

Representations of HIV and Aids in Discourse in Nyanza Province, Kenya

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Abstract

The dominant discourse on HIV and AIDS in Nyanza province, Kenya, gravitates around behaviour change with particular emphasis on cultural behaviour change. Using Discourse Analysis and Systemic Functional Linguistics, this paper analyzes the dominant discourse on HIV and AIDS in Nyanza Province, Kenya, with a view to identifying the representations of HIV and AIDS in the region and the resulting perceptions and attitudes towards HIV and AIDS. The findings of this paper indicate that the choices made in the language used to communicate information on HIV and AIDS realize different representations of HIV and AIDS. In addition, the knowledge displayed by the inhabitants of the Lake Victoria region of Nyanza Province on HIV and AIDS is superficial rather than specific, pointing to a need to be specific about the aspects of behaviour that need changing.

Key Words: HIV/AIDS, Discourse, Representations

Introduction

This paper presents the findings of a study carried out in Nyanza province, Kenya, to identify the representations of HIV and AIDS that arise from the Discourses on HIV and AIDS found in the region. The major concern in the study arose from the fact that the prevalence of HIV infection remains high in Nyanza Province of Kenya despite decades of spirited campaigns. While the national prevalence in Kenya stands at 8 percent, the rates in Nyanza province stand at 14 percent, and are the highest in the country. Despite the concerted efforts by the media, government, non-governmental organizations and other stakeholders to disseminate information on HIV and AIDS, there is still an increase in HIV infection and AIDS cases. This then begs the question; does the representation of HIV and AIDS enable the inhabitants of the Lake Victoria region of Nyanza province to perceive the modes of transmission of HIV and AIDS, the risks it poses and the measures to take to avoid infection with the virus?

This paper seeks to analyze the HIV and AIDS discourse in Kenya with a view to identifying the representations of HIV and AIDS in the discourse in the Lake Victoria region of Nyanza province. The motivation for this paper arises from the fact that HIV and AIDS are issues of global concern, and that the disease is steadily eroding the gains made in the economy, as well as in infant mortality and morbidity rates. In the absence of a cure or vaccine for HIV infection, communication aimed at prevention of infection through change in sexual behavior is society's only hope. The UNAIDS (1999) notes that while major breakthroughs both in types and costs of treatment are transforming the response to HIV and AIDS and giving new hope to HIV positive people, communication continues to hold the key to containing the spread of information and coping with the effects of the pandemic. But individual behavior is not a simple matter of individual choice. People live and act within specific communities and societies, and their behavior is guided by social or communal values. Kamaara (2004) asserts that human sexual behavior is determined and constrained by factors outside the individual being, and is a product of socio-cultural imposition on the biological factors within the individual being. Thus, individual behavior and education aimed at individuals must take these factors into consideration.

In the past, the communication on HIV and AIDS has emphasized the transfer of information aspect with the express intention of affecting behavior and state of mind and has targeted individuals rather than entire communities. With the realization that communities have different traditional beliefs and practices and that these affect the behavior patterns of individuals, a lot of campaign has been directed towards communities.

The medical parameters of HIV and AIDS are today increasingly understood and the attention is now on the social, demographic and economic implications of the disease.

Framework for analysis

The paper draws from Discourse Analysis and the Systemic Functional Linguistics theory. Discourse refers to ways of representation and is used to represent aspects of the world- the processes, relations and structures of the material world, the mental world of thoughts, feelings, beliefs as well as the social world.

In Discourse Analysis, texts are the units of analysis. Any actual instance of language use is a text, where language is used to mean verbal language in the form of words and sentences (Fairclough, 2003). A text is a piece of language in use, language that is functional. A text is 'a harmonious collection of meanings appropriate to its context (Butt et.al., 2000: 3). The text is a record of an event where something was communicated and involves the presentation of facts and beliefs, the construction of identities of participants discussed in the communication, and strategies to frame the content of the message. According to Halliday (1994), texts always occur in two contexts, one within the other. The first is the context of culture which refers to the sum of all the meanings that it is possible to mean in that particular culture. The second is the context of situation which refers to all the things going on in the world outside the text that make the text what it is and comprises of the field, the tenor and mode. Field refers to the subject matter, what the text is all about. Tenor refers to the relationship that holds between the speaker and hearer while mode refers to the kind of text being made- either written or spoken. The three parameters of context of situation affect language choice because they reflect the three main functions of language namely the ideational, the interpersonal and textual functions. Meanings belong to culture rather than to language (Coulthard & Coulthard, 1996). A text is a site for the negotiation of meanings which result from a range of other texts and contexts. In addition, different cultures, societies and individuals classify and understand the word in different ways (Birch, 1989:25).

The most obvious distinguishing feature of a discourse is features of vocabulary since discourses lexicalize the world in particular ways (Fairclough, 2003). Using Discourse Analysis as an analytical framework, the paper examines the vocabulary in the discourse on HIV and AIDS in Luo Nyanza in terms of prejudiced language loaded with negative meanings and connotations, victimizing language, discriminatory language as well as stereotyping. This is done with a view to unraveling the representation of HIV and AIDS that emerges from the discourse as well as the perceptions and attitudes arising from these representations. Discourse as used in the representation of social events can be in the form of exclusion, inclusion or prominence. Representation of events, activities and processes entails choice (though not necessarily conscious) amongst the process types and certain choices may be seen as congruent and others metaphorical (Thompson, 2004;Butt et.al,2000).

In this paper, the concept of Discourse as language used for the expression of self and development (and transmission) of knowledge is adopted in relation to HIV and AIDS discourse. In this regard, the term is used to denote the use of language to express knowledge or information regarding the prevention of HIV, the virus that causes AIDS. More importantly, this paper took cognizance of the fact that discourses can be and are interpreted differently by different people because they have different backgrounds, knowledge and power positions. The different interpretations of discourse in this study are used to explore the perceptions and attitudes towards HIV and AIDS that prevail in the region. Secondly, the paper focuses on the vocabulary in the HIV and AIDS discourse. This was deemed important since discourses lexicalize the world in particular ways.

The cultural and situational contexts are vital in the comprehension of the texts, and these may vary considerably across cultures and situations. Language is not self contained and depends on the society in which it is used in two ways; first, language evolves in response to the specific demands of any given society so that its nature and use reflects specific characteristic of that society. Second, the use of language in a society is context dependent. This gives rise to two notions in regard to language use: context of situation and context of culture, both of which are deemed necessary for the adequate understanding of texts (Halliday, 1994).

Methodology

The data used in this paper was obtained from radio programs on the Radio Lake Victoria, a radio station that serves the Lake Victoria region of Nyanza Province in Kenya. A total of 4 radio programs constitute the data for this paper and cover a wide range of topics.

In the programs, specialists are invited to the studio to explain various matters relating to HIV and AIDS and then the listeners respond to the presentation with questions or comments in call-in sessions.

Data was also gathered from the Luo people who form the majority of the inhabitants of the gulf of Lake Victoria region in Luo Nyanza, in Bondo, Kisumu and Homa-Bay districts. These districts are selected to represent the Northern, Central and Southern sections of the province. In addition, data was obtained from radio programs in the Radio Lake Victoria station that serves the lake region of Nyanza province. Non-random sampling, which derives from targeting a particular group of research subjects, was used. The use of non-random or non-probability sampling is common in disciplines such as sociology and anthropology and this is largely due to indefinite populations and the unavailability of sampling frames (Mugenda and Mugenda, 1991). A sample of 112 respondents aged between 18 and 70 years was obtained using purposive sampling. Age is an important aspect in descriptive studies. When respondents are either too young or too old, their responses may not be sensible or meaningful and efforts were made to leave out such respondents by focusing on ages 18 and 70. Purposive sampling is frequently used in qualitative research to select participants or sites that will best help the researcher understand the problem and the research question (Creswell, 2003).

Data was collected over a period of ten months, between September 2006 and June 2007. Both qualitative and quantitative data collection techniques were employed in the study. The qualitative approach is used to evaluate human attitudes, behaviour and emotion while in the quantitative approach a statistical approach is used to analyze the data.

Questionnaires and content analysis were used in collecting the data. Questionnaires were modeled on both open-ended and closed-ended questions and administered to the sample selected through purposive sampling. In the closed-ended questions, the respondents were required to select an answer from the options provided. This provides greater uniformity of response. Open-ended questions required the respondents to generate their own responses, and this accommodated views that were not included in the closed-ended questions.

Content analysis was used to analyze the content derived from the radio programs. Content Analysis is a technique for systematically describing the form and content of written or spoken material (Berelson, 1970). Severin and Tankard (1988) define Content Analysis as a systematic method of analyzing message content, a tool for analyzing the messages of certain communicators. Stempel III & Westley (1989:125) on the other hand define it as 'a research technique for objective, systematic and quantitative description of the manifest content of communication.' A sophisticated use of content analysis couples it with additional information about source, channel, receiver, feedback or other conditions of the communication situation such as attitude, personality or demographic characteristics. This enables predictions to be made about the communication process. In such cases, content analysis is a tool used with other methods of inquiry to link message content with other parts of the communication setting. This allows the investigator to deal with larger questions of the process and effects of communication.

Analysis

Attitudes and Perceptions

The study required that respondents report any deaths in the family in the 12 months preceding the study. This was done with a view to establishing whether the deaths were AIDS related and to establish the attitude of the respondents towards these deaths. 70% of the respondents reported having had a death in the family in the twelve months preceding the study while only 30% had not had any deaths. Of those who reported a death, the causes ranged from accidents (*road, drowning*) to illnesses (*malaria, typhoid, tuberculosis*). Most of the diseases (Typhoid and Tuberculosis) accounting for the deaths were AIDS related. In cases where the deaths resulted from AIDS related illnesses, the respondents were hedgy about that and used words that distanced themselves from acknowledging that a member of the family had indeed died from an AIDS related illness. Expressions used to describe the cause of death included *long illness, chira, multiple illness, taking cattle to the wife's home before his elder brother did that-chira, TB (that's what people say), could have been AIDS though he was never tested, alleged to be HIV/AIDS, it was claimed to be HIV/AIDS related illness, died from illness which people rumored to have been caused by AIDS, the big disease*. These euphemistic expressions amount to avoidance on the part of the respondents who may not want to be identified with a member of the family who may have died of HIV and AIDS related illnesses, possibly due to the stigma attached to the condition.

In addition, 103 respondents (91.96%) reported knowledge of someone who had died of AIDS related illnesses even though they were not necessarily family members. Only 9 respondents (8.04%) had not known anyone who had died of an AIDS related illness. This indicates that in the Lake Victoria region almost everyone has been touched by HIV and AIDS; they are either infected or affected.

Representations of HIV and AIDS in the Discourse

This paper evaluates interpretations given to HIV and AIDS as well as to People Living With HIV and AIDS (PLWHA), to identify any biases in the representation of HIV, AIDS and PLWHA and to establish the effect of this on the understanding of HIV and AIDS by the inhabitants of the Lake Victoria region. The study examines exclusion, inclusion and prominence in the representation of HIV and AIDS, all of which entail choice. The paper identifies the choices made and the worldview created by that choice. A few examples of sentences and clauses extracted from the texts obtained from the radio programmes are analysed below. The original versions in *Dholuo* are given as presented in the radio programmes with a translation to English (using Capen, 1998) following immediately.

1a. *Ayaki kelo chandruok /thagruok.*

AIDS brings problems/ suffering/ hardships/want.

b. *Ayaki ose hinyowa e yore mopogore*

AIDS has caused us pain/ injury/ hurt/ damage in a variety of ways.

The choice of the lexical items *chandruok* or *thagruok* and *hinyo* translate to *problems, suffering, hardship* or *want*, all of which have negative connotations. These are things or conditions people do not ordinarily want to associate with or people generally would not wish on themselves. While no human would wish any illness on themselves, the association of AIDS with these situations or conditions associates AIDS with something negative and the resulting reaction from the listeners towards the condition AIDS is likely to be avoidance and promotes discrimination, *akwede*, which health promotion programs seek to do away with.

2a. *Samoro timbewa kata jogo ma wadakgo nyalo miyo tuoni kethi kata hinyi ka pok iringo mondo iyud konyruok.*

Sometimes our *deeds/ acts or customs/manner/ practice* or *the people we live with* can cause this disease to *destroy/ spoil/ break/damage* you before you can *run* and seek *help/assistance/succour*.

b. *Nyaka koro walok timbewa...timbewa kod kitwa.*

We must now change our deeds/acts/habits... our deeds/ acts /habits and practices.

c. *Ring iyud thieth.*

Run and get treatment.

In sentences 2(a-c) above, the representation of AIDS and its attendant challenges exhibits a lot of exclusion of information and details. There is the choice of the lexical item *timbewa* in 2(a) which can either translate to *deeds, behaviour* and *acts* on one hand and *customs* and *practices* on the other hand, both of which are valid in the context of HIV and AIDS. Our deeds, behaviour and acts in the form of irresponsible or unsafe sexual practices may be referred to and our practices, customs and manners may also be in reference in this case. The fact that it is not clear which of the two sets of the sense of *timbewa* is referred to is likely to obscure more facts and information than it may reveal. As such, the target audience is left unsure which of the two between acts and deeds and customs and practices they are supposed to change so as to avoid infection with HIV. This presents a challenge in the campaign against the spread of HIV since the dissemination of the message is not specific and the targeted audience are left in a dilemma over which of the two they are to change in order to avoid infection with HIV.

In 2(b), however, the speaker is more specific with reference to *timbewa* (our deeds, acts or behaviour) when there is mention of *timbewa kod kitwa*. *Timbewa* in this case refers to our deeds, behaviour or acts while *kitwa* is specifically tied to customs and practices. However, the audience is still left unsure about the specific aspects of *timbewa*, our acts and deeds and *kitwa*, customs and practices that must be changed. Secondly, the verb *hinyi* translates to *hurt, damage* or *injure*.

In the context of HIV and AIDS, damage is most appropriate in the sense that when AIDS sets in as a result of HIV infection, there is a compromised immune system and the condition may cause damage to the body and internal organs due to opportunistic infections. In addition, the Oxford Advanced Learner's Dictionary (1999) defines damage as 'harm caused to something, making it less attractive, useful or valuable'. This sense of damage which AIDS is said to cause to an individual reflects a rather negative perception where those living with AIDS are perceived to lose value, attractiveness or usefulness and this may cause members of the society to shun them since they are no longer useful to them. But the sense *hurt* can also be applicable in the sense that the person living with HIV and AIDS may indeed be hurt by the fact that they have that condition. *Hurt* is defined by the Oxford Advanced Learner's Dictionary (1999) as either 'cause physical injury or pain to somebody/oneself' or 'cause mental pain to a person, his feelings; distress, upset'. While the first sense of hurt may ordinarily not apply in this context, the sense of causing mental pain, distress and upset may readily apply. This is in view of the fact that there is neither a vaccine nor cure for HIV infection, making the AIDS condition terminal. As such, the person living with the condition may feel mental pain, distress or be upset. The danger, however, lies in the fact that in portraying the anger, distress and upset as justified or expected, there may be the temptation or likelihood of projecting these feelings on other people, leading to revenge actions that may cause others to be infected with the virus. In moments of anger, distress and mental pain, people may take drastic measures to soothe their pain and anger.

In sentence 2(a) there is the use of the verb *ringo*, meaning *to run*. The sentence states that people living with AIDS need to seek help, assistance or aid with haste. In the context of HIV and AIDS, and given that these are medical conditions, people living with HIV and AIDS are likely to seek medical attention rather than help. The choice of the lexical item *konyruok*, meaning *help, assistance or aid* presents people living with HIV and AIDS as desperate and helpless people who need aid and assistance. The fact that they have to *run* to get this help also makes the situation further desperate, as if their days are numbered now that they have been diagnosed with HIV infection. This presents people living with HIV and AIDS as desperate, fragile and helpless people who are not only in need of aid, but also need that aid urgently. The worldview created out of this portrayal is likely to be one where people living with HIV and AIDS are likely to perceive them as burdens and shun them in order to relieve themselves of the burden. In contrast, 2(c) talks of *ring mondo iyud thieth* (run and seek treatment). While the haste is still implied in the verb run (*ringi*), *konyruok* has been replaced with *thieth*, treatment, and this gives a sense of hope to people living with HIV and AIDS that they can indeed receive treatment (not a cure!) for their condition. This marks a shift from perceiving PLWHA as desperate and helpless to people who can have hope in their condition.

3. *Tuoni koro osenyori ma koro ok inyal.*

This disease has *worn you out* until you are *incapable*.

In sentence 3, HIV and AIDS are portrayed as having *wearing out* qualities which render people *incapable*. *Wear out* has the implications of 'cause to become exhausted or to tire somebody out' while *incapable* refers to somebody 'unable to do anything properly or to manage one's own affairs; helpless'. While people living with a medical condition may be weak, they may not be necessarily worn out by their condition, neither are they necessarily rendered incapable. Notably, there is exclusion of specifically what the people are incapable of. It may have been stated, for example, that they are rendered incapable of tilling their farms. But the fact that it is left open, as simply being incapable may imply that they are incapable of doing anything at all, which may not necessarily be the case. People living with HIV and AIDS are in certain cases very strong people who go about their business as any other person would. This portrayal of HIV and AIDS and people living with the condition implies that once someone is diagnosed with the condition then they are no longer useful since they are worn out and are incapable of doing anything at all. They are portrayed as becoming helpless and may pose a burden to others, which may aggravate the stigmatization and discrimination of PLWHA. In addition, the message here may be a caution to people not to let the condition progress so far as to render them bed ridden and hence incapable of carrying out their day to day duties. As such, it is a call to people to ascertain their HIV status in good time and seek medical attention so that they retain their healthy status.

3a. *(Ayaki) oduwi!*

(AIDS) has messed you up!

b. *Ang'o momiyi ng'ama ni gi tuoniendi nenore ni ochwe kendo ober molojo ng'ama ngima?*

Why is it that somebody with this disease appears fatter and more beautiful than a healthy person?

c. ... *Otho gi AIDS to chiege siandane pod mukore.*

... He has died of AIDS but his wife still has desirably big buttocks.

Mess up in 3(a) has the connotation of making untidy, disordered or dirty, and this is what HIV and AIDS is said to do once someone has HIV infection and develops AIDS. This attitude towards HIV, AIDS and People Living with HIV and AIDS (PLWHA) is evident in the discourse from radio programmes on HIV and AIDS where listeners who call in during the program ask questions or to make comments. There are instances where people call in to complain about PLWHA being *still* clean (*pod oler*), *still* beautiful (*pod ober*) and *still* fat (*pod ochwe, siandane pod mukore*). This shows that their attitude concurs with that of the specialists presenting the programs that AIDS should *duwo*, mess up those living with the condition; they should be dirty, disheveled, thin and generally disorganized so that when some go against their general expectations then they are accused of conspiring to spread the virus to the unsuspecting public. The perception in 3(b) and 3(c) reinforce the perception in 3(a) where infection with HIV and AIDS is perceived to *mess up* people, make them thin, untidy and undesirable.

In 3(b) a listener to the programme wonders and asks why a person with HIV infection appears fatter than a healthy person. The perception the listener has is that someone infected with the virus cannot be fat or should necessarily be thin. This is corroborated by the specialist in the studio who says *tuoni ong'e kaka ochal-diep, adhonde mang'eny me dendi, iol, idhero*, (we know how this disease is- diarrhoea, a lot of wounds on the body, general malaise, thinning). The reliance on outward signs is what fans the spread of the virus in the lake region since people expect that someone infected with the virus will display what have been taken to be the obvious and expected symptoms such diarrhoea, a lot of wounds on the body, general malaise and thinning- the stereotypical image of someone living with AIDS. Anyone who does not display such symptoms is assumed to be free of the virus and in the event that there are any sexual relations with them then no protection is required. In essence, anyone who is thin is assumed to be likely to be infected with the virus while anyone fat is free of the virus.

In 3(c) the presenter cautions against people rushing to inherit widows whose husbands have died but *siandagi pod mukore*, (they still have desirably big buttocks). The perception displayed here is that AIDS is supposed to result in loss of body weight such that once one's husband dies of AIDS then their widows should begin thinning immediately. These assumptions seem to apportion blame and condemn the people infected with HIV but still appear healthy as those who willfully infect others with HIV. This perception is exhibited when a listener to the programme states that *joma osebedo ni ni gi tuo mar Ayaki makaw yath, jogi ema nego ji thurwa ka!* (The people with AIDS and are on Anti Retrovirals (ARVs) are the ones killing people in our land!). The perception here is that once infected with HIV, people should exhibit symptoms of the condition so that those not infected may easily avoid having sexual relations with them. Another listener even advocated for their branding, in the same way that cows are branded for easy identification, *ang'o momiyo joma okimwi osemako ok ketnegi alama moro...ma ka koro kowuotho to ing'e ni ng'ani ni gi okimwi?* (Why are people with AIDS not branded so that...when they walk it is known that this person has AIDS?).

4. *Ng'ato koro goyo kor ...imanyo kodi thieth kitak ataka, irumo!*

Somebody has been rendered totally incapable, treatment is sought when he's finished, he's just too weak to walk.

In sentence 4 the term *goyo kor* has been used in reference to someone suffering from AIDS in the sense that HIV infection has weakened them and they have now developed AIDS. *Goyo kor* is a term normally used in reference to animals to refer to extreme weakness where an animal is too weak to go out to graze. In human beings, *hewore* is the term used to refer to those who are terminally ill and are extremely weak. The inclusion of the term *goyo kor* in reference to a human condition is marked and calls for interpretation. Its use is rather dehumanizing for it compares a person who is terminally ill and medically weak to an animal that is unable to even stand up to go and graze with others. The person living with HIV and AIDS is here said to be totally weakened, treatment is sought *ka otak ataka, orumo!* Literally, this means that the person is too weak; he can barely walk with his feet firmly on the ground. He is half walking, half in the air and he is being dragged along to seek treatment. PLWHA are in this representation depicted as people who will necessarily be weakened by the condition and imparts in the populace an attitude of resignation that once infected with the virus then death is sure to follow.

This reference and obvious comparing to animals may render PLWHA complacent such that they do not seek treatment for their condition, neither do they take care of themselves, resulting in high mortality rates due to HIV and AIDS in the lake region.

5. *Ka ng'ato ni gi gini to owach awacha ni gini antie go*

If somebody has this thing let them say that I have this thing.

The focus in sentence 5 is on the use of the word *thing* in reference to HIV for it amounts to an exclusion or avoidance. Rather than say *If somebody is infected with HIV let them say they are infected with HIV* the speaker chooses the lexical term 'thing' which in itself denotes nothing in particular and refers to 'any object whose name is not stated.' There is no particular justification for the condition being unnamed since it clearly refers to HIV. Among the Luo, a terrible personal calamity is not mentioned by name. By avoiding naming HIV and instead calling it *thing*, there is heightened stigmatization given the fact that it is normally unpleasant things or experiences that we avoid mentioning by name. HIV and AIDS is relegated to something really terrible that is only spoken of circumspectly even in the media. Since the campaign against the spread of HIV and AIDS seeks to, among other things, de-stigmatize the condition, the speakers who comprise the specialists presenting the radio programmes in this context should sensitize their audience by being free to call HIV and AIDS by their names rather than resorting to use of euphemisms.

6a. *Ka po ni ng'ato ni kode to ong'ado ni ok otere oko, ok odhi lande, ok obi
wuok kanyo ka odhi kuom ng'at machielo.*

If somebody has it and decides not to take it out there, not to spread it, it will not leave there and go to somebody else.

b. *Landruok mar Ayaki kata tame landruok kata geng'e mondo kik odonj ei del
oyiengore ahinya kuom gima ng'ato ka ng'ato timo e ngima ne owuon.*

The spread or prevention of AIDS depends on what everyone does in their own lives.

c. *Onyalo kelo chandruok kata ne ng'ama ok owuok dhi manye*

It can cause problems even to the person who did not go out in search of it.

d. *Nyithindo matindo minyulo gi tuo mar Ayaki, ok nikech ne gitimo gimoro kata
ne gidhi dware kamoro*

The children born with AIDS, it's not because they did something (wrong) or went out in search of it.

e. *...biro hinyo kata nyathi mane onge gi chenro kata mana teko mar ng'ado
wach ni odwa kaw gini kata ok odwar kawe.*

...will cause damage even to the child who had no plans or power to decide that I want to get it or not.

The representation of HIV, AIDS and PLWHA in 6(a) implies that HIV is transmitted willfully, that somebody specifically purposes to *give it* to somebody else, hence the use of the lexical terms *ong'ado ni ok otere oko* (decides that he is not taking it out there). The worldview created by this representation is that PLWHA transmit the virus to other people willfully, which is not necessarily the case. This view is sustained throughout the discourse in the texts obtained from the radio programmes where it is mentioned that the transmission of the virus is in most cases willful and arising from vengeful feelings. This representation may create vengeful feelings in those infected and since they were 'deliberately' *given* the virus by others, they may also set out to *give it* to others, and this may heighten the spread of the virus in the lake region.

In 6(b) there is exclusion leading to a lot of vagueness and obscurity in the statement *the spread or prevention of AIDS depends on what everyone does in their own lives*. For one, it is not clear what aspects of what everyone does in his or her life would be responsible for either the spread or prevention of the spread of HIV infection. As such, the people are not specifically told and do not know what to do or what to avoid so that they can avoid infecting others or contracting HIV. The representation in 6(c) ties up with that in 6(a) in the sense that while PLWHA *give* the virus to others willfully, there are others who willfully go out 'in search of' the virus, *owuok dhi manye*, which also suggests promiscuity.

This effectively means that PLWHA are to blame for their condition because after all they willfully went out in search of it. In 6(d) and 6(e) the emphasis is still on the fact that people willfully go out in search of the virus, hence it serves them right or they only have themselves to blame for their condition. Ordinarily, people do not infect themselves with diseases knowingly or put themselves in circumstances where they are likely to contract diseases. Other factors normally come into play for example poverty, cultural norms and practices. To put the blame for illness on the infected is to stigmatize them and to effectively set them apart, ‘other’ them from the rest of society. This would lead to feelings of revenge among them, to infect others so that they are all equal, *okey, kare koro ji oromre!* (Let everyone now be equal! (since they now all have the virus).

7a. *Tuoni biro, ok odhiye ni ohero.*

This disease comes; he doesn't go for it willingly.

b. *Kik idhi imany Okimwi...*

Don't go in search of AIDS...

c. *Yero mar manye kata weye to mari*

The choice to look for it or leave it is yours.

d. *Ma en tuo ma geng'o yot mogik nikech in gi teko mar kwero yore go eko ma ing'eyo ni nyalo keto ngimani e hatari mar yudo tuoni.*

This is a disease that is very easy to prevent because you have the power to desist from the acts that you know can put your life at risk of getting this disease.

Sentences 7 (a-d) above consist of a series of contradictory statements which may end up confusing their target audience. In 7(a) the person living with AIDS is absolved from blame and the disease is said to ‘come’, the person does not go for it willingly. The PLWHA is depicted as a passive victim of circumstances. In 7(b) and (c), however, the disease is portrayed as something that somebody deliberately goes out in search of and as such they are to blame for their infection. Since they went out in search of it then they deserve it. Infection is here perceived to come by choice. Sentence 7(d) places the power to either contract or avoid HIV squarely in the hands of the individual. The assumption made by all these representations of HIV and AIDS and PLWHA is that the infection results entirely due to heterosexual contact, *tuoni iyude e terruok!* But there are other modes of transmission over which the individual has no control whatsoever, for example mother to child transmission or transfusion with infected blood. A child born with the virus had no power whatsoever to determine whether or not they get infected *nyithindo matindo minyuolo gi tuo mar Ayaki ok nikech ne gitimo gimoro kata ne gidhi gidware kamoro* (young children who are born with AIDS it is not because they did anything or they went looking for it somewhere); neither does a recipient of a blood transfusion since they do not on their own screen the blood for their transfusion. The contradictory stands taken by the health promotion campaigns creates a lot of confusion in the target audience who are left on their own to figure out the right way to go about life in the face of HIV and AIDS.

The analysis reveals that the representation of HIV and AIDS is varied and that the language used conveys multiple layers of meaning in relation to HIV and AIDS. HIV and AIDS are represented in different ways and these different representations create different worldviews. The foregoing discussion reveals that there are multiple, sometimes conflicting representations of HIV and AIDS in the discourse found in the lake Victoria region. The reference to HIV and AIDS ranges from something that comes (*obiro*), is brought (*ikele*), is given (*ichiwe*), it gets into (*odonjo*), is distributed to other people (*ilande*), it befalls people (*ogooore kuom ji*), or picked from somewhere, (*igame*) and wipes us out people (*otiekowa, oyweyowa*). It is something that we have, (*wan kode*), a bad disease (*tuo marach*) that is wiping out entire households (*oyweyowa, otiekowa otieko ogandawa*). It amounts to a death sentence, certain death (*tho mineno gi wang'*), a burden (*osigo mapek*) something that is living with us (*odak kodwa*), something that somebody goes out in search of, is merciless (*oonge ng'wono*). In addition, there is a multiplicity of understandings of HIV and AIDS: they are viewed as an untreatable, irreversible and invariably fatal infectious disease that threatens to wipe out the entire community inhabiting the Lake Victoria region. All these are different perspectives of HIV and AIDS that create different worldviews among the listeners and inhabitants of the lake region. The choices made in language use in discourse on HIV and AIDS in the Lake Victoria region realize different representations of HIV, AIDS as well as PLWHA due to instances of exclusion (avoidance) and prominence (inclusion).

In the discourse on HIV and AIDS in the Lake Victoria region, prominence is given to different qualities of HIV and AIDS as well as PLWHA. Among these include the fact that HIV and AIDS are a source of problems, suffering, hardship or want. In addition, HIV and AIDS are portrayed as having wearing out qualities which render people incapable. All these qualities have negative connotations and their inclusion in the discourse and their association with HIV and AIDS makes the conditions acquire negative connotations.

There is a lot of exclusion and avoidance in the discourse on HIV and AIDS in the Lake Victoria region. In particular, there is avoidance of mention of specific behaviour that predisposes individuals to HIV infection. The lexical choices made are not specific as to whether it is habits or customs that predispose individuals to HIV and therefore which of the two they should change. There is also exclusion of vital information that would be of great benefit in trying to avoid infection with HIV. But instead of revealing the facts the lexical choices made end up obscuring a lot of information. In the discourse, there is confusion between HIV infection and AIDS for while one can avoid HIV infection, one cannot avoid AIDS since the latter is a natural progression from HIV infection due to a compromised immune system. Exclusion is also evident in the choice of the lexical terms 'thing' in reference to HIV. By avoiding naming it HIV and instead calling it *thing*, there is heightened stigmatization given the fact that it is normally unpleasant things or experiences that we avoid mentioning by name. Since the campaign against the spread of HIV and AIDS seeks to, among other things, de-stigmatize the condition, the speakers who comprise the specialists in this context should sensitize their audience by being free to call HIV and AIDS by their names rather than resorting to use of euphemisms.

Conclusion

This paper analyzed the representations of HIV and AIDS in discourse on HIV and AIDS in Luo Nyanza as well as the perceptions that arise from these representations. The findings indicate that the choices made in the language use realize different representations of HIV, AIDS and PLWHA. In addition, it has been revealed that knowledge about HIV and AIDS is rather superficial and that the inhabitants of the Lake Victoria region lack specific knowledge of specific behaviour that needs to be changed if infection with HIV is to be avoided. The paper concludes that the way we talk about HIV and AIDS largely determines the perception we create in others about the same. The language used to speak about HIV and AIDS reflects the speaker's personal biases and understanding or lack of it. In turn, it helps to shape the listeners' perceptions, attitudes and reaction to HIV and AIDS. As such, communication on HIV and AIDS needs to be sensitive and exhaustive in discourse so as to convey the desired information in the most suitable and effective manner.

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