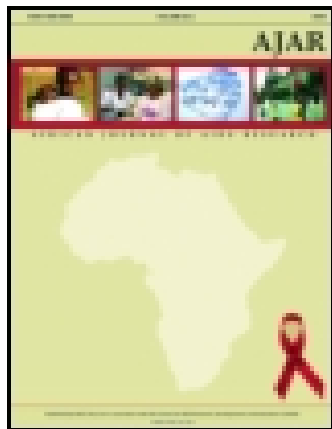


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Waging war: discourses of HIV/AIDS in South African media

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This paper explores a discourse of war against HIV/AIDS evident in the *Daily Dispatch*, a South African daily newspaper, from 1985 to 2000, and discusses the implications of this in terms of the way in which HIV/AIDS is constructed. The discursive framework of the war depends, fundamentally, on the personification of HIV/AIDS, in which agency is accorded to the virus, and which allows for its construction as the enemy. The war discourse positions different groups of subjects (the diseased body, the commanders, the experts, the ordinary citizens) in relations of power. The diseased body, which is the point of transmission, the polluter or infector, is cast as the 'Other', as a dark and threatening force. This takes on racialised overtones. The government takes on the role of commander, directing the war through policy and intervention strategies. Opposition to government is couched in a struggle discourse that dove-tails with the overall framework of war. Medical and scientific understandings pre-dominate in the investigative practices and expert commentary on the war, with alternative voices (such as those of people living with HIV/AIDS) being silenced. The ordinary citizen is incited to take on prevention and caring roles with a strong gendered overlay.

Key words: HIV/AIDS, media, war discourse, discourse analysis

Introduction

Reports of HIV/AIDS in 1981 identified a 'rare cancer' among Gay men in New York and California and argued that while HIV/AIDS would be serious, it was a limited problem (Meldrum, 1996). Today, talk of HIV/AIDS has become so much part of life there is a danger we switch off to it (Gilbert, 1998; Harbottle, 1998). Indeed Treichler (1999) argues that the HIV/AIDS epidemic has produced a parallel epidemic of meanings, definitions and attributions that she calls an 'epidemic of signification'. Although both the medical and linguistic epidemics are crucial to understand, the social dimension is more pervasive and central than we are generally accustomed to believing. Until HIV/AIDS's simultaneous material and linguistic reality is understood 'we cannot begin to read the story of this illness accurately or formulate intelligent interventions' (Treichler, 1999, p. 18).

The significance of the 'epidemic of signification' may well be due to the fact that HIV/AIDS has been 'media-mediated' (Davenport-Hines & Phipps, 1994). HIV/AIDS is the first epidemic of the information age and as such has been widely reported by the media due to its newsworthiness. This allows the media to be significantly involved in defining images of HIV/AIDS using sophisticated information technologies to target people.

Researchers have noted that the language used in the media in relation to HIV/AIDS is, in many respects, similar to that used to talk about cancer. Cancer has been predominantly described using the language of war, a discourse that has commonly been used in the press to give meaning to HIV/AIDS as well (Sontag, 1991; Lupton, 1993; Brown, Chapman & Lupton, 1996). In this paper, we analyse how a war discourse is taken up and utilised in a specific instance of the South African media, viz. the *Daily Dispatch* of the

Eastern Cape. We argue that this war discourse: (1) depends on the personification of HIV/AIDS, (2) draws on and re-produces Othering discourses, in which various categories of people are cast as dark and threatening, (3) entrenches government positions on HIV/AIDS with opposition groups like the Treatment Action Campaign (TAC) having to deploy struggle tactics, (4) re-produces the dominant medical and scientific discourse of disease as the expert commentary on and investigative practices regarding the war, effectively silencing alternative voices, specifically those living with HIV/AIDS, and (5) draws on and re-produces various gendered discourses.

We use the word discourse in this context in its Foucauldian (Foucault, 1972) sense, not as groups of signs but as practices that systematically form the objects of which they speak. Language and meaning is always contestable, which means that rather than language being a system of signs with fixed meanings, upon which everyone agrees, it is a site of variability, disagreement and potential conflict. Discourses, thus, are destructive as they do not simply describe the social world, but are the mode through which the world of 'reality' emerges. They contain subjects and construct objects (Parker, 1992) as well as knowledge and truth (Ramazanoglu, 1993). A discourse presents a coherent system of meanings attached to how 'truth' is formulated (Parker, 1992). In other words, the statements in a discourse cluster around culturally available understandings as to what constitutes a topic.

The media and the construction of meaning

The mass media plays a vital role in informing public opinion

of key issues of the day (Parker, Kelly & Stein, 2001) and communicating knowledge about HIV/AIDS (Tassew, 1995; Chatterjee, 1999). In this paper we adopt the position that news presents socially constructed representations of reality, challenging the assumption of a single authoritative truth typical of modernism. This position allows for a critical stance towards taken-for-granted knowledge and an understanding that knowledge is historically and culturally specific (Burr, 1995).

One definition of the role of the media is to entertain and inform the public (Meldrum, 1996, p. 74). However, the power of the media to set agendas and to construct, maintain and reproduce dominant discourses is often overlooked. In order for a story to be meaningful, events must be identified, contextualised and located within a range of known social and cultural identifications or 'maps of meaning' (Hall, Critcher, Jefferson, Clarke & Roberts, 1978). The media therefore define what significant events are taking place and offer powerful interpretations of how to understand these events. By (re)producing symbols familiar to their audience, reporters and editors 'proclaim the 'preferred reading' of a text' (Tuchman, 1991, p. 90).

The initial discursive framework within which a topic is given meaning serves as a predictor of how the story will be understood from then on. Ryan, Dunwoody and Tankard (1991) propose that the frame gives meaning to the story by defining the types of information that will be considered acceptable and by pointing reporters to particular classes of sources. These 'primary definers' set the terms of reference for all future coverage and debate. 'Arguments *against* a primary interpretation are forced to insert themselves into *its* definition of 'what is at issue' — they must begin from this framework of interpretation as their starting-point.' (Hall *et al.*, 1978, p. 58, original emphasis). As noted earlier, the initial framework for HIV/AIDS was 'a rare cancer', with the concomitant discursive framework of the necessity of waging war against the illness.

A discourse of war

As noted, HIV/AIDS has been described in ways very similar to the manner in which cancer has been understood (Sontag, 1991) and, like cancer, has become a symbol of death and extinction, incorporating a fear of being overwhelmed by the 'Other' and portraying an image of decline (Karpf, 1988; Williams & Miller, 1995). A war discourse has been pervasive in talk about cancer and HIV/AIDS (Sontag, 1991; Lupton, 1993; Brown *et al.*, 1996). Cancer cells 'invade' or 'infiltrate' the body and patients are 'bombarded' with radiation in the hope of 'killing' the cancer cells during treatment. HIV/AIDS has been positioned as the 'enemy' against which campaigns are mounted in order to fight the adversary. Information, education and prevention are presented as the weapons of choice in this battle. A central contribution regarding identification and control of HIV/AIDS is made by medical science resulting in a 'detective' discourse in which rational strategies of deduction and detection are adopted to locate the 'villains' responsible for the 'crime' and then to 'punish' them (Brown *et al.*, 1996).

While there are similarities in the war discourse of can-

cer and HIV/AIDS, there are also differences. Cancer is understood to be a result of 'weakness' in the body. HIV/AIDS, on the other hand, is understood to have a greater element of personal will or intention. Getting HIV/AIDS through a sexual practice, injecting drugs, or by sharing needles is thought to be more intentional and therefore deserving of more blame (Sontag, 1991). Infants, children, women with unfaithful partners, rape survivors and surgery patients are generally portrayed as passive and innocent victims, while a 'guilty' party, typically HIV positive men, gay men, casual sex workers or intravenous (IV) drug users, are represented as the 'villain' by the media (Brown *et al.*, 1996). The Asian media, for instance, distinguish between 'normal' behaviour and 'deviant' behaviour, blaming imported habits for HIV/AIDS and viewing foreigners as HIV carriers (Wolffers, 1997).

The difference between the HIV/AIDS and cancer war discourse thus applies at the level of transmission. As a micro process HIV/AIDS is described similarly to cancer, as an invasion. It is seen as infiltrating a society, sometimes hiding for years. However, when focus shifts to transmission of the disease a different and older metaphor is invoked, that of pollution. HIV/AIDS is transmitted by the blood or sexual fluid of *infected* people or from *contaminated* blood products. This allows for the construction of what Sacks (1996) calls the 'diseased body' (p. 69), the polluter, the transmitter of disease, the infector. The diseased body draws on and reproduces Othering processes centred around sexual orientation, gender and race (see later discussion).

Thus, as pointed out by Sherwin (2001), the deployment of a war discourse with regard to HIV/AIDS is not innocent in its effects, or merely a useful way of mobilising action around the disease. It invokes specific practices (e.g. aggressive technological strategies as opposed to, say, the development of coping), particular feelings (fear, dependence on the part of 'patients'; power, responsibility on the part of health practitioners) and power relations. It potentially deepens existing forms of oppression, while suppressing alternative ways of understanding HIV/AIDS (see conclusion for further discussion).

Data and methodology

The data used for this research consists of HIV/AIDS relevant newspaper articles that appeared in the *Daily Dispatch*, a daily morning newspaper published in East London and distributed around the Border region of the Eastern Cape. The *Daily Dispatch* began its life 131 years ago as the East London Dispatch and Shipping and Mercantile Gazette, a subsidiary of the Kaffrarian Watchman, a King William's Town newspaper. Its most well known figure was Donald Woods who edited the newspaper from February 1965 until he was banned by the apartheid government in October 1977 (Williams, 1997). The *Daily Dispatch* continued publishing in politically turbulent times during the 1980s when its distribution area included the so-called independent states of Transkei and Ciskei where 30% of its readership lived in 1983. The *Daily Dispatch* consistently describes itself as the best selling newspaper in the Eastern Cape. The All Media and Products Survey figures confirm this, indicating the

Daily Dispatch was read by more than 170 000 readers daily from 1985 to 2000.

This paper concentrates on all copies of the *Daily Dispatch* published during four years: 1985, 1990, 1995 and 2000. The period chosen for analysis has been selected as a reasonable sample of coverage of the HIV/AIDS epidemic in the South African print media since HIV/AIDS was first reported in the early 1980s. Articles used for analysis were sourced from the *Daily Dispatch* library file on HIV/AIDS, which was established in April 1984. Prior to this, articles concerning HIV/AIDS were filed under 'Diseases'.

This search resulted in a total of 759 newspaper articles of which 435 (57%) were published in 2000. Articles analysed were initially coded as 'local', 'national' and 'international'. Local articles are those written by a *Daily Dispatch* journalist or by the East Cape News (ECN), where the content of the article relates to HIV/AIDS in the Eastern Cape. National and international articles are those focusing on HIV/AIDS in another province or country respectively. Of the total articles collected, 146 (19.2%) were 'local', 383 (50.5%) were 'national', and 230 (30.3%) 'international'.

Table 1 indicates the frequency of HIV/AIDS articles published in the *Daily Dispatch* in the periods 1985, 1990, 1995 and 2000. Of particular interest is the decline in total HIV/AIDS articles from 1985 to 1995 (more than 20% decrease in each successive year) and the 300% increase from 1995 to 2000 in total HIV/AIDS reporting. This increase may be attributable to the 13th International Conference on AIDS hosted in Durban in July 2000, which resulted in an unprecedented number of articles relating to HIV/AIDS being published in the month of July (Figure 1). A number of other significant events attracted media attention to HIV/AIDS in South Africa during 2000, including President Mbeki's questioning of the link between HIV and AIDS, and local government elections held on December 5th of that year.

The period 1985 to 2000 is particularly important from a political perspective in South Africa and includes periods of major political change. While HIV/AIDS has achieved extensive media coverage in post-apartheid South Africa, it has been argued that the predominantly White controlled mainstream media followed the apartheid government's lead prior to 1994 and disregarded the effect HIV/AIDS had on Black people (Gevisser, 1995, cited in Stein, 2001).

In the actual analysis, Parker's (1992) seven criteria for distinguishing discourses were applied to the texts. This required a reading and re-reading of the text, a chunking of the data into emergent themes, and an application of a set of criteria. These criteria are that a discourse: is realised in text (in this case media articles); is about objects (the HI

virus, the diseased body); contains subjects (the enemy, the commanders, the innocent victim); is a coherent system of meanings (waging war, defeating the enemy); refers to other discourses (racialised, gendered, medical discourses); reflects on its own way of speaking; and is historically located. Attention was also paid to the three additional criteria Parker (1992) proposes, namely that discourses: support institutions (e.g. medical research faculties); reproduce power relations (e.g. gendered); and have ideological effects (e.g. maintaining particular images of the African body). These additional criteria draw on Foucault's (1977; 1978) insights regarding the nature of power/knowledge and allowed the research to go beyond description, including an analysis that is politically and critically motivated.

No frequency count of the number of instances in which a war discourse was invoked was performed. However, in our reading it was clearly the dominant discursive framework within which social practices regarding HIV/AIDS are described. With this initial insight, we framed our analysis around a war discourse. We deconstructed the meaning of war and the categories of subjects (criterion three above) constructed in relations of power in a war. We utilised this analytical work to start understanding the implications of a war discourse in relation to HIV/AIDS. Specifically, we analysed how the particular subjects in a war are positioned, and what discourses (racial, gendered, medical) are simultaneously drawn on and reproduced in this positioning (criterion five above). This methodological step (i.e. framing our analysis around a war discourse) has meant that alternative (less dominant) constructions of HIV/AIDS as well as the implications of these were not accessed in our analysis. However, drawing on the work of others, specifically Sherwin (2001), we discuss some of the possible alternative constructions of HIV/AIDS in the concluding section.

During the analysis, articles were kept in their respective years of publication so that changes over time could be charted. Extracts from the articles have been chosen for

Table 1: Frequency of HIV/AIDS articles in the *Daily Dispatch*: 1985–2000

	Local	National	International	Total
1985	6	26	95	127
1990	23	40	48	111
1995	21	29	36	86
2000	96	288	51	435

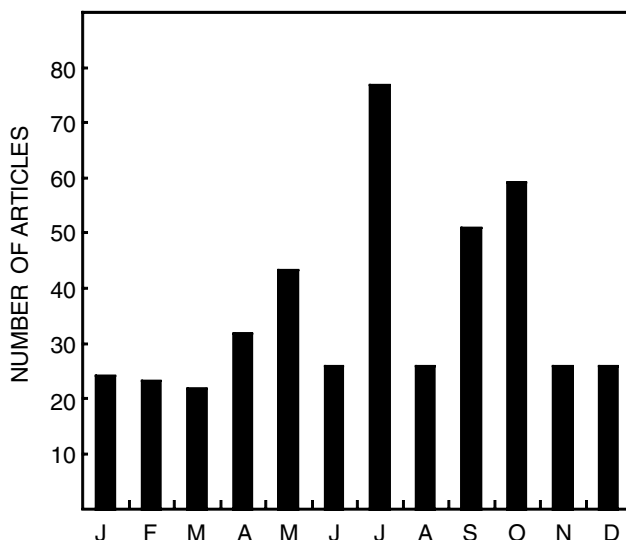


Figure 1: Frequency of HIV/AIDS articles in the *Daily Dispatch*: 2000

their relevance illustrating identified discourses and are printed with the date of publication in brackets. As all extracts come from the *Daily Dispatch* this information is not repeated each time.

The war against HIV/AIDS

The following extracts give an indication of the way in which HIV/AIDS is described using the language of war. It is constructed as invasive, attacking, and threatening to the body and society.

Extract 1

[T]he disease...destroys the body's immune system and allows a variety of opportunistic organisms to invade... (May 21, 1985)

Extract 2

[W]e have a desperate and pressing need to wage a war on all fronts to guarantee...good health. (July 10, 2000)

Extract 3

The cabinet has approved the formation of a high-powered committee...to combat the virus on a national level using a multi-pronged approach. (October 30, 1990)

Extract 4

Aids was also wreaking havoc on the economy, decimating the ranks of the technically and professionally skilled... (October 23, 1995)

In the above extracts, the discourse of war is used in several ways, including medical descriptions in which the disease 'invades' and 'destroys' the body (Extract 1), political and social practices in which 'war is waged' (Extract 2) and 'combat' against HIV/AIDS is 'multi-pronged' (Extract 3), and allusion to the decimation of both the individual and the collective (Extract 4).

As stated above we deconstructed the meaning of 'war' to investigate how HIV/AIDS is located within this discourse. War involves two or more sides engaged in battle. The opposing force is set up as the enemy and a threat to all that is considered 'right'. The enemy is usually portrayed as a dark force that is stealthy and requiring of spying or detective services to unravel its secrets. A dichotomy is immediately set up between opposites of 'good' and 'evil', 'accepted' and 'unaccepted', 'us' and 'them'. Heterosexual men traditionally fight wars while women care for children and the home. War involves a nation or group joining under a common leader, whose job it is to coordinate the battle, to strategise and to make sure the latest technology and equipment is issued to soldiers. War brings expectations of casualties and deaths, including deaths of innocent civilians.

The discourse of HIV/AIDS as 'war' constructs at least four categories of subjects who are positioned in relations of power. First, there is the enemy itself, HIV/AIDS, which extends to include its ally, the diseased body, as an infector. Second, there are the commanders and leaders who direct the battle and the discourse of control that maintains them. Third, there are the experts and commentators on war, in this case bolstered by the powerful discourse of (western) science and medicine, and lastly, the members of society who are affected by the war as victims or people at risk. It is the construction of these subjects in relation to a war dis-

course, and the related discourses that support them, that this paper addresses. In particular, we analyse how: (1) the construction of the enemy's ally, the diseased African body, draws on racialising discourses, (2) the positioning of the government as the commanders of the battle allows for invocation of a struggle discourse by resistance groups like the Treatment Action Campaign (TAC), (3) the positioning of medical personnel as experts on the battle against HIV/AIDS silences the voices of people living with HIV/AIDS, (4) women are positioned as primary caregivers and responsible for prevention in the battle against HIV/AIDS.

The enemy and its ally

Initially HIV/AIDS was constructed in medical terms as an epidemic of infectious disease. In 1985 this discourse is evident in descriptions of HIV/AIDS as a disease and a plague, particularly a 'Gay plague'. The medical discourse continues through 1990, 1995 and 2000, adjusting to include descriptions of the virus and AIDS.

Extract 5

Seldom has there been such concern over a disease in the West as there is over Aids — the so-called 'Gay Plague'. (February 16, 1985)

Extract 6

Every...hospital bed in South Africa would be filled with an Aids patient if just 0,5 percent of the population became infected with the disease, the Minister of Health, Dr Rina Venter, said yesterday. (October 26, 1990)

Extract 7

South African scientists are on the brink of developing an effective vaccine against HIV... (May 16, 2000)

However, the personification of HIV/AIDS runs parallel to the medical discourse from 1985 to 2000 and has not changed meaningfully over the period researched. The personification ascribes agency to HIV/AIDS and allows for its construction as the enemy. HIV/AIDS is described as a 'killer', a 'predator', a 'formidable foe' that 'marches', 'threatens', 'claims lives', 'striking' people down as it 'reaches' into the far corners of the world.

Extract 8

Aids *strikes* four Aussie women. (July 27, 1985, emphasis added)

Extract 9

...film star Rock Hudson *fell prey* to the virus... (August 20, 1985, emphasis added)

Extract 10

South Africa is in the throes of a *rampant* epidemic of Aids infection... (September 13, 1990, emphasis added)

Extract 11

Aids has so far *claimed* more than 38 552 lives in Zimbabwe... (May 29, 1995, emphasis added)

Extract 12

The Aids virus can *march across* the latex wall of a condom... (September 9, 1995, emphasis added)

In Extracts 8, 11 and 12 HIV/AIDS is described as 'striking', 'claiming', 'marching', all actions of the knowing subject, whose object is the innocent victim (Extract 9) and who wreaks havoc (Extract 10). The personification of HIV/AIDS

thus enables a discourse of war against HIV/AIDS, as we are naturally positioned in opposition to the threat of an active subject planning our extermination.

The personification of HIV/AIDS also results in social stigma as the disease incorporates additional meaning. If HIV/AIDS were constructed purely as an epidemic of infectious disease then everyone would be equally susceptible to it. However, personification as a killer allows for the casting of particular people and behaviours as allies of the enemy. A virus requires a vector, a point of transmission, while a killer requires means and allies in the course of destruction. These allies are the 'polluters', the reservoirs of HIV/AIDS, the 'infectors' (Sacks, 1996, p. 63). They include, amongst others, the homosexual, representing the sexually deviant, the sex worker, representing the indiscriminate woman, the pregnant HIV positive woman, representing the unfit mother. Indeed, a dichotomy has emerged between the 'responsible body' and the 'diseased body' (Sacks, 1996, p. 69), with the diseased body represented as the dark and threatening Other in the war against HIV/AIDS. The responsible body is, however, in constant danger of falling into the category of the diseased body.

Extract 13

The role of women in preventing infection and in providing the necessary support cannot be underestimated...

Women too have to learn to take responsibility for their actions and to engage in responsible and healthy behaviour. (November 30, 1990, emphasis added)

In the articles analysed, this Othering process contains a racialising element. 1985 press coverage of HIV/AIDS in South Africa constructed an image of homosexual 'White' men at the centre of HIV/AIDS infections. The lack of association of 'Black' people with HIV/AIDS in 1985 may be a consequence of apartheid ideology implicit in the South African media at the time, or a reflection of broader, global patterns. With respect to the latter, Hammonds (1986, in Lupton, 1994) notes that coverage of HIV/AIDS in leading African-American magazines such as *Ebony* and *Essence* only began 1986. However, by 1990 statistics regarding HIV/AIDS infection were clearly broken down into racial differences. The divisions of 'White', 'Black', 'Coloured' and 'Asian' race groups created by the apartheid government facilitated the calculation of HIV/AIDS statistics along the same divisions. At the same time, a discourse of difference between African HIV/AIDS and western HIV/AIDS is emphasised. Although the origin of HIV/AIDS is consistently emphasised as African, African HIV/AIDS is constructed as different to western HIV/AIDS in its genetic 'make-up' and its dominant methods of sexual transmission.

Extract 14

...until recently the South African Aids epidemic followed a "Western" pattern of spreading among homosexuals and intravenous drug users. The "African" pattern now uncovered in South Africa may spread much faster than the "Western" epidemic... (April 7, 1990)

Extract 15

Among the country's Black population, the vast majority of Aids cases were found in heterosexuals...while among Whites, homosexuals were still the main victims... From these figures it is clear that heterosexual

Aids is still on the increase... (December 12, 1990)

Extract 16

...in developed countries HIV spread mainly among homosexuals, in sub-Saharan Africa the virus affected mainly heterosexuals. (May 11, 2000)

This emphasis on difference allows for the construction of the African body as the diseased body. The diseased Black body becomes an object of fear, not so much for 'White' people (for whom the diseased homosexual or indiscriminate woman or drug-user body is the dark and threatening Other), but for other 'Blacks'.

Extract 17

Dr Lyman said...Aids was found mainly among intravenous drug users, gay men, and the institutionalised mentally retarded. He said Aids was not expected to become an epidemic among Whites...The pattern of transmission was different among Blacks and it was not known why. (September 14, 1990)

Extract 18

Blacks are 10 times as likely to be infected as Whites... (July 11, 1995)

The construction of the diseased Black body draws on an already established edifice of knowledge concerning the African body. This is clearly described in Butchart's (1995) genealogy of socio-medical discourses regarding the African body in South Africa, in which he traces the course of missionary medicine, mining medicine, sanitary science, social medicine and community health and their construction of the African body as a particular site of medical knowledge and intervention.

The construction of the diseased African body feeds off and simultaneously re-produces the exoticisation of African 'cultural beliefs and traditions'. This type of exoticisation, in which Africans are constructed as the repositories of tradition and culture with Whites occupying the position of the urban and the modern, has been noted by South African researchers in other contexts (Macleod & Durrheim, 2002). In the following extracts, a lack of relevant contextualising information and analysis of particular practices serves to distance readers from identifying with the practices described.

Extract 19

Many African states have been hampered in their bid to control the spread of Aids because of social taboos against the use of condoms and traditions in some cultures of promiscuity. (September 26, 1990)

Extract 20

... "sexual cleansing" — the practice of a widow having sex with a close relative of her late husband to avoid being haunted by his spirit — ...was almost certain to communicate the disease. (December 23, 1995)

Extract 21

Condoms, tennis balls, and gumboots are becoming part of the paraphernalia of traditional healers in the fight against Aids...In the last few months, several hundred healers...have been learning for the first time about Aids...Workshops which started in May first concentrated on gently coaxing healers into accepting the reality of Aids... (December 3, 1990)

In Extract 19 'some cultures' serves as a distancing mechanism, constructing African taboos and traditions as

strange (although the addition of promiscuity rescues some other African cultures). The inverted commas in Extract 20, together with the explanation, serve the same purpose. In Extract 21 a condescending tone is adopted to describe the strange (somewhat quaint) ways of the 'traditional' healers. They bring paraphernalia, not medical equipment; they are ignorant and need to be gently coaxed (like a child). Such racialised depictions resonate with descriptions of HIV/AIDS in Africa in the Western media. Austin (1990, cited in Lupton, 1994) argues that the depiction of HIV/AIDS in Africa is filled with racist notions in which constructions of 'Africa', 'the African', the 'prostitute' and the 'homosexual' are closely linked with historical notions of 'Africa'. Such historical notions include the Black subject, sexuality, and disease in the White western imagination. In the West German press, Africa was depicted as a 'Death House' (Jones, 1992, cited in Lupton, 1994). This tendency to what has been called 'Death Voyeurism' is implicit in first world coverage of HIV/AIDS in Africa (Garrett, 2000).

Karpf (1988) argues that African HIV/AIDS is invisible to the Western world, an argument supported by Moeller (2000), who notes that it was only in January 2000 that America declared HIV/AIDS in Africa a threat to global political stability. Moeller argues that the international media avoided coverage of HIV/AIDS in Africa, as did politicians and diplomats, until the 13th International Conference on AIDS was held in Durban in July 2000. Only then, when the emergency was 'government-certified', did the international media focus on African HIV/AIDS using language such as 'plague', 'apocalypse', 'holocaust', and employing images of starving, dying children and abandoned orphans. Bracken (2000, cited in Stein, 2001) suggests that President Mbeki questioning the link between HIV and AIDS, and the focus on pharmaceutical companies and drug prices also contributed to the increase of international media attention on sub-Saharan Africa. A shift becomes evident in the 2000 articles analysed. No direct references to HIV/AIDS affecting particular race groups is made. However, the diseased body becomes the poor body, with the concomitant association with 'Black' people.

Extract 22

[Welfare and Population Development Minister Zola] Skweyiya said the fact that Aids was associated with poverty was an unpopular truth that needed to be faced. "The truth is this disease is associated with poverty and in South Africa poverty faces Black people. The effects of Aids will turn us into a minority in our own country". (July 12, 2000)

Extract 23

Six out of 10 patients seen each day are HIV positive, Sister Beauty Kanta from Empilweni Gompo Health Community Centre in Duncan Village said... [Duncan Village is an informal settlement near East London with low levels of employment and poor infrastructure]. (December 4, 2000)

The commanders/leaders

The commanders in the war against HIV/AIDS are the government. They rely on health experts for information and

advice (see following section), but the final responsibility rests with them. Similarly, the Australian press positioned the Australian government in a dominant role while the public was established as an ally of the enemy because of their complacency, apathy and ignorance (Lupton, 1993). As early as 1985 the South African government is positioned in the press in a central role in the fight against HIV/AIDS. The Department of Health plays a dominant role largely because HIV/AIDS is a medical diagnosis, but also because of access to experts, medical doctors and funding. In South Africa information concerning HIV/AIDS and the number of infections came only from government sources and usually involved special committees set up to combat the disease.

Extract 24

The government yesterday revealed that 16 cases of Aids...have occurred in South Africa since January 1983. (February 27, 1985)

Extract 25

A special departmental committee has been created to give its full attention to the extent and spread of the disease. (February 27, 1985)

Extract 26

The cabinet has approved the formation of a high-powered committee spanning several government departments to give more punch to the fight against Aids. (October 30, 1990)

Extract 27

At least 1,2 million South Africans have been infected with HIV, the Minister of Health, Dr Nkosazana Zuma, told Parliament in a hard-hitting warning on Aids. (June 20, 1995)

A war discourse allows for the generation of different activities outside the scope of a medical discourse and reinforces the institution of government who are central to leading the nation and funding the war effort. Government leaders and other political players gain from the construction of a war against HIV/AIDS through involvement in planning and strategy, the funding of task teams and other initiatives aimed at beating the enemy, and gaining the confidence of their electorate. The discursive framework of war implies greater strategy and planning than might be necessary if other discourses were deployed.

The weapon of choice in the war against HIV/AIDS between 1985 and 2000 was predominantly public education about HIV/AIDS. In 1985 this took the form of scientific information from experts while from 1990 a greater focus on prevention and education campaigns is evident in the media. By 2000 the arsenal included the potential use of drugs in order to prevent HIV infection or to control its effects.

Extract 28

Dr Donald Acheson, chief medical officer of Britain's Department of Health, said: "You cannot get it Aids [sic] from sitting in the same room as, or sharing a meal with, a person with Aids, since it is not transmitted through the air by coughing or sneezing". (February 16, 1985)

Extract 29

[Minister of Health] Dr Zuma outlined five key strategies to fight Aids in the year ahead. These were school-based lifeskill programmes, widespread use of media,

appropriate treatment of sufferers, increased access to condoms and providing adequate care and support. (June 20, 1995)

Extract 30

The ANC has resolved to embark on an extensive HIV/Aids awareness campaign. (April 18, 2000)

Extract 31

[Minister of Health] Tshabalala-Msimang said the greatest challenge for winning the war against Aids was the affordability of drugs. (July 10, 2000)

The commanders, however, do not always enjoy the support of their subjects and may experience opposition in their handling of the war. In 2000 a critique of government action, or inaction, becomes apparent in South Africa with prominent critics maintaining that the state has an obligation to provide primary healthcare. President Mbeki's questioning of the link between HIV and AIDS, his talks with 'dissident' scientists, and local government elections held on December 5th 2000 reinforced a critique of the government's handling of HIV/AIDS where such critique may otherwise not have had a voice.

Extract 32

Democratic Party leader Tony Leon said...Mbeki's "bizarre" support for the dissident view was part of a search for excuses for the failure of the government's Aids programme. (March 25, 2000)

Extract 33

The Pan Africanist Congress in the Eastern Cape has told the government to "stop theorizing" about Aids and its cause, and start taking positive measures to prevent further deaths from the disease. (August 23, 2000)

In terms of the overall discursive framework of war, criticism of leadership is at best a vote of no confidence, and at worst subversion. The government adopted a defensive position as a result of being challenged. Government ministers made allegations of racism against critics of Mbeki's position and the media was accused of 'bad-mouthing the Black government', leading to growing hostility between the media and the government (Cullinan, 2001).

Institutions that were critical of the government's handling of HIV/AIDS were forced to work as informal resistance movements in order to reach their goal. The Treatment Action Campaign (TAC) operated in this way by pursuing options for alternative supplies of HIV/AIDS drugs that were not being supplied by the government.

Extract 34

Police yesterday confirmed they were probing charges of the illegal importation of drugs against the leader of the Aids lobby group Treatment Action Campaign (TAC). (October 23, 2000)

The government defended its position, emphasising its leadership and power by, for example, bringing formal charges against a medical practitioner for criticising the Health Minister.

Extract 35

Cecilia Makiwane hospital's head of public health and Pan African Congress national health secretary, Dr Costa Gazi, has been found guilty of bringing former Health Minister Nkosazana Zuma into disrepute. (January 11, 2000)

One of the results of resistance movements such as the TAC being positioned as a 'lobby group' and forced to work in subversive ways is the emergence in the media in 2000 of a discourse reminiscent of the apartheid struggle in South Africa during the 1980's. This struggle discourse emphasises the need for people to work together, to campaign and to defy the authorities in order to defeat the enemy, HIV/AIDS.

Extract 36

Cosatu undertook to lead a *campaign* to end discrimination against people with HIV/Aids... "to *mobilise* our family and friends, the bosses and even the government to ensure that we act as a *unified people to defeat this scourge*". (September 23, 2000, emphasis added)

Extract 37

TAC announced earlier this week that it had imported the drug...at a fraction of the cost. This was part of its *defiance campaign* against patent abuse and Aids profiteering by multi-national pharmaceutical companies. (October 23, 2000, emphasis added)

Invoking a discourse of struggle serves to reinforce the importance of the role of informal resistance groups and infers a move away from depending solely on the government's attempts to fight HIV/AIDS. The nature of defiance campaigns emphasises perceived injustices and a focus on empowerment, human rights and the voices of those affected by HIV/AIDS. The struggle discourse pits ordinary South Africans against the authorities who are positioned as utilising wrong, inadequate or misinformed strategies. The struggle discourse, however, dove-tails with the discursive framework of war, but takes the battle against HIV/AIDS into new territory, allowing for greater activism and action against HIV/AIDS and institutions (such as government and pharmaceutical companies) not perceived to be working towards South Africans' interests. Activists struggle against multiple enemies — HIV/AIDS, pharmaceutical companies (who are bolstered by capitalist profit principles) and government that creates policy. At the same time, however, a struggle discourse opens up the space for alternative discourses, as elucidated by those affected by HIV/AIDS, to be heard. This issue will be discussed further in the concluding section.

The experts and commentators

Research demonstrates that the media tend to rely on well-established sources of authority and expertise (Hall *et al.*, 1978; Schudson, 1989; Bell, 1991; Greenberg & Wartenberg, 1991; Williams & Miller, 1995) and in the health field this has involved a prevalence of medical experts and natural scientists in presenting views on health matters (Shepherd, 1981; Nelkin, 1987; Karpf, 1988; Nelkin, 1996). Further, previous research has suggested that the media tend to premise the 'bio-medical model' as a source of preferred authority and commentary above the 'public health model' of HIV/AIDS prevention and care (Westwood and Westwood, 1999). In the *Daily Dispatch*, in the period under study, the authoritative voices speaking about HIV/AIDS were consistently those of medical doctors and researchers.

These experts, apart from serving as the primary commentators on the war, are tasked with investigative practices, identified by Brown *et al.* (1996) as the detective dis-

course, which will lead to discovering and identifying the 'truth' of HIV/AIDS and its management.

Extract 38

An advisory council of experts has been created to deal with aspects of the killer disease... (February 27, 1985)

In contradistinction to the experts are the ignorant public including people living with HIV/AIDS (PLWHAs).

Extract 39

...what is truly disheartening is the ignorance and apathy of the public. People don't want to know about Aids...All that is needed is a bit of common sense... (May 30, 1995)

The dominance of discourse around medical expertise constructs the story of the war on HIV/AIDS in a particular way, marginalising other potential voices, such as the poor, HIV positive pregnant women and PLWHAs. For example, the voice of PLWHAs was noticeably absent from the earlier articles analysed, except when they were involved in events drawing attention to HIV/AIDS awareness or policy, and then often only because of controversial action. An example of this occurred in April 1990 when 'two cyclists suffering from AIDS' rode from Johannesburg to Cape Town to raise funds for an AIDS home. The story only gained media attention when the mayor of Aliwal North allegedly refused to allow them to stay at the town's municipal campsite. Four articles covering this event contain just three quotes from one of the cyclists. This pattern is reflected elsewhere. For example, Wright's (1999) study of leading television news programmes in the United States found that people living with HIV/AIDS were seldom included in debates or discussion. Instead they were represented as engaging in deviant or obstructive behaviours, such as participating in demonstrations. In the 1980s Watney (1987) identifies 'the huge bellying amphitheatre of Aids commentary' present in the media and notes that:

One factor is common to all: the figure of the patient, who is speaking but cannot be heard for the hubbub which surrounds him (sic). He is completely ignored, the person with Aids, as he-with-whom-identification-is-forbidden (p. 22).

While the recent activism of the TAC has meant that the views of people living with and affected by HIV/AIDS are more prominent than previously, the power of scientific discourse continues to place them in the 'lay' position. Medical practitioners, scientists and researchers are accorded expertise that is objective and neutral. They are installed as the authority on HIV/AIDS, never having to engage in marches or campaigns of defiance in order to express an opinion on the matter.

This is not to suggest that there is agreement between scientists or that medical discourse is homogeneous or seamless, with the 'dissident' debate being the most obvious example of dissent. In this case, the commanders (specifically President Mbeki) sided with the dissidents and questioned the link between HIV and AIDS. Throughout the vociferous debate that ensued and that drew on complex philosophy of science debates, the press reinforced the underlying principles of rigour, expertise, evidence and scientific association that places scientists in the position of expert or authority in the war against HIV/AIDS.

Extract 40

The cause of Aids had been thoroughly researched by *eminent scientists* and there was no longer serious doubt that the Human Immunodeficiency Virus caused the disease, the council of the Royal Society of South Africa said yesterday. That virus has now been *isolated and studied in depth*, the society, *comprising scientists and founded more than 100 years ago*, said in a statement... Throwing doubt on the role of HIV as the cause of Aids in the face of all the present day evidence, as is done by a *small number of Aids dissenters*, has failed to throw any further light on the nature of Aids. (April 27, 2000, emphasis added)

In this extract we see how 'mainstream' scientists are positioned as eminent, with a long history of association, and as studying matters in depth. Of course the dissident scientists would claim the same for their science. Importantly, though, in the context of this article, are the power relations invoked in the positioning of experts as *the* (rather than one) authority on HIV/AIDS.

The innocent citizen

The fourth category of subjects constructed by the discursive framework of HIV/AIDS as war is the innocent citizen, the (ordinary) people who are at risk from HIV/AIDS, the victims and those who care for them. Male homosexuals were the central focus of HIV/AIDS reporting in 1985 particularly around the death of Rock Hudson in October of that year. At this time homosexuals with AIDS were typically portrayed as suffering for long periods in hospital while their condition deteriorated and they eventually died. The press, in a similar fashion, covered Hudson's decline for three months until he died. At the same time as Hudson's HIV/AIDS status was publicised in July 1985, four Australian women caught the media's attention in a second 'revelation'. Together these two events marked a turning point for new discourses constructing women and HIV/AIDS in the press.

The four Australian women were diagnosed 'with the deadly Aids virus' as a result of artificial insemination at an infertility clinic. This was believed to be 'the first time in the world that the disease...had been contracted in this way' (*Daily Dispatch*, July 27, 1985). The event, together with the realisation by many of Rock Hudson's female co-stars that they might have been exposed to HIV/AIDS, began new speculation of the threat of HIV/AIDS to women around the world and marked the beginning of articles addressing this issue and placing women at the centre of HIV/AIDS investigations. The following headlines appeared immediately after the Australian diagnosis.

Extract 41

AIDS THREAT TO WOMEN WORLDWIDE? (July 29, 1985)

Extract 42

CAPE WOMEN TO BE SCREENED FOR AIDS (August 12, 1985)

Attention moved away from the 'innocent' exposure of women to HIV/AIDS and focused on 'high-risk women', defined as women who led promiscuous lifestyles. A dichotomy was established between women perceived as

'innocent' and those perceived as 'guilty' victims.

In the Australian press, women were portrayed in contradictory ways in the 1980s (Lupton, 1994). On one hand women were portrayed as vulnerable, unsuspecting, dependent, unlucky in love and falling prey to the devious sexuality of their male partners, while on the other hand women were positioned as the moral guardians of (hetero) sexual expression. The message was that 'modern' women should take charge in relationships and demand condom use, they should not engage in casual sex and that celibacy was the best way to avoid HIV infection (Lupton, 1994). Heterosexual men, in contrast, received prominence in the Australian press by virtue of occupying powerful public roles such as government ministers, officials, doctors, and medical researchers. These male figures were portrayed as seeking to fight against HIV/AIDS, rather than passively accepting their fate like the female victims of HIV/AIDS (Lupton, 1994).

South African researchers have noted that sexuality and gender discourses are central in much of the literature regarding HIV/AIDS (Strebel & Lindegger, 1998). These emphasise women's lack of power in sexual relations and economically to resist the risk of HIV infection. In our analysis two gendered themes were evident; namely, women as primary care-givers and women as primarily responsible for prevention.

Media coverage of Rock Hudson focused attention on women in caring and supportive roles. This stereotypical role for women during wartime was demonstrated in 1985 by Hollywood friends of Hudson, led by Elizabeth Taylor, visiting him and raising funds for a public campaign against HIV/AIDS. Once the shock of his revelation had passed women who had starred with Hudson were mainly portrayed as being supportive of him.

Extract 43

Despite the concern of her millions of fans...Miss [Linda] Evans has remained as loyal and supportive of Hudson as her character, Krystle, was of Daniel Reece, played by Hudson in *Dynasty*. (October 1, 1985)

Up to and during 2000 the role of women as caregivers and mothers within the discursive framework of HIV/AIDS as war continued to be emphasised. Implicit in the following excerpts from the *Daily Dispatch* in 2000 is that men and fathers are not considered carers for children.

Extract 44

By 2005, nearly a million children under the age of 15 will have lost their mothers to Aids. Care for orphans will become one of the great challenges facing this country. (May 18, 2000)

Extract 45

The former president [Mandela] praised women...for taking Aids orphans into their homes and caring for them... (September 23, 2000)

In Extract 44 and surrounding text the loss of fathers is not mentioned, while in Extract 45 the role of men in caring for AIDS orphans in the home is omitted. These views reflect the arguments of psychiatry and psychology in the 1950s and 1960s that construct women as primary caregivers and nurturers, critical to a child's satisfactory development (Weisstein, 2000), in contrast to feminist arguments against

exclusive gender roles and their call for shared care-giving responsibility (Babcox, 2000).

An emphasis on women's responsibility for preventing transmission of HIV/AIDS emerged in the 1990 articles.

Extract 46

Women — particularly in rural communities — have to learn to take control of their own bodies and to convince their partners to use condoms... (November 30, 1990)

The (probably unintended) implication of this excerpt is that men already take responsibility for their actions. Women as primarily responsible for prevention remains as a theme despite the paradoxical acknowledgement of their lack of sexual and economic power within relationships.

Extract 47

Traditionally — due to the male dominated society in which we live — the woman has tended to adopt a passive role in sexual relationships, very often having to give in to the man's sexual whims. She is often expected to be the recipient... (November 30, 1990)

Extract 48

At the centre of the spread of HIV was the oppression of women and their reliance on men for their livelihood...older men...chose young girls for sex because they thought they were less likely to be infected... (August 26, 1995)

The first direct appeal to men to become more involved in HIV/AIDS prevention was reported late in 2000.

Extract 49

[Deputy President Jacob] Zuma urged men to play a greater role in stopping the spread of the disease. (October 10, 2000)

Extract 50

Men should change their attitude towards women and make a significant contribution to the fight against the HIV-Aids pandemic... (November 28, 2000)

However, males are constructed as lacking accountability for these matters.

Extract 51

The lack of male responsibility for children was a crucial factor for African women's need for contraception. (September 23, 2000)

Thus, the overall discursive framework of war draws on and re-produces traditional gendered practices within the fight against HIV/AIDS. Women are constructed as primary care-givers and as responsible for the prevention of illness in the home, while men are, for the most part, exonerated from these duties.

Conclusion

Our aim in this article has not been merely to point to the existence of a war discourse in discussions on HIV/AIDS in the media, but rather to draw out the implications of the invocation of such a discourse. The initial step in a war discourse is the construction of an enemy. As we have indicated the personification of HIV/AIDS, which runs parallel to medical descriptions of it, constructs a threatening enemy. Power relations based on authority, expertise, the diseased body and the innocent victim are established and maintained as a result. These power relations draw on and simultaneously

reinforce racialised, gendered and medical discourses. In the war, HIV/AIDS and the diseased body, frequently taking on racialised overtones, become fudged as the enemy, allowing for particular categories of people to be cast as polluters and infectors. Government become the commanders, setting policy, planning strategies and implementing programmes, while those affected by HIV/AIDS have to adopt a 'struggle' discourse in opposition to government tactics with which they disagree. Medical understandings predominate with the voices of PLWHAs and others (such as women who are routinely tested at ante-natal clinics) having to adopt struggle tactics to be heard. The ordinary citizen is incited to take responsibility in the war in terms of prevention and care. However, the promotion of these activities is heavily gendered, with women being consistently positioned as primary care-givers and as primarily responsible for the prevention of illness.

The African continent has been embroiled in 20 years of intermittent military and chronic civic violence. Wars occupy a significant amount of Africa's time and energies (Shell, 2000). In a society in which images of violence and war are commonplace South Africans identify with discourses of war. The discursive framework constructing HIV/AIDS as a war, however, does far more than provide a useful framework within which the epidemic can be understood. Employing discourses of war, together with discourses of medical science, results in constructions of HIV/AIDS that influence the way we think about defeating 'the enemy', the methods used, our aims and goals, who fights, who cares for people, who may or may not comment, and who may have ultimate victory (is it PLWHAs, Government or Society?).

Our analysis indicates how the deployment of a war discourse in relation to HIV/AIDS currently has racialising, gendering and silencing effects. In particular, it is people affected by HIV/AIDS whose voices are silenced by the media's reliance on opinions and actions of the commanders and experts of the war. Furthermore, a war discourse invariably positions PLWHAs as an ally of the enemy, the diseased body, and as such accords them negative agency only.

Sherwin (2001), in her paper entitled 'Feminist ethics and the metaphor of AIDS' makes a strong argument for 'seek[ing] out and endors[ing] alternative metaphors that are more likely to help reduce some forms of oppression' (p. 34). These, she suggests will emanate from people affected by HIV/AIDS, with the caveat that it is unlikely that a single metaphor/discourse will appeal to all affected by HIV/AIDS, given the different contexts in which it occurs. There are a number of examples of alternative discourses already deployed by people affected by HIV/AIDS. The use of the term PLWHA (person living with HIV/AIDS) as opposed to 'AIDS patient' or 'AIDS victim' counteracts the diseased body image, emphasising the fact that the virus does not constitute people. Gay men in the west have critiqued the 'innocent' victim and 'guilty' party (e.g. Gay men) distinction, by shifting discourse from identity to behaviour issues (from high risk groups of people to high risk activities). Other AIDS activists have emphasised the social dimensions of HIV/AIDS, calling attention to its association with other social and medical conditions (poverty, tuberculosis) and arguing for holistic efforts aimed at *building health* (as

opposed to fighting a war) (Sherwin, 2001). In the end, of course, it must be acknowledged that HIV/AIDS is a complex issue, involving multiple layers of material and linguistic signification. Our aim in this paper has been to highlight the importance of analysing the discourses deployed with regards to HIV/AIDS (including the alternative ones mentioned above) in terms of their potential racialising, gendered, class-based and silencing effects.

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