

**Rumours of war: De-constructing media discourses of  
HIV/AIDS in South Africa.**

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This paper explores discourses of HIV/AIDS evident in a South African daily newspaper from 1985 to 2000, and discusses the implications of these in terms of the way in which HIV/AIDS is constructed in society. In this paper I utilize a Foucauldian analysis of the relationship between power and knowledge. The discursive framework of the war against HIV/AIDS is used to show how different groups of subjects are positioned in relations of power. Within this the power of western science and medicine is influential and supports and informs other discourses of HIV/AIDS. I argue that the discursive framework constructing HIV/AIDS as a war does far more than provide a useful vehicle within which HIV/AIDS can be understood as it supports certain institutions and groups of people above others. The paper concludes by identifying the silenced voices of women and dissidents, and calling for greater reflection concerning the critical analysis of current issues surrounding HIV/AIDS.

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*Key words:* HIV/AIDS, media, discourse analysis.

#### ABSTRACT

This paper explores discourses of HIV/AIDS evident in a South African daily newspaper from 1985 to 2000, and discusses the implications of these in terms of the way in which HIV/AIDS is constructed in society. In this paper I utilize a Foucauldian analysis of the relationship between power and knowledge. The discursive framework of the war against HIV/AIDS is used to show how different groups of subjects are positioned in relations of power. Within this the power of western science and medicine is influential and supports and informs other discourses of HIV/AIDS. I argue that the discursive framework constructing HIV/AIDS as a war does far more than provide a useful vehicle within which HIV/AIDS can be understood as it supports certain institutions and groups of people above others. The paper concludes by identifying the silenced voices of women and dissidents, and calling for greater reflection concerning the critical analysis of current issues surrounding HIV/AIDS.

#### 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). The

effects of HIV/AIDS have not been limited, particularly in sub-Saharan Africa, and HIV/AIDS has been identified as an epidemic with potentially serious socio-economic consequences.

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 I adopt the position that news is a socially constructed representation 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).

The primary functions of media in society include education, information and entertainment. However, the power of the media to set agendas for society is often overlooked. A number of factors can shape the coverage of events, including the information available, the reporters' own views, the journalistic strategies used to gain information, the journalists sense of news values, and the influence of sources (Williams & Miller, 1995).

In this paper I evaluate international and African media treatment of HIV/AIDS before outlining Foucault's (1977) notion of power/knowledge and discussing the texts and methodology used. This is followed by an analysis of the texts utilising a discursive framework of the war against HIV/AIDS.

## THE MEDIA AND SCIENTIFIC EXPERTISE

The mass media are influential in setting the agenda for information that is conveyed about HIV/AIDS and strongly influence public beliefs about HIV/AIDS (Albert, 1986; Lupton, 1991; Hertog & Fan, 1995; Wright, 1999). 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 et al., 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 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).

The prevalence of medical definitions in the media, and the status afforded to science, reinforces the view that medical experts predominate in the presentation of health matters (Shepherd, 1981; Nelkin, 1987; Karpf, 1988; Nelkin, 1996) and that the 'medical model' is promoted above the 'public health model' of HIV/AIDS prevention and care (Westwood and Westwood, 1999). Opinions expressed in the media are often those of experts, partly because of the authority they have on a subject, but also because they are easy to locate and are always willing to comment (Hall et al., 1978; Schudson, 1989; Bell, 1991; Greenberg & Wartenberg, 1991; Williams & Miller, 1995).

This constructs a story in a particular way marginalizing potential voices such as individuals, opposition parties, unions, minorities, fringe groups, and the disadvantaged. Nelkin (1996) argues that science reporting is a source of tension between the media and medicine as constraints of time and brevity do not allow for the careful documentation, nuanced positions, and precautionary qualifications that scientists feel are necessary to present their work. Arguing that perceptions can carry as much weight as science, Cohen (1994, 1997) believes that the media has a tendency to oversimplify and overemphasise scientific data, resulting in unrealistic expectations and perceptions.

Media corporations expect profit margins and require news to flow 24 hours a day, relying on hype and sensationalism to sell the product. The result is a



failure to analyse topics and inform readers of complexities surrounding stories and a tendency to be victim blaming and homophobic (Wellings & Field, 1996; Garret, 2000; Cullinan, 2001).

## THE CONSTRUCTION OF HIV/AIDS

Research from Australia, Britain and America indicates that constructions of HIV/AIDS make use of existing ways of understanding the world and influence meanings attributed to the disease. The media's role in constructing popular beliefs about HIV/AIDS has important implications concerning the portrayal of gender roles and minority groups.

HIV/AIDS has been described in ways very similar to the manner in which cancer has been understood in the past (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 (Williams & Miller, 1995; Karpf 1998). 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). 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 (Brown, Chapman, & Lupton, 1996).

Sontag (1991) believes HIV/AIDS has a dual metaphoric meaning. As a micro process it is described as cancer is: an invasion. The HIV/AIDS virus is described 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. The dual metaphoric meaning of HIV/AIDS is a subject addressed by Paula Treichler (1999) who

notes that at the end of the 1980's there was a strong medical argument that HIV/AIDS represented an epidemic of infectious disease and nothing more. She argues that the HIV/AIDS epidemic has also produced a parallel epidemic of meanings, definitions and attributions that she calls an 'epidemic of signification'. Although both are equally crucial to understand she believes the social dimension is more pervasive and central than we are generally accustomed to believing. Treichler further argues that until HIV/AIDS's dual life as both a 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 potentially sophisticated techniques to target people.

While cancer is understood to be a result of 'weakness' in the body, HIV/AIDS 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 and surgery patients are generally portrayed as passive and innocent victims, while a 'guilty' party, typically HIV positive and gay men, or intravenous (IV) drug users, are represented as the 'villain' by the media (Brown, Chapman, & Lupton, 1996). The Asian media distinguish between 'normal' behaviour and 'deviant' behaviour, blaming imported habits for HIV/AIDS and viewing foreigners as HIV carriers (Wolffers, 1997). Lyttleton (1994) notes that the media's portrayal of HIV/AIDS in Thailand places an emphasis on 'deviant' behaviour, and focuses almost exclusively on the casual sex industry.

Treatment of HIV/AIDS in British and African media is distinguished by a lack of identification with the majority of those affected by the illness (Watney, 1987; Tassew, 1995). The majority of views expressed emanate from

predominantly white, male, affluent, well educated, and HIV negative spokespersons while HIV positive voices are excluded. Wright's (1999) study of leading television news programs in the United States found that People Living with AIDS (PLWAs) seldom participated in debates or discussion. Instead they were represented as engaging in deviant behaviours, such as participating in demonstrations. Watney (1987) identifies 'the huge bellowing amphitheatre of Aids commentary' present in the media:

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

Sexuality and gender discourses, as well as socio-economic discourses are central in much of the literature regarding HIV/AIDS (Strebel & Lindegger, 1998). These emphasize women's lack of power in sexual relations and in economic positions to resist the risk of HIV infection. During the 1980's Australian women were mostly absent in coverage of HIV/AIDS issues, with the exception of prostitutes who were viewed as vectors of HIV. Women were portrayed in contradictory stereotypes when they did receive attention from the Australian press. 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 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).



Sacks (1996) argues that HIV/AIDS discourses have placed women at either end of extremes of female deviance. One end portrays casual sex workers, representing the apparently indiscriminate woman, and the pregnant HIV positive woman, representing the unfit mother. At the other end is the 'innocent' woman who has been infected by one unsafe activity in her life such as an operation or visit to the dentist. The result is that HIV/AIDS reporting sets up casual sex workers as 'polluters' and reservoirs of HIV/AIDS, viewing them as the *infectors*, rather than the *infected*.

#### MEDIA COVERAGE OF HIV/AIDS IN AFRICA

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 13<sup>th</sup> 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.

In South Africa, Cullinan (2001) argues that journalists have been inconsistent in reporting on HIV/AIDS and that since 1994 the interests of the most powerful political party, the ANC, dominate the media. Conflict around South African HIV/AIDS policy, including President Mbeki's debate concerning the link between HIV and AIDS, has meant that HIV/AIDS has become highly politicised in South Africa. Government ministers have made allegations of racism against critics of Mbeki's position and the media is accused of 'bad-mouthing the black government', leading to growing hostility between the media and the government (Cullinan, 2001).

As the vast majority of articles in the South African media are sourced from press releases, spokespersons, and news agencies, the reporting of HIV/AIDS in South Africa remains predominantly uncritical (Parker & Kelly, 2001). The lack of articles written by specialist health reporters and the absence of alternative voices contributes further to this. 'The media agenda in relation to HIV/AIDS...is driven largely by the agendas of those who have resources to define areas of emphasis.' (Parker & Kelly, 2001 p. 3).

HIV/AIDS reporting in the South African business press has also failed to enlighten its target audiences, according to Michael (1999), who asserts that clear, concise and well-considered accounts of the facts are sacrificed to doomsday scenarios. Any valuable information in the business press 'is often buried under an avalanche of fluff and or swathed in hysterical adjectives, and is only discernible to the expert eye' (Michael, 1999 p. 1).

The failure of the South African media to provide in-depth, meaningful, and critical coverage of HIV/AIDS has resulted in a number of specialist newsletters targeting the business sector with in-depth analysis of HIV/AIDS. Electronic newsletters such as PulseTrack's *AIDSAIert* ([www.pulsetrack.co.za](http://www.pulsetrack.co.za)) and *AIDS Analysis Africa*, sponsored by Metropolitan Life, provide regular updates on news and the impact of the HIV/AIDS epidemic on organisations, business and the economy. Improving media coverage of HIV/AIDS in South Africa requires a proactive response from media organisations and should aim to provide a deeper, and more critical

analysis of HIV/AIDS (Michael, 1999; Garrett, 2000; Cullinan, 2001; Parker, Kelly & Stein, 2001).

## POWER/KNOWLEDGE

Foucault believed that the role of an intellectual is to change something in the minds of people (Martin, 1988). In this paper I adopt a postmodern approach that recognises Foucault's contributions on discourses and power, and seeks to understand discourses of HIV/AIDS in the press in terms of the production and reproduction of power relations. My hope is that this paper may create a space for making available alternatives to what 'is', to demonstrate that things could be different, and to create a space from which alternative voices may be heard.

Foucault (1977) argues that power is productive and constructive rather than repressive, in that it shapes our lives and understandings of the world by the use of normalizing 'truths'. As such, power does not repress but rather subjugates. According to Foucault (1977) knowledge and power are linked with some forms of knowledge, such as medical and scientific 'facts', gaining precedence over others, such as HIV positive spokespeople, in the media. In order to examine the mechanisms of power/knowledge Foucault (1976) maintains it is necessary to expand on the production of discourses in fields where there are multiple and mobile power relations. It is discourses that determine what knowledge is given 'truth' status in a society and what the dominant knowledge is. Foucault believes that once the details of these knowledges can be recovered an effective criticism of the dominant knowledges can be developed. 'It is through the reappearance of this knowledge, of these local popular knowledges, these disqualified knowledges, that criticism performs its work' (Foucault, 1980 p. 82).

Discourse analysis is concerned with the ways that language constructs meaning. Foucault (1972) describes discourse analysis as a task that consists of not treating discourses 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. Language is therefore a sight of struggle and conflict, where power relations are acted out and contested (Lupton 1993; Burr, 1995). I have therefore adopted a discursive approach in order to analyse how HIV/AIDS is used in newspaper articles to construct particular knowledges and produce and maintain power relations.

## 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 129 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 1980's 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 1980's. 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'. The library at Rhodes University has a relationship with the *Daily Dispatch* library, which enabled me full access to the relevant files. This research 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 written outside of the Eastern Cape, focusing on HIV/AIDS in another province or country. Of the total articles collected, 146 (19.2%) were 'local', 383 (50.5%) were 'national', and 230 (30.3%) 'international'. The articles were read through twice before emergent themes were noted. Parker's (1992) seven criteria for discourse analysis were applied to the texts, with particular attention given to the three additional criteria he proposes, namely that discourses: support institutions; reproduce power relations; and have ideological effects. These criteria draw on Foucauldian insights regarding the nature of power/knowledge and allow the research to go beyond description, including an analysis that is politically and critically motivated. Using Parker's (1992) criteria texts were coded on the third reading according to identified themes, which include war, race, African AIDS, experts, authorities, education, and control. The theme of a war against HIV/AIDS was dominant throughout the texts and is used to explore the 'discursive practices' (Foucault, 1972) operating within the discourse of HIV/AIDS as 'war' and to show how different groups of subjects are positioned in relations of power. 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 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.

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Figure 1 Here

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Figure 2 Here

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Figures 1 and 2 indicate 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 13<sup>th</sup> International Conference on AIDS hosted in Durban in July 2000, which resulted in an unprecedented number of articles relating to HIV/AIDS published in the month of July (Figure 3). 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 5<sup>th</sup> of that year.

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Figure 3 Here

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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).

#### THE WAR AGAINST HIV/AIDS

Many of the themes constructing HIV/AIDS in the international media form an important backdrop against which a uniquely African construction of HIV/AIDS emerges. HIV/AIDS is predominantly described in the articles analysed using the language of war and is constructed as invasive, attacking, and threatening to the body and society. The discourse of war is not only used in medical descriptions concerning HIV/AIDS but also in the language of politicians who 'come under fire' for their actions. Those opposing the threat of HIV/AIDS are portrayed as being in a 'fight against Aids'. HIV/AIDS is personified as a 'killer disease', a predator that wreaks havoc, decimating the ranks of soldiers that

fight against it, and those they protect, and is best opposed using strategic methods such as a 'multi-pronged approach'.

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

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).

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

[E]mbattled President Thabo Mbeki...has been under fire recently... (March 25, 2000).

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

Deconstructing notions of 'war' proves instructive when investigating how HIV/AIDS is perceived in society. War involves two or more sides engaged in battle for what they believe is righteous. The opposing force is set up as the enemy and a threat to all that is considered 'right'. 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 society 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 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 practices' (Foucault, 1972) operating within the discourse of HIV/AIDS as 'war' construct at least four categories of subjects who are positioned in relations of power: first, the enemy itself, and the discourses that form our construction of HIV/AIDS; second, the commanders and leaders who direct the battle, and the discourse of control that maintains them. Third, the powerful discourse of (western) science and medicine that empowers the experts and commentators on the war, and lastly, the members of society who are affected by the war as victims or people at risk. It is these subjects and the dominant discourses that support them that this paper will address.

#### THE ENEMY

HIV/AIDS, the enemy of this war, has been constructed in the press using dominant discourses of medicalisation and personification. Treichler (1999) argues that at the end of the 1980's there was a strong argument that Aids represented an epidemic of infectious disease and nothing more. 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 Aids virus and HIV.

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).

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

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

The personification of HIV/AIDS runs parallel to the medical discourse from 1985 to 2000 and has not changed meaningfully over the period researched for this paper. HIV/AIDS is described as a 'killer', a 'predator', a 'formidable foe' that 'marches', 'threatens', 'claims lives' and 'wreaks havoc', striking people down as it reaches into the far corners of the world. In addition, HIV/AIDS has an established genealogy and runs rampant, knowing no bounds.

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

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

South Africa is in the throws of a rampant epidemic of Aids infection...(September 13, 1990).

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

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

The Aids epidemic has been traced back to a single viral ancestor – the HIV Eve - ...(February 5, 2000).

The 'personifying' discourse of HIV/AIDS constructs an image of the enemy as a dangerous killer and enables a process of identification with the enemy and what the enemy stands for. Personifying HIV/AIDS as an enemy threatening our existence enables a discourse of war, as we are naturally positioned in opposition to the threat of our own extermination. A discourse of war 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 dominant.

Personifying HIV/AIDS as the enemy supports possibilities for the funding of many related activities such as research, education and training. There is an economic benefit as money is spent in areas that would otherwise receive less attention. Shell (2000) observes that war is one of the African continent's biggest and most successful businesses, which implies that there are many areas of South African society directly and indirectly benefiting from HIV/AIDS spending and in whose interest it is to support the discourse of war.

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 the disease. However, personification associates the disease with sexual deviance or a particular sector of society.

#### DIRECTING THE BATTLE

Press articles in 1985 position the South African government in a central role in the fight against HIV/AIDS. The Department of Health play a dominant role largely because HIV/AIDS is a medical diagnosis, but also because of access to experts, medical doctors, and funding. Similarly, the Australian press positioned the Australian government in a dominant role while the public was established as the enemy because of their complacency, apathy and ignorance (Lupton, 1993). 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.



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

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

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).

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).

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. Articles dispelling myths, outlining risky activities, and creating awareness of HIV/AIDS characterize this period.

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).

In a move to support the Aids awareness campaign The Natal Witness here yesterday distributed free condoms in sealed envelopes with copies of the newspaper... (November 30, 1990).

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).

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

The detective discourse, identified by Brown, Chapman and Lupton (1996) in Australia, dominated from 1985 to 1995, leading to the establishment of many expert groups tasked with discovering and identifying the 'truth' of HIV/AIDS.

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

A scientific breakthrough in the treatment of Aids sufferers, which extends their lifespan, has been made following international trials involving thousands of patients (September 27, 1995).

By 2000 the arsenal included the potential use of drugs in order to prevent HIV infection or to control its effects.

The Aids crisis has come to the point where the government cannot act alone and therefore needs help from...the pharmaceutical companies in supplying and distributing these drugs, she [DP spokeswoman] said (April 5, 2000).

The Health Ministry yesterday cautiously welcomed a move by five major international drug companies to slash the cost of drugs for treating Aids in Africa...(May 11, 2000).

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

A dominant medical discourse empowers and informs the use of these weapons and both invoke the voice of experts and authorities on the subject, ignoring the voice of PLWAs and assuming an ignorant public easily confused.

...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 council of the Royal Society of South Africa]...said it was important not to confuse the public about this issue (the dissident theory)... (April 27, 2000).

The dominant medical discourse surrounding the use of drugs reinforces the construction that medical science has the answers and that drugs are an essential part of the armoury against HIV/AIDS. The strategies employed against HIV/AIDS have two important goals: to stop transmission of HIV (by means of education and drugs), and to treat people infected with HIV/AIDS with drugs (the ultimate aim being curative). That the South African government came under intense criticism in 2000 for refusing to supply drugs without further trials is understandable in the light of the dominance of the medical discourse and the reliance of society on medicine and drugs for cure.

In 2000 a critique of government action, or inaction, becomes apparent in South Africa with prominent critics maintaining that the state has a responsibility to intervene in the HIV/AIDS pandemic and an obligation to provide primary healthcare. President Mbeki's questioning of the link between HIV and AIDS, and local government elections held on December 5<sup>th</sup> 2000 reinforced a critique of the government's handling of HIV/AIDS where such discourses may otherwise not have had a voice.

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).

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 were forced into a defensive position as a result of being challenged. 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) and the Democratic Alliance (DA) operated in this way by pursuing options for alternative supplies of HIV/AIDS drugs that were not being supplied by the government.

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).

(DA Health MEC Nick) Koornhof and DA leader Tony Leon returned on Friday from a trip to London and Switzerland, where they held talks with officials of the World Health Organisation, UNAids, the British Red Cross and major pharmaceutical companies (October 30, 2000).

The government defended its position, emphasising its leadership and power, by bringing formal charges against Dr Costa Gazi for criticising the Health Minister.

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, to defy the authorities in order to defeat the enemy, HIV/AIDS.

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).

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 multinational pharmaceutical companies (October 23, 2000, emphasis added).

Invoking a discourse of apartheid struggle serves to reinforce the role of informal resistance groups and infers a move away from depending solely on the government's attempts to fight HIV/AIDS. It also creates possibilities for a range of activities which were previously unavailable, such as defiance campaigns against authorities in order to achieve a goal. The nature of defiance campaigns also emphasizes perceived injustices and a focus on human rights. The apartheid struggle discourse unites South Africans against HIV/AIDS in ways not previously achieved and allows greater responsibility to be taken by the people of South Africa where it was previously securely in the hands of the government. The apartheid struggle discourse remains firmly



within 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 African's interests.

#### ANALYSIS OF WAR

Research demonstrates that the western media depend on authoritative sources and experts (Hall et al. 1978; Schudson, 1989; Bell, 1991; Greenberg & Wartenberg, 1991; Williams & Miller, 1995). In the *Daily Dispatch* the dominant voices speaking about HIV/AIDS have consistently been those of medical doctors and specialists, political leaders, health authorities, scientists and researchers. This effectively eliminates many other potential voices and constructs the story of HIV/AIDS in particular ways.

The voice of PLWAs is noticeably absent from articles, except when they are 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.

The power of the mainstream medical and scientific discourse to subvert and close down alternative voices was particularly evident in President Mbeki's questioning of the link between HIV and AIDS and his involvement with AIDS 'dissidents' in 2000. 'Dissidents', according to the Oxford Concise Dictionary (Sykes, 1982), are persons 'disagreeing, at variance, especially with established government etc', or in the case of HIV/AIDS, people disagreeing with mainstream scientific views. Although Mbeki consulted dissident scientists and espoused their views, the press avoided labelling him a dissident. Instead he was said to be 'courting' the dissidents (Daily Dispatch, April 14, 2000) and 'flirting' with them (Daily Dispatch, September 29, 2000). These in themselves are terms, couched in sexual innuendo, which would

suggest undesirable behaviour when applied to the President of a country. The force of criticism to which Mbeki, the South African government, and the dissident voice, were subjected raises questions concerning the power of the established discourses of medicine and science in the western world. That the press reinforces this voice indicates the faith and power invested in mainstream science.

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).

This argument emphasizes the language used to support the mainstream scientific voice and diminish the voice of opposition. The status of science and scientists is reinforced with reference to their 'eminence' in society and years of existence. The importance of research is emphasised, as is the diminutive status of the opposition. This position does not allow so-called dissidents to be perceived as established scientists but rather as a small, rowdy rabble of dissenters. Analysis of articles surrounding the dissident debate in 2000 indicates that dissidents do not prove theories, but rather 'insist' and make claims regarding their beliefs. Mainstream scientists have the power to prove theory, and to disprove dissident claims.

Mainstream scientists have condemned Mbeki's consultations, saying that the claims of these "dissidents" have long been disproved (May 18, 2000).

The experts and commentators on the war against HIV/AIDS maintain a discourse of difference between African HIV/AIDS and western HIV/AIDS between 1985 and 2000. The origin of HIV/AIDS is consistently emphasised as African, and African HIV/AIDS is constructed as different to western HIV/AIDS. This difference relates to all aspects of the epidemic including the genetic 'make-up' of different strains of HIV and its dominant methods of sexual transmission.

In Africa, where the virus is believed to have originated, "it has been difficult to identify any group at particular risk," ...  
(September 23, 1985).

...the deadly Aids virus found primarily in West Africa was first passed to humans by monkeys (February 19, 1990).

...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).

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

The emphasis on difference allows the development of stereotypical constructions of Africa and its people. Africans are typically presented in articles as needy, undisciplined, rural, tribal, and uneducated in HIV/AIDS knowledge.

Scores of excited Swazi women...stormed the organisers' tent after it was announced packs of condoms were available free  
(December 10, 1990).

Nukani said...“I had been placed on long term sick leave...because the deceased had infected me with a fatal disease, HIV/Aids. These thoughts flooded my mind and I completely lost control of my temper.” He drew his 9mm Noringo pistol and fired a “volley” of shots at his wife (February 5, 2000).

[Mozambican Dr Frederico Brito] said the (HIV-positive) miner’s return home thinking they are suffering from diseases that can be cured by traditional healers (May 20, 2000).

In addition, an emphasis on ‘strange’ African traditions and belief systems emerges from 1990 onwards. A lack of relevant contextualising information and analysis of African traditions and beliefs in the press serves to distance readers from identifying with such practices.

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).

... “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).

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).

The emphasis on difference between African and western HIV/AIDS serves to normalize discourses of western medical science. Practices ascribed to 'black' people are exoticized and viewed as strange and therefore worthy of explanation and investigation (Macleod & Durrheim, in press). African customs are constructed in contrast to western society and African people as unwilling to change their practices with the threat of HIV/AIDS. These discourses do not only serve as explanations of HIV/AIDS prevalence, but also to rationalize and justify its presence. A power relation is established in which western medical science regards Africa as undeveloped and inferior and therefore in need of its assistance. At the same time the construction of two different 'enemies', in the form of African HIV/AIDS and western HIV/AIDS, allows the west to absolve itself of responsibility for African HIV/AIDS, forcing a dependent relationship.

#### CIVILIAN POPULATION

The fourth category of subjects constructed by the discursive framework of HIV/AIDS as war is the civilian population, the (ordinary) people who are at risk from HIV/AIDS, the victims, and those who care for them. Two dominant themes evident in articles from 1985 to 2000 are gender roles and discourses of race and sexual orientation.

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 3 months until he died. At the same time as Hudson's HIV/AIDS status was publicized 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.

AIDS THREAT TO WOMEN WORLDWIDE? – July 29, 1985

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. Sacks (1996) proposes a distinction between the Responsible body and the Diseased body, implying that HIV/AIDS can be prevented through disciplined behaviour. Those who are infected therefore deserve the disease because of their lifestyle. This position is limited as it does not allow for the construction of other possibilities such as the Responsible body becoming infected by the irresponsible behaviour of others, as occurred in the Australian artificial insemination incident. The attention on 'high-risk' women brought with it a new desire to test such women for HIV/AIDS in order to provide an accurate indication of the extent to which the virus had spread.

Media coverage of Rock Hudson also 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.

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).

The role of women within the discursive framework of HIV/AIDS as war continued to emphasise responsibility as a mother and carer throughout 2000. Implicit in the following excerpts from the *Daily Dispatch* in 2000 is that men and fathers are not considered carers for children within this discourse.

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).

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

These views reflect the arguments of psychiatry and psychology in the 1950's and 1960's that construct women as primary caregivers and nurturers, critical to a child's satisfactory development (Rapoport, Rapoport & Strelitz, 1977; Weisstein, 2000). In contrast, feminist arguments against exclusive gender roles call for shared responsibility in order to free women of the restrictions imposed by the exclusive bonds of child-care (Babcox, 2000). In addition an emphasis on women's responsibility for preventing transmission of HIV/AIDS emerged in 1990.

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. 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, emphasis added).

The implication of this excerpt is that men already take responsibility for their actions. Furthermore, while the overt message is that women should take charge in relationships and demand condom use the extract above reinforces subservience, implying that women do not have control of their own bodies. The texts reveal women's lack of sexual and economic power within relationships, and their role as passive and vulnerable recipients within relationships.

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).

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.

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

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

However, the lack of male accountability for these matters is explicit in *Daily Dispatch* articles.

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

Due to their accessibility in clinics and hospitals at childbirth women remained at the centre of the debate concerning HIV/AIDS prevention in 2000. However, the dominant medical discourse does not allow pregnant HIV positive mothers the right to speak and their voices remain silent. Instead it is authorities and critics whose (mostly male) voices are clear. The discourse continues to avoid including men in the prevention of HIV/AIDS strategies, despite current shortfalls.

The antenatal clinic (ANC) survey...tests pregnant women at government clinics (and) only tested rural women who could not afford any other medical care and also did not measure the HIV status of women below 13 or over 45 who did not fall pregnant. There was also no national surveillance instrument for males "whatsoever" (April 26, 2000).

Women are firmly placed at the centre of attention as passive patients who fall under the control of the medical model of HIV/AIDS prevention. The overall discursive framework of war allows the employment of traditional gender roles within the fight against HIV/AIDS and constructs women as subservient and responsible. Women are placed in the frustrating position of being powerless to engage in the preventative action expected of them and (so far) voiceless to express dissatisfaction. The government makes calls for men to change attitudes and be involved, yet continues to provide testing and counselling aimed at women and their children.

1985 press coverage of HIV/AIDS in South Africa constructed an image of homosexual white men at the centre of HIV/AIDS infections. Parallel discourses constructing the African origin of HIV/AIDS not only imply that the disease must infect black people, but also that the disease originates from black people. The lack of identification with black people and HIV/AIDS in

1985 may be a consequence of apartheid ideology implicit in the South African media at the time, or, as Hammonds (1986, in Lupton, 1994) notes, coverage of HIV/AIDS in leading African-American magazines such as *Ebony* and *Essence* only began 1986.

In 1990 reporting of statistics regarding HIV/AIDS infection were clearly broken down into racial differences and sexual orientation. At this time a racializing discourse constructing HIV/AIDS infecting racial population groups differently was evident. 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. Black HIV/AIDS was constructed as a heterosexual disease, while white HIV/AIDS was constructed as a homosexual disease.

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).

Of the 499 total cases reported...the majority of whites were homosexual or bisexual men... (October 2, 1990).

In this context noting that 'heterosexual Aids is still on the increase' implies that HIV/AIDS is a disease that black people need to fear and from which white people, who are not homosexual or bisexual, are safe.

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).



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

The perception is that Aids is largely a black disease  
(December 13, 1995).

While HIV/AIDS was constructed as an epidemic predominant among the black population of South Africa in 1995 the meaning of such a construction changed with the formation of a new democratic government in South Africa. With new leadership responsible for the war against HIV/AIDS the epidemic silently transformed from being a disease of Others to become a disease of Us.

HIV/AIDS articles analysed in 2000 made no direct references to HIV/AIDS affecting particular race groups. However, articles emphasising issues such as poverty and linking poverty with HIV/AIDS implied that HIV/AIDS is associated with black people.

(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).

Six out of 10 patients seen each day are HIV positive, Sister Beauty Kanta from Empilweni Gompo Health Community Centre in Duncan Village said... (December 4, 2000).

Assuming that black patients mainly attend the Gompo Health Centre in Duncan Village, an informal settlement near East London, the construction that emerges is that HIV/AIDS is a problem among black people, as it is far less emphasised among other race groups in South Africa. Statistics such as

those quoted above do not include comparative studies from clinics attended by other race groups.

## CONCLUSION

The discursive framework constructing HIV/AIDS as a war 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, and who may or may not comment. In order to discourage talk of HIV/AIDS becoming routine (Gilbert, 1998) this paper contributes to the process of calling attention to the construction of HIV/AIDS discourses evident in the South African media and acknowledges that the discursive framework constructing HIV/AIDS as a war is not the only framework in which the data can be analysed.

The personification of HIV/AIDS constructs a threatening enemy that allows for the utilisation of discourses of war. Power relations based on authority and expertise are established and maintained as a result. The perceived inability of the South African government to diligently direct the war against HIV/AIDS initiated an 'apartheid struggle' discourse that strengthens the voice of South Africans advocating alternative strategies to address HIV/AIDS. This also has the effect of politicising South African HIV/AIDS to a greater degree.

Mainstream western scientific knowledge is afforded a privileged position as it endeavours to discover all there is to know about HIV/AIDS and promises to find a cure. This serves to reinforce the construction of a dominant medical discourse regarding HIV/AIDS. Mainstream scientific and medical voices aggressively oppose the expression of alternative ways of understanding HIV/AIDS. The view presented by scientists as an alternative to the dominant medical understanding that HIV causes AIDS is given little credibility as it threatens the established discourse. 'Dissident' views regarding HIV/AIDS are silenced and negated in the press, as are the voices of women, currently the focus of testing and treatment for the HIV/AIDS epidemic in South Africa. The

recovery of these subjugated knowledges (Foucault, 1980) contributes to effective criticism of the dominant discourses constructing HIV/AIDS and may facilitate the emergence of new constructions.

The role of the South African press has been to reproduce and sustain dominant definitions of HIV/AIDS. Indeed, had President Mbeki not drawn attention to so-called dissident views of HIV/AIDS during 2000 readers of the *Daily Dispatch*, and other South African publications, may still be ignorant about the existence of such arguments. The media must engage in greater critical analysis of current issues surrounding HIV/AIDS. This is not the first paper to call for the press to provide wider analysis and follow through of emerging issues (Parker, Kelly & Stein, 2001). This is a dual responsibility, primarily that of the media institutions publishing newspapers, but also shared by the technikons, universities and other institutions providing training for journalists in South Africa. If newspapers can provide space for entertainment news, then they can most certainly find space for a proactive emphasis on HIV/AIDS (Parker, Kelly and Stein, 2001).

The dominant discursive framework constructing HIV/AIDS as a war cannot be taken at face value. Reflection on the meaning of war in a society is necessary, together with reflection on the discourses operating in war that reinforce certain institutions, promoting the values and norms of certain groups of people above others. This reflexivity is required not only from the public, but also more essentially from the journalists and writers who construct the news.

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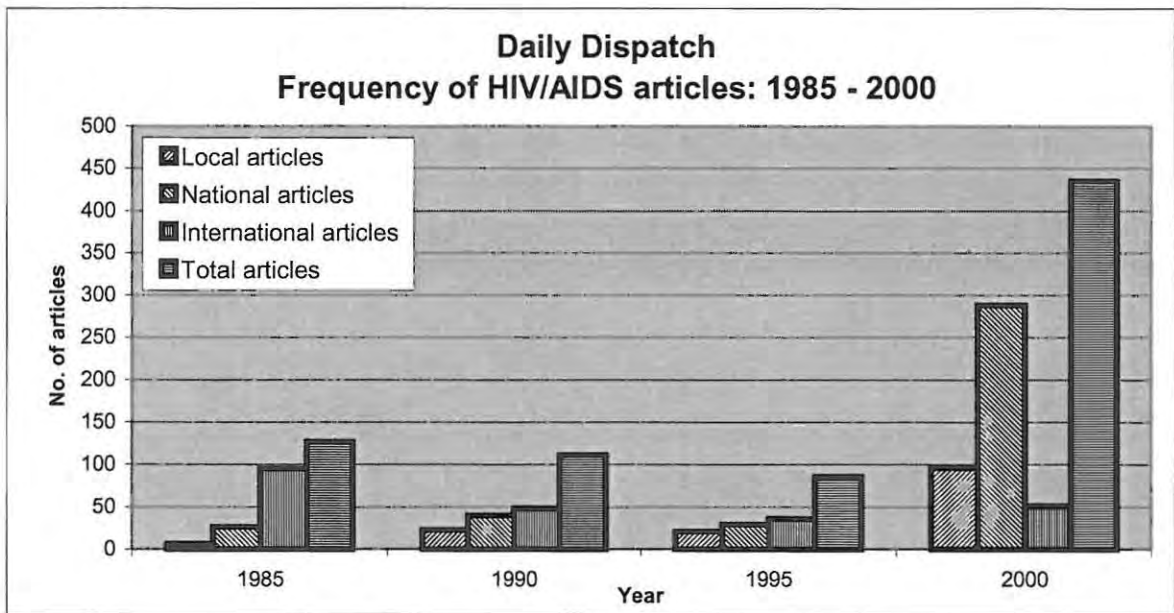
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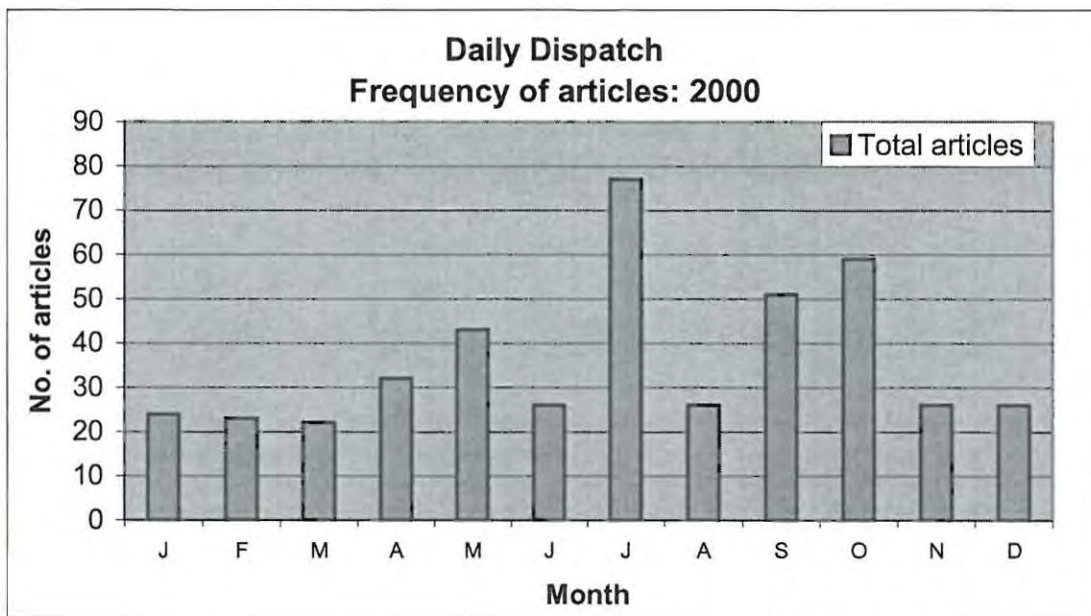
	Local	National	International	Total
1985	6	26	95	127
1990	23	40	48	111
1995	21	29	36	86
2000	96	288	51	435

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





**Figure 2: Frequency of HIV/AIDS articles in the Daily Dispatch: 1985 – 2000.**



**Figure 3: Frequency of HIV/AIDS articles in the Daily Dispatch: 2000.**

