it creates a favorable environment for social change at the group or system level (Singhal & Rogers, 2003. p. 289). A good example is provided by a radio soap opera, "*Twende Na Wakati"* (Let's go With The Times) in Tanzania that convinced several hundred thousand sexually active adults to adopt HIV prevention behaviors such as using condoms and reducing the number of their sexual partners (Singhal & Rogers, 2003).

Second, it can influence the audience external environment to help create the necessary conditions for social change at the system level. Here the major effects are located in the interpersonal and socio-political sphere of the audience external environment. The E-E media can function as a social mobiliser, an advocate or agenda setter influencing public and policy initiatives in a socially desirable direction (Wallack in Singhal *et al,* 2004. p. 6).

E-E interventions have now focused on not only what effects E-E programmes have, but also tries to better understand how and why E-E has such effects. There is an increased focus on how audience members negotiate the message content, especially as the message reception environment hinders or enables the impact of E-E message.

According to Tufte (2002), E-E uses five phases in the development of their product;

- Phase 1. Research and planning- This is topic research involving target audience and other stakeholders.

- Phase 2. Development of the narrative – This involves message design, integration of the message into chosen form of entertainment, pre testing with target audience and other role players. Finally, it involves modification as a result of pre testing.
- Phase 3. Production of the programme.
- Phase 4. Implementation and promotion- This includes promoting popularising and getting the most out of the edutainment during implementation. This involves advocacy (popularising an idea).
- Phase 5. Evaluation- The communication initiative is evaluated on an ongoing basis and each final evaluation serves as input into the next campaign.

Formative research identifies the social problems in a particular community, and bases their messages on these problems with the aim of educating audience members (Tufte, 2002). The kinds of messages emerging from E-E programmes depend on the current social problems the community faces and the magnitude of those problems. *Tsha Tsha* is shot in a fictional town called Lubusi in the Eastern Cape Province. Lubusi represents other rural and poorly resourced settings in South Africa that experiences more or less the same problems. *Tsha Tsha* is, however, not the only E-E intervention which is utilising E-E to pass messages concerning different social issues including HIV/AIDS. *Soul City* emerged as a notable E-E media initiative in South Africa that dealt with different issues from sexuality, HIV/AIDS, drug abuse and domestic violence and appeared as a flagship of E-E in South Africa, the rest of Africa and in different parts of the world (Singhal *et al*, 2004. p. 308).

Soul City

Soul City is a notable Entertainment-Education intervention that utilises multi-media campaign to promote HIV/AIDS prevention in South Africa (Singhal & Rogers, 2003. p. 303). *Soul City* is a unique example of E-E that represents a series of integrated ongoing mass media activities year after year. It is developed locally, it is targeted nationally to influence individual attitudes and boost self and collective efficacy, change social norms and put issues on the public agenda. (Singhal & Rogers, 2003. p. 316).

Soul City models both individual self efficacy defined as individuals perception of his or her capacity to organise and execute the actions required to manage prospective situations to produce desired attainments and collective efficacy. (Singhal & Rogers, 2003. p. 314). Collective efficacy is defined as the degree to which the members of a system believe they have the ability to organise and execute actions required to produce desired results (Ibid). *Soul City* connects with reality to generate dramatic excitement broadcasts, sparking public debate about power, masculinity and sexuality. It provides alternative models of sexuality that are respectful of women's sexual rights.

Soul City uses summative and formative research to evaluate their mass media interventions. Formative research is done to identify health issues of national priority and to ensure that the mass media intervention can be backed up at the ground level by the needed infrastructure. Formative research ensures that the *Soul City* series is realistic and resonate among audience members. (Singhal &Roger, 2003. p. 312) Summative research

measures the effects of E-E campaigns on audience behaviour (Papa *et al*, in Singhal *et al,* 2004. p. 6). *Soul City* has been regarded as contributing in the theoretical advancement of E-E (Tufte, 2001.p.26).

My research focuses on *Tsha Tsha* as one the E-E television interventions and as a case study. For more about *Tsha Tsha* see full details in the background chapter. *Tsha Tsha* looks at the interplay between the opportunities and limitations of rural settings in providing a useful context for highlighting the relationships between personal self-efficacy and environmental resources as factors in personal development. This suggests that there are limitations of sources of information especially through the media in most rural settings. This may limit the process of social learning and self efficacy. Self efficacy is enhanced if individuals have the opportunities to access information and become active performers (enactive mastery) in imitation of desired behaviour. Although *Tsha Tsha* explores different topics the general emphasis is on HIV/AIDS. Other topics are related to addressing relationships and sexuality; life skills and problem-solving including gender relations, parent-child relationships, addressing addictions such as alcoholism and gambling (Retrieved 29th May, 2005 from www.cadre.org.za/projects/tsha.htm).

Tsha Tsha also explores the relationship between community members, the family and partner relationships. These are crucial contexts where the stigmatised identity emerges and are equally contexts where the same stigma can be addressed (see Robert, 2005).*Tsha Tsha* explores how individuals cope in these contexts and more specifically the

relationships therein. *Tsha Tsha* addresses this within the realm of HIV/AIDS infection and shows how individuals especially those infected by HIV/AIDS cope with discrimination, stigma and rejection and creating a 'normal identity' (see Parker & Aggleton in Roberts, 2005. p. 2). These are useful lessons considering the subjects of my research and whether or not they identify with such lessons as intended by the programme producers.

Although E-E has been considered a reliable tool in promoting pro social behaviours, it cannot be seen as a single media intervention. For instance *Tsha Tsha* or *Soul City* that will lead to overt behaviour change. These programmes are just part of bigger E-E intervention that utilises multimedia and other approaches. This requires donor support, partnership, research and collaboration with different stakeholders from grassroots to international levels. It requires expertise, experience and sound management with respect to socio-political, economic and cultural sensitivities to record success in different operational terrains (Coleman, 1999), Tufte (2001) argue that theories of participation, social mobilisation and advocacy as well as media specific reception theory can all contribute to further development of E-E as a communication strategy for social change (P.26). They can also contribute to better understanding of the impact that such communication strategies have on the audience (Tufte, 2001. p. 26).

Having said that, one approach that is used in E-E especially visible in *Tsha Tsha* and *Soul City*, is the incorporation of community mobilisation and action into the narrative. These elements in the strategy, combined with advocacy and strategic partnership, suggest a more explicit social change agenda than traditionally seen in most E-E, which

often limits itself to speaking mostly of individual behaviour change. E-E programmes should therefore operate strategically with three interlinked units of change: the individual, the community and the broader society (Tufte, 2001. p. 27)

Ethical dilemmas in E-E

This section draws from the work of Singhal & Rogers (1999) on the ethical dilemmas in E-E intervention. The depth of the analysis of the factors that are still considered problematic in E-E by these two authors are sufficient to help us understand the areas of E-E that still present challenges despite the recorded success (Singhal & Rogers, 1999. p. 219). The major ethical dilemmas that have been noted are:

- The prosocial content dilemma: this center on the problem of distinguishing between prosocial and anti social content. What might be prosocial for certain audience members may be seen as anti social for other individuals.
- The source centered dilemma: this deals with who decides about E-E. The decision makers in most E-E programmesare of utmost importance. This is so due to the necessity to ensure socio-cultural equality through E-E. When E-E does not give equal play to different voices, it presents an ethical dilemma for certain view points who may feel their views are not represented.
- The unintended effects dilemma: undesirable and unintended consequences may arise as a result of audience exposure to E-E. This is a case where audiences identify with negative role models.

In conclusion, E-E can improve quality of people's lives. Different stakeholders should be involved in decision making. Such decisions should take into consideration people's freedom, equality, dignity and well being. As for the ethical dilemmas it is ultimately decided by the viewers/audience as they choose whether or not to expose themselves to an E-E message (Singhal & Rogers, 1999. p. 221).

Bandura's social learning theory

Social learning theory is becoming increasingly important in Entertainment-Education and emerges from a theoretical paradigm of psychology (Davis & Luthans in Ballentine, 1989). Social learning theory has been utilised in HIV/AIDS research especially by researchers involved in using entertainment for educational purposes. See (Singhal & Rogers, 2003; Parker *et al*, 2005; Tufte, 2002; Coleman, 1999; Piotrow *et al*, 1997; Parker *et al,* 2000). The two primary domains widely used in HIV/AIDS programmes are modelling (imitation of the behaviour of a role model) and self efficacy (one's perceived ability to adopt recommended behaviour).

Social learning theory originates from behavioural theory – a branch of social psychology (Bandura, 1971). The theory includes the idea that different variables are at play in determining actions that individuals take. These variables are the self (where thought processes are controlled), the behaviour and the external environment (Ballentine, 1989. p. 6). It recognises cognitive[4] functioning such as social learning (learning from

[4] Cognitive process is the use of visual and verbal cues to control thought process (Bandura, 1971 p.35). This situation is not far from the real world. It predicts situations and how to handle similar situations

experience and social environment) and imitation (learning from others). Cognitive events refer to imagery representation of activities through verbal and other symbols, and to thought process (Bandura, 1971. p. 35). Symbolic process plays a prominent role in the acquiring and retaining response patterns. External events are coded and stored in symbolic form for memory representation. Behaviour patterns that have been observed and experienced can be reinstated by visualising them or representing them verbally. This internal model of the outside world can act as guides to overt (obvious) actions on later occasions (Bandura, 1971. p. 365).

Problem solving occurs at the level of thoughts rather than actions. Alternative courses of action are generally tested in symbolic representation and either discarded or retained on the basis of calculated consequences. The best symbolic solution is then executed in action (Bandura, 1971). Symbols that represent external events, operations and relationships are the vehicles to thought. Most thinking occurs in terms of language symbols. By manipulating words that convey relevant information, one can gain understanding into casual processes, arrive at solutions and deduce consequences. Symbols can be manipulated much more easily than their physical counterparts (in reality) which greatly increase the scope and power of symbolic problem solving. Since symbols are the instruments of thought, the level of symbolisation partly determines reasoning capacities (Bandura, 1971). This is what mediation through television entertainment education does. Symbolic representation through mediation is generally useful when solutions to problems require a complex chain of symbolic activities

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when faced with them in the future The cognitive process is affected by the external environment leading to negative or positive reinforcement (Bandura, 1971. p. 35) see also (Ballentine, 1989. p. 8)

(Bandura, 1971. p. 38). The complexity of HIV/AIDS behaviour change communication fits this explanation, hence the use of media partly allows for the capabilities of represent reality through verbal and other symbols.

Therefore, social learning integrates what people learn socially through observing others and how they construct their behaviour with respect to motivation. Individuals are highly motivated depending on outcome expectations and whether the outcome they receive from performing an action is in line with their perceived expectation. Fear of failing to perform in a manner that will generate expected or perceived outcome, leads to low motivation and non performance of a particular action (Ballentine, 1989. p.7)

A social learning approach states that people are not born with repertoires of behaviour but they acquire them through learning. New patterns are learnt either by direct experience or by observation (Bandura in Ballentine, 1989). Central to social learning theory are the roles played by vicarious (social learning and imitation), cognitive (learning through awareness, see Bandura 1971. p. 4) and self regulatory processes. I will explain these three processes later in this section. Bandura's (1971) social learning theory argues that people can influence their actions within certain environmental limits and as a result, both people and their environment are reciprocal determinants of one another (Bandura, 1971).

Vicarious process

This is an extension of the view that learning can also occur through modelling (Bandura in Ballentine, 1989. p. 8). From observing the behaviour of others, one forms an idea of how new behaviour is performed. As earlier on explained, this research is not measuring behaviour change but it is utilising the theory of modelling as a way in which it can influence a changed perception among the audience after exposure to *Tsha Tsha* in relation to the messages presented. This is ideally is the perspective in which this research is informed. The idea of behaviour change is beyond this research, and is primarily the objective of the programme producers.

With regards to modelling, learning through observing others (models), the information learnt is stored cognitively and serves as a guide for future action (Bandura, 1977). Learnt actions that people display are learnt deliberately or otherwise through the influence of examples (Bandura, 1971. p.5). When mistakes are made, they are costly and dangerous for example, the fact that unprotected sex may lead to HIV infection, new modes of response can be developed without needless errors by providing competent models who demonstrate how the required activities should be performed. Actions related to changed perceptions on gender, sex and sexuality amidst HIV/AIDS are complex. A change in how people perceive these complex actions can be produced only through the influence of models. These actions are entwined to what Bandura identifies as behaviour (Ibid).

Modelling is an indispensable aspect of learning. Even in instances where it is possible to establish new response patterns through other means, the process of learning or acquiring new behaviour can be shortened by providing appropriate models (Bandura, 1971. p. 5)

As already indicated, social learning theory argues that learning takes place through observational modelling, which is through watching other people act in a particular situation and modelling one's behaviour after what one has observed. Social learning is particularly effective especially when the observed behaviour is reinforced with a reward (Bandura, 1997). (See also Bandura in Singhal *et al,* 2004. p. 317).

Symbolic process

Individuals learn through awareness, the capacity for humans to use verbal and imagined symbols provides them with powerful means of dealing with the environment. As earlier noted (see page 87), symbols are used to process and represent experiences that direct future behaviour (Bandura, 1977). By using symbols, people become aware of ways of dealing with particular situations when they come across them in future. The probable consequences of several alternatives can be envisaged and actions altered accordingly (Bandura, 1977). Symbols enable people to represent events, analyse their experiences, communicate with others, plan, create, imagine and engage in foresighted action. This is what *Tsha Tsha* utilises, presenting situations through lessons to guide future actions.

Self regulatory process

According to social learning, people are not simple respondents to environmental influences. People play an active role in determining the behaviour they should reinforce depending on the outcomes of those behaviours (Bandura, 1971. p.10). Social learning theory claims that people are able to exercise some measure of control over their

behaviour to produce desired consequences for their own actions (Bandura, 1977). Individuals in a sense can act as central agents in their own actions.

Social learning theory explains how individuals' perceptions are influenced by their social environment. It is in the social environment where individuals meet and interact with others, models or role models. The E-E media world is not far from this reality because E-E messages are constructed through formative research where real problems are identified on the ground. This is later translated to the programme. It is the knowledge of the fact that individuals can change their perceptions through observing models, that influences the way messaging is done in E-E. The models or characters carry useful lessons that the audience can identify with. Production is done through consideration of characters (models) and the roles that they play in the 'created world'. These roles are to carry along messages that have educational values and that promote positive roles especially by men in taking responsibility in HIV/AIDS (Kelly *et al*, 2005).

Through the use of positive, negative and transitional role models, a positive behaviour consistent with the educational value of the E-E programme is rewarded in the storyline with beneficial outcomes while a negative behaviour is punished (Singhal *et al*, 2004). Negative characters are characters that carry lessons that are contrary to the educational objectives of the producers; however they are portrayed negatively with the aim of transforming them into playing positive roles depending on the consequences of their actions. Positive role models are the characters that carry the educational value consistent with the educational objectives of the producers, for example characters who practise safe

sex. They, more often than not, happen to be the favourite characters. Transitional characters are characters that are flexible and change from being negative to acquiring positive roles. Self efficacy is achieved when individuals are empowered through information provision and awareness (ibid). They are shown to recognise that they are responsible for every action and decision that they make. In the case of HIV/AIDS, then it can be related to the ability to realise that protections is every individual's responsibility and that testing and disclosing one's HIV status can be positive especially when an individual creates a space where support is likely to occur.

Social learning is important in this research because in the E-E programme *Tsha Tsha*, the intention of the producers or message designers is to change audience members' perceptions and ultimately behaviour. This is done by providing the audience members with examples of behaviours that are socially desirable and undesirable (Singhal *et al*, 2004. p. 369). Social learning theory explains human behaviour in terms of continuous reciprocal interaction between the person, the behaviour and the environment. Within this process of reciprocal determinism, individuals can influence their destiny as well as limit self direction (Bandura in Ballentine, 1989). Reciprocal determinism means that we do not just look at how the external environment can influence individual actions but also how the individual can influence his/her environment. This strikes a balance on the overall outcome and the actions that individuals display. This in a sense, is the notion of self efficacy and it leads us leads us to the next theory in this research.

Bandura's Self efficacy theory

Bandura (1971) used the concept of self efficacy within a social learning framework to mean ones belief of one's capability to perform (p. 30-31). He introduces what is called efficacy expectations and explains this as the conviction that an individual holds that he or she will be able to perform behaviour required to produce certain outcomes (Bandura in Ballentine, 1989). A response outcome expectation is therefore a conviction that certain behaviour will result in certain outcomes.

In social learning self efficacy is based on three sources of information namely enactive mastery (performance accomplishment), vicarious experience (learning through verbal and non verbal symbols including models) and emotional (physiological) arousal (Bandura in Ballentine, 1989). These sources of information alter individuals coping behaviour by strengthening the feeling of competence. Participant modelling (a direct mastery experience which means repeated learning through imitation), aids personal efficacy than modelling alone (i.e. vicarious experiences). After receiving information from these sources, self efficacy is ultimately determined by how individuals perceive the information they receive personally (Bandura in Ballentine, 1989).

Bandura defines the **first source** of information namely, enactive mastery, as repeated performance accomplishment based on actual mastery experience (repeated learning through imitation). Self efficacy is enhanced when individual accomplish their goals through performance than just the mere access of information from other sources. This means that information provision alone is not enough and individuals should have the possibility of translating the information into action. While doing this, they become

active participants and they learn through experiencing. This is opposed to what happens when they just observe others or models (Bandura in Ballentine, 1989. p. 15-16).

Task mastery occurs when gradually, performance accomplishment increases and one develop the skills, abilities and exposure needed for task performance. For example, when HIV-positive individual have high exposure to HIV/AIDS behaviour change information through Entertainment- Education programmes coupled by information hours available in various clinics and support groups on how to cope with HIV/AIDS or disclosure strategies, they get a combination that can result in increased self efficacy. The participants of this research (HIV-positive men) emphasised the importance of information hour, such as that provided to them at the *Imbizo* (a men's health center).

However, not all individuals will expose themselves to opportunities of enactive mastery, because of inability or fear of outcomes. The effectiveness of performance attainment is reduced among such individuals. HIV/AIDS support groups for instance, as already noted, can assist those who have difficulty in disclosing by informing the members of disclosure strategies and benefits of disclosure. This can contribute to performance accomplishment and increase their perception of self efficacy. According to the research participants, many people want to disclose but they are afraid of how the people they disclose to will respond.

The **second source** of information, namely vicarious experience (learning through verbal and other symbols including models) can also provide beneficial information, though less influential than enactive mastery (Bandura in Ballentine,1989. p.16).This is because vicarious sources have been considered less dependable than individual's own performance experiences. Vicarious sources are the communication symbols that are both verbal and non verbal. This could include animals, objects and people that have certain meaning in the communication process depending on the purpose of the sender and the receiver of a particular message. In this case of *Tsha Tsha*, it is about modelling positive perceptions in HIV/AIDS in their symbolic and verbal representation of messages. Modelling is more successful when models overcome difficult tasks with determined efforts rather than when they demonstrate easily accomplished non –threatening tasks (Bandura, 971). The effects are greater when modelled behaviour produces beneficial results and a variety of models demonstrating successful performance are used.

In addition, similarity should exist between the model and the observer in terms of age ability and personal characteristic (Bandura in Ballentine, 1989). There is a degree of similarity between the models in *Tsha Tsha* and the socio- economic and cultural factors among the audience such as language, economic and health status i.e. HIV-positive characters.

The **third source** of information is verbal persuasion which is aimed at convincing individuals of their capabilities of performing tasks (Bandura in Ballentine, 1989). Self efficacy derived from this source is weak and short lived because of the lack of authentic

experience. The effect of verbal persuasion depends on the credibility of the sender (Bandura in Ballentine, 1989). Verbal persuasion is whereby individuals rely on the words of others including testimonies. Individuals, therefore, are likely to change their perceptions based on how they perceive the source of that information and the credibility of that source. This third source of information is less influential because it does not put individuals into task performance (the way mastery experience does). Listening to words of others does not necessarily translate into action i.e. doing what others persuade you to do. Modelling is more voluntary than persuasion where one's action depends on how much someone thinks he/she is convinced to act or not (Bandura in Ballentine, 1989).

The **fourth information source** is an individual's physiological or emotional state. Emotional arousal can come out of stress. This can affect the ability to perform and result in the individual's vulnerability to failure (Bandura in Ballentine, 1989). Therefore, individuals are more likely to succeed in stress reduced conditions. HIV is a condition that arouses emotions and easily results in stress. The capability of coping with the disease becomes difficult under stressful conditions. Stress reduction strategies for coping with HIV/AIDS can be learnt through providing information on certain key elements such as HIV/AIDS disclosure and support. This will increase an individual's self efficacy by enhancing the capabilities of performance of certain difficult actions such as disclosing.

People learn different behaviours from different sources and their competence depend on these issues discussed above. Men's perception on their relationship with their partners,

especially around sexuality and gender roles can, to a certain extend, be influenced by all these information sources working together. What is important is the fact that *Tsha Tsha* relies on these sources of information in demonstrating how individuals can cultivate self efficacy.

The act of testing can be linked to task mastery where Bandura explains how self efficacy is enhanced when individuals accomplish their goals through performance than just the mere access of information from other sources. The producers of *Tsha Tsha* utilise the first and third source in a mediated world (*Tsha Tsha*) combining it with the second source (learning through verbal and other symbols including models) to demonstrate the journey to self efficacy through the character Viwe. The audience travel with the character along this journey which shapes their perceptions and reality.

The **fourth** source is depicted fore example, through a model successfully coping with HIV. The audiences can identify with the fact that they are able to perform just like the model and reduce their vulnerability to failure (Bandura in Ballentine, 1989). As I have earlier explained, individuals are more likely to succeed in stressed reduced conditions and it is difficult to cope with HIV under stressful conditions. Stress reduction strategies for coping with HIV/AIDS can be learnt through providing information on certain key elements such as HIV/AIDS disclosure and support. *Tsha Tsha* communicates to the audience utilising the approach above to increase the level of identification. Lessons presented to HIV-positive men through verbal and other symbols through television programming like in this case, can have an impact on their perceptions of their roles and

responsibilities in HIV/AIDS. Social learning and self efficacy theories, then, can further help to explain the producers' intentions and considerations when designing E-E.

Critical assessment of social learning theory and self efficacy theory

Airhihenbuwa & Obregon, (2000), present a detailed understanding on some of the elements that are problematic with regard to the two theories used in this research. They provide a perspective that opens up space for further scrutiny and development of these theories especially in consideration of the African contexts in which they are applied. Although these models/theories have been considered useful in HIV/AIDS communication especially in the United States, (ibid) these models are individualistic.

There remain questions about their relevance in cultures where individual decisions are the result of group norms whereby being individualistic is going against the grain. The social learning cognitive theory is an individual psychological model of behaviour change (Hornik & Chirwa in Airhihenbuwa & Obregon, 2000). Social learning relies heavily on the individual and assumes that individuals are never influenced in their decision making by other factors. In Africa, for example, decisions about sex and sexuality are regulated by culture and the individual is not the sole owner of a decision. Decisions originate from group or community norms.

Theories, models or frameworks are designed to guide the implementation and evaluation of programmes along certain processes that are believed to yield expected outcomes. Practitioners sometimes implement programmes without self expressed pathways of models and theories however; they are still guided by sets of assumptions that form the

foundations on which the ideas, funding and successful outcome evaluation of such projects are based (Airhihenbuwa & Obregon, 2000). This means that they have a blue print which they refer to as a guide to their process and sometimes disregard the socio-political and economic realities of the contexts in which they are implementing their programmes. Therefore, they sometimes rely on alien models which cannot address the complexities of the realities they are facing on the ground.

Socio Psychological theory "classics" are without doubt relevant to health communication and have been valuable exploratory tools, they nonetheless leave certain premises undisturbed. For instance, the presumption that communication in health is mostly a matter of interaction between institution message "sources" (e.g. medical research, governments, professional and foundations) and "receivers" (e.g. patients, their families, school children and employees) (Lievrouw in Airhihenbuwa & Obregon, 2000).

Theories that centre on the self and how individuals feel about themselves will never capture the reality of how individuals are in cultures where individuals' perception of themselves and their health is outside the self. To capture the complexity of the context within which an individual is part, one needs a framework that underscores the component of context that features culture as a central and organising theme (Airhihenbuwa & Obregon, 2000). The professional and cultural parity of the westernised

approach to the understanding of the self renders problematic findings from much social and behavioural research in Africa, Asia, Caribbean and Latin America. (ibid). Most theories used to inform campaign strategies do not include culture as a central concept.

Culture should be a pivotal domain in the new era of HIV/AIDS prevention and care. It should be a central organising concept in developing programmes of HIV/AIDS education and assessing their outcomes (Airhihenbuwa & Obregon, 2000).

A critical assessment of the theories used in this research is useful because it highlights the gaps that exist in most HIV/AIDS interventions. It is for this reason that this research has identified and considered some cultural elements in terms of its approach. It is culture that defines the politics of gender, sex and sexuality or intimacy. It is from this background that this research emanated and evaluates the problematic relationship between men and women in HIV/AIDS prevention, treatment, care and support. It is the same space where stigma (a major set-back in the fight against AIDS) and masculinity (a fuelling factor in HIV/AIDS infection) originates and therefore the same space where they should be addressed.

Entertainment-Education Tsha Tsha

Hall's encoding-decoding theory argues that media messages are discursively constructed to arrive at a preferred meaning[5]. The producers construct this reality in relation to how they are supposed to work as educators as well as entertainers while communicating lessons in HIV/AIDS (Hall, 1977). The encoding done by the programme producers ultimately influences decoding on the other side of the audience (Hall in During 1993. p. 101). Hall (1977) is used within cultural studies to read reception due to the fact that

[5] Preferred meaning here refers to the reality that the media constructs in relation to the institutional framework and organisational cultures of the media workers. This is very closely linked to existing hegemonic constructs in society at large. Hegemony can be described as the social construction of reality by privileged groups in the society who strive to maintain their status by ensuring that the subordinate groups "willingly" accept their ideas

encoding takes place with a certain objective (producers') on one hand and decoding takes place in a different pattern. It can be influenced by the nature of encoded messages depending on the level of cultural awareness of the audience in relation to the encoded messages when decoding. This ultimately determines whether audience accept, reject or negotiate with the messages presented and thus defines their position in the meaning system that is, dominant, oppositional or negotiated position **(**Hall in During 1993. p.101-103)

While Hall's encoding-decoding theory focuses on preferred meaning, the preferred meaning in our case of E-E is not about the encoding of dominant ideologies but in a sense, the designing of messages that are likely to be decoded by the audience in a manner through which they encourage the audience to have a changed perception of HIV/AIDS. This is the position of the programme producers. Programme producers have certain objectives that they want to achieve when encoding educational messages in E-E in terms of lessons. They ensure that the lessons are presented to the audience in such a way that they will willingly accept them.

When producing E-E lesson, *Tsha Tsha's* producers are guided by certain key principles explained earlier (CADRE, 2005). These principles are:

- Identification
- Problem solving
- Self-efficacy
- Living Humanely

- Lessons rather than messages
- Limit situation
- Challenging norms conventions and stereotypes
- Understanding change
- Naming/showing things

The concept of identification in the production of Tsha Tsha.

While all the above principals are considered in *Tsha Tsha*, identification has often been thought of as a central mechanism within this educational television production. It is related to the notion that, by representing certain characters and processes in particular ways, audience members come to adopt similar approaches in their own thinking from within the perspective of the characters or the situation portrayed. It is a vicarious (see the vicarious process under social learning on page 83) translation of a representational reality communicated via mass medium into elements of individual subjective reality (Parker *et al*, 2005. p. 1).

The theoretical framework of identification provides *Tsha Tsha* with a useful foundation for guiding the development and implementation of the educational series. The concept of identification is used in *Tsha Tsha* as a mechanism for drawing viewers into the lives and perspectives of characters, and this in turn, is related to the development of approaches to problem solving (expressed educationally as lessons). Viewers identified with characters, to the extent of considering them as heroes in the programme (Parker *et al*, 2005. p. 5-6).

Identification is about external process-about adopting perspectives that inform ones emotional, intellectual and behavioural responses, and in the case of dramatic representation, drawing this perspective from the event in the drama (Parker *et al*, 2005. p. 2). Identification incorporates a sense of affinity with, or relation to, characters that inform emotional and intellectual development of ideas about particular subjects, and about ways in which one might act or respond to particular situations. This may include responses to negative (antisocial) and positive (pro- social) portrayals. There is affinity and empathy as important aspects of identification, with character in drama shaping viewers perspectives to the point of adoption. The emotional dimension of this is, in a sense, sharing the world of the characters (ibid).

Identification can be thought in a number of ways;

- Identification with the series and its setting (a small South African rural town).
- Identification with the context (young people finding their way in challenging circumstances).
- Identification with situation and challenges (with emphasis on HIV/AIDS).
- Identification with characters, with an emphasis on the four lead characters Viwe, Andile, Boniswa and DJ

The utility of identification as a theoretical approach in *Tsha Tsha* has been consciously integrated into series development, including a central focus being on identification with the progress of the four lead characters through transformative situations (Parker *et al*, 2005. p. 3). The approach has emphasised the concept of lessons rather than messages – lessons being process oriented complex movement towards problem solving, whereas

messages tend to be simplified and more discrete. For example, a lesson for the importance of condom use for HIV prevention might involve, a range of steps, mistakes, reflections, without the conclusion of the idea being formally stated. Message based approach is contrary to this and would emphasise the articulation and often the repetition of the 'condom prevents HIV" message (ibid)

The lesson that this research is most concerned about is about the perception and attitudes of the roles of men in HIV/AIDS, power relations and negotiations and the impacts these have on their sexual health and HIV/AIDS. The reason why I chose to examine *Tsha Tsha* out of a list of other possible E-E interventions is that *Tsha Tsha* explores these issues in a different manner as explained above in 'Lessons rather than messages' and is produced in a rural setting as opposed to other programmes like *Soul City, Yizo Yizo and Gazlam. Tsha Tsha* shows how the nature of relationships between men and women, it shapes issues such as Voluntary Counselling and Testing, disclosure, stigma and social support. These are some of the issues that are are fundamentally necessary to combat HIV.

Tsha Tsha explores these through characterisation where different characters struggle with the burden of HIV testing, disclosure, stigma and fear of death. *Tsha Tsha* keep us understand how HIV- positive men relate to their partners through their general reaction to the lessons in the episodes and to find out the extent to which they agree or disagree with such messages. *Tsha Tsha* presents its lessons in a unique way that doesn't portray men and women in traditional gender roles. For instance, it has been observed that women are the first to know about their HIV status and research has proved that men are

often in denial (Roberts, 2005). However, *Tsha Tsha* shows Andile, one of the most favourite character (Kelly & Parker & Hajiyiannis *et al,* 2005) talking about HIV testing and encouraging his partner view to go and test.

HIV/AIDS lessons are produced to persuade audiences to arrive at a certain meaning as I explained earlier through the language they use to frame issues. These issues are framed in relation to the roles and responsibilities in coping with HIV/AIDS and they are the intentions of the programme producers. The roles presented are those that challenge negative perceptions towards HIV/AIDS especially those that are conditioned by gender (Kelly *et al,* 2005). The lessons challenge stereotypes that ensure an increased marginalisation of those infected and affected by HIV/AIDS and makes interventions to combat the pandemic problematic.

In the *Tsha Tsha* episodes, it is clear that HIV/AIDS lessons are produced from a pool of common lessons that highlight the roles that men should play in HIV/AIDS and challenge gender stereotypes (Kelly *et al,* 2005). For example men are caring and can act as care givers. Men can take the lead in testing for HIV/AIDS to know their status. This is shown in *Tsha Tsha* through the character of Andile. They are likely to be read in that manner in line with producers' intentions (preferred meaning) by HIV- positive men.

As Bandura (1971) claims in mastery learning and the enhancement of self efficacy, apart from media modelling through characters, support groups are avenues where individuals access information and are capable to act on it (participate through actions) on modelled

behaviour. Participants in this research attend to support groups (vital information source for HIV positive men) and have a certain level of understanding of how they should take care of themselves and their partners to cope with HIV/AIDS (See Bandura, 1971)., (Ballentine, 1989).

The episodes portray testing , disclosure and support as very critical in dealing with HIV/AIDS and that it is a person's responsibility to take care of him/herself through actions that will promote his/her well being, especially after testing positive. The episodes also emphasise the need for having a good relationship at a partner, family or community level even if someone is infected with HIV (see episodes 1, 3, 4, 7, 8, 11 and 13) These are seen as the pillars of support in coping with the disease. From a critical assessment of *Tsha Tsha* episodes and the interviews with the programme producers, clearly, part of their objective is to encode health messages that portray the positive roles that men should play in HIV/AIDS. The idea is that the messages are encoded in a dominant manner or, according to the intentions of the producers. This is intended to elicit preferred response or dominant reading (see Singhal & Brown in Singhal & Rogers, 1998. p. 207) that corresponds with the intentions of the producers of the programme (Kelly *et al,* 2005).

E-E is a specific genre of programming and it operates under specific rules and regulations that define that genre. The genre is one that combines the entertainment elements and educative elements to pass messages that are friendly to the viewer and educational, rather than passing simple didactic messages (Kelly *et al,* 2005). It is

difficult to change behaviour especially around complex social issues such as sex, sexuality and HIV/AIDS, through a television E-E intervention like *Tsha Tsha* (Jammy, 2005)[6] however, exposure to E-E can lead to shift of audience members' perception of HIV/AIDS where a programme like *Tsha Tsha* should be seen as a part of a wider social intervention to address the disease (Kelly *et al,* 2005)

Producers and researchers are faced with the challenge of reaching a consensus when combining the two aspects of entertainment and education when presenting HIV/AIDS lessons. These challenges are considered when addressing the tension and difficulties faced in script development which acts as the building block of the characters in the episodes and far the programme to ensure audiences identify with the lessons (Kelly *et al,* 2005).The summative[7] research done by Kelly *et al,* (2003) established character personalities for the viewers during the first four episodes. One of the questions for the audience response analysis was whether or not the audience actually perceived the characters as they were intended to be perceived, and whether they perceived the changes that occurred among the characters by the end of 13 episodes. The findings revealed increased audience identification with the characters depending on whether they played a positive role or transited from a negative to amore positive role in the episodes (see Bandura (1971) on transitional characters in social learning).

[6] Adapted from an interview with David Jammy, one of the executive producer of *Tsha Tsh*a, (2005) at Curious Pictures.

[7] Summative research is an evaluative research done on the audience in relations to the lessons presented in *Tsha Tsha* and whether they respond to the lessons the way the producers intended them to respond. It is done from time to time after a series of screened episode to test the efficacy of the programme and to help further develop the series (Kelly, Parker & Hajiyiannis *et al* 2005. p.26-30)

Formative[8] research in this case, helps to guide the development of the content and to introduce the aspect of reality in the situations presented in drama (Kelly *et al,* 2005). Both formative and summative research feed into E-E from time to time to help test whether the drama is advancing the educational objectives of the programme which is the primary aim.

There is a challenge on how to present lessons. According to Ntlabali & Kelly (2004), some negative responses to presenting issues as problems in drama, situations and contexts have been found. Producers of *Tsha Tsha* for example, chose to show the internal and interpersonal conflicts associated with undergoing HIV testing and the consequences of this. It opted for a realistic approach and drew this out over a period of time, over many episodes. It was discovered that there is increased identification with the affected character, but it also appeared to have created anxiety and reluctance around HIV testing. Dramatic resolution and character development for example, through the process of HIV testing is planned as a series long (transcend across many episodes) and never a complete process. Such kind of a problem with resolution or when to solve a problem is therefore a weakness in script development when deciding how and over what periods of time such resolutions should be managed (Kelly *et al,* 2005).

[8] Formative research marks the foundation of series development. It is done to identify particular social economic and other problems that a particular community faces through interviews and group discussions about how the community feels about problems, the extent to which the problems are affecting them and how they think the problems can be resolved. It is normally done to make the entertainment education messages real to enable people identify with them at the same time learn lessons along the way (Kelly *et al,* 2005)

Another challenging factor for producers is consideration of the broader social context and the broader social relevance in relation to the success of the drama in unpacking messages to the audience. The context that the drama occupies should support the drama (Ndlabali & Kelly, 2004. p. 4). For instance, support groups were seen as one of the best ways to cope with the HIV/AIDS dilemma in *Tsha Tsha*, they presented ways of handling the difficulties that face HIV-positive people and suggested ways of coping.

The same way the social context of the drama (HIV-positive world) suits the participants (HIV-positive men) who belong to support groups. They have real experiences in such settings that help them cope with the burdens of the disease. Therefore, in showing the relevance and importance of support groups in the programme, it is actually a possible reality that can even be made much better by reinforcing the positive aspects of it. The environment then becomes enabling for that to occur.

Broadly**,** *Tsha Tsha* had certain lessons series that were memorable to the audience (Kelly *et al,* 2005). These included:

- Portrayal of living openly with HIV/AIDS;
- Viwe's HIV disclosure to her parents and to others (overcoming stigma),
- DJ's cultural ineptitude; gender relations;
- Andile's strength of character and
- Incidences relating to sexual negotiations.

A single exposure to E-E messages can actually result in a change in perception about relationships between partners and men's perceptions of their roles and responsibilities in

HIV/AIDS. It can act as a starting point at which individuals reflect on their personal behaviour and can be motivated to change, although a repeated exposure can be more influential. (Singhal *et al*, 2004. p.198).

Bandura, (1971) states that we learn behaviour, attitudes, and beliefs by observing models. Those outcomes are enhanced primarily when those models are rewarded for what they do (Bandura in Singhal *et al*, 2004. p.196). The production of E-E messages is a combination of different techniques driven by knowledge and theoretical assumption about the individual, his or her behaviour and cultural contexts regarding certain complex social issues such as HIV/AIDS. This knowledge is used by programme producers when producing E-E programmes and determines the end product in production. The producers produce messages that are friendly to the cultural terrains of their audiences and that is what defines compatibility in terms of whether the messages will be received in the manner intended or not.

Reception

This refers to how the produced E-E messages are decoded by these HIV-positive men. The manner in which the messages are produced will greatly influence how they are received but this is not a guarantee. Several other factors which will be discussed later influences the process of reception of E-E messages. These are things such as culture and the social environment. One way to asses the impact of *Tsha Tsha* E-E lessons on the audience is to measure how audiences receive lessons that producers impart in the programme. While producers try to encode messages that audiences can identify with and read in a dominant manner (that which is in line with their intentions), this does not necessarily happen in actual reception. Reception of messages is more complex and depends on several other factors which are internal and external to individual audiences and influence the way they make meaning of the lesson presented to them (Hall, 1977; Singhal & Rogers, 1999). Some of the internal factors are individual psychological and physical well being. One external factor is the social environment which determines their accessibility to information sources (See Bandura, 1971 on sources of information in social learning).

Some men's reception of encoded messages impacts on their perceived relationship between them and their partners. How do men decode messages about their roles and responsibilities in HIV/AIDS presented in *Tsha Tsha*? Hall (in During S. 1993), argues that decoding takes place in a pattern of dominant, negotiated and oppositional positions (p.101-103).

In the dominant position the viewer operates within the dominant codes. These are the codes that are discursively constructed by the media and depend upon the institutional frameworks and organisational cultures of media workers, in this case they are objectives of the programme producers influenced by they genre of E-E (See Bandura, 1999). Unlike the way Hall explains it, these are not necessarily widely accepted, as in ideology, and in favour of any particular interest group, but they seem to inject new lessons contrary to certain notions in the society that seems to increase the vulnerability of both men and women to infection and ensure that those who are infected remain discriminated. Hall's concept of ideology is a power operational concept, where certain interests groups tend to dominate others through ideologically inclined messages. However, in the case of my research, Hall is used to explain how HIV/AIDS lessons are produced or encoded not ideologically but with certain intentions. Even though they are not ideological, they have the interests of producers inherent in them, which is, to change the perceptions and ultimately the behaviour of their audience concerning certain HIV/AIDS issues such as testing, stigma, disclosure and social support.

The use of Hall's encoding decoding theory to account for decoding or reception by HIV-positive men in this case is therefore not an ideological justification of how encoded messages are decoded by audiences but the fact that dominant positions are constructed within the lessons presented and the audience respond in that manner (dominantly). In this way, if men decode HIV/AIDS messages in a "preferred" manner it helps them change their perceptions about certain positions that they hold in relation to gender, HIV testing, care and support. These are the intentions of the programme producers. Producers

make a dominant encoding in line with the educational objective while using dramatic effects (Kelly *et al,* 2005)

In the second position, the reader adopts a negotiated code that acknowledges hegemonic definitions (the dominant and preferred code) but negotiates meaning. Negotiation with lessons is where audiences relate to those lessons and make a comparison with reality. This means that whether audiences accept or reject lessons depends on their positions in the meaning system as the subjects of those lessons. Several other environmental and social factors that shape their versions of reality therefore influence their negotiation with television lessons. This is evident in the group discussions as we shall see in the critical analysis in the next chapter.

In an oppositional position, despite the audience knowledge of the existing dominant or preferred code they choose to resist the message (Hall, 1977). In this position the audience totally rejects the message and adopt a different position from the one held by the programme producers. This position is dictated by the audience's cultural awareness and social reality about the lessons presented. Hall celebrates this kind of resistance as subversive and progressive, as it can challenge dominant hegemonic "realities" (Ibid). In the case of HIV/AIDS, these "realities" may be patriarchy or normative notions of masculinity and unfavourable cultural practices that may be unique to a culture or extend among many cultures for instance men's reluctance to test for HIV, to disclose, men's failure to support themselves and others, the quest for women or having multiple partners and certain unfavourable 'cultures' like having sex with a woman after circumcision.

Some of these practices are reinforced through hegemonic masculinity that create a perfect ground for them to thrive given that both men and women actively participate in cultivating them (See Kometsi, 2004)

However, Kitzinger (in Williams, 2003. p. 207) claims that not all resistance is something to be celebrated and therefore not always necessarily progressive. For example, is a case where men resist HIV/AIDS messages for instance on safe sex and reduction of sexual partners something to celebrate? A good example is a case where undesirable and unintended consequences arise as a result of audience exposure to E-E. This is a case whereby audiences identify with negative role models. Some audiences interpret the message differently (Singhal & Rogers, 1999. p. 219).This shows that dominant reading is not always progressive, but can also be retrogressive especially when reinforcing different/new social positions for social change. Reception takes place in a broader social and discursive context ultimately determining the nature of response.

Hall (1977) suggests that the dominant, negotiated and oppositional response form the basis of the codes which are used by both the addresser and addressee of the television message i.e. both the encoder and decoder. The latent meaning of the programme is usually encoded in the dominant code hence preferred meaning emerges at the connotative level (the level of meaning making). But the bits of information emanating from the television are, no matter how they are encoded, given a syntagmatic structure (arranged in narrative form to make sense) by the viewer who also uses one of the three codes in decoding the lessons (Hall, 1977).

The audience member therefore negotiates a television message with various meaning systems linked to general social experience (Fiske, in Ruddock 2001. p. 105).

Therefore, since the three codes (dominant, negotiated and oppositional) and their various sub categories (factors which determine these codes e.g. social orientation) are available to all viewers at the moment of meaning, then the same message can be decoded according to different codes corresponding to the social experience of the decoder and yet remains meaningful for all groups (ibid).

John Fiske (1978) in his book *Reading television* argues that individuals hold mutually contradictory beliefs about their positions in society and respond to conditions in different ways at the same time (p.103). Each television viewer or family group is able to respond to the television message in terms that are intimately meaningful to themselves personally (subjective experience), (Fiske, 1978. p. 111). Fiske (in Ruddock 2001) claims that the audience could disagree not on their evaluation of text meaning but on their comprehension of what this meaning is i.e. how it makes sense to them individually (p.126). This is a methodological weakness in the encoding–decoding model. Resistive reading associated more closely with John Fiske offers a theoretical avenue out of this dilemma (Fiske in Ruddock, 2001. p. 126).

Individuals have different levels of access and competence to what their culture offers them and therefore different versions of reality. When decoding television messages therefore, there is a possibility of different responses due to the fact that men hold

different versions of reality depending on their level of cultural awareness and other social experiences. The men in *Tsha Tsha* have different responses, dominant, negotiated or oppositional, depending on their background (external factors) and physical and psychological well being (internal factors). Being HIV- positive (internal factor) affects the way men respond to HIV/AIDS lessons presented in *Tsha Tsha.*

Cultural studies approach to audience reception

When discussing the critique of theories or models used in HIV/AIDS communication specifically social learning theory and self efficacy theory, I discussed the importance of cultural considerations. This is to be integrated with these theories to suit different contexts (Airhihenbuwa & Obregon, 2000). To consider how other factors influence reception, a cultural studies approach is used in this research. This approach refers to looking at several factors that influence the way the audience make meaning to the messages that they receive from the media (Ibid)

Airhihenbuwa & Obregon (2000) argue that cultural considerations should be central in all HIV/AIDS communication interventions aimed at measuring the impact of E-E programmes and the audience response. Culture is therefore the terrain in which hegemony is struggled for and established (O'Sulivan, Hartley & Saunders *et al*, 1994)[9]. In the case of my research, a cultural studies approach refers to the process of meaning making among HIV-positive men in the sense that their reality is shaped by their social

[9] A situation whereby individuals willingly agree to certain positions held by other groups in the society and adopts them without being forced; is the domination of one group by another, the Marxist use the terms to define the economic difference and the advancement of the interests of such advantaged group over others who willingly submit.

orientation and their environment which is not a 'culture free zone'. For example, external factors have a potential of influencing their well being, for instance, disease such as HIV/AIDS and at the same time there are cultural connotations related to disease and physical well being (health) that informs and shapes thinking in that setting (See Posel, 2004). These are the factors that individuals carry along when decoding messages (Morley, 1980)

A cultural studies approach is relevant in my work because in reception studies, as already noted above, the meaning attached to particular media messages is influenced by so many factors which are both intrinsic and external to the individual. Some of these factors can be constructs of culture, acting as the terrain through which language operates and therefore shapes the meaning audiences make of television lessons. Cultural beliefs allow human beings to have a shared version of reality. This can not be overlooked in trying to understand the process of meaning making by HIV-positive men when receiving HIV/AIDS lessons.

Cultural studies see communication as a symbolic process where meaning is produced, maintained, repaired and transformed-reality, meaning and subjective experience (a person's experience) are entwined. Various scholars argue that a pro social content dilemma can emerge when audiences are negotiating meaning (Morley, in Turner, 1996. p. 21; see also Ruddock, 2001. p. 119; Singhal & Rogers, 1999. p. 219)-this centers on the problem of distinguishing for instance, between pro social and anti social content.

What might be pro social for certain audience members (from a particular culture) may however be seen as anti social for other individuals.

Reality is formed through ritualistic creation and dissemination; this means that it is formed through certain defined cultural practices that are diffused to other members. This ritual is culture specific due to the nature of the environment an individual interacts with in his/her social life. This eventually determines his/her reality. Intrinsic factors therefore become the conditions that are inherent in the individual or those acquired from the external environment that eventually may affect his/her physical and psychological conditions for instance, disease such as HIV/AIDS (Morley, 1980). Reality for HIV positive people is affected by the fact that they are HIV-positive. Being HIV-positive influences their perceptions. This will to some extent determine their reception of HIV/AIDS lessons. HIV positive men for instance may respond to *Tsha Tsha* messages in a particular manner due to the fact that they are positive. They might acquire certain subject positions when decoding messages. As Hall puts it, the positions might be dominant, negotiated or oppositional (Morley in Turner, 1996. p. 210) depending on their perceptions as the subjects of the lessons provided.

Morley (1980), Fiske (1978) and Ang (in Downing, *et al*, 1990) are some of the key theorists in the field of cultural studies. These theorists, in one way or another, use Hall as a foundation for their arguments building on him and expounding on the relevance of a cultural consideration in an attempt to understand reception of media messages. They, therefore, form the broader field of cultural studies approach to audience reception.

Morley for instance brings out the idea of the audience as responsible for the meaning of media messages. Ang brings out the idea of the role of the media in every day life while Fiske talks of resistive reading and the text as a 'semiotic supermarket' open to a variety of interpretation(s) and thus a variety of meanings.

Morley (1980) & Hobson (cited in Turner, 1996) move the focus of study to the audience. They see the audience as responsible for the meaning of a media message depending on several socio-economic and cultural factors that he or she interacts with. Hobson in her study of *Crossroads* talks of the possibility of as many interpretations of a programme as possible brought by individual viewers (Hobson in Turner, 1996. p. 113 - 119). In this research, the participants occupy different subject positions from their socialisation. They bring this along when decoding media lessons. Their cultural beliefs which define their gender relations affect the way they receive lessons. They relate to lessons according to this context. Morley talks of the ability of viewers to adopt internally contradictory positions in response to a particular media message which is determined by a range of socio-economic and cultural forces which over determine the way in which the viewer sees him or herself as the subject of that message (Morley, 1980; see also Morley in Hall *et al,* 1980. p. 171).

Morley (in Turner, 1996) argues that the text is not the only mechanism in producing reader subjectivity and that subjects actively participate in the construction of their own subjectivity even when the message is dominantly coded (p.109-112). Morley's (1980) *Nationwide* study shows how audience have different readings (p. 140-142). It marks the

point where encoding -decoding model starts to break down (Morley in Turner, 1996. p. 113). Encoding-decoding breaks down due to the emphasis on the fact that what determines meaning at the level of the audience is primarily influenced by the nature of the coded message. Factors that determine dominant, negotiated and oppositional decoding are varied and not necessarily related to preferred encoding or dominant encoding (Morley, 1980. P. 134-147). Cultural beliefs and socialisation can affect the kind of reading that men have on *Tsha Tsha.* Their positions as HIV- positive men as well as how they perceive such positions influence their reading despite the fact that they belong to the same support group.

Morley (1986) sees individuals as subjects crossed by a number of discourses (the individual interacts with several other texts or information sources as opposed to media texts alone in their day to day social interactions) which provides them with the cultural repertoire of resources with which they work (p. 41-43). People occupy different subject positions in social relation and none of these subject positions underlie the others. These positions are characterised by contest allowing some positions to dominate others (Ibid).

The subject position of men in this research affect the meaning they make of the messages they receive. The HIV-positive men belong to a support group. They have a dominant reading of *Tsha Tsha* especially when depicting caring men for example, Andile who is supportive to his partners Viwe and his mother in HIV/AIDS. This is because they position themselves as the subjects of those lessons (Hall, 1977). They also have a dominant reading of *Tsha Tsha* lessons depicting unsupportive men in HIV AIDS

such as Mr Sibaya, Viwe's father (Morley 1986, p. 42-43). It is important to consider the subject position of HIV-positive men, in relation to how they respond to *Tsha Tsha.* My research has shown that the HIV-positive men occupy a certain subject positions from the fact that they are HIV-positive.

As already noted, HIV-positive audiences negotiate meaning according to the positions they occupy as subjects of the lessons presented. When receiving lessons for social change, the audiences do it in a manner relative to the educational objectives of the producers. They are likely to make a dominant reading regarding particular lessons in the area of HIV/AIDS for socially desirable ends. This is because audiences relate to lessons according to degree of similarities between the lessons and their real life situations. It is in this performance that the individual is carried as the subject in relation to the text (see Morley 1980. p.149).

Morley (1986) argues that individuals read television programmes depending on their competence in certain forms of knowledge and familiarity with certain conventions which constitute the framework in which particular propositions can be made (p. 44). The information HIV-positive men get from support groups about sex, coping with HIV/AIDS and dealing with relationships with their partners and families combined with information from the reading of *Tsha Tsha, can* have an impact in their perception (see Bandura, 1977).

In this case, men's response to *Tsha Tsha* television program will depend on the cultural codes and information that they have access to. How they think and feel about their social situation, and what history has made on them. For example, how being HIV-positive makes them feel, and whether this affects their relationship with their partner and or family. These factors are determined beyond the sphere of television-by family socialisation and by education. (Morley, 1986. p. 44)Fiske introduces the element of resistive meaning. This is an interpretation of the text which changes its encoded meaning at the point of reception (Fiske in Ruddock, 2001. p. 126). Fiske argues that since the signifier is always potentially ambiguous, it follows that preferred meaning of the text might be unclear or might be open to subversion (Fiske in Ruddock, 2001. p. 126-127).

There are two assumptions quoted by Ruddock in the interpretation of media audiences.

a. Cultural meanings are linked to the social structure and consequently to power relations and such meaning can only be understood if the history of the social structure and power relations is made explicit. This underscores the reasons why I explored the socio-political reality in South Africa when it comes to gender roles and sexuality in the background literature and how this impact on the problematic situations in HIV/AIDS that *Tsha Tsha* is trying to address through the lessons it presents. This should largely be considered in reception studies.
b. The creation of cultural meanings by those who use the media is relatively autonomous from the institutional production of media objects. Cultural meanings are unique to every individual depending on their subjective

experiences no matter the magnitude of knowledge the producers of lessons have about the culture of the target audience.

This means that the resistive reading model by Fiske is a development to cultural studies approach and a build up of Hall's encoding–decoding model. The encoding/decoding/resistive reading research states that negotiated, resistive and oppositional reading are different from selective perception in the sense that viewing is constitutive of rather than reflective of dominant positioning. Meaning that audiences assume a predetermined position which forms a constituent of the position (s) presented through television lessons. In the case of this research, whether the audience will negotiate, resist or have an oppositional reading to the lessons presented in the programme *Tsha Tsha* is an indication of how they see themselves as constituents of the dominant positions that are presented to them (Fiske in Ruddock, 2001. p. 144-145)

Meaning therefore is relative and varied, what is constant is the way in which the text relates to the social system. Considering the role played through culture and socialisation can therefore reveal both the way the dominant lessons are structured into the text and into the reading subject and those textual features that enable negotiated, resistive or oppositional reading to be made. In this research, the tension existing when men try to recognise their subjectivity/subject position in relation to gender, HIV/AIDS testing, care and support and other roles in *Tsha Tsha* emerge.

Ang moves the study of the media from the audience to an ethnographic approach on reception - the everyday life. Ang looks at the role of the media in the day to day life of

the audience presenting a broader view in addition to the notion of text and the audience as determinants of meaning (Ang in Turner, 1996. p.123). Ang argues that while early uses and gratification shows why people make use of the media offerings, reception researchers talk of 'what people see in the media and the meaning they make out of that'. Ang argues that what is left out is how people live with the media. In other words how is the media integrated into our everyday life? (Ang, in Downing, *et al*, 1990). Although this research cannot account for this, it is worth considering that the media plays a role in the daily lives of the audiences depending on how they benefit from it. The media plays the role of public informant and this will depend on how much an individual relies on the media for information (role of the media in his/her daily life).

The media can just as well occupy the same position in the lives of the HIV-positive men even though it is an artificial screening. To assume that this cannot happen, is to overlook the role played by the media and equating it to 'a single event' that begins and ends after the viewer switches off the television set. This is true in one of the responses from my group discussions where one of the participants cited television and radio as examples of where he gets HIV/AIDS messages everyday.

In a continuation of the above argument on the role of the media in the day to day life of individuals, Ang, in Downing, *et al* (1990) sites Morley (1986). She talks of the importance of looking at the family life and the domestic context in which people use television than to find out interpretation people make of a particular type of programming. This is a choice in this research because the research is basically

concerned with how men interpret the E-E programme *Tsha Tsha*, rather than the relevance and how they make use of television and television programming in their day to day lives. Watching television cannot be assumed to be a uni-dimensional activity that has equivalent meaning or significance at all times for all that performs it (p. 162-163).

The screening of *Tsha Tsha* episodes to men will definitely alter the natural setting in which these men normally consume television and how they would respond to the programme in their homes. Ang presents this research with a limitation that is obvious and could not be catered for through artificial screening. However, it is necessary to bear in mind that even through artificial screening of episodes, audiences still carry along ideas or information that they had already received from other sources and their daily habits when watching television. In addition, while doing the actual screening, there is no guarantee that there will be full concentration due to the fact that it is cumbersome to seat for long hours watching the same programme.

Clearly, following the above discussion, the designers of programmes E-E followed theoretical guidelines in the production of *Tsha Tsha*. The producers encode lessons that will ultimately influence the manner in which audience read those lessons and make meaning of them. Meaning can, therefore, be said to be a product of the negotiation of dominantly encoded text and audience positioning. This is determined by a range of socio-economic and cultural factors in relation to the text. Meaning of media texts is also a product of the way the media functions in the daily life of the audience and the position

of the audience in the meaning system (Fiske in Turner, 1996; see also Fiske, 1978). Messages are dominantly inclined towards certain objectives that are dictated by the genre of the production. In the case of *Tsha Tsha*, the genre is E-E and the educational objective, among others, is to provide lessons about gender, HIV/AIDS testing, stigma, disclosure and support. The producers' idea is to change men's perceptions and ultimately their behaviour with regards to their roles and responsibilities in HIV/AIDS by providing them with different life skills through exploring options to encourage self efficacy.

Methodology

Introduction

The approach used in this work is qualitative. It assists us to a better understanding of media audiences. The approach recognises the complexities in the nature of the relationship between media audiences and media text as opposed to the simplistic assumptions made about media effects within public discourse.

Qualitative methods

The qualitative methods used are interviews and focus group discussion, including some degree of observation (see Silverman, 2005. p. 6). Qualitative researchers, therefore, sacrifice scope for detail (Silverman, 2005. p. 9). My research looks at HIV-positive men's perception of various issues in HIV/AIDS and that is why it relies on the qualitative method which can better explain HIV-positive men's experiences, in terms of their daily lives and perceptions. Qualitative research prioritises the study of perception, meaning and emotions (Silverman, 2005. p. 10).

Elements from critical ethnography

Using an approach that utilises elements of critical ethnography does not imply that my research is using ethnography, which is a totally different approach as a method.

Ethnography might imply focus, not on the media, but on social practices and gendered identities which media tends to constitute across contexts, media ethnography would propose to cover all moments of the communicative process and not just audiences (Jensen, 2002. p. 165). One major problem with media studies with an 'ethnographic ambition' is that they tend to confuse the inevitably limited field of empirical or measurable inquiry with more inclusive domain of theoretical interest. This means that it is hard to justify what not to study (Jensen, 2002. p. 166). Ethnography would imply that instead of focusing on measurable inquiry like the reception of HIV/AIDS lessons and the meaning of those responses through a qualitative thematic analysis, ethnography will equally focus on other issues (a more inclusive domain) such as the audience background, their level of education, their television watching habits, their culture and geographical situation, their class and class interests, their social orientations and reference groups etceteras, to determine the kind of responses that HIV-positive men display. This is why it is difficult to justify what to, or what not to study.

A pertinent alternative, which my research utilises, is the 'ethnographic approach' or the use of 'elements from critical ethnography' to the audience's experience of the use of the media. Here, the media is taken as the methodological focus, meaning that the real purpose of the inquiry is to look at how the media contributes in changing the perceptions of HIV-positive men through exposing them to produced HIV/AIDS lessons. But when inquiring, the emphasis is not really on the media, but on the distinctive use of the media by HIV-positive men in a special distinctive context (Ibid). How HIV-positive men respond to lessons in this case and what influences their responses, is only obtainable

through an artificial methodological need that allows that process to be assessed. The media, therefore, at this stage, is a methodological focus. The social use of the media is then, analysed and interpreted with reference to the wider historical and social context embedding both media and audiences. The methodological orientation of media research must be towards the specific difference media make in the society, even while its theoretical frame of reference is the entire social system, which shapes and is shaped by the media. In methodological terms, meaning flows from media to the society while in theoretical terms, from a cultural studies perspective as used in Hall's 1977 encoding-decoding theory, it flows from the society to the media, where audiences interpret the media lessons in their own personal ways depending on social orientation and other factors (Jensen, 2002. p. 166).

In short, the critical ethnographic approach involves looking at the "total context of reception" (Ruddock in Devereux, 2003. p.144), thus taking into account the context of the social and cultural situation of the individual being interviewed or who participates in a group discussion**.** With this approach, the research audience members are seen as active agents capable of resisting and reconstructing media texts (Devereux, E. 2003. p.145).

The theory of critical ethnography (Jensen, 2002), is used as a concept generating tool because it gives insight into data gathering procedure by providing a good understanding of the participants. At the reception level for HIV-positive men, this concerns what factors influence and shape their attitudes, perceptions and ultimately their responses to the HIV/AIDS lessons presented through *Tsha Tsha*. On the production level, it allowed

for closer scrutiny in terms of exchange of information and ideas behind the production of *Tsha Tsha* and the perceived goals when creating HIV/AIDS lessons through E-E. For example, in-depth interviews, Focus Group Discussion (FGD) and to some extent, observation-and it relates to the socio-cultural context of participants. This method implies much more extensive involvement, more detailed encounters with informants, and a closer critical engagement with the entire culture of the production and reception process (Jensen, 2002. p. 72). It emphasises the status of media use as a form of social action (Jensen, 2002. p. 164). The case study (field visit) for instance, was observational and informational, as already explained, providing knowledge that could not be obtained in other ways concerning the response to the produced Entertainment-Education programme *(Tsha Tsha)*. This method is therefore, more open ended in that the practices observed and the information obtained, is examined from several perspectives in determining how responses to the E-E programme are made (Ibid)

The screening of Tsha Tsha

There are several E-E programmes in South Africa which address issues related to HIV/AIDS. *Tsha Tsha* is chosen among this genre (E-E) of programming (see Silverman, 2005. P. 126). The production and reception of *Tsha Tsha* is studied in detail to develop a full understanding of how producers develop the programme and how HIV-positive men respond to it, the findings of such an investigation can be used as the basis of generalisation (Ibid). This research, however, is not used as the basis of generalisation. However, it provides insight into the manner in which the HIV-positive men respond to HIV/AIDS lessons in this particular case. To some extent, it provides reliable data that

could inform other similar E-E programmes (Jensen, 2002. p. 239). In this case, *Tsha Tsha* represents a whole range of Entertainment-Education programmes that provide lessons on HIV/AIDS through television.

12 episodes of *Tsha Tsha* with HIV/AIDS lessons have been screened to an average of seven HIV-positive men, that is, episodes 1,3,7,6,8,9,11,13,17,25,22,32. Producers' intentions in the production of these lessons are investigated through interviews prior to the screening of the episodes. HIV-positive men's response to the lessons presented through these episodes on *Tsha Tsha* on the other hand, are determined through focused group discussions immediately after the screening of the episodes of the programme. The purpose is to asses the producers' intentions in the production of these lessons and ultimately to identify men's perception of their roles and responsibilities in their relationships with their partners and in HIV/AIDS. This is achieved by testing theoretical assumptions about reception of HIV/AIDS lessons from a cultural studies perspective. This for example, includes perception determining structures for instance, culture and norms or historically or socially conditioned patterns of meaning in HIV /AIDS.

Data Collection

Data has been collected from several interviews with producers and researchers of *Tsha Tsha* and from the reception study of *Tsha Tsha* by an average of seven HIV-positive men, done in a series of focus group discussions. In-depth and semi structured interviews were conducted with producers of *Tsha Tsha* from a production company (Curious Pictures) and a research centre (CADRE) respectively. This was to find out the

theoretical considerations in the production of HIV/AIDS lessons, and the implications of such lessons. It was also to find out the producers objectives or what they want to achieve and who informs those objectives. This brings about the idea of the funders, who actually correspond with the researchers, to find out what issues are problematic in HIV/AIDS in particular communities, and how those issues can be addressed through E-E production. The idea behind production is for social change; to change the attitudes, perceptions and in the long run, behaviour of their audiences.

In-depth and semi-structured interviews

In-depth interviews involve questions that give room for multiple detailed responses. They allow more specific responses and to deal with generalisation as required (Berger, A.1991, P.5). The use of semi-structured interviews means that there is minimal interruption of the social process yet questions are asked in a manner in which they flow from the respondent's replies rather than being imposed by the interviewer's predetermined list of questions. (Sapford & Jupp, 1996. p. 113). Semi structured interviews, to a certain extent, allows for the replication of the same interview with other producers and identify general themes that emerged. This method is used to investigate and explain how the programme is designed, the experiences, knowledge and attitude in production.

Five interviews, lasting between 45 minutes and 1 hour, were conducted with programme producers. Participants had a right to terminate their participation at any time and requests for confidentiality and anonymity were adhered to. See volume II of this research (appendices) for an official interview schedule, which includes a list of the general themes that were covered during the interview(s) and a number of questions that were used as probes.

Focus Group Discussions

Focus groups are group interviews that rely on interaction within the group, based on topics that are supplied or predetermined by the researcher who typically takes the role of

a moderator (Morgan, 1997. p. 3). The group interactions are basically used to provide insights that would be less accessible without the interaction found in a group. Focus groups are used in three methods. First, they are used as a self contained method which relies on the focus group as the principle source of data, second, used in multi-method studies that combine two or more means of gathering data like the case of this research and lastly, as a supplementary method which relies on one primary method like survey (ibid). In a multi-method study, focus groups typically add to the data that are gathered through other qualitative methods like interviews. The model employs some elements of ethnography which has traditionally involved a blend of observation and interviewing. Bringing focus group into this combination simply means using group as well as individual interviews (Ibid).

The advantage of focus groups as an interviewing technique lies in the ability to observe interaction on a topic (Morgan, 1997. p. 10). Group discussions provide direct evidence about similarities and differences in the participants' options and experiences. However, focus groups rely, to a large extent, on moderator's role in controlling the process and there is difficulty to go in depth with each informant on a one-on-one basis (ibid). One advantage of focus group interviews, according to Morgan (1997. p. 11), is that sometimes there is no need of structured guidelines. This might help researchers in cases where they are not sure which kind of questions to ask. Focus groups allows for the free flow of the discussions by the participants, however the moderator can control the direction of discussion. This means that sometimes the control can influence the free flow of the discussion if emphasis is laid on certain issues and not others (ibid).

Six focus group discussions were conducted with an average of seven HIV-positive men immediately after each screening of a *Tsha Tsha* episode. This was done so as to have a sense of men's knowledge and perception regarding their roles and responsibilities in their relationships and in HIV/AIDS. See volume II of this research (appendices) for an official focus group discussion schedule, which includes a list of the general themes that were covered during the group discussions and a number of questions that were used as probes.

Episodes 1,3,7,6,8,9,11,13,17,25,22,32 with lessons about love sex, relationships and HIV/AIDS were screened to an average of seven HIV-positive men. The selection of these episodes, out of a total of fifty two, was based on the fact that the selected ones were carrying lessons in HIV/AIDS that were informed through research when producing the programme. Based on this knowledge about how producers encode lessons and the kind of lessons they produced, it was important to asses how the HIV-positive men responded to those lessons and to establish the extent at which their responses related to the intentions of the producers. The group discussion process allowed for a good interaction where various issues in HIV/AIDS testing, stigma, disclosure, care & support and masculinity was raised. Focus group discussions also gave HIV-positive men the opportunity to discuss their varied and shared perceptions and experiences in relation to HIV/AIDS.

Discussions centred around, and flowed from, the screened episode i.e. deepening-discussion method (Hajiyiannis & Jugbaran, 2005). This method involves five approaches

- Recognition and naming: participants are asked to identify and talk about what took place in the video and what issues or events stood out. The facilitator listens to the events listed and frames the most commonly mentioned issues, for example disclosure.
- Questioning: participant use the chosen theme to discuss why the particular thing happened and why the character(s) behaved the way they did, and what their underlying motives were.
- Relation to reality: participants are asked to explore whether the events or issues are realistically portrayed, and whether this relates to events in their own lives or in their circle of friends or communities.
- Deepening: the discussion then focuses on why particular events took place with an emphasis on root causes and the consequences of particular actions.
- Solutions and pathways to action: participants discuss processes of making change happen, and for solving problems. Different outcomes to the events portrayed in *Tsha Tsha* can be developed. For example, in the next chapter (research findings), you will see how participants suggested a further development of the episode that showed Mr Sibaya, rejecting her HIV-positive daughter.

In this research, both the interviews and group discussions were done in English. The interviewees were able to communicate proficiently in English.

Ethics

The participants of this research completed a consent form (see appendix III) on the implications of the research and what the research entailed. The research is cleared by Human Research Ethics Committee (medical) of the University of Witwatersrand and the protocol number is M050125. The interviews and focus group discussions were tape recorded and transcribed. Recordings are kept safely for purposes of this research and will be erased a soon as the final draft of my dissertation is submitted.

Procedures:

The same procedure was used to obtain participants for both the interviews and the focus group discussions.

The HIV-positive men were reached through *Imbizo,* a men's health Centre and a support wing of the Perinatal HIV/AIDS Research Unit (PHRU) for HIV-positive men in Soweto. Firstly, Lawrence Ndou who is an educator at the *Imbizo* helped with contact information for participants and organisation of the sessions. Due to the difficulty in getting a sample of HIV-positive men by virtue of ethical concerns, a snow ball method was used. This is whereby initial contact with the informant generates further contacts (Jensen, 2002. p. 239). The participants were also asked to approach other HIV-positive men for the discussions. This method was so efficient such that more HIV-positive men

than expected approached me at the centre for inclusion in the discussions. I had to explain the boundaries of the research dictated by its nature and the relevant number of participants that were required. This research strictly used a qualitative method that seems to rely on a rather smaller sample but generates qualitative responses.

A snowball method was again used for sampling whereby initial contact with Harriet Garshon (one of the executive producers, Curious pictures) led me to other contacts including the researchers from CADRE and other executive producers from Curious pictures (ibid). The participants were chosen based of their direct involvement in the production of *Tsha Tsha.*

Data Analysis

Content Analysis:

Content analysis is a research technique for making replicable and valid inferences from data to their context (Krippendorff, 1980. p. 21). As a research procedure, it involves specialised procedures for processing scientific data for the purpose of providing knowledge and new insights. This means that when used by one researcher, it can be replicated by another researcher and still produce the same results (ibid). Content analysis is about the objective, systematic and quantitative description of manifest content. Objectivity here means that every single unit of analysis should be given the same preference while systematic means that there should be a defined standard procedure of looking at those units for reliability. Although content analysis lays emphasis to numbers

(quantitative), there are other areas of analysis that qualitative ways of analysis seem reliable for instance when analysing things like attitudes and perceptions.

Content analysis is a process of making inferences by identifying certain characteristics within a text. It is about the symbolic meaning of messages and the fact that messages do not have a single meaning that need to be unwrapped. Data can always be looked at in several different perspectives and meaning need not to be shared because messages may convey different things to different people (Krippendorff, 1980. p. 20). Content analysis should, therefore, be justified according to how it relates the classifications, categorisation and frequency counts of the content to other phenomena (the context which allows the text to exist in a particular manner in the first place). The results of content analysis can, therefore, be related to audience perceptions or behavioural effects (Krippendorff, 1980. p. 43). This will help us conceptualise that portion of reality that gave rise to the analysed text.

Content analysis must, therefore, be performed relative to, and justified in terms of the context of the data (Ibid). For example, when analysing texts from the responses of HIV-positive men to lessons on *Tsha Tsha,* the meaning of the message is interpreted in relation to the producers' intentions, to the receiver's cognitive or behavioural effect, to the medium (television) in which the message is exchanged or to the culture within which it plays a role. The analysis in this research, therefore, uses a content analysis approach by relating the text in terms of identified recurring themes to the context of the whole communication process- thematic content analysis. The unit of analysis in the texts are

the themes that emerge and what they mean to the contexts in which they are communicated.

Thematic content analysis:

This is the approach used to analyse data in this research. Unlike content analysis which is more quantitative in nature, in this approach, data is organized according to a set of manifest themes. A theory driven approach is employed to assess whether the themes that emerge on the collected data, match with the predetermined themes in the background theory. The approach involves the use of the researcher's predetermined themes in the theory and background literature. It is used as the basis of coding when analysing the data. The codes developed usually correspond to the researcher's field of study (Boyatzis, 1998. p. 33-37).

Theory driven approach is more relevant in this research due to the closeness of dealing with more or less abstract less definable concepts such as human perceptions in relation to certain problematic areas in HIV/AIDS (Boyatzis, 1998. p.34) e.g. men's perception of HIV testing, stigma, disclosure and support. In the theory driven approach, the researcher seeks to find out whether his/her predetermined themes are appearing and what their implications are. This is what formed the basis for the codes that were arrived at (Boyatzis, 1998. p. 34).

The themes in this research emanated from previous research of others on gender and HIV/AIDS explained in the background literature. They were used to arrive at thematic

codes when analysing the data and were then the basis on which categories emerged. Different data was put into different categories depending on the themes that emerged. A "constant comparative method" (Sapford & Jupp, 1996. p. 292) was used to compare and contrast data that have been assigned to the same category. The constant comparative method involves simply inspecting and comparing all the data fragments that arise in a single case (Silverman, 2005. p. 214). This method isolates instances where disclosure, testing, stigma and social support are mentioned and employs a constant comparative method, moving back and forth the data from small to large data sets where these themes are mentioned (see Silverman, 2005. p. 214). The aim of this is to clarify what categories that have emerged mean, as well as to identify sub-categories and relationship among categories.

For example, under the major predetermined theme of identification/modelling other themes appeared which are testing, disclosure, stigma, and support. Disclosure appears as a dominant theme under identification and, therefore, it is compared with other themes such as HIV testing, stigma and support. This implies that participants identify with the theme of disclosure (identification). Disclosure and its relationship with the other themes, is then compared systematically and categorised, that is, how disclosure relates to testing, stigma and support. The data is then analysed to identify recurrent patterns and themes. Some of the categories formed a network of relationships. Categories were therefore established in relation to the emerging themes and were presented as the findings of the research.

Validation and credibility of the researcher:

My reflexivity, that is, my ability as the researcher to reflect on my own role in the research process and understand how this affects analysis, is very important in terms of credibility of the research (Saps ford & Jupp, 1996. p. 294). The phenomena that is being observed which is actually in the form of lessons presented in the case study *Tsha Tsha* and how HIV-positive men respond to those lessons, are ones that anyone can probably be able to recognise and agree on-meaning that if the same method of analysis is used by a different researcher, it will give out the same results (reliability). In considering the relevant data from the responses of the interviews and focus groups, the degree of biasness in the selection of only those that correspond to the questions that are being addressed to justify my themes is minimised. In the analysis, the themes that I categorised corresponded naturally with a set of predetermined themes from prior research by others in the theory and the implication of those themes in the whole research. The findings are not only assessed along the lines of evidence offered in support of them, but how credible they are, against the background of information about how the research is carried through and the likelihood of error that that implies (ibid). For example, the fact that the reception study is conducted in an artificial setting has an impact on the responses that are received from the participants as people respond differently in different contexts (Morley 1986. p. 40-41)

Limitations

- The sample size: the sample was small because the method used was qualitative. This method was meant to capture the experiences and perceptions of HIV-

positive men. However, did not necessarily mean that valid data was unobtainable and that is one of the reason why qualitative method rather than quantitative, which require a larger sample, was chosen. Although this implies that it is difficult to make generalisations further than the case studied, it informs other similar cases about issues that come up and the data it provides.

- Sensitivity of the research topic: The sensitivity of the research topic, the fact that I was dealing with HIV-positive men, ensured that certain issues were not disclosed. However, careful probing was done to achieve this. The sensitivity of the research topic also brought some difficulty in sampling and the lack of enthusiasm in the participants that I held my first session of the six group discussions with. However, I explained the nature of the research to them through the consent form and the participant information leaflet, see Volume II of this research (appendices) before we begun the session and they developed a sense of confidence in the research.

  For example questions were asked in relation to HIV-testing and experiences in HIV testing.

- Time and resource constrains: time and resource constrains limited the number of interviews and group discussions that I conducted and the time allocated to each depending on the availability of the respondents. The first session of my group discussion had a poor attendance with only four men attending. However, the second session had over ten men wanting to participate in the discussion. I explained to them that I was operating under a standard group of seven participants. This was due to the fact that the seven participants had already

developed some degree of trust amongst one another. They were already committed to the group discussions in terms of the manner in which the discussion was flowing, the implications of the research and what it entailed. I had fears that a late inclusions, of the other men, may interfere with the natural flow, due to the tension that may arise and questions of trust when the participants are revealing sensitive issues about their personal lives. Other unexpected expenses that were not considered prior to the research, like hiring of video and television equipment also acted as constrains. The venue was also meant for the counselling sessions of the centre and it was necessary to identify the ideal time for my discussions.

- The selection of, and exposure to the programme: the selection of the programme was biased to episodes with HIV/AIDS themes that were artificially screened to the respondents, see Volume II of this research (appendices). The episodes that were chosen were those that were carefully selected and contained issues that HIV-positive men identified and later on emerged as themes in the analysis. However, the use of *Tsha Tsha* as a case produced valuable data on the general response to HIV/AIDS lessons within the realm of E-E by men, thereby crediting the case study. Most of the men had a prior natural exposure to the programme but they were not consistent viewers or followers of the programme. They, therefore, relied on the screened episode rather than more on *Tsha Tsha* that they have been exposed to previously. This also revealed that despite the fact that E-E lessons might be targeted for a specific audience, it is not a guarantee that it will reach the target audience due to a variety of other reasons for example the

availability of television sets, the timing and interest of the audience to watch the programme.

- Lower consistency and validity: The theory driven approach, although popular in social sciences, it often involves difficulties resulting into lower consistency of judgement and lower validity. This is due to the fact that the codes used by researchers in this approach are more sensitive to projection on the impact of his/her cultural bias, that is, the researchers use their beliefs and assumptions as the basis for the codes. In this research, coding was strictly restricted to predetermined themes that emanated from prior research of others and therefore the researcher's beliefs and assumptions were minimised.

Research findings: Data presentation and analysis

Raw materials

The raw materials are enormous and thus appearing in volume II (appendices) of this work.

Summarisation

Data was collected through interviews and focus group discussions. The data collected in the interviews was designed to answer the question of how HIV/AIDS lessons are produced in *Tsha Tsha*. Firstly, producers and researchers talked about the idea of encoding lessons rather than messages Lessons are shown in a manner where audiences are presented with different options and possibilities about problem solving rather than in a message format, where only one possibility of addressing a problem is presented and no room for choices.

Secondly, producers mentioned the research process, whereby the lessons presented are informed through research. They talked about two kinds of research, formative and the summative research. Formative research is done to identify problematic issues in HIV/AIDS in a particular community, and finding possible solutions to those issues. These were then integrated in production. Summative research involves the assessment of how audiences relate or respond to the programme and identifying issues that need further development. Formative and

summative research is considered a very vital process in the development of the programme.

Thirdly, the producers explained the idea of modelling and identification. These two things appear more or less entwined; however, they are understood differently. Identification refers to the manner in which audience identify with the lessons presented through the characters in the programme, meaning that they relate to similar situations or circumstances in which those situations are presented through the characters involved. Modelling on the other hand, refers to the presentation of negative and positive characters that travel through journeys in the programme facing obstacles, depending on the choices that they make. In this manner, positive characters are portrayed through lessons with educational values that should be encouraged and are rewarded. Negative characters are portrayed through negative lessons that should be discouraged and are, therefore, punished in their journey. The audience identifies with them on those levels and learns through modelling.

Lastly, the producers talked about how they design lessons that will encourage self-efficacy through a problem solving approach where they provide tools for problem solving, teaching people that they should reflect on things and make informed choices. In this manner, they become in control of their own situation. This is what is meant by self-efficacy, having confidence and the ability to know that you can make a change in your personal life.

The data collected in the focus group discussion answers the question of how the HIV-positive men respond to the lessons produced in *Tsha Tsha,* and whether or not their response indicates a changed perception. Here again, the respondents talked about various issues. These issues are those that they saw emerging from the screened episode. The idea of identification comes into play here, in as much as respondents mentioned various issues that relate to them. The issues were presented through negative and positive characters (modelling). Firstly, they mentioned disclosure of HIV/AIDS. They saw disclosure happening in some of the episodes and they responded in a dominant manner to that lesson. They identified with Viwe (model) who carried the lesson about disclosure.

Secondly, they talked about testing and they accepted the way in which testing is presented in the programme. They related to how testing is presented and accepted that it is difficult but, at the same time, a good thing. Just like disclosure, the respondents identified with Viwe (model) the character who tested and disclosed.

Thirdly, the respondents mentioned stigma and had a reactional response to how it was presented. *Tsha Tsha* portrayed the reality in how HIV-positive people are stigmatized in the community through Viwe's father. The respondents identified with the lessons presented through characters, and they agreed that they received similar negative responses from others in the community because they are HIV-

positive. Some characters, like Andile (model) were portrayed as supportive in *Tsha Tsha* and they helped address stigma. The respondents identified with such supportive men and talked of the need not to discriminate against HIV-positive people. They also identified highly with Viwe who fought stigma through disclosing to Andile (her partner), her family and the rest of the community.

Fourthly, the respondents talked about issues that can be related to hegemonic masculinity. They had a rejected how masculinity was presented in *Tsha Tsha* and they questioned cultural traditions like circumcision that perpetuate such forms of manliness. They talked of the need to change some aspects of tradition that do not correspond with the realities of HIV/AIDS and infection. Like other issues that emerged, hegemonic masculinity is presented through the character DJ. DJ represents a transitional character that changes from abandoning negative behaviour linked to masculinity and adopting positive behaviour. Respondents identified with him and the fact that he has changed and is now taking responsibility of himself and his actions- changing masculinity.

Lastly, the respondents talked about support. They identified with the lessons presented through Viwe about the need to be supportive of others who are infected. They saw Viwe as a hero because of her strength and courage to help others despite being HIV-positive herself. They had a dominant reading to this lesson and strongly related to it.

Thematisation

The above issues emerging as themes were arrived at from the response analysis of the interviews and the focus group discussions. They are driven through theory and prior research of others in the background section.

Analysis was done under two sections

- Production: analysis of the responses of the producers in the interviews. Identification or modelling appeared as an overall theme alongside other themes like self-efficacy, modeling, concept of lessons rather than messages, problem solving and research from the responses of the five interviews done with programme producers and researchers of *Tsha Tsha*
- Reception: analysis of the responses of the HIV-positive men in the focus group discussions. Disclosure appeared as the major theme in relation to identification from the responses of the HIV-positive men in the focus group discussions. Other themes that appeared alongside disclosure were testing, stigma, social support and masculinity. Also under this section, there are some issues that emerge. They are not presented as a theme but as the impacts of *Tsha Tsha* in relation to various lessons presented to HIV-positive men. These issues are presented in this manner so as to limit the number of themes that emerge. They are also not classified under themes because they are merely mentioned and not emphasized by the respondents.

These are, that *Tsha Tsha*;

- Encouraged better relationships through Viwe and Andile

- Discouraged multiple partners
- Encouraged living positively with HIV/AIDS
- Increased knowledge and awareness
- Encouraged a change in perception in HIV/AIDS.
- Portrayed disclosure as problematic for men.

Generally, identification appears as a major theme on the production section alongside other themes that informed the production of *Tsha-Tsha*. Disclosure then appears as the major theme in relation to identification on the reception section.

Disclosure is discussed in relation to other themes that emerge due to its relationship with these themes. This relationship is analyzed and categorized in this manner:

- Disclosure and testing
- Disclosure and stigma
- Disclosure and social support
- Disclosure and masculinity

Looking at the relationship between disclosure and the other thematic categories above, the general claim is that it is a coping strategy in HIV/AIDS. It can help create social space for support, eradicate stigma among those infected and at the same time challenge masculinity.

Production

This section analyses the considerations made by programme producers when encoding lessons in *Tsha Tsha*. In this section I attempt to answer my first research question. Through the responses received from the five interviews done with programme producers, the section explains the complexities of creating E-E drama. It exposes one key consideration which emerges as a theme-identification.

Identification.

Identification was dealt with in a number of ways, firstly with the lesson(s) presented, and secondly the characters that carry the lessons along (see Bandura, 1969 in the theoretical framework chapter). In this section identification is emphasized by producers and researchers as a key theoretical principle that informs the drama. The following response illustrates the producers understanding of identification:

It's all about identification at the end of the day. Hajiyiannis. Interview.

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Tsha Tsha has been mediated through identification, whether it is through wanting to be like a particular character or whether its like "I am also in that situation, and when I saw so and so, I got the courage. I saw I had a choice". Jugbaran. Interview.

Identification means that characters need to portray realistic situations that people can identify with, things that anyone who is watching would say wow; either it has happened to me or someone I know. Hajiyiannis. Interview.

Through creating a well developed character that the audience could identify with and once they identify with this character, they are taken on this journey…they, audience, would follow and ultimately accept that this woman (Viwe) has, you know, HIV. Garshon. Interview.

One of the producers' intentions in the designing of *Tsha Tsha* has been to identify and translate the major issues in HIV/AIDS that they want to look at in a series. In the case of *Tsha Tsha*, their aim is to encode lessons about love, sex and relationships in the HIV-positive world that the audience can easily identify with through modelling. The lessons are presented in a dramatic manner, in a way which is entertaining as well as educational. These lessons stimulate discussions around HIV/AIDS in the focus groups after viewing the drama to encourage self-efficacy. This is explained by one of the executive producers of *Tsha Tsha*:

The idea behind drama is to create characters which the audience can identify with emotionally. The audience then has a basis to relate to the drama. So there is a character which we identify with emotionally who is trying to get to a point in the world so they have a journey to make, so you throw obstacles in the way to impede that journey and the drama come from the process of overcoming obstacles on their journey from point A to point B. Generally, drama involves characters traveling journeys and learning lessons along the way about themselves and about the world. The idea of introducing education is that you are shaping the journey as being a journey which is relevant to the content that you want to communicate and the obstacles that you throw in the characters way, are in effect the lessons that carry the content. So as the character learns about the world so do we by identifying with the character. Jammy, FGD.

Production is composed of both the creative and academic team. There are researchers who are concerned with making sure that the educational objective is met. In the case of *Tsha Tsha*, they were interested in providing lessons around relationships in the context of HIV/AIDS. As the following researchers explain:

We work around with the funders…we explore a range of things from increasing awareness to prevention and ultimately the hope to achieve attitudinal change that will lead to a change in how persons behave. Jugbaran. Interview.

I think the overall aim of the entire Tsha Tsha concept, the ultimate aim is the prevention of HIV/AIDS that's the overall objective through that … other small objectives… to promote healthy living, to promote voluntary counseling and testing to combat and challenge stigma and stereotypes that exists in relation to people living with HIV and AIDS as well as gender stereotypes. Hajiyiannis. Interview.

So we try to do this through an increase in knowledge and awareness so that a person can have informed choice. Jugbaran, Interview.

The responses from the five interviews conducted indicate that the primary objective of *Tsha Tsha* is to impart lessons about HIV/AIDS that the audience can identify with. *Tsha Tsha* stimulates discussions that help the audience explore the different skills of coping with situations in dealing with HIV/AIDS personally. The audience identify with the message according to their personal experiences. The producers therefore encode messages that stimulate discussions about serious issues in HIV/AIDS to help individuals explore these issues and find out possible alternatives of dealing with the situation; equipping them with different options in handling the same situation in real life.

We don't present solutions we might at the end give a solution but we would put the character on a path where they make choices or they are presented with different choices. We teach people that they have to reflect on things that through reflection, they will make an informed choice. Hajiyiannis. Interview.

The theme of identification was predetermined by the producers as the overall objective of the programme. This is the theme that enables the audiences to explore different avenues of solving problems as they slowly develop self-efficacy. However, there is always a danger in emphasizing the educational components and forgetting the entertainment aspect and vice versa when designing E-E lessons (Singhal *et al.* 2004). For such reasons, there has to be a balance between the entertainment aspect and the educational component. This balance is ensured to enable the characters take the audience through a journey in such a way that they learn through the obstacles that the characters face along the journey, and not be bored by the emphasis on either the educational or the entertainment aspect as the following producers note:

The primary approach is to set clear objectives for both elements. Educational objectives are related to imagined outcomes – for example increasing awareness of prevention through using condoms, understanding the risks of multiple sexual partnerships and so on. However, Tsha Tsha does not operate at the level of aiming to disseminate discrete simple messages. Tsha Tsha uses a theoretical framework that underpins the concept of lessons. Garshon. Interview.

"Generally, all drama involves characters traveling journeys and learning lessons along the way about themselves and about the world. The idea of introducing education is that you are shaping the journey as being a journey which is relevant to the content that you want to communicate, and the obstacles that you throw in the characters way are, in effect, the lessons that carry the content so as characters learn about the world, so do we by identifying with the character. Education is how you shape the journey, how you shape the obstacles in the characters path. Jammy. Interview.

Thus, one important element of educational television in our context is a theoretical framework. Particularly, the lesson concept is about conveying steps and processes to understanding HIV/AIDS. With regard to entertainment, obviously any E-E programme needs to be compelling enough to attract an audience. Ultimately ratings etc, inform how well this is being achieved. Higher levels of entertainment content might draw viewers, but this would shift the balance between the two". Parker. Inteview.

In line with the intentions of the programme producers, the seven participants (HIV-positive men) of this research identify with various HIV/AIDS lessons through the journeys that the characters go through.

Tsha Tsha explored different lessons that the HIV-positive men identified with through the characterisation. The audience identified with the kinds of challenges and problems that depicted their own similar experiences. Identification with characters is strong depicting a possibility of modeling the HIV-positive men perception about different aspects of HIV/AIDS especially disclosure as a coping mechanism. Modeling is defined by the extent at which participants of this research (HIV-positive men) identify with the characters in *Tsha Tsha* and relate their experiences in the mediated world to their own personal experiences. When they do so they see some levels of similarities;

> *Yah, the problem is very similar to mine; she (Viwe) showed me that no I am the hero. I must do the same like Viwe. Because that lady she disclosed, she did not want to stay with the secret. If you stay with the secret, you will kill people. Don't kill people, you must talk. S1. Interview.*

The level of success in the response to the lessons presented in *Tsha Tsha* by HIV positive men in the group discussions indicates that Bandura's theory of modeling is central in designing/encoding of messages in E-E. The producers encode messages that relate to real life experiences through characters that the audience find easy to identify with.

Entertainment in the format of the drama in characterization and in dramatic narrative pick characters that the audience identify with, traveling journeys basically, and the logic of balancing entertainment and education drama is to create characters with whom the audience can identify with emotionally it does not matter what the context is, you create an emotional world in terms of space and the key protagonists. The audience then has a basis to relate to the drama. Jammy. Interview.

The audience identifies with the progress through transformative situations. In the series, the interplay between the limitation and opportunities in a rural setting provides a useful context for highlighting the relationship between personal self-efficacy and environmental resources as factors for personal development.

We wanted to deal with issues that will affect people living in the rural context, so it deals with things such as completely poor resourced and how you would likely try to survive in such an environment and the way that you deal with your issues knowing that it is a resource constrained environment. Jagbaran. Interview.

Production of lessons therefore is a consideration of several issues in HIV/AIDS that the researchers and producers find important. This is done carefully to drive the overall objective of the drama which is to change audience perceptions on certain key problematic areas in relationships and in HIV/AIDS. How the audience respond to choices presented through the lessons is a different question altogether.

The fundamental principles of Tsha Tsha, the theoretical underpinning of the framework within which we work is that there are several things but one is that we want to show the complexities of processes and we want to show that in making a decision or making a choice, there are a whole lot of things that are included, you go through a process whether it is an internal debate you are having or you talk to your friends or you don't know how to make the decision , we show that and our kind of method is not to say that this is the absolutely correct …we allow the character to go through the journey of making that choice. Hajiyiannis. FGD.

Modeling through negative and positive characters.

Modeling is an indispensable aspect of identification. The producers use characters that have the traits that fit the situation and the lessons they present. The characters are constructed in a way that people will identify with. These characters are portrayed as negative or positive depending on the lessons that they carry along their journey. However, others are transitional, in that, they change from being negative by adopting positive values in line with educational objectives.

There are different issues in HIV/AIDS that the producers need to model and they use characters. The choice of Viwe for example, the transition she makes in the episodes and other examples of how modeling works, are thought out carefully by the producers during the cast:

We try and model healthy relationships we try to show that we also look at relationships that go wrong and then within that, we look at HIV and AIDS. Garshon.Interview.

First of all we had four lead characters, we wanted a positive role model for an HIV-positive character and we though that giving gender relations weight is to have a strong HIV-positive woman as a role model…. Jammy.Interview.

People identify very strongly with Viwe, I mean it was quite interesting. We make choices at the cast; we wanted Viwe, when we were looking for Viwe we knew obviously, already, she was going to be infected. We knew she was the person who was going to deal with stigma more than anyone else so we deliberately looked for somebody who looked completely healthy and beautiful and had everything. We did that deliberately because we wanted to take the audience for a journey. Garshon. Interview.

She was the bitch in the story line, she was well absorbed, and she did not think of anyone else, she was interesting in fashion and new clothes. Then in terms of her transformation, she was given this challenge, she had to come to terms with the fact that she was HIV-positive, I mean it was a long process for her and I think it could have been an ongoing journey for her. But through that, people started to see her more human side and other sides that they could identify with. Viwe learnt to realize that she had serious issues to deal with which make her more humane and because of this change of character that happened over a gradual period of time, the audience started to identify with her quite a lot. Jugbaran.Interview.

In the selection of models, the producers seek to challenge stereotypes and other issues related to HIV/AIDS such as stigma.

One of the objectives is to challenge stereotype, gender stereotype, so we don't like to promote that women must be at home for example washing, cleaning and looking after children. So we challenge that through Boniswa for example, Andile did something that was against normative masculinity concept. He pushed the boundaries of that he did not say 'hey sister its your job'. He took it on. This stood a lot for men and women especially men. It taught them that they can also take care….Jugbaran. Interveiw.

On basic level we carefully construct each and every character in a realistic way. From our formative research, we tried to introduce the elements that people will identify with. We try to construct them so that people will identify with the implications. Jugbaran. Interview.

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If you take Viwe for example in the drama who is gorgeous and everybody loves her and happens to be HIV-positive, but is also a hero , you know, in aspirations, that does help break down certain levels of stigma, there is no doubt about it. Jammy. Interview.

These responses indicate that modeling is about providing lessons through carefully chosen characters that people can identify with to help them change their perceptions about certain issues in HIV/AIDS in their relationships. The characters that are utilized to pass the lessons to the audience have to be realistically portrayed in order for them to act as role model. The reality in their character and the situations or contexts that they find themselves in the mediated reality are carefully researched for the audience to be able to relate them.

Lessons rather than messages

In terms of the theoretical and conceptual framework, *Tsha Tsha* utilizes the concept of lessons and not messages see theoretical framework and the background chapter:

> *In terms of the theoretical and conceptual framework of the series, we choose the concept of lessons as opposed to messages. That's one key central thing on which the story is based because the lessons include processes and complexities. Hajiyiannis, Interview.*
>
> *Tsha Tsha does not operate at the level of aiming to disseminate discrete simple messages. The evaluation report of episodes 1-26 outlines that Tsha Tsha uses a theoretical framework that underpins the concept of lessons. Particularly the lesson concept is about conveying steps and processes to understanding HIV/AIDS. Jammy. Interview .*
>
> *That's one key central thing on which the story is based because the lessons include process and complexities. Hajiyiannis. Interview.*

Tsha Tsha utilizes the concept of lessons because it provides individuals with multiple pathways to action as opposed to one single message. Decisions are complex to make:

It is an internal debate you have or you talk to you friends or you don't know how to make a decision, we show that and our kind of method is not to say that this is the absolute correct way, we allow the character to go through a journey of making that choice. Hajiyiannis. Interview.

So the character will make mistakes and so on. That is why it is shown over several episodes in a problem solving kind of a method. Jugbaran. Interview.

The idea is that lessons are there to be learnt, and for this to happen, audiences have to understand the complexities of the process. Everything is unpacked in a manner which shows what goes on in the mind of a person when faced with a difficult situation. This is done to make the audience understand why certain things happen by showing the process and unpacking everything.

Problem solving and self efficacy

This approach is utilized in the development of lessons as explained above. It involves the presentation of multiple pathways to action in a manner which empowers the audience with the necessary information for solving problems that they face (Parker *et al*, 2005). This approach seems effective in the manner in which audiences develop their skills through reflection to help them make informed choices. One of the producers gave an example of how evaluative research indicated that audiences were not happy with a situation where an attempted rapist did not suffer any consequences. They wanted this to be resolved:

In series one and two, there were attempted rapes and these two people Mandisa and Viwe did not report this attempted rapes. In the evaluation, we had many people, in fact everyone said they had a problem with the fact that there were no consequences of those actions and we knew that we had to fix that afterwards and show the consequences and exactly how it comes out. Hajiyiannis. Interview.

We use problem solving approach; we provide the tools for problem solving. It teaches people that they have to reflect on things, that through reflection they will make informed choices. There is also the notion of self efficacy, a belief that each person can be in control of his or her own situation. Hajiyiannis. Interview.

The problem solving approach above helps the audiences in the development of self efficacy. Self efficacy is a very important consideration in the development of the programme:

One of the key things that we look at is the notion of self efficacy, people becoming functional human beings even in the context where they have very little help, where there is no money, no job, you know, and on the outside, very little help. So self-efficacy is a very important theme in Tsha Tsha. Garshon. Inetrview.

Self efficacy, therefore, helps audience to develop the skills to take care of their lives and make informed choices. In this case, it is the idea that decisions about their health and well being ultimately lies in themselves and they should perceive themselves capable of taking care of their own actions.

Research

Tsha Tsha lessons are drawn from real life experiences through research, to help drive educational objectives that will address social as well as health problems that is. HIV/AIDS. Research is done on the ground where several issues are identified and ways to solve those issues are explored. This is what is then integrated in the programme. Research, therefore, help identify realistic or real situations that will be easy for the audience to relate to when portrayed through the programmme:

We do a lot of our own research as the creators of the programme, we also have to do quite specific story research or character research. So our writers spend a lot of time in the field in Pedi, which is the place we filmed in the Eastern Cape, and talking to people in terms of specific story lines and ideas. …We… spoke to people living with AIDS and discussed with them very candidly what issues could come up, what Viwe would feel about this, how would she try and how would she respond.

Research that emanates from real experiences on the ground gives the programme more appeal to the HIV-positive men in this research. The kind of research done prior to the production to identify problematic issues in HIV/AIDS is the formative research:

…formative research is the basic key in the entire conceptualization of Tsha Tsha. Hajiyiannis. Interview.

The formative research is a method, it's everything, it's our starting point and it's even our ending point. Jugbaran. Interview.

Formative research requires that you are current and topical if you are going to be up to date to keep the audience OK. So we need to be ahead of where people are currently, where things are heading. So that means needing to be on top of HIV /AIDS what are the topical issues etc and the gaps that exist in this moment and are going to be even predictive of knowing, you know, what's going to happen which gives the series more of an edge. Jugbaran, Interview.

The formative stuff is the stuff that is for the series. We go out there into the community and we actually see. We interview people; we run focus groups with target audience to find out what main issues are. Nazli. Interview.

Once we have material, we draft it and test it to see if it is accurate, it comes back we make changes, when it finally gets to the script form, it has to be tested again on focus groups …so formative research is basic key in the entire conceptualization of Tsha Tsha.

E-E lessons are therefore theoretically informed whereby programme producers carefully design lessons that audiences can easily identify with. Characters, who appear as models, therefore embody such lessons to make sure the audiences relate to them and learn in the process. Production, therefore, involves research into the problematic issues like, in this case HIV/AIDS, and a creative combination of educational and entertainment components to come up with *Tsha Tsha* from a theoretical underpinning with the purposes of encouraging self efficacy amongst audience members.

Reception

This section is an attempt to answer my second research question. It explains how HIV-positive men receive lessons presented through *Tsha Tsha*. As opposed to the production section which focuses on identification, this section introduces the lessons that the HIV-positive men identify with, which emerged as themes. Identification with some of these lessons does not necessarily mean that they accept all the lessons in the version of Hall's (1977) encoding-decoding model. For example, the men identified with aspects of masculinity, which they are aware of and not necessarily progressive in HIV/AIDS (they enhance HIV/AIDS infection). They displayed an oppositional response that challenges such portrayals, especially on issues related to circumcision. The intentions of the producers were to encode lessons, through positive, negative and transitional character and thus some characters carried negative values that should be discouraged.

In presenting negative role models, there is always a dilemma-the danger that the audience might identify with the wrong models by not critically evaluating what lessons are presented through such models. For example, in this research, DJ was in the beginning presented as a negative character driven by masculinity. He later changed and adopted a positive character after realizing his mistakes. The HIV-positive men identified with DJ in a oppositional manner, whereby, they challenged his masculine character and accepted the fact that he transited. This is an oppositional response which fulfilled one of the objectives-to keep the audience talking about issues and decide on the best possible actions. These issues are disclosure, testing, stigma, social support and masculinity.

Disclosure

One of possibly the most important roles that the media, especially through Entertainment- Education, can provide and continue to provide, is that of giving information about the most crucial and critical response mechanism that HIV-positive individuals need and that is disclosure. Disclosure was repeatedly shown in the episodes through different characters at different contexts. Disclosure of HIV/AIDS in the programme was presented as a necessary step towards coping with HIV/AIDS for those infected and at the same time as a difficult thing to do therefore, had to be shown across many episodes. Nevertheless, the HIV-positive men identified with the theme of disclosure every time it appeared in the screened episodes. The following are responses from HIV-positive men about disclosure and how it related to them.

There is no any other way, you just have to disclose to the person you are concerned with and see what's happening. Then you will get the support or you will get the negative response, it will depend. But it is better to stick to disclosure, you just have to disclose. Wellington. W. FGD.

After I know my results, I tell myself I am like that and I will never change but I must give others the word. Because I don't have some stress you see, I don't want to think too much because if you think too much you will loose the body. S1. FGD.

Yes I can say you must tell your…you cannot just disclose, you must know first how the person you are disclosing to is going to respond…whether he or she will accept. Our families are not the same. I can tell my grandmother because I trust her. I cannot tell my father because he is going to spread bad words about me and call me dirty one. I. FGD

Yah it's good to talk to avoid thinking too much. WI. FGD.

However, as earlier mentioned, disclosure often leads to rejection like in the case of this research where six out of the seven HIV-positive men reported their partners 'running away'. Only one of the men was still in a relationship after disclosure. They talked about what happened after they disclosed to their partners. In the programme *Tsha Tsha* there are instances where Viwe (the lead female character who was HIV positive was rejected by her family) and a case where Viwe rejects Vukile, her former boyfriend after he disclosed to her that he is HIV-positive. The following is an excerpt of how the HIV-

positive men responded to questions related to the episode on Vukile's disclosure to Viwe followed by the responses on how they related this disclosure to their real lives:

- ***Can you talk about Vukile's disclosure to Viwe?***

  The way Viwe reacted when Vukile disclosed to her, she just reacted reasonably because he was the one who infected her. W.FGD

- ***Do you think it happens that way in real life?***

  Yes it happens like that in real life because they did not have the knowledge of HIV they did not know about HIV. W.FGD

- ***Now let me ask you and I am asking everyone here. After disclosing, what follows next in relation to what you have been seeing? Maybe you can relate this to your experience?***

  Yes only one thing she (Viwe) changes from the face when she got the results from the guy…she said no I am positive and that girl you know maybe she did not want to meet that boy again because she is shy to tell that boy that she is positive…she did not want that boy to know that she is positive. The first time that guy got the words from that lady, he did not want the lady to be fed up. Now that lady is already fed up, she does not want to see that guy anymore. SFGD

They gave me the results and told me I am positive. I did not know what to do I just spoke to that partner of mine and told her that I came from check up and the results are positive. She said to me I will see, I am not a doctor and then I had no more friends you see.S.FGD.

Eish you must know the story, I think its lack of education, because I tell her I am HIV-positive I am not going to die now. Then she runs away from me, then I have to go and I wanted to teach her about how she can live as HIV-positive. Then I have to go to her again and again before I can tell her to go and test and see if at all you are alright.I.FGD.

After getting the results I told my partner and then she was negative and then we parted one another…we parted one another she felt she cannot go on with me. W.FGD.

I went to the clinic and took a test, it showed I am positive. Then the girl ran away until now, so when I go to see her she does not want to se me… so I tell her come and I will help, I will go with you to the clinic. It is going to be simple. So she ran away till today.WI.FGD.

I was sick then I decided to go and check. I went there and checked and they told me you are positive. Then I came back and told my partner.

You told her immediately (disclosed)?

Yes, then she said to me you are talking shit, you are talking lies you see. She fought and she took a long time to accept what was going on. One day she said to me no, let's go and check. She changed, they told her she was also positive. I told her that me and you must now be careful, we must use the condom all the time. If you don't know how to, if you don't use a condom you will die, the choice is yours but if you listen to me you will live longer.

Did you relate the way you use to relate before her knowing that you were positive?

S1

No

How were you treating each other?

S1

Before we found out it did not change, but after I told her, it changed. It took a long time for her to accept. Now already we are doing well, no problem.

S1.FGD.

This participant talked about his roles and the kind of support he gave to his HIV-positive partner. This is possible because his partner accepted their situation. This is what other men lacked in their relationships.

Tsha Tsha provides lessons on disclosure and disclosure strategies to help HIV-positive people disclose their status. Disclosure only follows after testing and therefore, *Tsha Tsha* gives information that encourages people to get tested. The fear of testing by most men is due to the stigma attached to the disease and lack of knowledge. These are, among other things the discussants cited as the impediments of seeking Voluntary Counselling and Testing (VCT) to know their status and disclosing. The HIV-positive men had a dominant reading of the lessons about disclosure (see Hall, 1977. p. 67,106, 107 in the theoretical framework section). They identify with it by virtue of sharing the same subject positions of the characters in the programme that is, they are all HIV-positive and they in one way or another disclosed their status to significant others. They related the difficulties presented through *Tsha Tsha* to their own personal experiences of testing as the following participant explained.

Knowledge, first of all, you must have knowledge of HIV. You cant just go for testing then after testing, for disclosure and yet you don't know for instance what is CD4 count, which is good for information that's why you find information hour very important before you go for testing, and then its going to be easier for you to disclose. Information is very important. W.

Detailed, useful information about HIV provided through not only *Tsha Tsha* but through other sources like in support groups; can help people to disclose. As we shall see later in the social support discussion.

In the group discussions, there was an indication that men identified with the lessons, and the characters that embodied those lessons. The HIV-positive men identified with the lessons that they considered important to them personally. They then identified with the persons/characters that carried those lessons. Viwe was considered the hero due to the fact that she was the one who embodies the lessons about disclosure. Most participants identified with her in their responses.

Identification as earlier explained, is a key consideration when producing E-E lessons. The lessons have to be those that the audience can relate with. The reason why I said earlier that 'how the lessons are received is a different question' is because as much as producers have several lessons in HIV/AIDS which are equally important and presented randomly as themes, the decision about the hierarchy of importance of those lessons solely lies with the audience (see Hall 1977 on subject positions p. 106-107). Characters are therefore given equal weight with the lessons they embody.

… Viwe is the hero in this episode because she is the one who disclosed very easily and then she was also showing love to Andile and she supported them on the day of the funeral (Andile's mother' s funeral who died of AIDS , she was there. S1. FGD.

I think the hero is Viwe because she did not fear to tell the community that she is HIV positive. R. FGD.

I think Viwe is the hero because her father rejected her but she starts making a support group, so it seems she wants to help others. R. FGD.

I think the hero is Viwe because she did give Andile the support courage and motivation. S2.FGD.

She has patience, she knows what life is, she stands like a warrior and she gave us trust and hope. A. FGD.

The HIV-Positive men in the focus groups identified themselves strongly with the lesson about disclosure which is strongly presented through Viwe. This could be because they occupy the same subject position with the HIV-positive character(s) and therefore, they decode the lessons according to this positioning (the position of a HIV-positive subject/audience)

Yah we still hear some facts which is leading to disclosure. When the mother of Viwe is asking…when Viwe was telling her that, she had a clue […meaning] that she had some knowledge when somebody is HIV-positive. W. FGD.

In the episodes, I like that lady because only one thing, the lady disclosed to the parents and disclosed to the friends, and then when she disclosed to her friends, the friends were shy. S1. FGD.

Disclosure is good otherwise is bad , I can say even if Viwe disclosed, she said to the community whom they think they could say is HIV- positive among them. Then she disclosed to them that she is positive but they did not believe. I. FGD.

You see the thing I like there is that..that lady (Viwe), the time she disclosed that she is HIV-positive, it gave her a boost you see, because now at least that lady tried to go to the people because now she saw its useless to give up. S2. FGD.

Viwe, a HIV-positive female character, is the most favourite model. This is exactly how the producers wanted Viwe to be perceived by the audiences as one of the producers explains:

Tsha Tsha was successfully setting HIV role model through Viwe, she was a very strong, very central character, gorgeous and sexy , a great actress and an inspiration in every way and she was HIV-positive. Jammy. Interview.

People identified quite strongly with Viwe, it's quite interesting. Garvshon. Interview

The HIV-positive men in the focus groups identified with her (dominant or preferred reading) and she is the most popular character in the episodes because of the love and support she offered to her partner Andile, and the decisions she made about testing, disclosure and living positively by taking care of herself and others.

Although Viwe also takes the lead in representing lessons about testing, difficulty in testing, Viwe was popular among the men because of how she handled disclosure and lives positively with it going as far as supporting others.

Yah, one thing, I think Viwe disclosed to Mrs K because she already knew that Mrs K is HIV-positive…why is she hiding. Then she disclosed to Mrs K. Then Viwe is still going out open about what she got because she is going around and no one thought she is HIV-positive. That is why she wanted to go and motivate her to show her she is not alone. I. FGD.

Yah for me according to the role that they play I think Viwe is the hero because she is the one who talks about disclosure she is not afraid. She disclosed to, you know that first time she disclosed to Andile, now she disclosed to the parents which means she is strong and free.W.FGD.

The need for testing is considered an equally powerful lesson. The HIV-positive men identified with this lesson relating it to their personal experiences. The men saw similarities in what Viwe is going through before testing and the difficulty she encounters in testing for HIV.

In relating to the episode, my disclosure is nearly the same because I also disclosed after testing and then I had some sort of symptoms which I was suspecting when I had TB. I wanted to go for test because I had some plans, that was the other thing which made me go for a test. W. FGD.

The reasons why Viwe wants an HIV test and to disclose are similar to the reasons why some of the participants went for testing and disclosed. The men related Viwe's experiences after testing to their personal experiences i.e. they made a dominant reading or preferred reading on the lesson about HIV testing.

The selected episodes of *Tsha Tsha,* in this case, thoroughly explore the lessons about testing, disclosure and support in a dramatic manner that appeals to the audience. *Tsha Tsha* revolves around the theme of disclosure as a coping mechanism for people tested positive for HIV/AIDS.

This is evident in the manner in which all the 12 episodes of *Tsha Thsa* are dominated with serious discussions, after viewing, about the need for HIV disclosure as the strong message that the participants can decode**.** It is an indication that the HIV-positive men in the focus group identify strongly with this lesson

People must disclose you must tell your partner your status. Once you know your status, you must tell another person, your partner about the disease then she must know that she must use a condom[…You] must disclose because this thing is a killer disease you never know what is going on, but if you disclose you make your partner know what is going on. S1. FGD.

It was good, what came out here that I saw, was disclosure to your partner because then they did not know, they did not disclose to one another. Then another thing was testing, they are talking about testing. W. FGD.

[…People]must test and then disclose because even if you test and don't disclose you will still have problem because there are those people who are ready to disclose to you, and others who are willing to help you. They can help you with information and other things so it is good to disclose. S1. FGD.

The most important thing about disclosure is that individuals open up avenues for support from different levels; partner level, family and community level. This will be discussed later.

Messages are presented to the HIV-positive men in a dominant manner that appealed to them by ensuring that they identified with the message and the character. Through characterization, the participants learnt different life skills of coping with HIV/AIDS. This is clearly evident in the Group focus groups. Here are some responses from participants:

> *We learnt about disclosure because Viwe did disclose to both parents. To both mother and father and then we heard about this guy DJ who was busy talking, busy bragging about his results that he is negative but still has to go back and test. So it was also an element of disclosure. W. FGD.*

I have learnt a lot you see in that episodes if you get negative results (HIV-testing), you must still go for test after three months and test again. It gives us and idea, a way forward that we must care and we must protect ourselves and respect other people, we must not isolate our partners if they are positive we must support them 100% . A. FGD.

Only one thing she (Viwe) is showing us that we must learn, because only one thing, it is not good to go dancing in taverns because you will meet different ladies there. This week you take one lady, the next week you take another different lady you will catch the disease. So you must be careful you must only have one partner, you should not have many partners to save yourself and use condoms and tell other people they must use condoms and how they must live. S1. FGD.

As evident above, men have learnt lessons around testing, and learnt the need for disclosure. They have equally learnt the need for responsibility in their relationships through things such as using safety measures for protection, the need for support and the need to reduce the number of sexual partners. The participants learnt the lessons about HIV/AIDS by identifying with the characters and the messages therein. Bandura's theory of modeling applies in as much as how individuals identify with media characters in E-E and travel with them through their journeys in the HIV-positive world and learn in the process while facing obstacles that help them cope.

Most participants emphasized the need for HIV disclosure as a way of opening up for support from a relationship, family and even community level as the pillars of support. Disclosure is seen as a way of helping infected people to cope with the physical and psychological stressors that come with the virus. Participants cited different ways in which disclosure helps:

> *I feel free after disclosing, I feel free because… I feel free because at the same time you are expecting some sort of setbacks, some critics but you have to go on. You will get those people who will stand with you and those who are not going to stand with you but at the end of the day, it is something which relieves. W. FGD.*

Disclosure has helped us to be strong… in such a way that we are getting the support that we need in the support groups. After knowing my status, I told myself I am like that and I will never change and I must give others the word. I don't want to think too much, if you think too much you will have stress and you will loose your body. S1. FGD.

If I told my friend I am HIV-positive, I know my friend everyday will come and visit me at least I get clear…I don't know what I can say.. I get some increase in support but if at all now I don't talk… you never get people to come and visit you but if you talk the truth that you are HIV-positive, I know people will come and visit at least they make you feel good. S2. FGD.

Disclosure is presented in *Tsha Tsha* as a crucial requirement in coping with HIV but it doesn't immediately follow that men who watch *Tsha Tsh*a will be ready to disclose immediately as already noted. Response to the lesson about disclosure is much complex than the message presented per se and involves several other things that the an individual's culture has allowed him or her to access. The manner in which the HIV-positive men responded to the lessons about testing, disclosure, multiple partner, stigma and support indicates that identification/modelling appear as very important themes both at the production level and the reception level. So far, I have looked at disclosure and how the audience relates to disclosure. As I mentioned earlier, disclosure appears as a dominant theme along other themes like stigma, testing and support. Next I will discuss

the relationship between disclosure and these sub themes and how this impacts on HIV-positive men in their relationships.

Disclosure and stigma

Disclosure of HIV/AIDS is determined by how much individuals are capable of resisting stigma, a mark that appears immediately other people find out that he or she is HIV-positive. Disclosure should happen in a supportive environment where rejection is unlikely to happen. This helps individuals cope with their changed image in the eyes of others and self stigmatization. Due to the stigma attached to HIV/AIDS, six participants out of an average of seven in this research were abandoned by their partners after they disclosed to them. They were, therefore, denied the opportunity for support and other forms of responsibilities in their relationships by their partners ‘running away’. Tsha Tsha episodes had instances where Viwe a (HIV-positive characters) was stigmatized and discriminated against by her father:

Viwe's father 'eish' the way he reacted you feel like… maybe… you feel like a hole can open and she gets inside the whole and she dies at the same time. The way he(the father) changed you can see that thing he had for her is a disgrace. He even closed the curtains of the windows so that it could be dark inside, you can see that man …no man. You saw there, I was in deep deep deep anger. Even if he is the father, what he is doing, it means he is creating 'that thing' (stigma) 'eish'. You saw 'that thing'(HIV/AIDS) is not acceptable to him, the thing that the daughter disclosed.

The following response is another indication of rejection where the participant relates *Tsha Tsha* to his real life and how he was stigmatized and rejected by his grandmother, who was the only one left to take care of him, after he disclosed :

… I tell her I am HIV-positive I am not going to die now. Then she run away from me then I have to go and I wanted to teach her about how to live as HIV-positive. Then I have to go to her again and again before I can tell her go and test and see if at all she is alright. I. FGD.

First thing when I disclosed I have HIV after getting my status, it was painful, […who] was I going to cry to, who was I going to tell I am like that and who is going to accept? […I went] outside to look for information on what is happening to me and what is needed for medication, what medication I should drink…you must know the medication before you drink, whatever you are going to have, you need this or you don't need that. I went to look for information to inform others. I told my grandmother then my grandmother ran away the next day because I was sick…I was sick like … 'eish' then I went to my aunt. She knew I was HI- positive, they talked about me [I had] been scared to come outside even by the gate, I was inside the house all the time because of… you see. I. FGD.

One interesting point about stigma that participants mentioned is the loss of dignity. As a negative mark, it makes an individual be rejected and discriminated. Stigma marks the bearer as a blemished person, ritually polluted, to be avoided**.** Stigmatisation of AIDS is perceived as an indicator of socially illegitimate sex (See posel, 2004; Stein, 2003; Ogden & Nyblade, 2005 in the background chapter) that is, having multiple partners outside marriage, unfaithfulness and that individual's contract HIV not only through sex but through "irresponsible sex". The very characteristics of hegemonic masculinity.

…You lose your dignity because the first time this disease was entering we only believed that it entered only sexually we did not believe that it could enter in other ways. W. FGD.

The belief that HIV/AIDS is only transmitted through sex encouraged 'others' to perceive those who are infected as irresponsible and unfaithful. However, clearly HIV/AIDS can be transmitted through other means such as blood transfusion (though very low cases of this mode of transmission are reported), mother to child transmission, and through sharing sharp objects like intravenous drug use.

Stigma has room to flourish especially with a lack of routine commonplace and narrowly focused biological accounts which normalises illness, associated with demonstrated capacity to treat it (HIV/AIDS). The following participant believes that there is treatment but admits that there is no proper medical breakthrough in finding a cure. Finding a cure can lessen the anxieties of the association of the disease with death and can contribute in reducing self stigmatisation.

I think they should, 'eish' you know it's not easy to know. I think they should be working towards a real antidote but its not easy for research because the virus sticks to the cell, if you get an antidote its not going to be a good reaction , its going to be a violent reaction because its going to kill the cell when it kills the virus, that's why its not easy. W. FGD.

HIV stigma is a product of human uncertainty about the scientific facts and knowledge about HIV/AIDS and its "mysteriousness". The unfamiliarity and ignorance about HIV/AIDS and the mystery of the disease is critical to its stigmatisation. The capacity for treatment, together with the accepted medical versions of the disease can play a critical role in the de-stigmatisation of the disease. The participant below related HIV opportunistic infections as a combination of different diseases such as TB, which can be treated and is therefore confident that, through testing, one is able to know how to treat his/her body. This includes taking the right medication for any opportunistic infection like TB. The capability of dealing with HIV opportunistic infections, demonstrates a possible capacity to treat and manage the disease. This cultivates confidence among the infected people and reduces self stigmatisation that is often a result of the lack of ability to treat the disease.

If I know my status, you find that I will know how to treat my body because if I don't know my status I can't… will never think of treating my body because this disease is like TB you need to treat it. I f you are a smoker you know what I am talking about. S1. FGD.

People who suspect that they might be infected or who are already infected, hide from being associated with this negative mark (stigma) by ensuring that they don't confirm their status through testing and then disclosing. However, this mark is inevitable once one is infected. Individuals who develop AIDS related symptoms early cannot escape from it. They are forced to challenge this identity and assume what can be termed as a 'normal identity' through disclosing their status. Although this brings about mixed reactions, it relieves the infected person and boosts his or her morale, especially at the point where he/she starts receiving positive responses from others (partner, family or community)

Disclosure brings some good results and also some bad results whereby other people get support and others get no support depending on the knowledge of the disease. If they understand the knowledge, then they will support but if they don't understand the knowledge, they won't support you. W. FGD.

The responsibility of a man is that he must not be shy. He must not blame the woman. I blame myself for coming with the virus in the house not the woman. We are men we are blaming we are denying that's why men don't want to disclose. A. FGD.

Positive reaction after disclosure in terms of the support given is determined by how knowledgeable the people that someone discloses to are to scientific facts about HIV/AIDS. To increase support is to increase people's knowledge and awareness of HIV/AIDS. This will challenge stigma and at the same time, increase the necessary support for those infected by the disease. People don't want to talk openly about HIV/AIDS because they often abandon those who tell them they are HIV-positive and yet the ones infected want to discuss and share ideas with them. Such actions are labeling HIV-positive people as people to be avoided and thus a stigmatized identity is cultivated.

> *Only one thing once you start talking about HIV/AIDS, people don't want you to talk to them because if you talk and tell people that I am HIV-positive friends are going to run away and they are going to say maybe that house, you see that house, it's not a good house , it's a AIDS house. If you enter there you will get the virus don't go there you see, and friend disappear and they will never come back again because of that name HIV. S1. FGD.*

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Disclosure helps in challenging stigma. As much as the fear of disclosure can be related to how people still stigmatize those who are infected, the infected people's understanding of the impact of that stigma on them personally and the consequences of disclosing can create space for disclosure. Disclosure is necessary as one of the possible ways forward for infected people. As earlier noted, disclosure challenges hegemonic masculinity in as

much as it ensures men change and take responsibility of their health condition and that of their partner through roles that cut across gender:

If my partner is positive I will seat down with my partner and talk to her. I will tell her to look after me and I will look after her. If she is going outside and she is not using a condom, she will die and I will not die because I use the condom. If she does not use the condom, the choice is her's and if she is going to sleep with another person outside she is spreading the disease…S1. FGD.

This man is talking the truth in fact my partner has got HIV, I never react for her maybe… I must treat her just like… and use a condom and tell her sweetie, look here never kill other people they don't know nothing , you must be safe, you must condomise. S2. FGD.

The challenge that still lies ahead however, is dealing with disclosure especially considering that stigma is still a reality. This research found out that some men are equally rejected and accused of bringing the disease when they disclose to their partners that they are HIV-positive either by their partners 'running away' or chasing them from their space. This can be linked to the stigma still attached to the disease.

[…When] I disclosed to my partner she said to me no i'ts better you must go […she] said to me you are talking sheet, you are talking lies, she was fighting me and she took a long time to accept. My partner changed, she said no you are the one who is positive you are coming with the disease and I don't want to see you anymore with my eyes. For three days, I tried to phone her and ask her to talk but she said she doesn't want to talk to me anymore. S1. FGD.

HIV/AIDS stigma has adverse effects in relationships. Stigma leads to denial of those infected, rejection, violence and loss of financial support for those who disclose. Apart from this, it encourages fear of testing and disclosure and thus, the possibility of support. Some men equally face the same conditions as women, whereby they rely on their female partners for food and financial support and therefore may choose not to disclose because of fear of losing this kind of support at the most critical time that they need it:

… that partner is working and I don't, that's why I am afraid to tell her I am positive because if I tell my partner, I will never get food or what else its better I must keep quite and to keep quiet is dangerous because I will kill myself and I will kill my partner wabona (you see). This two is very dangerous but me only one thing, in my house I want to tell my partner, I say no I am positive, but it is very difficult to tell my partner that I am positive because I am thinking… eish when I tell my partner, she will chase me away I will never get money and then where am I going to stay? S1.FGD.

These HIV-positive men faced rejection from their partners and it is difficult for them to take responsibility for their partners in terms of supportive roles because their partners "run away" or chased them away. The participant below was asked if he thought he was responsible for the partner who 'ran away' and this is how he responded:

Yah, I go there she say she doesn't want to see me. So I gave up her support. I go there and tell her I wanted to talk with her, and then she says ah no, go go go. She only sees me for five minutes and says to me go go go. They think that I am going to die tomorrow and I am going to tell that girl because I know she will meet another boyfriend. I don't know, so I want to help that girl I know she is positive but when I go there after five minutes, she says go go go. So I am going to tell the mother what the problem between me and her is. WI. FGD.

However, from the above response, it is clear that some men still try to push and help, offer support by involving other family members like the parents of their partners. In some cases, even if the support is not directed to their partners, it is sometimes directed to others in the form of information that is empowering to help them take control. Some men try to give advice and information despite the fact that their partners reject them and help their partners open up and accept support to cope. This is evident in this statement by one of the participant to his partner;

> *[..If] you don't want to see me anymore, the truth is that both of us are infected, get help, go to the hospital and you will get the medication that will treat you. If you stay at home you will die. Before three weeks she came back again and she said to me let me go to the hospital, she was tested and she found out that already she was infected. I told her that we are the same, don't run away, lets treat this disease you will help me and I will help you [... now] me and you must be careful; we must use a condom all the time.S1. FGD.*

Some men also advised their partners on ways of disclosing, to open up for support at different levels. This is the point where we begin to see how these men are changing in terms of their roles and responsibilities in HIV/AIDS.

[…my] partners was afraid to tell people she did not want to tell people especially the parents. I told her no, it is good to tell others so that you can get help if in case I am away. She asked me 'what must I do to tell people, to disclose?' I said no, when you are watching TV with your mother and maybe they are showing someone disclosing HIV, you can ask your mother what she would think if it is you, then maybe the mother is going to say it is only a disease , then you will know that she accepts it and you can disclose. S1. FGD.

The participant above recognized television as one of the primary source of relevant information. Television can therefore, continue to utilize Entertainment-Education to inform people about HIV/AIDS. Receiving information on HIV/AIDS empowers individuals. This is evident in the manner in which these HIV-positive men took responsibility by virtue of being empowered in the support groups, ensuring that they offer advice and psychological support to their partners. They inform their partners about disclosure strategies to help them cope. They act as information providers and they tought other people what they have learnt from the support groups.

The stigma attached to the disease encourages fear of testing and therefore ensures that Voluntary Counseling and Testing (VCT) services are not utilized. With stigma there is fear of testing and even after testing, men are unlikely to disclose due to the stigma attached to the disease. Stigma was one of the predetermined themes in *Tsha Tsha.* The lesson about stigma was dealt with through Viwe in *Tsha Thsa* to normalize HIV/AIDS.

Tsha Tsha encouraged the participants to speak about the need to challenge stigma by overcoming fear and disclosing their status to combat the disease:

> *there in this episodes of today they were telling us that people who are positive need not to be afraid, you should not fear to disclose, you need to disclose and to speak about your status so that you can get support, emotional support even any other kind of support by other people because even those people who are positively affected can not help you if you are hiding. You need to speak to them and explain to them. W.FGD.*
>
> *Speak out then you will get help then you can get more help and help others, we have to speak and defend this and protect ourselves. Then that is what can defeat the disease. I.FGD.*

In relating to the lessons on stigma, participants equally could not understand the reasons why people stigmatise them. They talked about issues that can be related to HIV stigma. They were so emotional on the way the society perceived HIV/AIDS and the way some characters such as Mr Sibaya (Viwe's father) perpetuated stigma. They saw more education about the disease as the only chance to address stigma because people stigmatise because they do not understand the disease. This stigmatization makes disclosure really difficult:

I think people don't want to disclose because so many people are shy to tell the community what killed a person sometimes you know. I think it's because they don't have an understanding of what HIV/AIDS is, so when a person is sick, they think that he is going to die first thing. R. FGD.

Stigma makes people be alienated by partners, friends and other people who can play supportive roles 'running away'. The effects of stigma are negative because men and women cannot work jointly in efforts to combat HIV/AIDS (See Posel, 2004; Stein, 2003; Ogden & Nyblade, 2005 in the background chapter). It is either men rejecting their partners or their partners 'running away' from them or rejecting them.

Only one thing once you start talking about HIV/AIDS, people don't want you to talk to them because if you talk and tell people that I am HIV-positive friends are going to run away and they are going to say maybe that house, you see that house, it's not a good house , it's a AIDS house. If you enter there you will get the virus don't go there you see, and friend disappear and they will never come back again because of that name HIV. I. FGD.

While the HIV-positive men accepted that stigma was rife and a setback, they learnt through *Tsha Tsha*, the need to overcome stigma and accept those who are infected with HIV/AIDS:

In fact people do not want to… if I say I am HIV- positive, people ignore you, and they don't like you. You see you loose memory, you loose everything, you have got no friends but people who have got HIV and are your friends are still your friends. You must motivate them, give them direction, give them right food, talk about it, and make her or him feel like a person because people treat other people who have got HIV like they are not people you see. These are people they are friends. A.FGD.

Identification with disclosure was not only seen as a way of opening up for support by the participants, but also as a way of living openly with stigma and their status just like Viwe in the drama.

[…is] the same like me, like that. She (Viwe) shows me that no I am the hero. I must do the same like Viwe. Because that lady she disclosed, she did not want to stay with the secret. If you stay with a secret …if you stay with a secret, you will kill people don't kill people you must talk. S1. FGD.

Disclosure and testing

HIV testing can be considered the first step in any attempt to combat the disease. Testing in *Tsha Tsha* is presented as a problematic issue that cut across many episodes. Viwe is shown going through the difficulties of going for HIV/AIDS testing. The focus group participants identified with how testing was presented as the first step to take then

disclosure would follow. The discussants explained how disclosure, which is something crucial, cannot work without testing.

> *Disclosure does not work if you don't go for testing, it won't work. It's the health that is going to make you to go for testing. W. FGD.*

Individuals who have tested are more likely to adopt safer sexual behaviors like using safety measures. This is how one participant responded to one of the lessons about disclosure:

> *After disclosing (Viwe and Andile) they need to use safety measures, they need to condomise because they both know. W. FGD.*

Testing is considered a very important step in as much as it empowers individuals who after knowing their status are able to take care of themselves and their health.

Testing was seen as an opportunity for individuals to change their lifestyles, whether they are infected or not.

Testing is good because I treat myself, I know what to eat- vegetables, drink a lot of water. You must eat well. Before I was drinking alcohol and now I am not. Because after testing and disclosure I know what was needed, what I must do, what I must eat and how I should avoid the spread of the virus. S1. FGD.

However, due to the fact that HIV stigma is alive in Soweto, most men prefer not to test to know their status and as earlier explained, some of them who test find it difficult to disclose due to the stigma in that area.Participants of these discussions had all tested for HIV by overcoming fear and taking action. They identified with the lesson about testing in *Tsha Tsha* and explained their experiences of testing. They saw testing as voluntary, and discouraged the idea of pushing people to go for the test.

Testing must not be compulsory it should remain as it is even if you have opportunistic disease you cannot be sure because there are people who heard opportunistic disease like TB but after recovering, they found out that they were negative. So you cannot be sure. So testing is up to you it is not forced. People should test when the time is really right for them after getting knowledge and then after that they can disclose. People should not rush, they must first get knowledge and then test and disclose. W. FGD.

Testing for HIV for HIV-positive men has the right time and according to them, one should go and test when the time is right. In *Tsha Tsha*, Viwe went for testing because her former boyfriend disclosed to her that he tested HIV-positive and advised her to go

for testing. Viwe is shown undergoing difficulties in making a decision about testing before finally testing. The participants related to the experiences that Viwe underwent in testing and admitted that testing changed the way they see themselves:

I went for testing because I see my trousers are already big, how? Wabona (you see), I say why now my trousers are big like this. I know already I was sick, and then I decided to go and check. I went there they checked and they said I am positive, and then I came back and told my parents. S1. FGD.

Before I went for testing, I wanted to go because there was recurrence of opportunistic disease. I had TB for the first time then after six months it ended and then I stayed one year then it came back again. That's why I decided to go and test, then I found out I was positive. W. FGD.

I decided to go for a test because I was loosing weight and sometimes I had headache. Sometimes I used to cough so that's why I decided to go and test. W. FGD.

From the above responses about testing, it is difficult to ascertain the right time for testing. This differs from one person to another. There is no homogeneity on the issue around time and testing. They saw it as unnecessary to push people to go and test. HIV testing for them was based on their physical and health conditions. Most of them tested after realizing they have signs and symptoms or an opportunistic infection. Nevertheless,

the men considered HIV testing very crucial. It acted as the beginning of coping with their condition either as HIV-negative or HIV-positive

> *If I test for my status, you find that I will know how to deal with my body, you see, because it is bad if I don't know my status I will never think of treating my body but if you know your status it can help. S1. FGD.*

Due to the fact that men who test and disclose, just like women, equally face the risk of denial and accusations of unfaithfulness and of bringing the disease (HIV/AIDS) to the house, participants saw the need of utilizing couple testing services so that both partners could know about their status at the same time. This was to avoid accusations of 'who brought the disease to the house'.

> *Things should be done in an upright and simple way. We need to disclose to them (our partners) and let them disclose to us. We need to know one another's status. The step which I am thinking of doing is couple testing whereby, we both go there test and get our results at the same time. Because disclosing to her that I am positive won't help, it will need her to be free and after that to make a decision if she wants to make a decision. W. FGD.*

Disclosure and Support

Tsha Tsha presents lessons about what happens in the support groups and how it helps others disclose and cope. Practically respondents welcomed the idea of a support group as presented in the programme as an important information provider and related this to the one that they belong to:

> *There are many centers like Imbizo and other centers of HIV/AIDS which need to educate people like in Uganda where the standards of education are high so we need to improve our standards here in South Africa'. W. FGD.*

This participant exposed the need for information and even cited his knowledge of a country in Africa where he believes the fight against HIV/AIDS has been progressive based on the information that has been availed to the public (Uganda)[12]. This is an indication that HIV positive people are in need of HIV/AIDS information that can help them cope as well as protect themselves and others as they continue living. This information can be got in support groups and can act as a form of social support. One of the issues that make interventions to disclose and combat HIV/AIDS problematic is the lack of information and education on the science and pseudo-science around HIV. This has led to confusion and uncertainty about the best possible actions that HIV-positive individuals can take:

[12] Uganda's success in reducing high HIV infection rates is the result of high-level political commitment to HIV prevention and care, involving a wide range of partners and all sectors of society. Same-day results for HIV tests and social marketing of condoms and self-treatment kits for sexually transmitted infections, backed up by sex education programmes, have helped reduce very high HIV infection rates. (www.who.int/inf-new/aids2.htm

It's lack of education because if you don't have it, is not easy for a person to disclose, It's not easy because he doesn't know about HIV and AIDS issue. He doesn't have facts and he is still black that's why he can't disclose, he is lacking Knowledge'. W. FGD.

Yes people don't have information, people don't know why they are stigmatized…people are talking they give us statements like he is going to die like… just imagine that one is going to die. I. FGD.

Support is a very important theme. Support is important in a relationship to enable people to cope with the realities of being HIV-positive. In any relationship, people disclose expecting to receive support from those they disclose to (their partners or family members). People therefore disclose to those people close to them that they perceive can give them support.

Disclosure must start at home but in a way whereby you feel it is going benefit. The facilitator encouraged us about how we should go on, we used to talk about these topics they tell us how to go for disclosure. You don't have to rush. W. FGD.

The family is seen as a unit, a pillar where someone is likely to receive support after disclosing. However, this depends on the nature of the family individuals come from. Different families react differently to news about disclosure;

You must know the person you are talking to and whether they are going to accept it. Families are not the same I can tell my grandmother because I trust her, I cannot tell my father because he is going to spread bad words about me and call me 'dirty one'. I must first see who I trust. I. FGD.

The other pillar of support is the partner. After disclosure, as earlier explained, this research indicated that support at a partner level is lacking due to the idea of partners 'running away'. While the family can be seen as one important unit to disclose to, partners can also be seen as equally important due to the nature of relationships. However, partner support can be jeopardised by the possibility of rejection due to the stigma attached to HIV/AIDS. With this kind of support lacking, support groups can be important in transmitting knowledge around safe sex, being responsible and how to cope with being HIV-positive or with a HIV-positive person. Participants explained the importance of support groups:

I think support groups teach people how to protect themselves and safe sex. How to communicate with people with HIV/AIDS. A. FGD.

I think support group is alright because it teaches people about being HIV- positive, it teaches people about HIV/AIDS and how they can take care of themselves. R. FGD.

Support groups break the silence for many people who disclose and HIV no longer becomes a secret. It is only after breaking the silence, that individuals can openly share ideas and support each other in different situations as evident in the response below:

> *If support group does not exists other people are going to stay with the secret so support group is alright, for Viwe to open a support group is alright it is going to help the community to learn about HIV. Because support is to share ideas maybe you are coming from home and you have a headache, you have got a problem, we share, we discuss to help another person. Maybe somebody wants to cry you can sit down with him or her and tell him or her do like this or that. S2. FGD.*

Disclosure can be very much related to social support. Social support enables HIV-positive people to exchange resources in form of physical, psychological and financial support to enhance their well being. Social support is a coping strategy that helps them cope with concerns such as death, stigma and the disrupted relationship between friends and family. It seems to go hand in hand with disclosure; people who disclose their status are more likely to receive social support than those who do not.

Support groups are the single most important and effective intervention for many HIV infected individuals. They help in normalising the effects of this life crisis, recognising fear as a common reaction, providing a place to ventilate emotional reactions and gaining a feeling of control. Participants also identified with the lessons around social support as

a very important coping mechanism and an arena where people share information about HIV/AIDS;

In fact the message I got is great, because I see the support group promoting the community to come and talk about this virus because they see that it is spreading. The support group help in counselling each other. I can say that support group is coming up nowadays because people are interested in talking about this virus. A. FGD.

Support group is good to help another person because most people don't know about HIV but once they are there in the support group, already they can learn about HIV. They help people not to spread the virus outside and that they must use a condom. That's how support groups works. S2.FGD.

[… I want] to be strong, that is why I need support I want to be strong, that is why I need support, because if at all I don't get support, then what? S2. FGD.

Disclosure is the gateway to receiving support from different levels for those infected with HIV. Without disclosure the possibilities of support are lacking. The findings of this research indicated that while support is important, it cannot happen if people do not

disclose because more often than not, partners who disclose whether male or female, break up:

> *Yah disclosure, I think I did it in this way, after getting the results I told my partner and the she was negative and the we parted one another…we parted one another she felt she cannot go on with me and I started a new relationship. W.FGD.*

If they don't break up, then the relationship changes. It changes in a way that those partners accept their conditions and take responsibility by using safety measures to avoid re-infection and changing their health habits through seeking treatment and changing lifestyles:

I went there and checked and they told me you are positive. Then I came back and told my partner… then she said to me you are talking sheet, you are talking lies you see. She fought and she took a long time to accept what was going on. One day she said to me no lets go and check. She changed; they told her she was also positive. I told her that I and you must now be careful we must use the condom all the time. If you don't know how to if you don't use a condom you will die, the choice is yours but if you listen to me you will live longer. S1.FGD.

I tell her not to think too much and never to have stress. One day she told me that her friends don't want to be with her anymore since she told hem she is positive. I told her slowly by slowly your friends will come back. Your friends know nothing about this disease but one day they will come back and serious… serious now already they are back, they want ideas. I tell my partner that her situation is like mine me too my parents were never at home but now they are back and they give ideas and we are sharing the ideas and I really need to help people. I told her if you listen to me you will leave long but if you don't listen you will die.S1.FGD.

Almost all participants had problems in their relationships due to disclosure. They belonged to the support group where they shared common interest. Only one discussant mentioned earlier had two regular partners who he was still in a stable relationship with,

despite the fact that they are all infected. He sees himself as responsible in terms of loving both of them even though they are infected. However, this paradox raises the question of multiple partners and whether his action in this circumstance can be considered morally justifiable or questionable.

Only one thing, I can't destroy another partner because I had both of them before I knew my status. Now that I know my status that I am positive, I can't tell either of them that I don't love you any more because you are positive. I must still continue to love them and show them how they can live and cope. S1. FGD.

Others were left talking about the supportive roles they think they can offer, if at all they were still together with their partners. Here is how some participants responded regarding their roles and responsibilities:

Let me ask you, what if the lady that ran away decided to stay with you, what role do you think you could have been playing in her life?

I will give her more love and support, everything she wants I will try and give it to her, you see. S2.FGD.

Which kind of support can you give an example?

I will make sure everyday I get her some nice food. S2.FGD.

You as a man what responsibility do you think you have in your relationship especially in HIV?

We have to support them (partners) emotionally and also support them by doing other things and encouraging them in many ways like looking for jobs and things that will support them financially. W. FGD.

I think I can try to satisfy her maybe taking her to the movies from there to buy some food, yah just to try and get whatever she needs. R. FGD.

Yah well, he is talking the truth because if at all she is short of something I must provide to make her happy. I must take her out in the complex and try to buy her what she wants. I must make her happy and strong despite what my family might think about her. S2. FGD.

We need to encourage our partners to take treatment to do everything in the right way and remain in a good psychological order not always to feel bad about being positive. W. FGD.

I think you must support her because I think she will be needing support and also educate her and be open to her. Even if you are the man and you are negative you must be open to her show love and take the safety measures. W. FGD

The main idea, relating to the responses above, is that men still considerd their masculinity and totally understood their roles as providers in their relationships despite the fact that they are infected. They talked about provision of food to their partners and financial and psychological support. All these roles and responsibilities are missed when partners separate due to HIV/AIDS stigma, especially after disclosure. Stigma, testing, disclosure and support are variables that have a very strong relationship in that they are interdependent and can dictate, depending on how they are utilised, on efforts to address the problematic issues inherent in them. They should be looked at holistically in terms of how the impacts of addressing one might affect the others.

Disclosure and masculinity

Disclosure can also be related to masculinity whereby it is seen as challenging some versions of masculinity that put both men and women at risk and in addition acting as setbacks in efforts to combat HIV/AIDS. Masculinity in *Tsha Tsha* is presented in various episodes to show lessons that the HIV-positive men negotiate with some lessons on masculinity in the focus group and reject some versions of masculinity in the episodes.

The possibility of an oppositional response that Hall discusses is realized where audience negotiates meaning and sometime rejects the manner in which the lessons are presented. Just as Halls (1977) claims in his encoding-decoding theory, not all HIV/AIDS messages are decoded in a ‘dominant manner’ i.e. accepted. However, part of the idea behind produced lessons is to make respondents negotiate meaning and disagree with them

(negotiate) and in that way learn from the lessons. For example, in the episodes of *Tsha Tsha*, there are those lessons that men reject, especially the ones that focus on cultural traditions, circumcision and the fact that men have to test their manhood after being circumcised by having sex with any woman they chose.

This is encouraging the view of women as sex objects. However, due to the nature of the group discussion it is difficult to reconcile whether other men hold personal views about the lesson, different from the man who brings it up, or they hold a group mentality. However, the men seem to resist the message by associating it with the risk of HIV/AIDS transmission. This in a way challenges constructions of masculinity around certain traditional roles for men:

> *DJ had a girlfriend but he still wanted to test himself with another girl because he is a man he takes that girl for the first time he meets her and he does not know if he is going to be infected or not because he is a man he thinks he can't be infected. You must look where he comes from, how the culture is like. If you want three wives, there are some cultures that allow four wives one man; it's like we are brave or what? I. FGD.*

The above respondent related DJ's action to cultural practices which gave room for certain actions that men may choose, for instance, some cultures have practices related to

circumcision that perpetuate notions of masculinity that put men as well as women at risk of contracting HIV.

Andile, the second popular character to Viwe in terms of modeling as a man who is responsible for his family and partner, challenges the conceptions around masculinity. He does this through caring for his mother and his younger sister. He also offers emotional and psychological support to Viwe.

> *Top character that I see is this guy (Andile)with Viwe because of how he is more supportive to his younger sister. He is more supportive to Viwe also. I.FGD.*
> *Ah, well, the thing I like there. Andile I like him because he does not, maybe he gives Viwe a boost at least they go for test, he gives her moral support, you see. S2.FGD.*

In this research, one important idea that participants mentioned about Andile is the fact that his disclosure was not clear. They had a resistive reading of the portrayal of Andile. Participants had a problem with the fact that they were left unsure of whether Andile is HIV-positive or negative. They said they did not hear him speak directly about his status, and yet, his partner Viwe was so open to him. Irrespective of whether he is positive or negative, participants thought it was necessary for Andile to have disclosed his status at least to his partner Viwe:

…she (Viwe) loved that man (Andile) and that man was hiding everything. He did not disclose but he ordered her to disclose…you need to be faithful especially with your status because that man I don't know why he was not …I was expecting him to disclose after he got the results but he did not go to that topic. ..I did not hear him speaking about his status straight, he was speaking about it indirectly. He said he is going to go for testing, I did not hear him talking about that directly. W. FGD.

With no clear indications about Andile's status and disclosure in the programme, women (Viwe, Nobantu and Mrs. K) appear as the ones who more readily disclose than men. The danger of this portrayal is that it can reinforce stereotypes-the idea that some men are generally reluctant to disclose. There is a possible danger of some men identifying with this portrayal as a normal trend that justifies their failure to disclose. See the manner in which this participant responded when asked about what he experienced in *Tsha Tsha;*

Yah… we have experienced many things, I have experienced other things. As I see most women are not afraid to disclose, they disclose easier than men as we have seen in the episode that guy Andile was playing far from disclosing even when the lady (Viwe) was happy and telling him about disclosing he did not go deep into details. He just showed that lady how much he loved her but he did not get to the point of disclosing. W. FGD.

These men however, failed to explain why it is difficult for some men to disclose:

It's simple for a woman but for a man is very hard to tell another person because if you tell another person maybe eish…there is eish…S1.FGD.

After failing to give reasons why it is difficult for some men to disclose, the above participant talked about himself and emphasizes that he is different (changing man) from other men who don't disclose because he is not afraid to disclose. This empowerment is what men got in the support groups where they learnt disclosure and disclosure strategy.

But we are not the same to disclose, because at this moment us (the men in support groups) we are disclosing, we are not afraid to disclose because only one thing, you know what you are. S1. FGD.

Concepts of masculinity emerged in a bid to explain the difficulty to disclose by some men. This is attached to the idea that some men are more responsible than women, in the sense that, they are leaders and handle too many responsibilities.

A man is a leader so it's not easy for him to start the topic and talk about it very easily even though he can disclose, he does not disclose like a woman because a man believes in too much in handling responsibility. W. FGD.

All these lessons were presented in a manner whereby some of them were problematised and some put as non-negotiable. The aim was to make the audience explore different options of dealing with the presented situations through discussions that followed after

viewing the programme and therefore develop a changed perception in dealing with such situations in real life. Andile was for example, not HIV-positive but the participant seemed curious to hear him confirm by telling Viwe that he tested HIV-negative. They became confused by the fact that Andile was Viwe's boyfriend and Viwe was already confirmed HIV-positive but they did not know Andile's status:

> *Andile was really supporting Viwe emotionally although he was not clear about his status. He did not disclose but he seems to be supporting Viwe, he showed love. W.FGD.*

However, according to the story line, Andile is supposed to be clearly a HIV-negative male character and the reasons why men suspected that he is positive explains the idea of Hall's 1977 oppositional reading whereby, audiences can resist the manner in which lessons are presented to them by programme producers. There are also issues related to masculinity and the fact that men find it difficult to disclose their status that the HIV-positive men seemed to be rejecting in the *Tsha Tsha.*

These show the conflict between the educational objective of the message by the programme producers and the meaning it might make to the audience. It is not necessarily symmetrical and it might differ. As Hall (1977) argues, even if the messages are ideologically coded, the meaning given to those messages will, particularly, be dependent on the decoder who is influenced by several other social and psychological factors when making meaning. The idea behind encoding in this particular case of *Tsha*

Tsha is not an ideological one as Hall's (1977) encoding-decoding explains. It is merely utilized to help us have an understanding that there are producers who have certain lessons in HIV/AIDS that they would wish to pass to their target audience. Therefore, they encode the lessons based on the need to fulfill such objectives at the reception level.

The notion of multiple partners is challenged. It is seen as a risky behavior that puts men as well as women at risk of HIV infection. The participants have a negotiated reading on the idea of having multiple partners and the place of circumcision which perpetuates their construction of masculinity. They challenge each other on the lesson presented. This is another objective of the programme producers, 'to encode lessons around promiscuity and multiple partners', so as to stimulate discussions/debates around these issues. This is similar to what happened in a previous evaluation research as explained by one of the researchers below:

> *The idea is to get audience talking and they got talking, they were gross, they were angry. Hajiyiannis. Interview.*

Participants had a heated discussion about the idea of multiple partners. It is justified as alright by one participant as long as one can use a condom (masculinity).

Well it is not right to have multiple partners but I make sure I play it safe, I condomise you see, that is why I have two partners. S1. FGD.

Presented within the context of HIV, having multiple partners is very complex considering things such as support and how men should be supportive to their positive partners. In this situation, this participant had two partners and both of them are HIV positive. He saw the need of supporting both of them by seeing himself responsible as he claimed below.

Only one thing, I can't destroy another partner because I had both of them before I knew my status. Now that I know my status that I am positive, I can't tell either of them that I don't love you any more because you are positive. I must still continue to love them and show them how they can live and cope. S1. FGD.

The man felt responsible for both partners, especially now that they are infected and he was willing to support and continue loving both of them. However, as I noted earlier, this is the reading made by the participant, and it depends on his personal contextual factors that determines how he reads this lesson from *Tsha Tsha*. A different reading came from another participant concerning the same lesson. He rejected the idea of having multiple partners because, one can condomise:

This thing of condomising make men to be promiscuous, but it is not right to have multiple partners; we need to be faithful to one partner. The truth is the truth. This thing that this guys are talking about, I want to be fair, is not right. They need to have one partner even though we know that condomising is there. Because having more than one partner is going to put you under heavy stress because you will be spending your finance in a bad way. W.FGD.

…it is not good to have many girlfriends or boyfriends because at the end of the day, we can sometimes be infected and we will never know who gave us the disease. R. FGD.

Having multiple partners is not only linked to the idea of the risk of contracting the virus but as a waste of money. The fact that men are positive does not take away their perceived masculine role as providers in a relationship; they are still, in some way, responsible for taking care of their partners materially. It also introduces the idea of faithfulness which is based on the fact that someone has only one sexual partner.

In his discussion about television messages, Hall and other cultural studies theorists like Morley, Fiske and Ang claim that response to television messages and how individual decode meaning out of those messages depends on several other factors that are unique to them personally. These are things like their cultural background, the environment they have been exposed to and how their status makes them think about themselves (subject

position). Individuals ascribe meaning to media messages depending on several other texts that they engage with in their day to day life.

The fact that disclosure can challenge hegemonic masculinity in ensuring HIV-positive men take responsibility through practicing safe sex and reducing the number of sexual partners as shown in the lessons presented in *Tsha Tsha,* only reinforces what the HIV positive men already understand and have been negotiating with in their personal experiences. Six participants out of a total of seven in the group discussion had disclosed to someone and were taking responsibility of their health. However, media lessons are simply not enough to change people's perceptions.

Furthermore, individual search for information from several sources. Apart from what they see from the media, they learn through sourcing information from their social environment. This includes learning through past experience and mastery learning (through observing the behavior of others; models). This is further reinforced through enactive mastery; where individual imitate the behavior of others (the most effective way of learning). See Bandura (1977 p.87) Social learning in the theoretical framework chapter. One of the participants confessed that *Tsha Tsha* alone is not enough to convince him to go for testing:

If you are a person who had not disclosed or had not gone for testing, do you think this programme can make you go for testing or can make you change the way you do things?

No , it is not easy because we still need more information because there is no doubt…it's only that people should go first for information hour. You must go for information hour like imbizo and the other clinics that are opened 24 hours. Whether you are negative or positive, information hour is very important. W.FGD.

Providing various HIV/AIDS lessons through *Tsha Tsha,* for instance, the dangers of having multiple partners, or those against discrimination in HIV/AIDS is simply not enough to make individuals change. This, as Bandura claims, is because individuals are shaped by deeply rooted cultural beliefs that they interact with. This shapes their thoughts, attitudes and their personal perceptions. See the manner in which this participant responded to the idea of multiple partners:

It is true that having multiple partners is not good, but only one thing. I will never change because I can say its natural; it's the nature because there are so many people that are having multiple partners. Plenty of people that are having 'spare wheel' aside 'wabona' (You see). But when you get the danger, already danger is danger we have to accept, accident is accident. Now I can't change because I have two partners and we already know our status that we are all positive. I cant change my mind now and say no you are positive I don't want you anymore, now I know it is very bad that's why I am saying I will continue like this, but only one thing, I must tell people to condomise. S1. FGD.

Masculinity, expressed through having multiple partners, is deeply rooted in individual personal perceptions. The above statement indicates that some men are able to dare and be ready to face danger, through accepting it as an occurrence that is a given/natural and cannot be avoided .This attitude eventually determines and influences how the individual decodes the lesson presented about multiple partners. However according to the responses by HIV-positive men on issues related to masculinity, such as multiple partners, is concerned then the HIV-positive men seemed to reject hegemonic masculinity especially relating to Andile's disclosure and the fact that individuals should not have multiple partners and they should be able to condomise. This indicates that disclosure can help address problematic issues on masculinity related to HIV/AIDS. Disclosure helps challenge HIV/AIDS stigma and traditional masculinity by the fact that men who disclose have tested and are ready to live positively with HIV/AIDS. They abandon prescriptions of masculinity like unprotected, 'flesh to flesh' sex among others. They accept their

status and seek medical attention contrary to their perceived denial, drivers of the epidemic and irresponsibility in HIV testing, care and support.

Impacts of Tsha Tsha on HIV-positive men

This section explores some of the issues that the HIV-positive men mentioned that indicated the impacts of *Tsha Tsha*. As indicated in the introduction, they are not presented as themes, but as some equally important issues learnt underneath the themes of disclosure, testing, stigma, support and masculinity. This can indicate, to some extent, that a changed perception can be possible after exposure to lessons presented in *Tsha Tsha.* This section attempts to address my last research question.

Encourage better relationship especially through Viwe and Andile

Tsha Tsha encouraged a better relationship between partners through Viwe and Andile especially in the context of HIV/AIDS. See how the following participant (W) identified and responded to questions about the lessons presented on relationship;

Do you think that the programme you have watched can give somebody who is negative courage to continue being in a relationship with a positive partner?

Yes it can give him support. W. FGD.

In what way?

In such a way that they will be condomising, and they will support one another emotionally and morally. W. FGD.

Why do you say that?

I say that because I saw even in the episode, Andile was supporting Viwe and he was supporting her in a strong way. W. FGD.

Discouraging multiple partners

Some participants who have multiple partners admitted to have learnt that having multiple partners is not a good thing according to how they responded:

So far when I talked I said I have two partners, but what I saw in Tsha Tsha ne' (Yah) that lady she gets her mother sleeping with a different face and she questions that. I did not like it because I think about myself because I have two partners which means when I grow up my child will tell me the same thing. S2.

What I have learnt is that it is not good to have so many girlfriends or boyfriends because at the end of the day, we can sometimes be infected and we will never know who gave us the disease. R. FGD.

…If that lady can be involved with him she will start having the disease because now she will be having more partners because that guy was strong by aggression, not by love. I. FGD.

Encouraging living positively with HIV/AIDS disclosure and stigma

Tsha Tsha encouraged the idea of living openly with HIV disclosure especially among partners and the need for supporting and encouraging each other;

You must talk the truth, if she is positive I am not going to run away o.K. I am going to stay with her, be with her and it's going to be alright. WI. FGD.

Influence on a changed perception about HIV/AIDS especially around care and support for HIV- positive people

> *The guy I see…they teach us how we must teach a child so I learn about HIV, I also remember, because maybe I say I am HIV-positive or my friend is HIV-positive, I should take it easy because maybe I think he is not a person like me. It is wrong if I have HIV or one of my family members has HIV-positive not to treat them well. I must take care of them like other people who don't.* S2. FGD.

> *If you say you are HIV- positive, people ignore you. You see, you loose memory; you loose everything you have got no friends. You must motivate people who have got HIV, they are still friends, and you must give them direction, give them right food, and talk about it. Make them feel like a person. People treat other persons who have got HIV like they are not human beings, you see. These are people, they are friends. A. FGD.*

Increased knowledge and awareness

Tsha Tsha was seen as important for its contribution in communicating about HIV/AIDS particularly around disclosure. The learning that is dominant in *Tsha Tsha* is more of how to cope With HIV than how to prevent it due to the nature of the participants. There was self reported learning through the watching of *Tsha Tsha*. Knowledge gained about HIV/AIDS included the need for HIV testing. However, this was not a direct effect resulting from watching *Tsha Tsha* episodes, but the fact that the men also received

information about HIV testing in the support group. There has to be a lot of information provision prior to testing and even disclosure. Here is how one of the participants responded to the lesson about testing.

If you are a person who had not disclosed or gone for testing, do you think the programme can make you go for testing or can make you change the way you do things?

No…

Why?

It's not easy because we still need more information. There is no doubt people should first go for information hours like the ones offered at the Imbizo and other clinics that are opened 24 hours, whether you are negative or positive information hour is very important. W. FGD.

There is also reported learning on the need to disclose and that one can live positively with HIV and HIV disclosure, the need to care and support infected partners and show them love, the need not to discriminate against infected people.

[…you must] disclose because this thing is a killer disease, you never know what is going on, you disclose to people you know. Another person should know what is going on. S1. FGD.

If you say you are HIV-positive, people ignore you. You see, you loose memory; you loose everything you have got no friends. You must motivate people who have got HIV, they are still friends, and you must give them direction, give them right food, and talk about it. Make them feel like human beings. People treat other persons who have got HIV like they are not human beings, you see. These are people, they are friends. A. FGD.

Tsha Tsha was successful in fulfilling the educational objective of normalizing AIDS and emphasizing the need to show humanity to people living with the disease**.** Respondents spoke about the need to disclose and the need to use safety measures in *Tsha Tsha* as a way of preventing re-infection and spread of the disease:

You must not stay with your status; you must tell people and let them know what's going on. If you are HIV and you are not using condoms you will die early but if you are using condoms you will live long, wabona (you see). If you don't tell people, you are staying with your secret you are killing people. S1. FGD.

Paradoxically, the idea of dancing as a symbolic metaphor to explore and address life challenges in *Tsha Tsha* was seen by the respondents as the avenue through which people could easily be infected and also as a space for promiscuity. Here, *Tsha Tsha* provided

information; dancing in taverns was seen as an arena that leads to sexual risk-taking and resultant consequences as a result of the sexual partner turnover every time you go dancing:

> *Only one thing, she (Viwe) is showing us that dancing in taverns is not good. You will get different ladies there. This week you take one lady next week you take another different lady you will catch the disease so you must be careful. So you must be careful, you must only have one partner and use a condom and tell other people they must use a condom and how they must live…If you like things like taverns, you must watch out, you must condomise, if you don't condomise, you will catch the disease from the tavern. S1. FGD.*

Responses to the lessons in *Tsha Tsha* indicated some degree of changed perceptions among the respondents concerning issues in HIV/AIDS such as disclosure and testing. There is one man who confessed that he had not disclosed but after seeing *Tsha Tsha*, he saw the need for disclosure even more. He said he will go home and disclose to his partner:

I am not staying with her now, she is in the Free State but I think during the Christmas holidays when I go home, I will tell her but I don't know how she will react but I think I will tell her. I will also tell her to go and test. R. FGD.

[…You] can change your lifestyle, before I knew I was HIV- positive, I was not sleeping I was drunk until morning, I was smoking. The moment I found out I was HIV-positive then I changed my lifestyle, you understand. I did not go to Taverns 24 hours. I don't smoke anymore, just one or two a day. Even if they see me wearing a T shirt written HIV-positive…why not disclose. I don't know why people don't want to disclose… it's hard to disclose. I, FGD.

There is also an indication that some men have a changed perception concerning some problematic areas in sexual relationship, for instance, perceptions on using condoms. However, while these men accepted that they disclosed easily, the following still indicated some elements of self stigmatization especially as this participant chose to disclose to one of his partners and not the other due to the fact that the other would spread news that he is HIV-positive.

Only one thing, she tells me all the time why do you want to use the condom, what is going on with you? I am afraid to tell here because I know it is not good but sometimes I tell the other partner that I am positive but I don't want to tell the other one because she does not stay with a secret and she does not accept. S.1, FGD.

Why?

It's not easy because we still need more information. There is no doubt people should first go for information hours like the ones offered at the Imbizo and other clinics that are opened 24 hours, whether you are negative or positive information hour is very important. W. FGD.

Me I see only one thing that this cassette is very good to show people […people must] go and check their status, maybe this cassette can be used to teach to change that disclosure is normal. S2. FGD.

Changing masculinity, changing men

The findings of this research indicate that the HIV-positive men's who participated in this research perceptions of masculinities are changing at a post-infection level, see (Reid &Walker, 2005; Morell, 2001) This changed perception is beginning to penetrate the spaces of hegemonic masculinities and challenging them especially disclosure , testing, stigma and support in HIV/AIDS. The previous section indicates a high identification

with disclosure. The HIV-positive men identified with disclosure as presented through *Tsha Tsha* and then related this to their own experiences of disclosure. They explained the benefits of discloser in terms of the fact that it helped them receive support from others. This is an indication that they have accepted their condition in the first place.

The claims (see Kometsi, 2004) that some men are in denial, that they don't test and disclose HIV; that they are promiscuous and act as the drivers of the AIDS epidemic, is contestable based on the findings of this research. It is well understood that the above factors are directly related to constructions of masculinity and they are the ones that increase the rates of HIV infection. *Tsha Tsha* encouraged the idea of disclosing and going for testing:

Yes, I have learnt something that you need to be faithful especially with the status…W.FGD.

It was good what came out there I saw that there was disclosure to your partner because then they did not know they did not disclose to one another. Then another thing was testing, we should go for testing they are talking about testing. W.FGD.

Yes, people must disclose, you must tell your partner your status and another person, your partner, and your parents they must know your status people from outside must know about this disease. Tomorrow she must know she must not go there she must use a condom. S.FGD.

You must disclose your status because this thing is a killer disease you never know what is going on but if you disclose to people you know and because another person must know what is going on. S.FGD.

However, the responses above are an indication of the fact that some men are taking leading roles in challenging these perceptions. For example, the need to test and disclose, use protective measures, faithfulness and reducing the number of sexual partners. Participants questioned the idea of multiple partners which is attached to the performance of the script of masculinity and talked of the need to be faithful:

… you must never change boyfriends, if you change boyfriends you will get the disease.S.FGD.

If someone does not disclose he just becomes unfaithful to his partner and he is going to re- infect himself and the partner and then they are going to spread the disease and eventually that's when death can result and they don't take correct safety measures because he is unfaithful, he can't take safety measures, he is unfaithful he won't condomise. W. FGD.

Hegemonic masculinity, where men exercise power, especially through physical strength and material wealth, crumbles in the face of HIV/AIDS. With the fear of being associated with HIV/AIDS due to stigma, men continue to exercise their hegemonic masculinity by not disclosing their status and practicing unprotected sex, putting others as well as themselves at more risk. However disclosure is an indication that some men have a changed perception and are willing to protect themselves as well as their partners.

Yes, people must disclose, you must tell your partner your status and another person, your partner, your parents they must know your status people from outside must know about this disease. Tomorrow she must know she must not go there she must use a condom. S1.FGD.

These changing men are forced to forge a new masculinity that will ensure that they continue to live a productive life as men by taking responsibility in HIV prevention,

testing, disclosure, care and support, including taking medication and changing their lifestyle. Disclosure is the first step towards challenging masculinity.

Yah people must test and disclose because if you test and you don't disclose you still have a problem because there are those people who you are ready to disclose to and others who are willing to help you, maybe they know other things they can help you with because you cannot gather all the information […so they] can help you with other [..things] so its good to disclose.W.FGD.

Because me at this moment I liars, I explain to people all the time thy say no, are you well, they know I am well, you see good ..no problem. […because] they are coming we are discussing, we are sharing ideas. If you get there is […he says] I am sick there is something you need to change and to protect yourself, you know what drugs you must use to treat that disease. This disease is the same like other disease but this one is very important, you must get check up all the time.S.FGD.

Because me I treat myself you know what, I eat vegetables … I drink water. You must eat well. Before I was drinking alcohol but now I am not.S.FGD.

The responses above are an indication that the HIV-positive men in this research have changed and are taking responsibility of their health and supporting others that they relate with.

The role of disclosure in changing masculinity

These changing men referred to above have assumed new roles regarding HIV testing, care and support presenting a new area that the media should explore in order to address some gender considerations that are problematic and act as set backs in combating HIV/AIDS. These roles help them deal with testing, stigma and support. People generally react to stigma by conforming or resisting this framework. Conforming involves self stigmatization or accepting society's negative judgment of the self. This is very damaging because it reduces self esteem of the stigmatized person which will affect the way they respond to illness and reduce the incentives to challenge stigmatization or discrimination. This has a negative consequence both for the individual and the public health programmes because it reduces self esteem, encourages denial, as well as discouraging testing, disclosure and treatment seeking:

I went to tell my partner things are bad, she asked why do you say things are bad? I said no it's bad because I went to check out they said I am positive. I told her to go for testing. She changed, she said no its you it's not me, its you who is positive you are coming with this disease and I don't want to se you anymore here with my eyes. Now she shouted and went for three days, I tried to phone her so that we could talk, she said to me I do not want to talk to you anymore and I do not want to see you anymore

.

I said no if you do not want to see me anymore but only one thing me and you are the same because you too have that disease now get help , go to the hospital and you will get maybe the treatment to treat you. If you stay at home you will die. Now before three weeks she came back again and said to me she is going to the hospital. She went there and tested and she got already the results are bad. I told her me and you are the same don't run away, lets treat this disease you will help me and me too I will help you. S.FGD.

The above participant, explained the roles and responsibilities HIV-positive men took once they disclosed their status to significant others. In the above case, the respondent offered some emotional support and encouraged the partner to go for testing. He accepted the responsibility of taking care of the partner by indicating that they could help each other (support). As discussed earlier, support is only possible when someone discloses that he or she is HIV-positive. Without disclosure, support is unlikely to occur. Social support is important for those infected with HIV to make them cope with the stressors involved owing to the kind of environment they are exposed to when others, especially their partners, realize that they are HIV-positive (see Sesotho & Peltzer,2005).

Disclosure of HIV/AIDS is a coping mechanism used to resist stigma and challenge traditional masculinity acting as barriers to the roles and responsibilities in HIV testing, care and support. Disclosure ensures that men change their perceptions and actions towards certain key areas such as using condoms, taking medication, changing their lifestyle that is, as one participant remarked, "knowing how to treat your body" and opening up for support.

Disclosure has helped us to be strong… in such a way that we are getting the support that we need in the support groups. After knowing my status, I told myself I am like that and I will never change and I must give others the word (disclose). I don't want to think too much, if you think too much you will have stress and you will loose your body…If I know my status, you find that I will know how to treat my body because if I don't know my status I can't… will never think of treating my body…. S1. FGD.

Once HIV is perceived as a symbol of death, disclosure remains difficult. However, disclosure cannot work without testing. The fear of testing and the fear of HIV/AIDS have made it difficult for people to disclose because their masculinity is threatened immediately by the disease. This is despite the fact that HIV takes a long time to transform into AIDS within where men can live positively and manage it. Most men choose not to know their status**.**

Men who take the lead in testing for HIV, like the men in *Imbizo* support group, are challenging the stereotype that women are normally the first ones to know about their status and face rejection when they disclose to their partners. As explained earlier, while some women face rejection after disclosure, men too face rejection because people reactions to disclosure are mixed. These men test and disclose to their partners and support them. The men who break up with their partners due to disclosure exhibit a willingness to offer support, emotional, material as well as care giving if the partners are willing to stay.

We have to support them (partners) emotionally and also support them by doing other things and encouraging them in many ways like looking for jobs and things that will support them financially…we need to encourage our partners to take treatment to do everything in the right way and remain in a good psychological order not always to feel bad about being positive. W. FGD.

If I get my partner is positive I will sit down with her and talk to her. I will ask her to look after me and I will look after her. I will tell her that if she goes outside and does not use a condom she will die because I use the condom. I will tell her that if she doesn't use a condom the choice is hers and if she is going to sleep with another person outside, she is spreading the disease, she is killing people. She must tell people (disclose) I am like this, use a condom. S.1. FGD.

This man is talking the truth in fact my partner has HIV, I have not changed the way I relate to her. I tell her to use condoms, never to kill other people who don't know. I tell her to be safe, to condomise and things she must know. S. 2.FGD

While they clearly challenge the stigmatized identity through disclosure, they abandon notions of 'real men' (traditional masculinity) (Kometsi, 2004) who don't care about knowing their status, continue having multiple partners, don't use condoms, don't

disclose to their partners, exercise violence when their partners disclose to them and don't take care of their sick partners see (Gupta, 2004).

Disclosure of HIV status breaks the traditional notion of sex as a taboo and secret topic to be discussed by elders (Reid &Walker, 2005). Sex is therefore openly discussed at different levels at relationship family and community level:

> *[…many] people want to disclose but they are afraid of how the family will think. They are afraid to be chased by parents. The parents must accept this disease and help on sharing ideas. People are afraid to disclose because they are afraid of that name HIV because once you talk about the disease they say no and you must talk to help people. At this moment, I am not afraid to tell people what's going on in me; we have to share ideas to help people. People are dying because they don't want to talk about this disease, if you can share your problems with people I think maybe you can get help. S1. FGD.*

Men who disclose, challenge HIV/AIDS stigma and masculinity through accepting their conditions and the roles and responsibility that comes with being HIV-positive even if some of the roles are perceived to be for women. Hegemonic masculinity, which is inherent in some African cultural traditions, and for a long time been viewed as fueling HIV infection is being challenged by the disease. These masculinity has now been forced to shift and adapt to the new realities existing. Masculinities are not static, but dynamic and changes to suit the new conditions in place.

…what I have noticed is that that man (DJ) wanted to prove his manhood… traditional things need to be made to work hand in hand with HIV/AIDS rules because you don't have to say that any man who comes out of an initiation school is free to go and sleep with a woman because they both need to have an HIV test before they do that. W. FGD.

Masculinities are fluid and are socially and historically constructed in a process which involves contestation between rival understanding of what being a man should involve (Morell,2001). This changing masculinity can be perceived as a positive shift in dealing with HIV/AIDS testing, care and support.

The media, through E-E can still be seen a primary source of useful information about HIV/AIDS and ways of coping with it. The media should continue utilizing entertainment and education (E-E) to pass useful HIV/AIDS messages to assist men to take responsibility of themselves as well as their partners in helping combat HIV/AIDS. This research has indicated that HIV/AIDS researchers like CADRE and producers like Curious Pictures in the case of *Tsha Tsha* and other E-E HIV/AIDS initiatives like *Soul City*, can continue utilizing the E-E theoretical approach and other methodologies to address social and health issues. The approach can ensures lessons about HIV/AIDS are encoded in a dominant manner that encourage men to have a dominant reading (identification) of positive roles and responsibilities that some men play in HIV/AIDS. Apart from testing, the lessons should focus on HIV/AIDS disclosure and disclosure

strategy. Disclosure can assist HIV-positive men fight stigma, open up for support and challenge hegemonic masculinity that has for a long time acted as a barrier for them to take responsibility of their health and those of their partners in HIV/AIDS.

In South Africa, HIV/AIDS features fairly prominently across all media. However, coverage is of limited value, as it fails to explore a number of pertinent issues, like gender. Often, coverage of HIV/AIDS tends to focus either on political discourse, or on dramatic and sensational headlines, thereby promoting stereotypes and discrimination, and reinforcing the alienation of infected and affected people. Entertainment-Education can cater for this gap to ensure people are educated and informed about important issues in HIV/AIDS (Singhal &Rogers, 1998).

Educational drama can address problematic areas in HIV/AIDS interventions by first of all identifying these areas through formative research and to come up with educational objective that offer alternative pathways to problem solving at an individual level. This empowers an individual and boosts his/her personal self -efficacy. However, when dealing with such complex issues like HIV/AIDS, media interventions like *Tsha Tsha* E-E are simply not enough. They should be seen as part of a broader social intervention and are simply not an end in themselves.

When we deal with HIV/AIDS, it is quite an incredibly complex social issue that nobody is going to watch a television programme and change their behaviour completely as a result of the experience of watching. It is quite clear to me that if we are successful, we are successful because we reach people with language and discourse, ability and truth with which to engage with their world and people around there. We are creating a platform where people can engage with their world and each other. If we are to achieve that, it's really a big intervention. It feels to me that Tsha Tsha is part of a very big intervention. Jammy. Interview.

Conclusion

This study examined the production of HIV/AIDS lessons on *Tsha Tsha* Entertainment-Education and their reception by HIV-positive men in Soweto. This was to find out whether the HIV-positive men's response indicated a changed perception of their roles and responsibilities in HIV/AIDS. The questions addressed in this research were three. The first question was about the kind of lessons, in HIV/AIDS, producers encode in *Tsha Tsha*. The second question was on how HIV-positive men respond to those lessons and the last question was whether those lessons helped them change their perceptions of their roles and responsibilities in HIV/AIDS.

The rationale behind this study was that gender and HIV/AIDS has been critical in interventions aimed at combating the disease. Studies conducted in South Africa under African sexuality studies in the area of HIV/AIDS have revealed that versions of masculinity, especially those that are exercised on sex and sexuality depicted women as more vulnerable to HIV/AIDS than men and men are seen as the drivers of the epidemic (Kometsi, 2004). Masculinity, visible around issues such as having multiple partner, fear of testing, fear of disclosure, men's 'macho' attitude that ensures they don't seek treatment, and rejection of their partners when they realize they are positive have made efforts to combat HIV/AIDS problematic.

The perceptions towards traditional gender roles partially constructed by culture, where notions of masculinity thrive, have disempowered men, leaving them vulnerable to

HIV/AIDS. The perceived vulnerability of women has led to several efforts to empower women with few efforts focusing on men's vulnerability (Kometsi, 2004; Gupta, 2000; Mane & Aggleton, 2001)

A qualitative methodology was used in an attempt to answer the three research questions mentioned above. This method included interviews and focus group discussions. Five interviews were done with programme producers and researchers of *Tsha Tsha* to find out the major considerations in production. An average of seven HIV-positive men were exposed to 12 episodes of *Tsha Tsha* to find out their responses in six focus group discussions, and whether these indicated a changed perceptions in their roles and responsibilities in HIV/AIDS. Their responses were then examined under Bandura's (1971) social learning theory and Hall's (1977) encoding-decoding theory .This theories explained the considerations made by programme producers in the production of lessons in *Tsha Tsha* and how audiences responded to those lessons respectively.

The findings revealed that audiences (HIV-positive) men identified with lessons around HIV-testing, disclosure, support and those that challenge stigma and masculinity in HIV/AIDS. Disclosure emerged as a major theme and was compared with sub themes of testing, stigma, masculinity and social support to form categories that were presented as the findings. The findings indicated that these HIV-positive men are changing and taking responsibility for themselves and partners (others) in HIV/AIDS through disclosure (the most powerful theme related to identification/modeling). It also indicated *Tsha Tsha's* role in providing lessons that encouraged a change in perception in men's roles and

responsibilities in HIV/AIDS. Identification with media lessons through characters (models) showed that Entertainment-Education methodology can be further utilized to give lessons that challenge masculinity around sex, sexuality and HIV/AIDS. Lessons that help fight HIV/AIDS stigma, encourage testing, disclosure and support for those infected with HIV/AIDS.

Although HIV testing was among the important positive steps in coping with HIV/AIDS, it was very difficult for these men to test. This difficulty was attributed to several factors one of which was the loss of dignity. There are actions that an individual can take by virtue of the fact that h/she has tested for HIV and knows h/her status. These are things such as delaying sexual encounter, using safety measures and reduction of sexual partners regardless of whether one has tested positive or not, these are lessons HIV-positive men indicated to have learnt. These lessons challenge hegemonic masculinity, associated with things such as dry sex, multiple partners and having sex at will, violently if need be.

Disclosure of HIV/AIDS was considered very vital in coping with the disease especially once individuals test and confirm their status. Although disclosure in some instances could lead to partner rejections of the first party to disclose, as in the case of this research, the benefits of disclosing far much outweighs the losses. It makes those infected take responsibility for their health whether or not they are still in a relationship. Disclosure means that HIV-positive men have accepted their condition, have opened up for support from different levels and are ready to support others. Support is only possible when someone tests and discloses that he or she is positive. Without disclosure, support is

unlikely to occur. Social support is important for those infected with HIV to make them cope with the stressors involved; owing to the kind of environment they are exposed to when others, especially their partners, realize that they are HIV-positive.

Men who test and disclose challenge the perception that women are the first ones to test and men "know but they don't want to know", a phrase that has been used to describe men in denial and men who don't test for HIV. Taking a step in testing and disclosing is a progressive move in men's roles and responsibilities in HIV/AIDS. Testing and disclosing is an indication of better masculinities because with these, comes roles and responsibilities that cut across the gender divide especially around sex, sexuality and coping with HIV/AIDS

Healthier masculinities in HIV/AIDS are a step in the right direction to involve men in the fight against the disease. Masculinities are not homogenous, while there are some masculinities that can be encouraged, others are domineering and put men as well as women at risk of HIV infection. Testing and disclosing for HIV, as some of the lessons learnt in *Tsha Tsha,* are the bedrock for better masculinities. Men who test for HIV and disclose to their partners are less likely to transmit HIV to their partners and more likely to take care of their health through medication and changing their lifestyle.

Changing masculinities around HIV/AIDS ensure that these men work jointly with their partners in combating the disease. Identification with lessons about stigma, disclosure, testing and support indicates a changed perception in terms of supporting their partners

(for those in relationships) and themselves both emotionally and materially as well as care giving. They transform from their previous notions of 'real men' (traditional masculinity) who don't care about knowing their status, continue having multiple partners, don't condomise, don't disclose to their partners and exercise violence when their partners disclose to them that they are positive (rejection) and don't take care of their sick partners. Disclosure of HIV status as a dominant lesson learnt in *Tsha Tsha*, breaks the traditional notion of sex as a taboo and a secret topic to be discussed by elders. Sex is therefore openly discussed at different levels at relationship, family and community level i.e. in support groups, which are critical in destigmatising HIV.

The new indications presented in this research is that hegemonic masculinity, which has for a long time been viewed as fueling HIV infection, is now being challenged by the disease, something that forces it to shift and adapt to the new realities existing. This changing masculinity among these HIV-positive men can be perceived as a positive shift in dealing with HIV/AIDS testing, care and support within the interventions of combating the disease. There should be an inclusion of this changing masculinity among these men especially in HIV/AIDS research and Entertainment-Education programming to reinforce it and ensure a holistic approach exists in combating the disease. Both men and women undergo more or less the same experiences by virtue of the fact that they are infected. There should be a balanced intervention along gender in HIV/AIDS to encourage both men and women to work jointly to combat HIV.

Entertainment-Education programming can be designed in a manner which accommodates changing social realities especially on sex and sexuality more so, along gender roles when it comes to HIV/AIDS. In this case, the media can design lessons that the audiences can identify with to reflect these changes and model the lessons into their real world. This indicates that E-E methodology can further be utilized to give lessons that audience can identify with like in the case of *Tsha Tsha*. Lessons that challenge masculinity around sex, sexuality and HIV/AIDS. Lessons that help fight HIV/AIDS stigma, encourage testing, disclosure and support for those infected with HIV/AIDS. The changing masculinity that the men in this research reveal through their responses to HIV/AIDS lessons in *Tsha Tsha* contributes to previous research done on HIV/AIDS and gender.While HIV-disclosure was seen as challenging HIV/AIDS stigma and masculinity, E-E production can reinforce lessons around disclosure and other coping strategies to combat HIV/AIDS.

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