

**A Discourse Analysis of High School Learners' Interpretation of
HIV/AIDS Messages**

Dissertation

**Submitted in fulfilment for the degree Master of Education
(MEd.) in Language Education**

by

Laura Fanato Ndlovu

in the

**FACULTY OF HUMANITIES
School of Education**

at the

University of Limpopo

Supervisor: Dr T.E. Mabila

Co-Supervisor: Mr T.N. Manganye

DECLARATION

I declare that the dissertation, hereby submitted to the University of Limpopo, for the degree of Master of Education, has not been previously submitted by me for a degree at this or any other university, that it is my own work in design and in execution, and that all material contained herein has been duly acknowledged.

Signature

May 2014

DEDICATION

This dissertation is dedicated to my loving parents, Mr Photani Samuel Ndlovu, who instilled in me - the value for education and Mrs Maria Tsakani Ndlovu, who has always looked after my daughter, while I was away studying.

ACKNOWLEDGEMENTS

I would firstly thank the almighty God, who has given me the strength, courage, determination and the willpower to succeed.

I wish to express my sincere gratitude and thanks to the following individuals without whom the completion of this dissertation would not have been possible:

- My supervisors, Dr T E Mabila and Mr T N Manganye for their excellent advice, motivation, patience and guidance throughout my study and for always being available to assist me;
- My brothers Dr E V Ndlovu, Abel and Kulani for their love encouragement and for being committed to my aspirations;
- My daughter Khanyisa Risima, who endured when I was not always available; and
- Finally, my gratitude goes to my loving parents, who believed that there is no limit when one is inspired and motivated.

ABSTRACT

Combating Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) among young people has been one of the most difficult challenges in the small communities of rural Mafarana in South Africa, which is only one area surrounded by many other similar areas beset by similar problems. One of the major obstacles that hinder television (TV) health messages from reaching the targeted market is the communication barrier, little or no information, misinformation or misunderstanding are amid many other reasons.

The objective of this study was to research the discourse analysis of high school learners' interpretation of HIV/AIDS TV health messages. The study examined three objectives, aimed at providing a clear indication whether advertisers consider the need for using direct and clearly understood language to meet the required level of education of the targeted audience. Meeting these criteria would result in HIV/AIDS education having an impact on rural people's knowledge and behaviour.

TABLE OF CONTENTS

DECLARATION	II
DEDICATION	III
ACKNOWLEDGEMENTS.....	IV
ABSTRACT	V
TABLE OF CONTENTS.....	VI
LIST OF TABLES	IX
LIST OF FIGURES.....	X
ABBREVIATIONS AND ACRONYMS	XI
CHAPTER 1	1
INTRODUCTION AND BACKGROUND TO THE STUDY.....	1
1.1 Introduction	1
1.2 Statement of the Problem.....	2
1.3 Aim of the Study.....	2
1.4 Objectives of the Study	3
1.5 Significance of the Study	3
1.6 Theoretical Framework.....	3
1.7 Research Methodology.....	5
1.7.1 Research design	5
1.7.2 Research population and sample.....	6
1.7.3 Data collection.....	6
1.7.4 Data analysis	6
1.8 Delimitations of the Study	7
1.9 Ethical Considerations	7

CHAPTER 2	8
LITERATURE REVIEW	8
2.1 Introduction	8
2.2 Media Literacy	8
2.3 Advertisements and Learning	9
2.4 Discourse of Advertising	10
2.5 Audience Studies and Interpretation of Advertisements	10
2.6 Multi-Media Learning Theory	12
2.7 HIV and AIDS Education and the Mass Media Literacy	13
2.7.1 Encoding and decoding model	13
2.7.2 Interpretative model	14
2.7.3 Use and gratification theory	15
2.7.4 Media’s influence and deconstructing media messages	15
2.8 Constructing Effective Public Health Media Messages	16
2.8.1 Fight against HIV/AIDS	21
2.8.2 Sub-Saharan Africa	23
2.8.3 Case study from Zambia	24
2.8.4 South Africa’s case	25
2.9 Applying Psychology to HIV/AIDS Media Interventions	26
CHAPTER 3	28
RESEARCH METHODOLOGY	28
3.1 Introduction	28
3.2 Research Design	28
3.3 Research Population and Sample	28
3.4 Instruments and Data Collection	30
3.4.1 Instruments	30
3.4.1.1 <i>Video materials</i>	30
3.4.1.2 <i>Questionnaire</i>	32
3.4.2 Data collection.....	33
3.5 Data Analysis	34
3.5.1 Chi-square analysis.....	34
3.5.2 Discourse analysis	34
3.5.3 Social semiotics	36
3.5.4 Critical discourse analysis	37

3.6 Limitation of the Study	38
3.7 Ethical Considerations	38
3.7.1 Ethical clearance.....	38
3.7.2 Parental consent	38
3.7.3 Informed consent	39
3.7.4 Anonymity and confidentiality.....	39
3.7.5 Referral of respondents.....	39
CHAPTER 4.....	40
DATA PRESENTATION AND INTERPRETATION	40
4.1 Introduction	40
4.2 Biographical Data Findings.....	41
4.3 Findings on What Is Being Advertised on TV.....	47
4.4 Findings to Determine Whether Messages on HIV/AIDS Ads Are Understood.....	55
4.5 Findings on the Impact of Health Messages on HIV/AIDS.....	64
CHAPTER 5.....	66
SUMMARY OF FINDINGS, RECOMMENDATIONS AND CONCLUSIONS	66
5.1 Introduction	66
5.2 Overview	66
5.3 Major Findings of the Study	68
5.4 Recommendations	69
5.5 Conclusion.....	70
REFERENCES.....	71
APPENDICES.....	80
Appendix 1: Questionnaire and Test.....	80
APPENDIX 2.....	87

LIST OF TABLES

	PAGE
Table 4.1: What is your gender?	41
Table 4.2: How old are you?	42
Table 4.3: What is your mother tongue?	42
Table 4.4: Which grade are you attending?	43
Table 4.5: Do you have a TV set at home?	44
Table 4.6: What is your favourite TV channel, SABC 1, 2 or 3?	46
Table 4.7: Have you recently seen any TV advertisement on HIV/AIDS?	48
Table 4.8: Which channel screened the TV advertisement on HIV/AIDS?	49
Table 4.9: Which language was used in the TV advertisement on HIV/AIDS?	49
Table 4.10: Which language would you have preferred in this advertisement?	50
Table 4.11: Did you talk to anyone about this advertisement?	51
Table 4.12: With whom did you discuss the advertisement?	52
Table 4.13: Which channel screened the advertisement that you have just watched?	54
Table 4.14: Which language was used in this advertisement?	54
Table 4.15: Does this advertisement cater for the younger or older generation?	55
Table 4.16: At what time would you like to view the advertisement?	56
Table 4.17: Did you understand the advertisement the first time you viewed it?	58
Table 4.18: Did you have any difficulty in understanding the advertisement?	60
Table 4.19: Did you like the way the advertisement was structured?	60
Table 4.20: Understanding based on gender	61
Table 4.21: Did the advertisement change your views, knowledge and understanding of HIV/AIDS?	62

Table 4.22: After viewing the TV advertisement on HIV/AIDS, will it change your views and behaviour regarding sexual activity?	64
---	-----------

LIST OF FIGURES

	PAGE
Figure 4.1: What is your gender?	41
Figure 4.2: How old are you?	42
Figure 4.3: What is your mother tongue?	43
Figure 4.4: Which grade are you attending?	44
Figure 4.5: Do you have a TV set at home?	45
Figure 4.6: What is favourite TV channel, SABC 1, 2 or 3?	46
Figure 4.7: At what time would you like to view this advertisement?	57
Figure 4.8: After viewing the TV advertisement on HIV/AIDS, will it change your views and behaviour regarding sexual activity?	64

ABBREVIATIONS AND ACRONYMS

Ads	Advertisements
AIDS	Acquired Immunodeficiency Syndrome
CDA	Critical Discourse Analysis
ELM	Elaboration Likelihood Model
GTM	Greater Tzaneen Municipality
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
NCS	National Curriculum Statement
NGOs	Non-Governmental Organisations
NRS	National Readership Study
PMT	Protection Motivation Theory
SAARF	South African Advertising Research Foundation
SABC	South African Broadcasting Corporation
SKAVs	Skills, Knowledge, Attitudes and Values
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
TRA	Theory of Reasoned Action
TV	Television
UNAIDS	United Nations Programme on HIV and Aids
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Funds
WHO	World Health Organisation
PMT	Protection motivation theory

CHAPTER 1

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 Introduction

Electronic media, in particular television (TV); has been criticised for potentially detrimental impact on children. It has also been equally regarded as the most powerful medium of communication. Children are affected by its influence the most, as they spend the majority of their time watching TV, influencing the different ways they understand the world of TV versus the real world (Heather, Kirkorian, Wartella and Anderson, 2008).

According to Du Plessis (2002), advertisements (Ads) are generally meant to promote specific products to targeted audiences; these tend to have long-term effects on the beliefs, values attitudes and behaviour of the audience. This is often caused by the fact that most Ads have shifted their roles as sources of information by misinterpreting and withholding relevant facts, which has resulted in these being regarded as a manipulative and persuasive medium of communication. Many scholars became interested in trying to understand how the world of TV operates through conducting research into this fast growing medium of information (Du Plessis, 2002).

In South Africa, there are countless Ads directed at the youth. These try to enlighten, change attitudes and behaviour by instilling moral responsibility and values (De Beer, 1998). For example, educational ADs such as those by *Love Life* have their focus on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS). Hence, this attempt to conduct an exploratory study, which will make use of both qualitative and quantitative research methods within the research framework as advocated by Albert Bandura's social learning and behaviour change theories (Bandura, 2000).

This study could be regarded as an achievement as it would likely assist advertisers to be more conscious of the fact that advertising is not just a powerful tool to be used solely for commercial purposes, but also a tool that could be used to make abstract

concepts concrete (Bates, 1998). In addition, through the investigation stemming from the identified problem of this study, it should sensitise educational experts and advocacy groups about the comprehensive value of the TV as an educational tool (Bates, 1998).

1.2 Statement of the Problem

The National Curriculum Statement (NCS) sets extensive considerations when it comes to learning. It does this through providing relevant and challenging learning requirements. For example, it advocates for the acquiring of proper knowledge, skills, attitudes and values (SKAVs), which should be demonstrated during the learning process, and beyond (NCS, 2003).

Despite several efforts to do away with the challenges of learning, there are still problems in many South African schools; especially in rural areas and more so when it comes to the acquisition and display of proper SKAVs. This failure to achieve such SKAVs is often manifested through the youth's attitudes, which often predispose them to risky sexual behaviour. In most cases, such behaviour is blamed on the success or lack of the education system and other support structures. In this regard, there is a problem with the interpretation and comprehension of media messages, such as those for HIV awareness. Evidence of this problem is seen through youths' behaviour, which repeatedly predisposes them to, for example, risky sexual behaviour, ignoring daily TV Ads that seek to educate safe sex and other preventative measures. In view of such a scenario, another question arises: Do attempts at media literacy, by high school English language classrooms, succeed? This question can only be satisfactorily answered through investigation of learners' interpretation of mass media messages. Hence, the proposed study endeavours to conduct an investigation, which seeks to achieve the following aim and objectives:

1.3 Aim of the Study

The aim of the study is to conduct a discourse analysis of rural high school learners' interpretation of *Love Life* TV HIV/AIDS ADs.

1.4 Objectives of the Study

The objectives for this study are set as follows:

- To describe what is being advertised on TV with regard to HIV/AIDS;
- To establish whether or not messages on HIV/AIDS ADs are understood by high school learners in rural areas;
- To determine the impact that TV ADs have about HIV/AIDS awareness on the rural youth learners' behaviour in the selected rural schools in the area of the GTM (GTM).

1.5 Significance of the Study

Media plays a very important role in society as it tackles problems and responds to new pressures. Thus, the researcher intends to assess the impact of HIV/AIDS media messages on the behaviour and attitudes of rural young people in the 21st century. The study is necessary in that, it seeks to highlight a language related problem (in particular, the skill of reading and viewing) specifically in relation to TV Ads screened through English medium.

To date, only a few studies has been conducted on the interpretation of discourse analysis in HIV/AIDS related messages, among youth in rural areas. Moreover, this study focuses on the GTM, an area that is less researched. Hence, the study could be helpful to advertisers and TV educational experts in the regulation and structuring of TV ADs that are mainly targeted at youth education.

1.6 Theoretical Framework

The proposed study largely draws from two theories of mass media communications. These are Albert Bandura's social learning theory and the theory of behaviour change (Bandura,1997).

The application of these two theories not only revealed the effectiveness of HIV/AIDS prevention messages, but also brought about a well-defined behaviour model, on which HIV/AIDS messages could be modelled to provide learning that would lead to the prevention of the proliferation of the disease. It also afforded a

reference, through which advertisers can structure future messages not only to be more appealing, but also to be better understood by target audiences.

Social Learning Theory

As a point of departure, this study is located within Albert Bandura's social learning theory. This theory emphasises the importance of observing and modelling behaviours, attitudes, and emotional reactions of others. Bandura (1977: 22) states, 'Learning would be exceedingly laborious, not to mention hazardous, if people rely solely on the effects of their own actions to inform them what to do'. Fortunately, most human behaviour is learned through observation and modelling. Hence, Bandura believes that by observing others one forms an idea of how new behaviours are performed, and on later occasions this coded information serves as a guide for action, since, the most common and pervasive examples of social learning situations are TV commercials. The author has observed that TV forms a very powerful tool where young adults (mostly children) learn certain behaviours. It is believed that such behaviour is to be learned first by organising and rehearsing the modelled behaviour, then symbolically and thereafter acting on by coding the modelled behaviour into words, labels, or images, which young adults believe, will always result in better retention than simply observing through theory. This source also upholds that individuals are more likely to adopt a modelled behaviour if it results in outcomes they value and if the behaviour has functional value. The implication for this statement is that, what matters most is what and how the individual decides to act in the end, depending on one's values and beliefs about the subject under discussion. Thus the researcher is convinced that by applying what Bandura maintains has influence on the individual's behaviour; it can be proven that TV ADs have an impact on the youths' behaviour.

Behaviour Change Theory

The role of behaviour change theory has been recognized as critical to the control of the HIV/AIDS pandemic (United Nations Programme on HIV and Aids - UNAIDS (2006). In addition, the phrase 'education is the only vaccine against AIDS' was commonly aired during the early years in an attempt to control the epidemic (*Ibid.* 2006). This is despite the fact that considerable effort and energy have been devoted to implementing communication programs to educate people about HIV transmission

modes and prevention strategies. The underlying assumption of these early activities was that improving people's knowledge (and by implication, comprehension of messages) about the infection and disease, would lead to the avoidance of risky behaviours. Despite the many such educational programs and communication efforts over the past two decades, the HIV rate continues to rise.

Human behaviour is complex, hence behaviour change under any circumstance can be difficult to achieve and maintain (Prochaska, Di Clemente and Norcross, 2002). In view of this reality, this source proposes a behaviour change model with five distinct stages, which are pre-contemplation, contemplation, preparation these first three stages are pre-action stages and are generally conceptualised as temporal variations of an individual's intention to carry out the behaviour. The remaining stages are action and maintenance the last two are post-action stages, and are conceptualised in terms of the duration of the behaviour change and are regarded as being a process rather than a single event, with relapse possible at any point during the process. Since the nature of HIV, infection particularly makes behaviour change a great challenge, the behaviour change theory is most relevant to the study as it seeks to ensure that TV HIV prevention strategies become stronger (Prochaska *et al*, 1992).

1.7 Research Methodology

The study adopted a mixed methods research approach (Creswell and Plano, 2003). This means that both the qualitative and quantitative paradigms inform the research design of the study.

1.7.1 Research design

On the one hand, applying the qualitative paradigm assists the researcher, since it allows for research design that entails the ability to produce descriptive non-numerical information, which is useful in interpreting the findings of the research (Wimmer and Dominick, 2003). Specifically, the design of this study employed descriptive research tools, such as interviews and questionnaires (see Chapter 3).

Quantitative design is necessary in the study for its empirical aspects, which enable the researcher to collect data and process it through statistical procedures. As a descriptive study, this aspect assisted the researcher to effectively describe and explain qualities and degrees, and then generalise the findings from a sample of the population by collecting numerical data (Du Plooy, 2002).

1.7.2 Research population and sample

The study is located in an area with a population of over 2000 possible participants. From this total population, purposive sampling was employed to select three high schools located in the rural area of *Mafarana* in the GTM. Thereafter, the study used non-probability sampling to determine the sample, from which data was collected. As a result, 180 teenagers in grades 10– 2 were selected as participants.

1.7.3 Data collection

The *Scrutinize* Ads were the most ideal to use for this study, screened mainly on SABC 1,. For the purpose of this research, four different *Scrutinize* ADs were recorded. Following this, the ADs were shown to the selected learners of this study. This was followed by data collection through interviews and a self-administered questionnaire. The questionnaire was seen as complementary, and fulfilled the data collection procedures dictated by the mixed methods design that this study followed.

1.7.4 Data analysis

In the analysis of data, the researcher used triangulation, which necessitated a combination of approaches. This benefitted the researcher to develop different insights about the same events (Erlandson, Harris, Skipper and Allen, 1993). Hence, on the one hand quantitative data in this study was managed using the IBM SPSS® package. This study subjected qualitative data to carefully selected discourse analysis procedures. Detailed descriptions of the data analysis procedures described in Chapter 3, offered a detailed research methodology.

1.8 Delimitations of the Study

Since data was collected from high school learners in the rural area of the GTM, an area characterised by poor English language competence and proficiency, the researcher had to interview the participants personally to avoid problems that arose from lack of comprehension. Learners also had to be taken through the questionnaires systematically in order to ensure that all questions were understood. This modus operandi necessitated the researcher allowed sufficient time for learners to go through the questionnaire systematically.

1.9 Ethical Considerations

Compare Chapter 3 for a detailed account of the ethical considerations of this study and research methodology

The other chapters contain the following:

Chapter 2 presents a review of the literature relevant to this study.

Chapter 4 contains the data presentation and interpretations.

Chapter 5 reflects the summary of the findings and draws suggests recommendations and draws conclusions.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

A number of research studies have been conducted on HIV/AIDS awareness in South Africa and elsewhere in the world, but none to the best of my knowledge has been undertaken on the impact that TV health advertising has on the youth living in the rural areas. In particular, none of the available studies was conducted with the aim of finding information regarding the youth's interpretation of HIV/AIDS awareness campaigns in the GTM.

According to an UNAIDS (2006) report on global AIDS, South Africa is currently experiencing one of the most severe AIDS epidemics in the world. It is estimated that by the end of 2005, there were five and a half million people living with HIV in South Africa, and almost 1,000 AIDS deaths occurred daily. A number of factors have been blamed for the increasing severity of South Africa's AIDS epidemic. The debate has raged on about whether the government's response has been sufficient. Thus, the researcher aimed to determine the impact that TV ADs have on alleviating the AIDS scourge, particularly among rural high school learners in the GTM.

Education can take place in many environments, from school classrooms to families and friends sharing knowledge at home. It is important that HIV/AIDS education is provided in a variety of settings to ensure that the most vulnerable and marginalised groups in society are reached, and that accurate information about the pandemic is reinforced by different sources. In particular, in the view of the researcher, the South African schooling system, which seeks to equip young people with a variety of SKAVs, is the ideal environment for integrating HIV/Aids education into subjects, such as Languages, Life Orientation, Life Sciences and others.

2.2 Media Literacy

Buckingham (1993) defines media literacy as the process of teaching and learning about media education where skills, knowledge and outcomes are acquired. He

further states that the education, which is acquired from the media, results in the audience being able to interpret and develop both critical understanding and active participation.

Hobbs (2002) further states that media literacy not only enables young people to interpret and make informed judgments as consumers of media but also enables them to become producers of media in their own right. Media education is about developing young people's critical and creative abilities.

In the English language classroom, media literacy is understood as the process of accessing and critically analysing media messages, resulting in the creating of messages using media tools. According to Hobbs (2007), the goal of media literacy is to promote autonomy through the development of analysis, reasoning, communication and self-expression skills.

2.3 Advertisements and Learning

ADs can be understood as 'the everyday texts' that persuade people to buy certain products or inform their target audience about some aspect of reality. Dyer (1982) states that advertising means 'drawing attention to something or notifying or informing somebody of something'. In order to understand the purpose of ADs, one has to treat ADs as a discourse type. Kress and Van Leeuwen (2001) define discourses as socially constructed knowledge of some aspect of reality, developing in specific social contexts and in ways that are appropriate to the interests of social actors.

Advertising involves three major stakeholders. These are the manufacturers, consumers and advertising agencies. Cook (1992) classifies the manufacturers as senders, the consumers as addressees and the advertisers as senders. The mass media is the channel through which ADs reach the consumer. The mass media consists of commercial TV, radio, newspapers, and magazines among other things.

Advertising is widely researched in visual communications, language and literacy education. Modern-day ADs influence the social lives of people in many developed societies, as it pervades every social space, from the billboard, the streets, the

shopping malls, to our homes, through TV, magazines and newspapers where we are bombarded by images of ADs (Cook, 1992).

Cook (1992) further elaborates that there is still a need for advertisers to reach the rural areas where HIV/AIDS still prevails. This also means that advertisers should also create messages, which can be well understood by all people, not only in developed countries and urban areas, but also in the deep rural areas.

2.4 Discourse of Advertising

According to Messaries (1997), the use of images with a verbal text affords complex relationships between the words and the pictures for multimodal research to explore. Often the verbal text anchors the image. Of concern here is that images without a verbal text are open to numerous interpretations, but if they occur with the verbal text, as they often do in advertising, the divergence in interpretation is minimized. However, Messaries (1997) suggests that an advertisement's visual message can remain partly or wholly implicit even when there is extensive verbal commentary ostensibly telling us how to interpret the images.

Various techniques of appeal are found in ADs. Firstly, as Messaries (1997) explains, by linking a product with a certain image, the advertisement makes it possible for users of the product to draw on that link as a means of making a public statement about how they themselves wish to be viewed. Secondly, as Williamson (1978) claims, ADs usually position viewers to participate in an interpretative process based on 'false assumptions', positioning viewers to presume a line of equivalence between the product and the glamorised traits of the model. Thirdly, as Goldberg (1990) asserts, ADs tend to invite us to step into the 'space' of the AD to try on the social self we might become if we acted upon what is being advertised.

2.5 Audience Studies and Interpretation of Advertisements

Audience studies have been conducted under five traditions. These are effects research, uses and gratification research, literary criticism, cultural studies, and reception analysis (Jensen and Rosengren, 1990).

According to this duo, reception analysis has one of its roots in the two traditions of reception aesthetics; these are, reader response, which falls under literary criticism, and uses and gratification research, which is used in media studies. The source further explains that the aim of reception analysis is two-fold: firstly, to examine the processes of reception that have bearing on the use and impact of media content and secondly how specific audiences differ in their social production of meaning.

Although this research borrows from several of the approaches used in audience studies, its central approach comes from the reception analysis tradition. Reception analysis is concerned with how audiences of mass media receive, perceive, or interpret mediated messages, Jensen and Rosengren (1990). Advertisers send messages to the audience, which lead to certain interpretations from the audience. In addition, the authors state that reception analysis represents a useful tool, as it allows the visibility of multiple voices and knowledge of multiple cultural codes.

This information assisted in broadening the interpretations of ADs by the researcher through giving a second perspective on the analysis of media texts. Thomas (2004) argues, there can be multiple readings of one AD, hence people may interpret and understand a message differently, thus in many instances creating confusion as to what exactly was communicated.

Research done among audiences has often been conducted through examining how individuals receive ADs; therefore, this study is concerned about the discourse analysis of such messages. In a related study, Ritson and Elliot (1999) aimed to investigate how ADs are used in social interactions of high school going students in England. Through conducting an ethnographic study of young people's social uses of advertising in their everyday talk, they unravelled a series of socially related advertising audience behaviours. For instance, these (social) interactions varied from the simple mimicking of a jingle or catchphrase for a few brief seconds to extended conversations about a particular subject (*Ibid.* 1999).

However, this study focussed mainly on how ADs influence the conversational habits of Gr 10-12 learners in the rural areas of Limpopo, South Africa. Furthermore,

attention was paid to how they interpret and understand TV HIV/AIDS health messages in the form of Ads.

2.6 Multi-Media Learning Theory

The theory was developed by Meyers (2001), and it states that people learn more deeply from words and pictures than from words alone. However, simply adding words to pictures is not an effective way to achieve multimedia learning. The goal is to present instructional media in the light of how human mind works.

This theory proposes three main assumptions when it comes to learning with multimedia. There are two separate channels (auditory and visual) for processing information (sometimes referred to as *Dual-Coding Theory*). Each channel has a limited (finite) capacity (similar to Sweller's *Notion of Cognitive Load*). Learning is an active process of filtering, selecting, organising, and integrating information based upon prior knowledge (Meyers, 2001).

Humans can only process a finite amount of information in a channel at a time, and they make sense of incoming information by actively creating mental representations. Meyers (2001) also discusses the role of three memory stores: sensory (which receives stimuli and stores it for a very short time), working (where people actively process information to create mental constructs (or 'schema'), and long-term (the repository of all things learned). Mayer's (2001) *Cognitive Theory of Multimedia Learning* presents the idea that the brain does not interpret a multimedia presentation of words, pictures, and auditory information in a mutually exclusive fashion; rather, these elements are selected and organized dynamically to produce logical mental constructs. Furthermore, Meyers (2001) explains this source underscores the importance of learning (based upon the testing of content and demonstrating the successful transfer of knowledge) when new information is integrated with prior knowledge. Design principles include providing coherent verbal, pictorial information, guiding the learners to select relevant words and images, and reducing the load for a single processing channel (Meyers, 2001).

The argument, proffered by many, counter what many other theorists have stated in the multi-media theory. However, this has been criticised by many writers in that

technology is rarely designed for education and as a result there are really no models of learning as it is only interaction between a student and a teacher that enhances learning (Peachey, 2004) and (Mayer, 2001). Mayer (2001) argue through Pask's theory that learning occurs only through conversation about the subject, which in turn helps to make knowledge an obvious application to learning, thus their argument is based on the fact that ADs can never be a tool for learning.

2.7 HIV and AIDS Education and the Mass Media Literacy

Since the study focus on TV ADs playing a role in educating young people about HIV/AIDS, TV ADs play a central role in many countries. However, since the early days of the epidemic studies show that the media are failing in their duty to be agenda setters (Media Tenor, 2005).

This, according to Mchombu (2000), who conducted a research similar to the current one, is of the opinion this happens because the local media's coverage of HIV/AIDS is generally low, superficial, and not detailed enough to create the necessary impact in terms of awareness and behaviour change. UNICEF (2002) believes it is against this background that media can play an important role through; highlighting issues affecting young people, and clarifying some of the misconceptions and problems that arise especially concerning discourse analysis of such messages.

Lupton (1994), further states that in order to understand the effects of HIV messages there is a need to understand how the audience interpret such messages. These in turn influence behaviour change, which the author believes is how the audience understand media messages. This can be done by looking at three models, namely; the encoding and decoding model, the interpretative model and the uses and gratification theory.

2.7.1 Encoding and decoding model

Casey (2002) explains that the encoding and decoding model is influenced by the semiological approach to media analysis. This holds that media power and the audience are both simultaneously active and constrained in making sense of media messages. Three positions are taken by the audience during the process of decoding. Firstly, if the preferred meaning is accepted then the text can be seen as

instrumental in influencing the audience. However, during the process of decoding, the preferred meaning may not be reproduced. Secondly, is if the audience may accept the negotiated reading or interpretation meaning of the text but not the producer's intended meaning. In other words, some aspects of the text maybe accepted by the audience, while others are rejected. Lastly, is the oppositional reading, in which the audience is able to understand the preferred meaning of the text but rejects it. This model places emphasis on the audience in the process of constructing meaning based on an analysis and interpretation of the text (Casey, 2002).

2.7.2 Interpretative model

This model is based on the premise that the audience 'filters' media messages. Not only do people use the media in different ways, they also attend to and receive media messages in a selective way, ignoring, reacting to, forgetting or reinterpreting according to their viewpoints (Hiebert, Ungurant and Bohn, 1988: 493). During the process of interpretation, filtration takes place (the process, through which audiences eliminate the useless, the annoying and the unwanted (Fourie, 1998: 11).

The basic sets of conditions that influence the audience's ability to filter messages include psychological filters; every audience member has a personality based on individual experiences that may make him or her intellectually and emotionally selective regarding the communication process (Hiebert *et al*, 1988). These define other people, situations and events. It can be said that such filters are 'eyes' through which people see situations and events. This is where the audience has the basic 'linguistic sets' needed to decode the message, or has the ability to understand the language. Therefore, if the audience does not understand the language used in HIV/AIDS messages, they cannot utilise those messages. It is believed that informational filters allow the audience to understand and assimilate the information presented; without accurate information filters, no positive communication can occur. If a person cannot decode the message, he or she cannot communicate (Hiebert *et al*, 1988: 493).

2.7.3 Use and gratification theory

The theory regards the audience as active consumers of media messages. It seeks to understand how the audience uses the media. According to this theory, audiences have a choice of texts, from which they choose to satisfy their needs. These needs include personally identifying meaning: 'Audiences are able to compare their life with the lives of characters and situations on TV to explore and reaffirm or question their personal identity' (Fourie, 1998: 12). As a result, audiences influence their media experience because they consume mediated products based on the needs they have (Lull, 1995: 90).

2.7.4 Media's influence and deconstructing media messages

Media messages are said to exert influence on audiences notwithstanding demographics, education or personal background. Degrees of influence could vary considering factors like exposure, media used, social environment, and psychological makeup. The actual influence that is based on behaviour or a worldview resulting from exposure, may also not contribute to social, moral or cultural growth. Nevertheless, the fact remains in a media-saturated environment media means influence. The media can be understood as having the ability to shape worldviews by reinforcing them, maintaining them or negating them altogether (Eilers, 1994).

This source further explains the process of deconstructing as involving breaking down a complete whole into its component parts. Applied to media criticism, deconstruction means analysing a mediated text, image or narrative to understand its two levels of meaning, that is denotative meaning and connotative meaning. Denotative meaning is simply the message itself, conveyed through the obvious elements of a given text, image or narrative, that is the words and pictures. Thus, the meaning derived from what was perceived by the senses, what was read or heard. Connotative meaning has to do with symbols and the association of symbols with either or both experience and past knowledge shared by members of a social group or the society.

Influence of media on people can be seen as different, because people react differently to media messages regarding perception and meaning. This can be taken

from the modal of mass media, which states that individuals each have 'psychological' and 'social filters' affecting how they communicate as well as how they receive, perceive and interpret meaning (Maletzke, 2008).

Therefore, great importance is placed in understanding the discourse analysis of media messages as this will also help advertisers to understand, that which is being communicated, and will mean that the audience will receive the intended message the way it was supposed to, thus avoiding any negative influence of media (*Ibid.* 2008).

2.8 Constructing Effective Public Health Media Messages

In public health education, designers of educative mediums, who want to make efficient use of resources, must attend to the reach, adoption, implementation and maintenance of programs (Croyle, 2005). This source explains further that it is not enough to develop innovative programs to reduce the burden of disease; however, these programs must be disseminated widely. It is theorised that HIV/AIDS control measures will not realise the full potential of improving the population's health until effective programs are broadly diffused and disseminated. Diffusion is believed to expand to the number of people, who are exposed to and reached by successful interventions, strengthening their public health impact.

In the *Diffusion of Innovations Theory* (Croyle, 2005) addresses how ideas, products, and social practices that are perceived as 'new', spread throughout society or from one society to another. *Diffusion Theory* has been said to study the adoption of health behaviours, including preventive behaviour regarding HIV/AIDS. There are four key principles central to this theory. These include:

1. Innovation, whereby the idea or object is thought to be new by a community; in the case of this research study, the object referred to would be the different HIV/AIDS education campaigns.
2. The communication channels, this theory highlights the way, in which the ideas of the innovative campaign or medium can be transmitted from one person to another or across to an overall audience.
3. The social system is looked at in terms of a group of individuals, who then together adopt the innovation.

4. The concept of time is analysed to understand how long it takes to adopt the innovation (Croyle, 2005).

The diffusion of innovations that prevent disease and promote health requires a multi-level change process. At an individual level, adopting a healthier behaviour innovation with regard to HIV/AIDS prevention, usually involves a lifestyle change. At an organisational level, this entails starting a program with the aim of reaching behaviour change, such as *Love Life* or *Khomanani*. At a community level, diffusion includes using the media, advancing policies or starting initiatives as is the case with the different media focused on in this study. These media have made use of different forms in order to maximise their communication potential. A number of factors determine how quickly and to what extent an innovation will be adapted or diffused. By looking at the benefits of innovation, programme designers can position their communication message effectively so that they maximise its appeal. This implies that by looking at five principles of diffusion of innovation, designers of the education message can increase the likelihood of their programs' principles being adopted by the viewer (Croyle, 2005).

If South Africa's media interventions are scrutinized with regard to teenagers and HIV/AIDS education, it is evident that there are a number of interventions in place already. These include *Love Life*, *Soul Buddyz*, *Khomanani* and the HIV/AIDS ribbon and educative wall murals. However, when these interventions were planned designers needed to look at their 'relative advantage'. Firstly, this means that the innovation or new intervention needed to be considered in light of what it was replacing. By doing this, one could understand whether the innovation would hold superiority over what it was replacing and ultimately be more successful. Secondly, program designers were required to consider the element of 'compatibility' and ask themselves if the innovation would fit the intended audience. In this case the age range of 12 to 17 year olds were identified as the target audience, thus the innovations needed to ensure that they matched the demands of their audience by being appealing and matching their needs. Thirdly, it was obligatory for program designers to look at 'complexity' in terms of the innovations implementation. This element regards whether the innovation would be easy to use or understand. The fourth area to be considered was that of 'trial ability', this asked program designers to

perform a trial on their innovation to determine its proposed effectiveness. Finally, 'observability' was considered to determine whether the innovation would produce tangible results and yield what it has set out to achieve, that is behaviour change and awareness (Croyle, 2005).

This author also highlights that in order for diffusion to be effective the designer of intervention programs need to attempt to disseminate the innovation in a variety of ways to increase the likelihood of it being adopted. The role of communication also comes into play, because by using mass media as a medium the communication style still needs to be suitable and effective for the audience and for the entire program to be a success.

Witte (1992) argues that although some AIDS prevention campaigns appear to be effective, most have been marked by a lack of clear theoretical bases and lack of appropriate design given the specific population and cultural characteristics. She identifies three major persuasion theories that should provide a framework for effective health messages. These include the Protection Motivation Theory (PMT), *Elaboration Likelihood Model* and TRA (Witte, 1992). The actual content and information of these messages is focussed on bearing in mind that the goal is to persuade individuals to change AIDS related risk behaviours, by focussing the message content on attitudes and beliefs towards risk behaviours as well as attitudes and beliefs towards AIDS.

The PMT, developed by Petty and Cacioppo (1981) found that the presentation of a cognitive threat is what leads to attitude and behaviour change. For example, a person has perceived susceptibility of threats, which leads to the cognitive mediation process, whereby a person decides whether the threat is severe or not ('how severe is AIDS?'). Response efficacy leads to the cognitive appraisal, where a person decides whether the recommended response will reduce the threat ('condoms prevent AIDS transmission'). Self-efficacy leads to the cognitive processes, where one's ability to perform the recommended response is appraised ('I can use condoms'). The intention of a person to adopt the message provided is seen to be a function of how much protection motivation is aroused in these messages (Petty and Cacioppo, 1981).

Message processing and the *Elaboration Likelihood Model* (ELM) argue that given the same information, two people may process the information in very different ways. This is based on their different life experiences, personalities, cultural backgrounds, mood states and thus they will arrive at different decisions regarding the same health message (Petty and Cacioppo, 1981).

Similarly, the ELM theory states that when people are interested in an issue they are more likely to think about it and evaluate it for themselves. Attitudes formed through this central processing route prove to change a person's behaviour and overall attitude in the end. On the other hand when people have little or no interest in processing a message they rely on peripheral cues, such as simple associations or inferences (Witte, 1992).

This requires very little cognitive work and is not optimal for behaviour change. In terms of message content, the *Theory of Reasoned Action* (TRA) aims at exploring the actual message content characteristics. In the TRA, it is proposed that two sets of beliefs must be altered to bring about behaviour change: beliefs about consequences of performing certain behaviours and the evaluation of those consequences and beliefs about what other people think about the behaviour and the motivation to comply with the beliefs of others. Parker, Dalrymple and Durden (1998) highlight that when constructing HIV/AIDS messages or campaigns, whether one works at a national, provincial, regional or community level, it is necessary to have a clear understanding of the audience. In the case of HIV/AIDS communication, the development of sound communication is dependent on certain considerations.

In developing HIV/AIDS education interventions, the population that one is aiming towards should be considered in terms of its size, geographical location and its age and sex distribution (Parker *et al*, 1998). Language is also an important factor to be considered. The language of the audience should be reflected in the medium to ensure effective understanding of the message. Similarly, literacy and education levels are also key factors to consider before development of a medium. This is due the fact that one's medium needs to match the levels of education of the audience so that the message can be communicated effectively and understood (Pettifor, Rees,

Steffenson, Hlongwa-Madikizela and Vermaak, 2004). Socio cultural factors should also be considered when developing media interventions. Issues, such as levels of awareness around HIV and AIDS, myths, beliefs and needs, the role of gender and its influence in an individual's perception, the power relationships between people and the identification of community leaders form part of this area (Kreuter and Skinner, 2000).

Similarly, economic indicators also provide essential clues around the audiences' activities, major workplaces and living conditions of people, for example, housing water and sanitation (Reddy, Panday, Swart, Jinabhai and Amouson, 2003). Health indicators provide designers of interventions with insight into what some of the health problems that affect the community in conjunction with HIV/AIDS are. Thus, the infection trends are also useful to know as high-risk groups can be identified and the intervention may be targeted directly to such groups. In the case of this research study, the group deemed to be at risk was identified as teenager, thus HIV/AIDS media interventions were designed with teenagers as the target audience.

The infrastructure of health services of one's audience is also crucial to understand when developing such campaigns, as the services available to the target audience need to be understood (Reddy *et al*, 2003). In terms of organisational or social infrastructure for the target audience, it is essential that designers of such interventions have information pertaining to key institutions that could be involved, or example Non-Governmental Organisations (NGOs) schools, religious institutions, and the police. By having the relevant information on the infrastructure surrounding the target audience, the designers of campaigns are able to obtain a full picture target audiences' status and information available to them. In terms of communication infrastructure, it is important for designers to have an understanding of which media people have access to, for example radio, community radio, TV, newspapers, community newspapers, magazines and outdoor media. It is also useful to know which media are most popular, as this could provide an indication of the most effective form of communication for the intervention, as more people would access it (Reddy *et al*, 2003).

The barriers to effective implementation should also be considered so that designers can counter these and find alternative ways of getting the message across. In order to develop effective communications regarding HIV/AIDS, Parker *et al* (1998) and Reddy *et al* (2003), are of the opinion that there are certain requirements in order to bring about behaviour change or provide a framework of support for existing situations. The requirements referred to include; firstly, awareness by the population, there is an alternative to the situation, in which they find themselves. Secondly, there needs to be motivation of the audience, where people need to be inspired to change their lives and feel that there are benefits to their own involvement in the change process. Thirdly, the audience needs to understand that they can set goals for their behaviour that are realistic. Pettifor *et al* (2004) argue that for HIV/AIDS communication activities to be effective, it is necessary to create a sense that the epidemic is real and that it is important to mobilise against the disease.

2.8.1 Fight against HIV/AIDS

A number of studies have documented the power of the media, in particular with regard to the transmission of information, which aims to shape people's behaviour (Sutton, Brown, Wilson, and Klein, 2002). In order to understand the attitudes of young South Africans towards the media's role in HIV prevention and education better, the Kaiser Family Foundation and the South African Broadcasting Corporation (SABC) conducted a survey of nearly 4,000 South Africans aged 15-24 between August and December 2006.

Kaiser and the SABC conducted a nationwide survey of young South Africans, through questions designed to:

- Determine which media young people use and how often they use it.
- Assess the general attitudes of young people towards broadcast media programming in relation to HIV/AIDS.
- Determine exposure to and attitudes about various HIV/AIDS communications campaigns that have run on radio and TV.
- Determine young South Africans' general feelings about their lives and their future.

- Assess the general level of HIV/AIDS awareness and knowledge among young people.
- Investigate sexual behaviour patterns and perceptions of the risk of HIV.

Although there is an on-going need to fight the high rate of HIV/AIDS, what matters in the end, is whether one's perception has changed, in order to act against or refrain from fighting the disease (UNAIDS, 2006).

Educational media can be applied to achieve better health outcomes and is used in many developing countries and communities to facilitate remote consultation, diagnosis and treatment. According to Harvey, Stuart and Swan (2000), many European countries developed substantial public education programs, making heavy use of mass media, to address the HIV/AIDS epidemic during the 1980s and early 1990s.

Bull, McFarlane and King (2002) further elaborated that students, who viewed the Drama program, displayed improvement in knowledge and attitudes about HIV and AIDS compared to those receiving written information only. Kalichman, Benotsch, Weinhard and Austin (2003) found that health related internet use was associated with HIV disease knowledge, active coping, information seeking, and social support among persons, who were using the internet.

These observations clearly suggest possibilities of using the educational media for HIV/AIDS related information and health benefits among people. Before suggesting strategies to use educational media for HIV/AIDS prevention, it is necessary to understand the reach and potential of key educational media in India. The National Readership Study (NRS, 2006) states that Print, Radio, TV, Mobile telephony and Internet enabled computer are key media in India.

Considering the severity of the AIDS epidemic, it is high time to adopt innovative strategies to use all these media for imparting HIV/AIDS education and training to school students. It is a well-established fact that educational actions on targeted group (in this case school students), are most effective when reinforced by complimentary educational provision aimed at other people, who have an influence

on the target group (in this case, their teachers and parents). Following this principle, a whole-community approach has been adopted and proposed strategies to use key educational media for HIV/AIDS education are targeted for school students and their parents/teachers (NRS, 2006).

2.8.2 Sub-Saharan Africa

There are over 42 million people in the world, living with HIV/AIDS, and for 74% of these infected people Sub-Saharan Africa is home. In addition, these Sub-Saharan Africa dwellers also account for almost 71% of deaths globally. Southern Africa is the worst affected region in the world (UNAIDS, 2006). The UNAIDS organisation estimated the total number of South Africans living with the virus to be in the region of 5.5 million. In the early days of the epidemic, it was assumed that if the public had the necessary information about the transmission of HIV they would take the necessary steps to protect themselves from infection and the epidemic would be contained. While AIDS education and awareness strategies deployed in South Africa did alert people, they were viewed as insufficient to promote or sustain behaviour change (UNAIDS, 2006).

Since more than 60% of new HIV infections occur among young people aged 15-25, with adolescent girls and young women of childbearing age affected most, interventions that will reduce the vulnerability of these groups are needed. It is reported that 71% of South African youths could name at least one HIV/AIDS campaign that runs on TV or radio. Of the respondents, 48% mentioned *Soul City*, and 25% mentioned *Love Life*.

Parker (2006) outlines that HIV/AIDS communication involves wide ranging discourses that occur in many areas, ranging from those that are interpersonal to those that are mediated through mass media (UNAIDS, 2006). Improving HIV/AIDS prevention efforts focussed towards young people has been highlighted as a key challenge in the fight against the pandemic (James, Hoff, Davis and Graham, 2005). South African media appears to be far reaching. TV seems to reach 74% of the population, while radio reaches 93% and newspapers reach 40% (South African Advertising Research Foundation, 2000).

The United Nations Children's Emergency Fund (UNICEF, 2000) reports South Africans have 316 radio sets and 118 TV sets per 1000 people. Pragmatic media strategies are desired as part of a broad approach to address HIV/AIDS communication. Singhal and Rogers (2003) explicate that media strategies should appeal to audience members, be commercially viable and be socially responsible. The hard to reach rural poor are also easily accessible through mass media and at a relatively low cost. In a 2001 national survey, it was found that 90% of youth in South Africa watch TV or listen to the radio even within the rural areas (James *et al*, 2005). Audience research has shown that carefully designed media messages can bring about audience reflection of their own lives and behaviour, promote public discussion and dialogue on social issues and move audience members to consider new patterns of behaviour (Piotrow, Kinchaid, Rimon and Rinehart, 1997).

Effective public health, health promotion and disease management programs help people maintain and improve health, reduce risks and manage their illnesses. They can improve the well-being and self-sufficiency of individuals and communities (Croyle, 2005). However not all health education programs and initiatives are equally successful. Those most likely to achieve their desired outcomes are based on a clear understanding of targeted ideas and the environmental context, in which they occur (*Ibid.* 2005).

The media is seen to influence almost every aspect of human life that is, economic, political, social and most importantly behavioural. Media dissemination of ideas, images, themes and stories are termed 'media effects'. Research on media effects investigate how the media influence knowledge, opinions, attitudes and behaviours of audience members along with how audience members affect the media. Audience members have been viewed as active seekers and users of health information, the content transmitted through the media should reflect their needs, interests and preferences (Andreason, 1995).

2.8.3 Case study from Zambia

In a related study, Gordon and Mwale (2006) conducted a research published under the title 'Preventing HIV with young people: a case study from Zambia'. The study focused on a theoretically informed media campaign designed by the youth in

Zambia to encourage their peers to adopt risk-reduction practices to protect themselves from sexually transmitted infections, HIV and AIDS, by promoting abstinence or consistent use of condoms as viable risk-reduction practice.

The study further argued that positive viewership of HIV/AIDS risk reduction practices demonstrated that media messages influence adolescents to act, fighting against the disease. The study also gives a historical analysis of the factors, which causes an increase in the disease among young people in Zambia. Although the focus was not only on media messages, but also on HIV/AIDS awareness campaigns through radio and billboards, the current study will not adopt all of the procedures used in the Zambian study. The researcher will only focus on TV ADs, trying to prove what impact media messages on HIV/AIDS campaigns have on the youth in rural areas (Gordon and Mwale, 2006).

2.8.4 South Africa's case

There are a number of large-scale TV communication campaigns, related to raising awareness about HIV/AIDS and broader health related issues. These, have brought about general discussions of the disease throughout the country (HSRC, 2009).

Campaigns such as *Khomanani*, *Love Life*, *Soul City* and *Soul Buddyz* have been specifically implemented to advocate the necessity of decreasing the high rate of HIV infection. Despite, all these efforts there is still a high rate of HIV/AIDS infection in South Africa. This poses major challenges for both government and civil society groups, who are doing their utmost to decrease the spread of the disease and help those affected by it. In addition, the Department of Health's national antenatal survey reveals that an estimated six million South Africans are expected to die from Aids-related diseases over the next 10 years (HSRC, 2009).

Unfortunately, most of the media reports on Aids in South Africa have centred on the fact that in the past, former President Thabo Mbeki has, questioned the link between HIV and Aids. Far less has been said about the tremendous efforts being mounted year after year around the country by local, provincial and national government agencies, as well as a myriad of NGOs to curb the spread of the disease (HSRC, 2009).

2.9 Applying Psychology to HIV/AIDS Media Interventions

Previous studies regarding the evaluation of media interventions in South Africa rely on theory related to meanings and the media. For example, the theory of semiotics explores how meanings are generated using signs. This theory has been used in the past to evaluate perceptions around HIV/AIDS billboards as a way of critically exploring specific meanings (Parker, 2006).

Parker (2006) has relied on communication theory to understand the way that HIV/AIDS-related media interventions are transmitted in the media. However, the theories relating to semiotics and communication have been seen to be too analytic of specific elements of a specified medium (Piotrow *et al*, 1997).

Secondly, Bandura's social learning theory states that in order to understand the cognitive processes involved in interacting with stimuli from the media and possible effects they may have on the audience, one has to understand the role of the individual and their interaction with different mediums. This theory is chosen as an alternative to the traditional communication theories of previous studies. It is done to provide a different understanding of the role of the individual and his or her interaction with different media. The thought processes and environmental factors of the individual are often explored when theory chooses to focus on the communicative ability of the specific medium. Thus, by understanding of the individual's thinking and perceptions, one is able to grasp the way, in which these media are experienced by the target population and the consequences these have for their behaviour (Bandura, 2000).

In conclusion, this chapter has introduced the critical discourse analysis framework. The notion of identity considered through post-structuralist understanding of identity as well as the importance of Ads, need to be understood in order to grasp consumption. The researcher also considered the value of media texts in critical literacy, critical pedagogy and cultural studies as well as the type of textual analysis and audience research applied, to determine the effectiveness of the basic messages on HIV/AIDS. The information gathered should prove that in many

remote rural communities, such messages are not being interpreted and understood in the way in which the messages was supposedly communicated.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This chapter focuses on the design and procedures, which were followed to collect and analyse data in order to evaluate high school learners' interpretation of HIV/AIDS ADs. As already indicated in Chapter 1, the study followed a mixed methodology approach to research design (Cresswell and Plano, 2007). The conclusion of the chapter will include the limitations and gaps in the data.

3.2 Research Design

According to Earl (1989), exploratory research helps to determine the best research design, data collection method and selection of subjects. In design, this study adopts both the descriptive and exploratory approaches. Although descriptive research design also lies within the parameters of qualitative research, it allows for the application of quantitative procedures to data management and analysis (Cresswell and Plano, 2007). It helps in the description of data and characteristics of the population being studied. This research design is also useful in determining frequencies and other statistical calculations.

On the other hand, exploratory research design will be effective in this study, as it assists the researcher to determine the best research design, data collection method and selection of subjects. Furthermore, it is the best research design to use in qualitative research as it applies the use of focus groups and interviews and allows for research that is more interactive in nature. The results of the research design would be useful in providing significant results into a given situation (Earl, 1989).

3.3 Research Population and Sample

It has already been pointed out in Chapter 1 (see, Section 1.7.2), that the study is located in an area with a population of over 2000 possible participants. The researcher employed purposive sampling to select three high schools in Mafarana, a rural area in the GTM. Thereafter, the study adopted non-probability sampling to determine a representative sample of participants from grades 10-12.

The GTM is surrounded by villages, which are in remote rural areas. The Mafarana circuit has more than five schools, of which the researcher only focused on three for the purpose of the study, the three selected schools are based in the rural areas of Bonn, Sedan and Mafarana and has learners from the neighbouring villages attending at those schools. The sampling method applied was non-probability purposive sampling. This sampling method is economic and not difficult to conduct. It saves time and money (Cresswell and Plano, 2003).

According to the Statistics South Africa (2003) and Census (2001) the GTM had an estimated population of 517 0261. The female population constituted 54.4% of the GTM and 44% of were below the age of 18 years. The municipality therefore constitutes a very youthful population. In addition, it was indicated that 22% of the GTM population had no schooling. All these factors contribute to the high unemployment level and other socio-cultural ills in the municipality.

In 2000, 53 815 deaths were estimated in Limpopo. Of these, 26 404 (49.1%) were females and slightly more, 27 410 (50.9%) males. In terms of causes, half of the deaths were due to Group 1 causes, including HIV/AIDS. The rate of HIV/AIDS is still on the increase as more people in rural areas of Limpopo are killed by this dreaded disease, irrespective of the government's different strategies to fight against the disease (Statistics South Africa 2003 and Census 2001).

In addition to the above, Statistics South Africa (2003) and Census (2001), reflect that 33.4% of the population aged 20 years or more had no formal school education; 49% of those in the age group 15-64 years were unemployed, and 33% of those who were employed were in elementary occupations. In 2002, more than 6 in 10 people (61%) lived below the national poverty line. Just over 70% of all households lived in formal dwellings, with 7% in informal structures and 20% in traditional structures.

Almost one-quarter of households did not have access to a toilet facility, and a mere 14% had a refuse removal service once a week or more. In 25% of households, electricity was used as the main source of energy for cooking, wood in 60%, and paraffin in 11%. Almost 70% of the households had a radio, 40% a TV, 39% a

refrigerator, 8% a telephone and 25% a cell phone (Statistics South Africa, 2003 and Census, 2001).

A report provided by the GTM (2007) indicated that 80% of households within the municipality resided in these rural villages. The area is characterised by intensive farming activities. The schools in Mafarana are located around villages where there is still a need for infrastructure development and a necessity to encourage education.

The population of the study consisted of learners from three schools around Mafarana area. The researcher purposively identified the following schools: *Sedan*, *Professor Shiluvana* and *Cata* High Schools. Once the schools were purposively identified and permission granted, 60 learners from each school were selected by following a systemic random sampling procedure. The criteria for selection was based the rural setting of the school. Selection of learners was divided equally by grade levels 10, 11 and 12 (20 learners per grade). For gender control, care was exercised to ensure a proportional representation of male and female participants.

3.4 Instruments and Data Collection

3.4.1 Instruments

The research instruments, which were used to collect data for the study, were as described below:

3.4.1.1 Video materials

TV ADs on HIV/AIDS with the recurring theme '*Scrutinize*' were recorded with permission from the SABC. Following this, the ADS were shown to learners selected for this study. The video messages used were only for learners to view, not for data collection. The video material consisted of four ADs, which were shown to the learners prior the interview schedule.

The four ADs had the following common features. They all contained the word '*Scrutinize*' as a catch phrase and all used cartoon characters throughout the AD.

Advert 1: 'Undercover Lover'

This AD implied that HIV regarded you as a man or a 'bomb' for having more than one lover. It portrayed a male cartoon character, named Victor, as its main character. *Victor is depicted as a taxi driver, who loved woman and was licentious. As a result, he was infected with HIV as he slept around without using protection. The AD then closed with the catch phrase, 'Eliminate the element of surprise, Scrutinize!'*

Advert 2: 'What is my risk?'

The AD considered the behaviour and decision not to acknowledge how the risks of HIV infection burdens people.

Victor and his friends were standing in the middle of the road surrounded by traffic; they were playing a game called, 'What is my risk?'

Victor asked, 'How about crossing the road?'

The friend replied, 'Hey pretty risky, hey?'

Yah, now you are a quick learner, man' retorted Victor.

The next, scene showed them standing in the company of a beautiful woman.

'And how about unsafe sex with a pretty woman?' Victor asked.

'Absolutely no risk, man,' answered the friend.

Another friend also replied, 'No risk'.

Yet another friend had the same reaction, 'No risk'.

Still another friend retorted, 'Definitely no risk!' Suddenly a ninja appears to beat up the latest respondent.

'I'm sorry, you lose' said Victor and continued, 'Be wise, unsafe sex is a risk, but unsafe sex with more people is even more risky. Eliminate the element of surprise.

Fewer partners in a lifetime lower risk. Use a condom all the time, Scrutinize, let us turn HIV into HI-Victory'.

Advert 3: 'Sugar Mommas [sic.] and Sugar Daddies'

This AD indicated that young people, who received cool 'stuff' from their lovers, might be getting more than they bargained for. The advert, presented in a form of a game, depicted four beautiful and handsome young people, who conversely explained how their sugar mamas and daddies showered them with 'cool' things. As they continued the conversation, a tick was placed on a scoreboard to indicate that they had been infected due to this involvement. The game then switched to the host

Victor, who concluded with, 'They are not only getting cool things from their Sugar Mommas [*sic.*] and Sugar Daddies, but they have also been infected'. Hence, his closing line, which by now eliminated the element of surprise, 'Scrutinize!'

Advert 4: 'Condom Wise'

The last AD examined what information and instructions were given regarding condoms and directions how to use condoms properly every time. The AD employed one of the most famous TV soap stars, Sophie Ndaba, and Victor, who dispelled some of the myths concerning condoms like, 'Sex is uncomfortable or painful when I use a condom', and 'Condoms make sex feel unnatural'. The advert ended as usual with Victor saying, 'Scrutinize'.

3.4.1.2 Questionnaire

The questionnaire is by far the most common technique that researchers use to gather information, because of its advantages over other methods. In addition, to its being less expensive than other methods, it conserves time and its anonymity assists in obtaining honest responses (Masuku, 1999). Burns and Bush (2010) define a questionnaire as an instrument consisting of a series of questions and other prompts to gather information from respondents.

In particular, a questionnaire, which has three sections, will be distributed physically in order to reduce the low rate of percentage returns associated with posted questionnaires. In this research a questionnaire, comprising three sections were employed. In section A, the socio demographic information of the participants were among other questions; participants were requested to provide their gender, age and information on the ADs they had viewed recently on TV on HIV/AIDS. Section B required the participants, after having viewed the ADs to supply more information on discourse analysis and comprehension. The last, section C, necessitated the participants to finally rate their knowledge of the messages they viewed on a scale.

The questionnaire had both structured and unstructured questions aimed at drawing out responses from the respondents. Although the questionnaire was by far the most

convenient way for data collection, the interviews allowed the researcher to work from a list of broad questions as well as implement more refined probe questions, such that it became possible to follow up on important points raised by the participants. As a result, the researcher hoped to gather more information than if they were in a more structured situation.

This was followed by data collection through observation of discussions and group interviews and by way of self-administered questionnaires, which were distributed, to the 180 participants in the rural schools over a period, to be determined in consultation with the schools where participants were registered.

3.4.2 Data collection

After the proposal was approved by the University of Limpopo Ethics Committee (certificate approval number TREC/FHM/22/2013: PG), the researcher approached prospective participants. As already mentioned, the selected participants from grades 10-12, were conscripted from the three recognised schools, after permission was granted. In addition, parents were also asked to provide consent before their children were asked to participate in the study. Thereafter, the selected participants watched four HIV/AIDS Ads, which took about 8 minutes to play all four of them. The researcher began by outlining the instructions of filling out the questionnaires, which were in English. In case of difficulties with regard to the questionnaire, the respondents were also urged to direct their questions to the researcher for clarifications. The respondents were further encouraged to work individually, quietly, honestly and as quickly as they could.

As mentioned, the questionnaire comprised three sections and some of the sections required learners to rate their understanding on how well they interpreted the TV Ads. The participants were required to provide demographic information about them, firstly, if they came from rural or urban areas and to provide their socio-economic background. In addition, comprehension questions, investigating how well they understand the language used in the Ads was also included in the questionnaire.

3.5 Data Analysis

The process of data analysis resulted in the use of discourse analysis, as it would allow the researcher to pinpoint themes emerging from the data (Braun and Clarke, 2006).

3.5.1 Chi-square analysis

A chi-square test is designed to analyse categorical data that has been counted and divided into categories. The statistical test also allows a researcher to use tables and graphs when analysing data. A chi-square test is used when one seeks to determine if there is a relationship between two categorical variables. In SPSS, the chi-square option is used on the statistics' subcommand of the crosstabs command to obtain the test statistic and its associated value.

The chi-square is also used to compare observed data to a model that distributes the data according to the expectations that the variables are independent, which becomes stronger, thus proving the null hypothesis incorrect. The statistical test is of significant use as it is also meant to test the probability of the independence of distribution of data.

A number of recent studies have used a chi-square test as a tool for data analysis. Gao, Wu, Zhang, Zhang, Tang, Qui, Lin and Du (2012) conducted a recent study in order to analyse the effectiveness of school-based education on HIV/AIDS behaviours among secondary school children in China. The chi-square test was used to compare the rate of HIV/AIDS knowledge awareness before and after the intervention as well as between middle and high school children. In a related study on HIV/AIDS knowledge of high school adolescents in Kenya, Mwamwenda (2013) also applied the use of the chi-squared test to analyse data.

3.5.2 Discourse analysis

Critical Discourse Analysis (CDA) is an interdisciplinary approach to the study of language as a form of social practice and focuses on the ways social and political domination are reproduced in text and talk. CDA has been deployed as a method of multidisciplinary analysis throughout the humanities and social sciences. It does not

confine itself only to method, though the overriding assumption shared by CDA practitioners is that language and power are linked.

The approach draws from several disciplines in the humanities and social sciences. Fairclough (1995) developed a three-dimensional framework for studying discourse, where the aim is to map three separate forms of analysis onto one another. These are analysis of (spoken or written) language texts, of discourse practice (processes of text production, distribution and consumption) and of discursive events as instances of sociocultural practice.

Fairclough (1995) combines micro, meso and macro-level interpretation. At the micro-level, the analyst considers the text's syntax, metaphoric structure and certain rhetorical devices. The meso-level involves studying the text's production and consumption, focusing on how power relations are enacted. At the macro-level, the analyst is concerned with inter-textual understanding, trying to understand the broad, societal currents that are affecting the text being studied.

Although CDA is sometimes mistaken to represent a 'method' of discourse analysis by most scholars, it is generally agreed that any explicit method in discourse studies, the humanities and social sciences may be used in CDA research. However, it should adequately and relevantly produce insights into the way discourse reproduces (or resists) social and political inequality, power abuse or domination. That is, CDA does not limit its analysis to specific structures of text or talk, but systematically relates these to structures of the socio-political context (Fairclough, 1995).

Although these approaches emphasize different aspects of language use, they all view language as social interaction, and are concerned with the social contexts, in which discourse is embedded. Often a distinction is made between 'local' structures of discourse (such as relations among sentences, propositions, and turns) and 'global' structures, (such as overall topics and the schematic organization of discourses and conversations). For instance, many types of discourse begin with some kind of global 'summary', in titles, headlines, leads, abstracts, and so on. A

problem for the discourse analyst is to decide when a particular feature is relevant to the specification is required (*Ibid.* 1995).

Discourse analysis was also used in a study to account for the hierarchical structure of data found after the study was conducted on the perspective of young people's knowledge of HIV/Aids in three African countries (Goldstein, 1995). Mpofu (2003) also used discourse analysis to analyse data in his study of HIV/AIDS awareness` ADs to analyse data.

3.5.3 Social semiotics

Semiotics is defined as the science of the life of signs in a society, which is shaped by relations of power. As the power shifts in our society, language as well as other socially accepted meaning can as a result change. Jewitt and Oyama (2001: 134) state that social semiotics involves the description of semiotic resources; therefore, it is what can be said and done with images (and other visual means of communication). Clarke (2001) elicits that semiotics is thus a study of the social dimension of meaning and of the power of human processes of signification and interpretation, which tends to shape individuals in a particular society. The author believes this includes all the visual, verbal messages.

In social semiotics, language is seen 'as a mode of representation, which constructs social realities, social identities and social relations (Kamler, 2001: 25). In line with CDA, social semiotics views language as a social practice, hence social semiotics does prove that in society people can interpret certain messages according to societal interest and ideologies, as well as how those messages are adapted as society changes. Hodge and Kress (1998) are of the opinion that it is in this sense that one can conclude that social semiotics helps with the description of visual means of communication, taking into consideration social realities, social identities and social relations (Halliday, 1985).

In order to build knowledge on HIV/AIDS in different regions of the world, Mutony and Kendrick (2009) applied the use of social semiotics to interpret and make meaning of HIV/AIDS ADs. Ondimu (2006) in his study of visual persuasion and behaviour change: A study of viewers' responses to televised HIV/AIDS ADs in

Kenya also employed the use of social semiotics to explain the implications inscribed in visual communication ADs.

3.5.4 Critical discourse analysis

Van Dijk (1997) explains CDA as being concerned with the relationship between discourses and society. Therefore, in CDA, language is viewed as a social practice; that is, language is constituted by society and it constitutes society.

Fairclough (1995) proposes that central to CDA are issues of power and language and identity and language, among other things. Thomas (2004: 55) further states that CDA is concerned with how a particular account of events becomes the decisive public version or definition, of the situation, that is, it focuses on how such a definition generates meaning through particular representations, identities and power relations within discourses and seeks an understanding of how ideology is expressed through discursive forms.

Various models of CDA are useful as a research tool. For example, Van Dijk (2001) advances a theoretical discourse-cognition-society triangle. The author defines the three concepts: 'discourse', 'cognition' and 'society' in the following way; firstly, discourse means any text whether visual or verbal. Secondly, cognition involves both personal and social cognition, beliefs and goals, evaluations, emotions, and any mental or memory representations involved in discourse and interaction. Lastly, society includes both the local, microstructures of situated face-to-face interactions, as well as the more global, social and political structures variously defined in terms of groups, group relations (such as dominance and inequality), movements, institutions, organisations, social processes, political systems and more abstract properties of societies and cultures. These three concepts describe the text-context relationships that form a tie of analysis.

Fairclough (2001), states that since CDA is both a theory and a method, Van Dijk (2001) argues that as consumers of TV ADs the audience must make choices, and select certain structures in Ads. This, he believes is mainly for closer analysis. The author claims further that discourse may vary as a function of social structures. This is also shaped by the research questions asked. This study selected those features

of the discourse of the ADs that were prominent in the discursive construction of youth identities.

In a recent study conducted by Fairclough (2001) CDA was used to investigate pessimism, stigma and discrimination in world AIDS day ADs of 2011 in the daily times and national newspaper. In another study, Bell and Garrett (1998) used CDA to reveal power inequalities in the discourse surrounding global health.

3.6 Limitation of the Study

Data collection was only done in high schools around Mafarana, from learners around rural areas in the GTM. As a result, the researcher experienced problems, more specifically when it came to language comprehension. Learners knew how to answer questions, but needed help in transposing their answers from their mother tongue into English. The same problem occurred because learners did not understand most questions posed in English. Therefore, these questions had to be transposed into their mother tongue. Hence, the researcher had to interview participants personally, in order to avoid the language barrier, which also meant that questionnaires had to be translated into the respondent's mother tongue. This caused delays, because the researcher had to spend more time with respondents than if they were able to complete a questionnaire on their own.

3.7 Ethical Considerations

When a researcher enrolls human beings into a study, various ethical guidelines, codes, and regulations should be followed. Hence, in line with the ethical requirements for this study as the researcher, I needed to ensure adherence to the following:

3.7.1 Ethical clearance

Before the study could be undertaken, ethical clearance was sought and obtained from the University of Limpopo's Turfloop Research Ethics Committee.

3.7.2 Parental consent

Before the data collection was commenced, the consent of the parents of the learner participants was sought. It was important to notify the participants' parents in writing

about the research. Hence, the researcher wrote a letter to parents of participants requesting permission to be granted for them to participate in a study and they were informed that participation of their children was voluntary, since the subject matter involved a sensitive issue.

3.7.3 Informed consent

Before the data collection was commenced, it was also important that the envisaged participants were informed about the study, and especially their right to abstain, or withdraw their participation in the research at any stage during the process. The participants were aware that their participation in the research was voluntary as this was read out and explained to them, so that there was no misunderstanding of the scope of the study. Therefore, an informed consent form attached, to the questionnaire, was read to them before they could participate in the study.

3.7.4 Anonymity and confidentiality

It was also important to ensure that all the research participants had a right to privacy, to remain anonymous and to have the confidentiality of their credentials protected (Walsh and Wiggins, 2003). Hence, on the first page of the questionnaire it was clearly stated that all answers given would be treated as strictly confidential and would not be used for any other purpose other than the study.

3.7.5 Referral of respondents

It was also necessary for the researcher to acknowledge that research of this nature (HIV/AIDS) had the potential to affect participants' emotions, Therefore the researcher undertook to exercise vigilance and should the need arise, refer participants to relevant institutions.

Chapter 4 contain the results and interpretation of the data.

CHAPTER 4

DATA PRESENTATION AND INTERPRETATION

4.1 Introduction

One of the guiding forces for one's selection of a data collection method would depend, among other aspects, on the nature of the problem and the purpose of the investigation (Swanepoel and Erasmus 2000: 499). This chapter presents the research results obtained through questionnaires and interviews. According to Patton (1990), data analysis brings order to the data by organising the data into patterns and identifying relationships and links among the descriptive dimensions from different data collection sources.

Participants spent an average of 1 hour 30 minutes on completing the task of viewing the Ads and answering the questionnaires. The completed questionnaires were collected by the researcher directly after the exercise was concluded. At face value, it appeared that the response rate was satisfactory although some learners experienced problems in understanding some of the items of the questionnaire, but most of them were able to complete the task with ease.

Since the researcher used both qualitative and quantitative research methods, data analysis was as follows:

- the use of the chi-square test and discourse analysis was be applied to all qualitative questions;
- the quantitative questions was analysed through the SPSS program.

Firstly, the results of the biographical data were presented. Secondly, the findings of TV Ads with an HIV/AIDS topic followed. Thirdly, the conclusions on whether the messages from the ADs were understood were drawn. Finally, the impact of these ADs on young people was reflected. These deductions were in line with aim and objectives of the study.

Discourse analysis is the most common form of analysis in qualitative research, because it pinpoints, examines and records themes within data (Braun and Clarke,

2006). Themes are patterns across data sets that are important to the description of a phenomenon and are associated with a specific research question (Kellehear and Gliksman, 1997).

Discourse analysis was used for data investigation, by developing themes through the process of coding phrases to create established meaningful patterns. These phrases are a familiarisation with data, generating initial codes, searching for themes among codes, reviewing things, defining and naming themes and producing the final report (Braun and Clarke, 2006).

4.2 Biographical Data Findings

Below is a representation of biographical findings of the learners' according to gender, age, home language respectively. The findings are presented in calculated total numbers and percentages.

The following table and graph answer the question, what is your gender.

Table 4.1: What is your gender?

4.1 What is your gender?

	Frequency	Percent	Valid Percent	Cumulative Percent
Male	61	33.9	33.9	33.9
Female	119	66.1	66.1	100.0
Total	180	100.0	100.0	

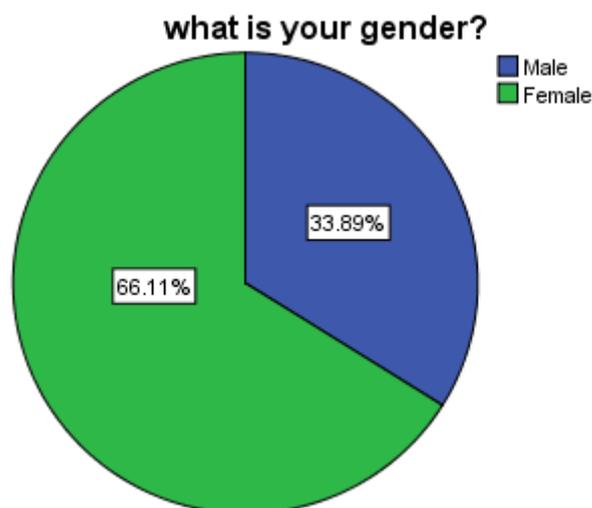


Figure 4.1: What is your gender?

Concerning gender, the findings indicated that the total number of male respondents was 34, while the female respondents were 66. This represented a percentage total of 33.89% and 66.11 respectively. According to (Belcastro, 1985; Reiss, 1964) black boys and men have attitudes toward sexuality that differ sharply from those of black girls and women. Men are more 'permissive'. That is, they are more likely to endorse premarital sexual relations than women are; this is also because the sexual behaviours of the genders differ: black men have more than one sexual partner and are more likely to have sex outside of marriage than women do (Weinberg and Williams, 1988).

The next section indicates the age of the respondents.

Table 4.2: How old are you?

4.2 How old are you?

	Frequency	Percent	Valid Percent	Cumulative Percent
15	5	2.8	2.8	2.8
16	23	12.8	12.8	15.6
17	42	23.3	23.3	38.9
18	48	26.7	26.7	65.6
19	27	15.0	15.0	80.6
20	20	11.1	11.1	91.7
21	9	5.0	5.0	96.7
22	4	2.2	2.2	98.9
23	2	1.1	1.1	100.0
Total	180	100.0	100.0	

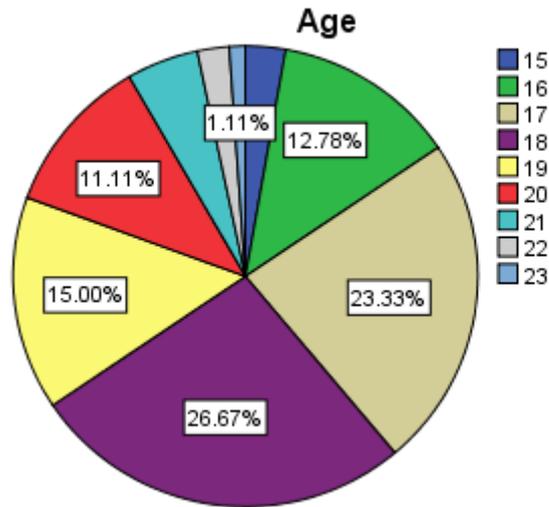


Figure 4.2: How old are you?

Age of the respondents

From the table and graph above, it can be reasoned that of 108 learners, who participated in the study, 70 were between the ages 15-17, 95 fell within the 18-20 age range and 15 fell within the 21-23 age range. According to the Centre for Disease Control and Prevention (2001) and The Office of the National AIDS Policy on Youth HIV/AIDS (1995) young people between 15-19 years, have some of the highest reported rates of Sexually Transmitted Diseases (STDs). On the other hand, an estimated 25% were HIV positive and this gave rise to the school and community taking actions in order to reduce sexual risk behaviour.

The following section specifies the different L1 of the respondents.

Table 4.3: What is your mother tongue?

4.3 What is your mother tongue?

	Frequency	Percent	Valid Percent	Cumulative Percent
Xitsonga	177	98.3	98.3	98.3
Sepedi	1	.6	.6	98.9
Other	2	1.1	1.1	100.0
Total	180	100.0	100.0	

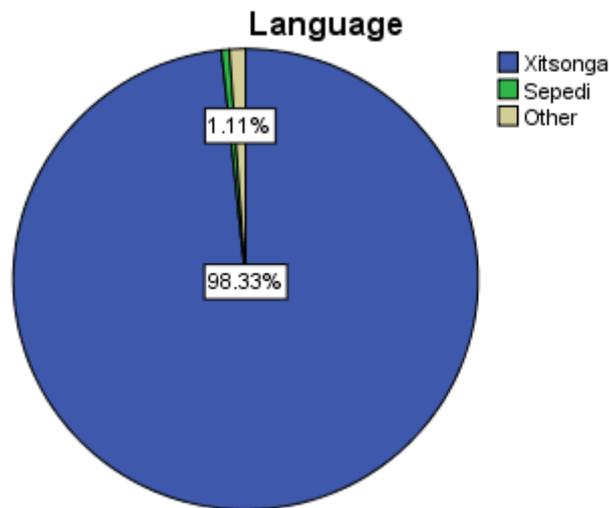


Figure 4.3: What is your mother tongue?

All in all the findings from the biographical section of the data collection instrument revealed that the total percentage of learners, whose L1 was Xitsonga was 98% while 0.6% revealed that Sepedi was their home language and only 1.1% indicated they were Zulu speakers. The above table and graph revealed that, the majority of the participants' home language is Xitsonga.

The subsequent section explicates data on the grade of the respondents.

Table 4.4: Which grade are you attending?

4.4 Which grade are you attending?

	Frequency	Percent	Valid Percent	Cumulative Percent
Grade 10	76	42.2	42.2	42.2
Grade 11	48	26.7	26.7	68.9
Grade 12	56	31.1	31.1	100.0
Total	180	100.0	100.0	

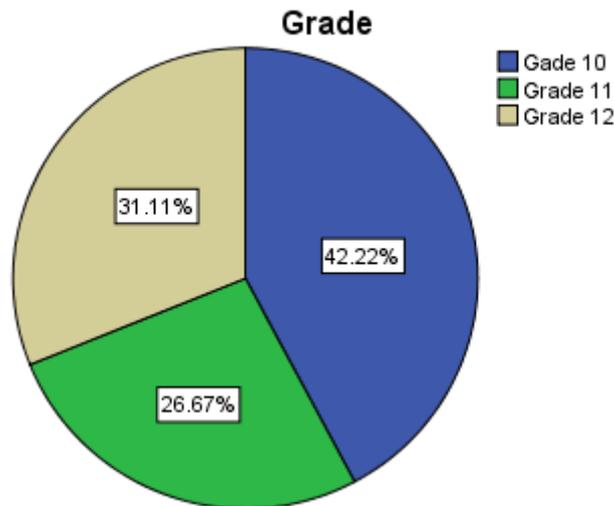


Figure 4.4: Which grade are you attending?

With regard to the respondents' grade, 42.22% of the learners were in grade 10, 26.67% in grade 11, while the remaining 31.11% were in grade 12.

The next section indicates the availability of a TV set at home

Table 4.5: Do you have a TV set at home?

4.5 Do you have a TV set at home?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	178	98.9	98.9	98.9
Valid No	2	1.1	1.1	100.0
Total	180	100.0	100.0	

With regard to the question on do you have a TV set at home, the research established in the table above that off the 180 learners, who participated in this study, 178 learners indicated that they had a TV at home, while only 2 respondents said they did not have TVs at home. In a study conducted by Peltzer, Parker, Mabaso, Makonko, Zuma and Ramlagan (2012) on the high level of access to media HIV/AIDS messages in South Africa, these authors explicate that exposure is defined as having heard or seen any HIV mass communication programme, which

might be in different forms. Bartland *et al* (2006), believes that if the audience is exposed to or have access to HIV/AIDS health messages, it could improve knowledge about the disease and might lead to stronger positive outcomes.

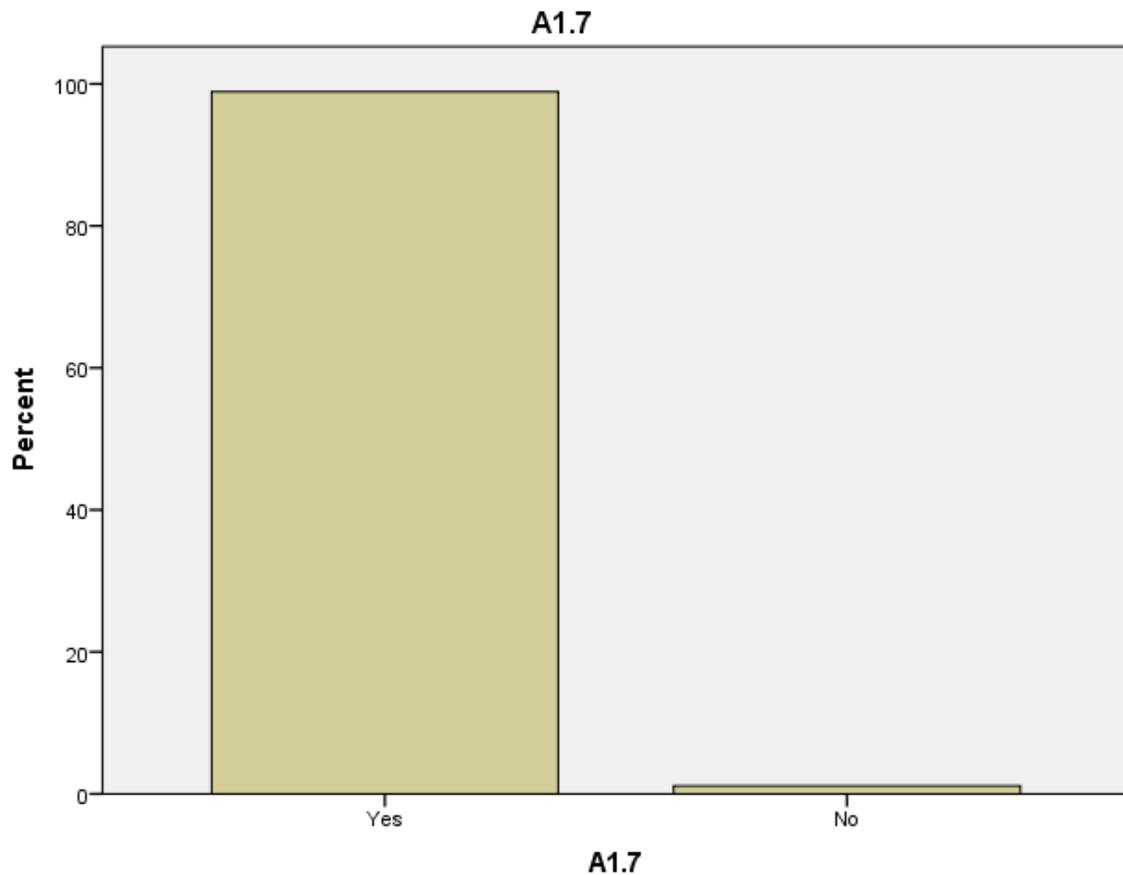


Figure 4.5: Do you have a TV set at home?

Figure 4.1.6 above demonstrated the number of learners, who had a TV set at home and those, who did not have a TV set. Of the total number of 180 learners, 178 learners (approximately 98.9%) had a TV at home and 2 learners (approximately 1.1%) did not have a TV.

The following section (4.3) presents the results of the data analysis with regard to whether TV ADs were understood, this relates to objective 1.

4.3 Findings on What Is Being Advertised on TV

Below is a representation of the respondent's familiarity with TV ADs on HIV/AIDS. The findings were represented according to favourite TV channel, recently viewed TV Ads on HIV/AIDS, preferred language that the ADs should have used, understanding and reaction after seeing the ADs. The findings were presented in calculated total numbers and percentages as well as thematic analysis for the qualitative questions and related to the three objectives of the study.

Objective 1: TV Ads with regard to HIV/AIDS

The following section presents data on favourite TV channel between SABC 1, 2 and 3.

Table 4.6: What is your favourite TV channel, SABC 1, 2 or 3?

4.6 What is your favourite TV channel SABC 1, 2 or 3?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid SABC 1	146	81.1	81.1	81.1
SABC 2	30	16.7	16.7	97.8
SABC 3	4	2.2	2.2	100.0
Total	180	100.0	100.0	

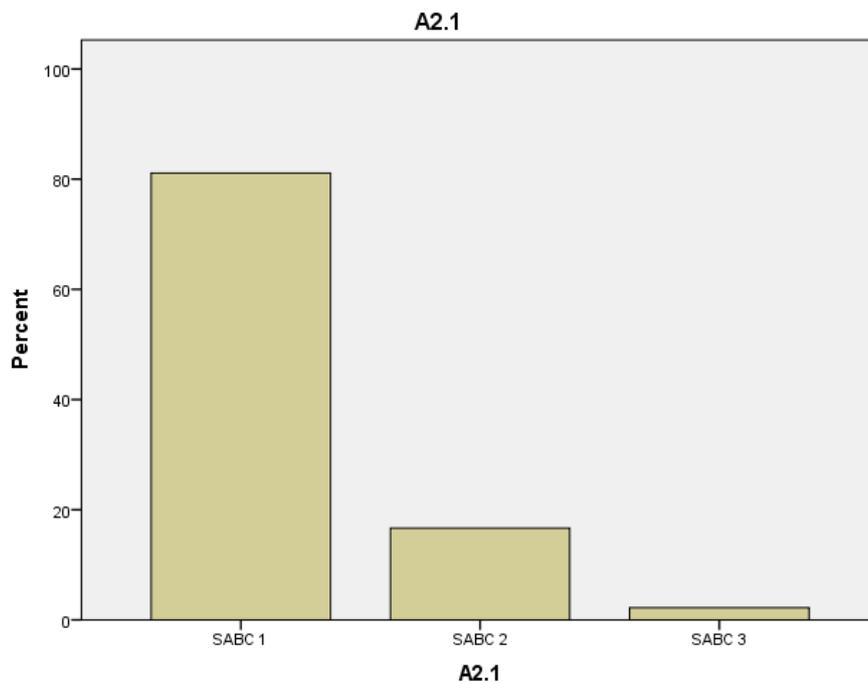


Figure 4.6: What is your favourite TV channel, SABC 1, 2 or 3?

The table and graph above indicated the numbers and percentages of the TV channels that learners viewed the most. In this case, learners responded to the question: *What is your favourite TV channel, SABC 1, 2 or 3?* In this item, the learners had to tick one TV channel from the given options above. The results as presented in the table and graph suggested that SABC 1 was the most watched TV channel. Of the total number of 180 learners, 146 learners (approximately 81.1 %) watched SABC 1. SABC 2 tallied a total number of 30 respondents with about (16.7%), while SABC 3 was the least watched channel, reflecting a score of 2.2%. Notably so, the number of learners, who watched TV, exceeded the 178 learners, who had a TV at home. It was thus assumed that although no TV sets were found in their homes, the other two learners without TV at their homes did watch TV at their friends and neighbours' homes.

The pursuing section explicates why the TV channel of choice was preferred.

Following the above response, the respondents were then asked a follow up question as to why the channel, which they indicated, was their favourite. Their responses revealed the following themes:

SABC1

- *The channel has a **variety of programmes.***
- *Because I can see a variety of **soap operas.***
- *They play my favourite TV program, which **I like, Generations.***
- *All **sports shows** including **soccer games** are on this channel.*

SABC2

- *The channel focuses **on issues of the everyday life.***
- *Because I am able to see my **favourite drama, Muvhango.***
- *They **interview successful people,** who are from Limpopo some of whom we know.*

SABC 3

- *Because I love watching ugly Betty as it **teaches me** that being a fashion designer is good.*
- **educational programs** and sports
- I like **watching cartoons**

There is clearly a gap between the three channels with regard to advertising HIV/AIDS health messages. This could be because of the selection of channel, as young people prefer watching SABC1, especially during prime time. Hence, there is a need for advertisers to buy more prime airtime, so their Ads could reach a wider audience.

According to Buckingham, (1993) a choice of channel among young people is mostly influenced by, among many other things like, age, type of programmes broadcast on the particular channel of choice. This also supported the assertion in that most of the respondents pointed out that SABC 1 was their favourite channel, due to a wide selection of programmes like, variety shows, soap operas like generations and sports.

The subsequent section reveals data on whether the learners recently viewed any TV ADs on HIV/AIDS.

Table 4.7: Have you recently seen any TV advertisement on HIV/AIDS?

4.7 Have you recently seen any TV advertisement on HIV/AIDS?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	180	100.0	100.0	100.0

The table above displays that all 180 learners, who participated in the study recently watched a TV AD on HIV/AIDS.

The ensuing section supplies data about the TV channel, which screened the AD that the participants watched.

Table 4.8: Which channel screened the TV advertisement on HIV/AIDS?

4.8 Which channel screened the TV advertisement on HIV/AIDS?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid SABC 1	153	85.0	85.0	85.0
SABC 2	26	14.4	14.4	99.4
SABC 3	1	.6	.6	100.0
Total	180	100.0	100.0	

Table 4.8 indicated the numbers and percentages of the TV channels that learners viewed when they saw the TV AD. Corresponding with the results of Table 4.6, the statistics, as recorded the Table, 4.8, proved that SABC 1 was viewed the most, which also suggest that SABC 1 was the most favourite channel among the youth and thus the screened the TV AD had the most exposure.

The succeeding section expounds which language was use in the TV AD.

Table 4.9: Which language was used in the TV advertisement on HIV/AIDS?

4.9 Which language was used in the TV advertisement on HIV/AIDS?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid English	171	95.0	95.0	95.0
isiZulu	7	3.9	3.9	98.9
Sotho	2	1.1	1.1	100.0
Total	180	100.0	100.0	

Table 4.9 indicated the numbers and percentages on which language was used in the TV advertisement on HIV/AIDS? of the 180 respondents 171 said English was used while 7 said isiZulu and the remaining 2 mentioned that the advertisement was in Sotho.

The following section specifies which language the participants would have preferred in the TV AD.

Table 4.10: Which language would you have preferred in this advertisement?

4.10 Which language would you have preferred in this advertisement?					
	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	English	18	10.0	10.0	10.0
	Other	2	1.1	1.1	11.1
	Sotho	17	9.4	9.4	20.6
	Xitsonga	143	79.4	79.4	100.0
	Total	180	100.0	100.0	

The table above illustrated the language preference that the respondents would have preferred the advertisement to be in; about 79% of the respondent would have liked the advertisement to be in their mother tongue, which is Xitsonga.

Corresponding to the results of Table 4.10, the statistics, as illustrated by Table 4.9, suggested that 95% of the respondents viewed the TV AD in English. This finding suggested a link between language preference and a lack of understanding; this topic is discussed later in this chapter.

The next section deals with the information from the participants regarding what they liked about the TV AD.

What did you like about the advert: the question required the respondent to indicate what they liked about the advertisement, the learners' responses revealed about three themes. These are:

- Using a catchy phrase;
 - With reference to using a catchy phrase among others, the learners had this to say, '*The use of the word 'Scrutinize'.*'

A catch phrase is said to be phrase or expression, which is recognised due to its repeated utterance. According to Kelly (1950), the use of a catchy phrase is a good

way of getting a message across as it also results in people accepting your point of view.

- Use of cartoons;
 - With reference to the use of cartoons, this is what the learners had to say,

*Because they used **cartoons***

*The way the **cartoon** wears the condom and the way HIV/AIDS is spread.*

According to Wakefield, Laken and Hornik (2010), mass media campaigns are used as an educational tool in many instances. They are regarded as the most favourable as they are capable of communicating information, increasing awareness and affecting a large number of people. These authors further elaborate that because advertisers are continuously searching for innovative methods to promote health messages, the use of animated or cartoon characters is another form of attracting, especially the school-age children, as they are familiar with such characters. Hence, they are seen as a tool, which helps teach the younger generation about HIV/AIDS.

- Educational value;
 - With reference to educational value, this is what the learners said:

*I liked the **teaching** of it; it **taught** me how things are done*

*It **teaches a lot** about life.*

According to Kwan, Frankish and Rootman (2006), the educational value of ADs, has been seen in many media health messages as having an influence on people as they are able to access and understand different messages effectively.

The following section presents data on did you talk to anyone about the TV AD.

Table 4.11: Did you talk to anyone about this advertisement?

4.11 Did you talk to anyone about this advertisement?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	179	99.4	99.4	99.4
Valid No	1	.6	.6	100.0
Total	180	100.0	100.0	

The above table illustrated whether after viewing an HIV/AIDS AD, the respondents talked about it. Of 180 respondents, 179 said yes they did talk to someone about the TV AD, while only 1 said no. The above results needed further investigation.

The ensuing section supplies the data on with whom the participants discussed the TV AD.

Table 4.12: With whom did you discuss the advertisement?

4.12 With whom did you discuss the advertisement?					
	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Friend	88	48.9	48.9	48.9
	Brother or Sister	61	33.9	33.9	82.8
	Parents	30	16.7	16.7	99.4
	Other	1	.6	.6	100.0
	Total	180	100.0	100.0	

The above table illustrated the results about with whom the respondents discussed the TV AD on HIV/AIDS, after they viewed it. The answers revealed the following: 49% said they spoke to their friend, 34% said they spoke to their brother or sister while only 17% said they spoke to one of their parents. These statistics indicated that the respondents did indeed discuss the TV Ads with someone. Additionally, it was clear that participants preferred access gained to the HIV/AIDS topic on TV and then discussing it with a friend, than discussing it with either of their parents.

According to Resnick, Bearman, Blum, Bauman, Harris, Jones, Tabor, Beuhring, Sieving, Shew, Ireland, Bearinger and Udry (1997) young people, who talk to their parents about any health issues, which include HIV/AIDS, are more likely to delay initiating sexual intercourse as lack of communication is said to affect behaviour and attitude.

A recent study showed that children, who spoke to their parents about sex, birth control and dangers of STDs were two times more likely to use condoms than those who did not talk to their parents regularly (Weinman, Small, Buzi, and Smith, 2008).

The following section presents data on the question, what made the AD different from those you saw previously.

Three themes emerged. These are:

- Use of cartoon

*They **use cartoons** instead of human beings and that made the advertisement funny.*

In a study conducted by Kendrich, Rogers, Tooney, Marshall, Mutonyi, Hauge, Siegel and Rosewell (2010), the findings were that cartoon characters communicating through mostly metaphors, were used to convey messages as the cartoonist understood the disease. Kress and Van Leeuwen (1996) further explicate that the use of cartoon characters is an intermingling way in both culture and personal narrative, allows for the expression of emotions and experiences as opposed to spoken or written communication alone.

- Uniqueness

***It is unique and different** from the other advertisements I have seen on HIV/AIDS.*

Kress and Van Leeuwen (1996) believe that the use of cartoon characters not only create understanding of TV Ads on HIV/AIDS, but also brings about a sense of uniqueness, as it allows for the expression of different emotions, rather than when there is only a written or verbal message without any visual effects. Therefore, the visual effect arouses interest, especially among young people, who will watch the AD with interest.

- Interesting

***It is very interesting** because they used cartoons and young people like cartoons.*

Kress and Van Leeuwen (1996) state that the use of visual effects in a form of pictures or cartoon characters stimulates their interest and young people will then watch the message

The next section presents the results of the data analysis with regard to whether messages on HIV/AIDS ADs are understood by high school learners in rural areas,

correlating with objective two: To establish whether or not messages on HIV/AIDS ADs are understood by high school learners in rural areas;

4.4 Findings to Determine Whether Messages on HIV/AIDS ADs Are Understood

Respondents watched four TV ADs on HIV/AIDS (discussed in detail in Chapter 3) and proffered the following opinions after viewing the TV ADs with the theme of ‘Scrutinize’, which the researcher used for the study. The questions posed were:

- ‘have you recently watched the advertisement which has just been played’,
- ‘what was the main message of the advertisement’,
- ‘which generation does the advertisement cater for’,
- ‘did you gain any knowledge’ and understanding of the topic and what are your views with regard to the message’.

The next section reflects the data on which channel screened the AD

Table 4.13: Which channel screened the advertisement that you have just watched?

4.13 Which channel screened the advertisement that you have just watched?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SABC 1	178	98.9	99.4	99.4
	SABC 2	1	.6	.6	100.0
	Total	179	99.4	100.0	
Missing	System	1	.6		
Total		180	100.0		

The table above recorded the following results regarding the question above. Only one learner did not view the AD on SABC 1, as the other 99% of the respondents did. This clearly correlates with the findings in Table 4.6, which reflected that SABC 1 was the favourite channel of choice for 85% of the respondents.

The pursuing section indicates the data documented on language used in the AD.

Table 4.14: Which language was used in this advertisement?

4.14 Which language was used in this advertisement?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid English	176	97.8	97.8	97.8
Valid isiZulu	4	2.2	2.2	100.0
Total	180	100.0	100.0	

The table above specified that 98% of the respondents related that English was language used in the AD, at the time they viewed it. Only 2% saw the AD when IsiZulu was used as the communicating language. This highlights that that the most predominant language of broadcasting on SABC 1, is English.

The subsequent section reveals data collected on the question, do you think the advertisement caters for younger or older generation.

Table 4.15: Does this advertisement cater for the younger or older generation?

4.15 Does this advertisement cater for the younger or older generation?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Younger Generation	179	99.4	99.4	99.4
Valid Older Generation	1	.6	.6	100.0
Total	180	100.0	100.0	

The above table verified that 99% of the respondents were of the opinion that the AD catered for the younger or generation, while only 1% indicated that it catered for the older generation. This assertion is discussed further in collaboration with the ensuing question below, where respondents had to motivate their answers given above. Almost all the respondents mentioned the fact that the advertisement is directed to the younger generation as seen in

The following section presents data on why the respondents thought the advertisement was directed to the younger or older generation.

The following themes emerged:

- Used cartoons

***Young people love cartoons** so they used them to get their attention only. Because younger people they love **cartoons**.*

They **used cartoons** in the advertisement.

The use of cartoons in ADs have been discussed throughout this study, as supported by Kress and Van Leeuwen (1996) as well as Kendrich *et al* (2001) that in most instances cartoon characters were used to convey the message, as it allowed expression of emotions and experience as opposed to spoken or written communication.

It can be concluded that young people are more likely to be attracted by the use of cartoon characters in ADs than when words are written, as they are more likely to understand visual communication than written words, which tend to be difficult to understand because of the use of a catchy phrase in most instances.

- Lack of understanding

They used cartoons because **young people do not understand HIV/AIDS.**

If it were not cartoons, the **English would be difficult to understand.**

The above results shows clearly that using difficult language in ADs targeted to young people tend to have a negative impact when the message has to be communicated across. This assertion is also supported by the results in table 4.3.6 in that almost 79% of the respondents mentioned that they would have preferred ADs on HIV/AIDS to be in their own mother tongue so that they can be easily understood. This is also supported by Bartland, O'Reilley, Denison, Anhang and Sweat (2006) and Anafi, Asiamah, Agyepong, Oduro and Owuso-Danso (2003) when they mentioned that there is a need to make ADs more accessible by using simple language.

The following section presents data on do you prefer the advertisement to be aired during the day or night.

Table 4.16: At what time would you like to view this advertisement?

4.16 At what time would you like to view this advertisement?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Preferable	132	73.3	73.3	73.3
Valid Not preferable	48	26.7	26.7	100.0
Total	180	100.0	100.0	

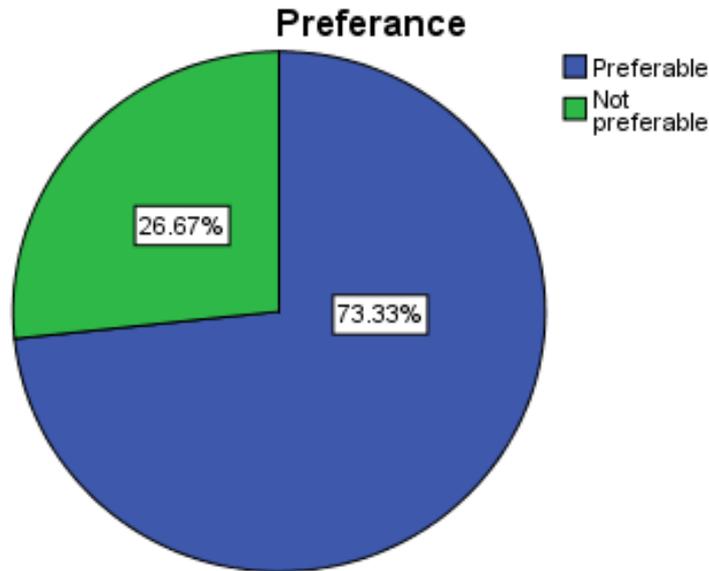


Figure 4.7: At what time would you like to view this advertisement?

The findings from learners' rating whether they preferred ADs to be aired during the day or night the results indicated the following preferences. Of 180 respondents 73% said they preferred them to be aired during the day, while 27% said they would like it if ADs on HIV/AIDS were aired during the night.

The next section contains data on what was your understanding with regard to the advertisement you have just seen.

The following four themes emerged in the responses:

- Use a condom

We must use a condom when we have sex.

Condom usage becomes the most effective protection against HIV and other sexually transmitted infections (STIs), for sexually active young people. Most South African youth know that condom use prevents HIV, STIs and unwanted pregnancies and that it is very important to use a condom every time they have sexual intercourse (Pettifor *et al*, 2004). In addition, James, Reddy, Tailor and Jinabhai (2004: 93,264-269), explain that condoms are provided free of charge by the government and are available even to young people through a number of venues, including public sector clinics and youth centres. Thus, 87% of the youths' report revealed that it would be very easy to obtain condoms if a need arose.

- Teaches about AIDS

*HIV/AIDS ADs helps **to educate people** that AIDS is real and we must always know that.*

*It **taught us to be faithful** and abstain.*

According to Bartland *et al* (2006), media messages are great ways to teach people about HIV/AIDS, as it is the most effective way to change people’s behaviour and attitudes towards the disease. It has been advocated that condom use among people even in low and middle-income countries, is fortuitous. Noar, Palmgreen, Chabot, Dobransky and Zimmerman (2009) further stated that HIV/AIDS campaign efforts conducted in in 23 countries, resulted in 30% of the studies with stronger outcomes as there was an increase in condom use, reduction of sexual partners as well as an increase in knowledge about the disease.

- Danger of HIV/AIDS

*That **AIDS kills** and is real.*

*A **person with multiple partners is at risk** of contracting the disease.*

Young people represent one of the groups that are in danger of contracting the HIV/AIDS infection, as more than 15% of young woman and almost 5% of young men aged 15-24 are infected with HIV (Pettifor, *et al*, 2004).

The succeeding section reflects data on first time understanding of the advertisement.

Table 4.17: Did you understand the advertisement the first time you viewed it?

4.17 Did you understand the advertisement the first time you viewed it?					
		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	2	1.1	1.1	1.1
Valid	No	178	98.9	98.9	100.0
	Total	180	100.0	100.0	

The table above contain data on whether respondents understood the AD the first time they saw it. Of 180 respondents, 99% said they did not understand the advertisement on HIV/AIDS the first time they saw it. This answers the assertion made in Table 4.9 and 4.10 on language preference and the language used to advertise HIV/AIDS messages, thus suggesting that most young people in the rural

areas do not understand ADs when they are in English. Corresponding to the results of Table 4.6 the statistics, suggested that 95% of the respondents viewed the TV in English, which also suggests a link between language preference and lack of understanding.

According to Bartland *et al* (2006), mass media campaigns have shown mixed effectiveness in changing HIV related attitudes, knowledge and behaviours. This is because different people tend to interpret and understand the messages differently. Anafi, Asiamah, Agyepong, Oduro and Owusu-Danso (2003) in their study of appropriate communication strategies on HIV/AIDS in rural communities, also concurred that there is indeed a need to make ADs more accessible to the audience. This could be done by using a language that they will be able to comprehend as well as simple words and illustrations, which the audience are familiar with, more especially with people from rural areas in developing countries.

The following section presents data on, what is the main message being communicated in the advertisement you have just seen.

The following two themes arose:

- Use condoms

*They are telling us that we must **use a condom every time.***

According to Kauffman and Lindauer (2003) an estimated 4-6 million people in South Africa are living with HIV/AIDS. The incidents of new infections are said to be higher among young people as more than half of all infected adults acquire the virus before the age of 25. The author further states that young people between ages 15-19 use modern contraceptive methods and only a small portion use a condom. This, they believe, is because condom use is highly correlated with social and demographic characteristics such as age, education and race.

- Scrutinize

*They are telling us **to scrutinize HIV/AIDS***

Kaufman (2003) elaborates that advertisers are continuously searching for innovative methods to promote health messages. In most instances, advertisers use a catch phrase to get the message across as this is a good way of getting people's

attention, but it might have a negative effect, as many people might not understand the message because of a difficult word, which has been used.

The next section contains data on did you understand the advertisement without any difficulties.

Table 4.18: Did you any have difficulty in understanding the advertisement?

4.18 Did you have any difficulty in understanding the advertisement?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	4	2.2	2.2	2.2
Valid No	176	97.8	97.8	100.0
Total	180	100.0	100.0	

The above table's results indicate, 97% of the respondents said no, they did not understand the AD, while on 2% said yes, a clear indication that there is still a need for advertisers to offer easily comprehended messages more especially when dealing with HIV/AIDS.

The succeeding section represents data on did you like the way in which the advertisement has been structured

Table 4.19: Did you like the way the advertisement was structured?

4.19 Did you like the way the advertisement was structured?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	141	78.3	78.3	78.3
Valid No	39	21.7	21.7	100.0
Total	180	100.0	100.0	

The above table illustrated 78% of the respondents liked the way in which the AD had been structured, while 22% said they did not like the structuring of the advertisement. This will be discussed further in the question below where the respondents were asked why they liked the structuring of the ADs.

The pursuing section reflects data on why they like the structuring of the advertisement.

The following themes emerged:

- Funny

With reference to the advertisement being funny most of the respondents had this to say, ***It is funny and the cartoons made it to be even more interesting.***

- Interesting

*It is **very interesting** because they used cartoons and these cartoons are celebrities for example one of the cartoon characters is queen from the soap opera Generations.*

According to Menancho, Blas, Alva and Orellana (2013), adding humour to health messages helps people to remember important messages and situations, thus this in turn creates interest in the message that is being communicated.

Table 4.20: Understanding based on gender

4.20 Understanding based on gender

		Understanding			Total
		Hardly understand	Not sure	Understand	
	Male	34	12	15	61
	Female	56	25	38	119
Total		90	37	53	180

The above table demonstrated the number of learners classified according to gender, who said the advertisement either did or did not meet their level of education. Of 61 males, who participated in the study, 34% said the advertisement did not meet their level of education, 12% said they were not sure, while 15% mentioned that the advertisement did meet their level of education. Looking at the female respondents, out of the 119 females, who participated in the study 56% said they hardly understood, 25% said they were not sure, while 38 said they understood TV health messages, as it did meet their level of education. This proves that gender does play a very big role when it comes to level of understanding based on ones level of education.

The following section presents data on do you think the advertisement has changed your views, knowledge and understanding about HIV/AIDS.

Table 4.21: Did the advertisement change your views, knowledge and understanding of HIV/AIDS?

4.21 Did the advertisement change your views, knowledge and understanding of HIV/AIDS?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	147	81.7	81.7	81.7
	No	33	18.3	18.3	100.0
	Total	180	100.0	100.0	

The table above reflect the respondents' results on changed views; out of the 180 respondents 18% of the respondents mentioned that the advertisement did not change their views at all, while 82% said the advert changed their views.

The next section contain data on what do you think the advertisers should have done to make the message clear and understandable.

The last question in section B required the learners to explain what the advertisers could have done to make the message clearer and more understandable. The following theme emerged.

- Simple English

Most learners mentioned that the advertisers should have:

Used simple English, because I do not understand what the word Scrutinize means.

Table 4.9 and 4.10 indicate that there is a clear link between language preference and understanding, as the use of English and catchy phrases in TV health messages for young people, whose mother tongue is not English, does have the impact that such messages are not comprehended.

The next section present the results of the data analysis with regard to the impact that TV ADs have on the rural youth's behaviour in the selected rural schools in the area of the GTM, in other words this deals with objective 3:

- To determine the impact that TV ADs have about HIV/AIDS awareness on the rural youth learners' behaviour in the selected rural schools in the area of the GTM (GTM).

4.5 Findings on the Impact of Health Messages on HIV/AIDS

The following results supply answers to the third and last objective, as mentioned in the previous paragraph.

The succeeding section presents data on what respondents' reaction after viewing an advertisement on HIV/AIDS.

Three themes emerged from their reaction. These are:

- Shocked

The learners who mentioned the fact that they were shocked said the following among many.

*I was **shocked that they used cartoons** instead of human beings.*

The learners who mentioned that they were confused had the following to say.

***I did not understand** the meaning of the word scrutinize.*

***I was not understanding** the meaning of the word scrutinize.*

*I did understand the theme or the message being broadcast but **I did not understand the word scrutinize.***

- Confused

The learners who mentioned that they were confused had the following to say.

***I did not understand** the meaning of the word scrutinize.*

***I was not understanding** the meaning of the word scrutinize.*

*I did understand the theme or the message being broadcast but **I did not understand the word scrutinize.***

- Sympathetic

The respondents who felt sympathetic had this to say among others.

*I do not understand why they **made other people like the man to make others sick and feel bad.***

***I did not feel good** because girls are being infected by older people.*

According to Robbertson and Kassarian (1990), ADs have the power to evoke emotional reactions among the audience. The authors believe it is because emotions are examples of feelings that are effective in nature. This assertion is also supported by Bartland *et al* (2006), who states that ADs can illicit emotions of fear, anger and guilt among those, who are infected and affected by this dreaded disease.

The next section presents data on whether the respondents were well informed after viewing an advertisement on TV on HIV/AIDS.

Table 4.22: After viewing the TV advertisement on HIV/AIDS, will it change your views and behaviour regarding sexual activity?

4.22 After viewing the TV advertisement on HIV/AIDS, will it change your views and behaviour regarding sexual activity?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Behaviour Change	106	58.9	58.9	58.9
	Neutral	44	24.4	24.4	83.3
	No behaviour change	30	16.7	16.7	100.0
	Total	180	100.0	100.0	

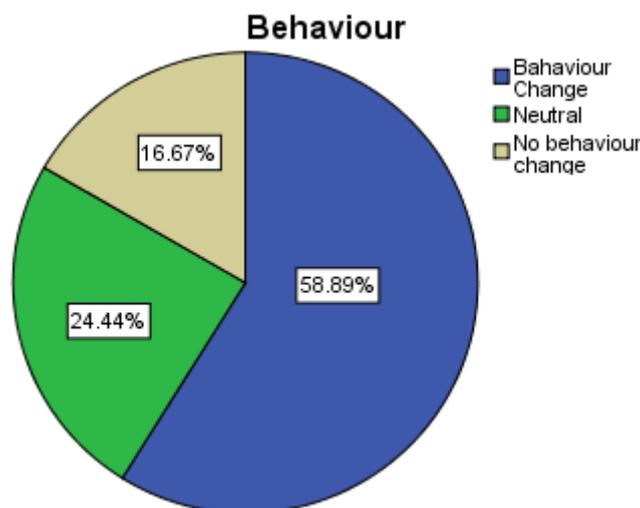


Figure 4.8: After viewing the TV advertisement on HIV/AIDS, will it change your views and behaviour regarding sexual activity?

From the table above, it can be deduced that 59% of the respondents did agree that after watching a TV health AD on HIV/AIDS there was some sort of change in their behaviour. However, 24% were neutral and 17% said besides the wide variety of TV health messages on HIV/AIDS there was still no change in their behaviour. This supports Bartland *et al's* (2006) assertion that that mass media campaigns have shown mixed effectiveness in changing attitudes, knowledge and behaviours.

CHAPTER 5

SUMMARY OF FINDINGS, RECOMMENDATIONS AND CONCLUSIONS

5.1 Introduction

The purpose of this chapter is to re-establish the aims, summarise the findings as well as discuss the implications of the findings in the study of a discourse analysis of high school learner's interpretation of HIV/AIDS messages. Finally, conclusions are drawn and recommendations for further research are offered.

The researcher, firstly, described what was advertised on TV with regard to HIV/AIDS. Secondly, to established whether TV health messages on HIV/AIDS were well understood by high school learners in rural areas. Lastly, this study determined the impact that TV ADs had on HIV/AIDS awareness of rural learners' behaviour in the selected rural schools of the GTM area. All this information provided very important information, more especially to advertisers, as they should be able to structure their ADs targeted to young people so it could be easily understood.

5.2 Overview

Chapter 1 served as a direction for the study and outlined the problem that compelled the study. The problem statement for the study was that most learners in the rural areas of Limpopo could not comprehend the discourse used in the majority of the TV health messages, which came in a form of TV ADs. The chapter further indicated that despite several efforts to do away with the challenges of learning, there were still problems in many South African schools especially in rural areas. This was more so when it came to the acquisition and display of proper SKAVs.

The problem statement was founded on the following objectives:

- Describe what was being advertised on TV with regard to HIV/AIDS;
- Establish whether or not messages on HIV/AIDS ADs were understood by high school learners;
- Determine the impact that TV ADs had on HIV/AIDS awareness of the rural youth learners' behaviour in the selected rural schools in the GTM area.

In conclusion, this chapter also provided the theoretical framework, research methodology and analysis relevant to this study.

Chapter 2 provided the literature review in a form of several sub-headings, which among many were:

- Media literacy where Hobbs, (2007) and Buckingham, (2003) were reviewed.
- Advertisement and learning where Dyer, (1982), Kress and Van Leeuwen, (2001) and Cook, (1992) further elaborated that there was still a need for advertisers to reach to the rural areas where HIV/AIDS still prevailed. This also meant that advertisers had to create messages, which could be well understood by all people, not only in developed countries, but also in the remote rural areas. With regard to HIV/AIDS education and mass media literacy, Media Tenor, (2005), Lupton (2000) and Mchombu (2000) conducted a research similar to the former and stated that the local media's coverage of HIV/AIDS was generally low, superficial, and not detailed enough to create the necessary impact in terms of awareness and behaviour change.
- The concluding subtopic was applying psychology for HIV/AIDS media interventions. The theory of Bandura (2000) was selected as a means to understand the cognitive processes involved in interacting with stimuli from the media and possible effects they might have had on the audience. The theory was chosen as an alternative to the traditional communication theories of previous studies. This was done to provide a different understanding of the role of the individual and their interaction with different media.

Chapter 3 explained the research methodology in this study. The data collection techniques were questionnaires and interviews. The use of instruments were video materials consisting of four different message strips, which were pre-recorded as the advertisement was screened on TV. The instrument used for data collection was subjected to a mixed method research design, and the data was analysed using frequency counts and content analysis focusing on emerging themes.

Chapter 4 presented the data analysis and interpretation of the data for study. The data collected in Section A, which required the biological response of the

respondents was analysed and the findings were presented in the form of calculated total numbers and percentages as presented in Chapter 4. The responses from Section B of the questionnaire were analysed thematically, drawing from emerging patterns in the data as a whole. The findings were analysed, interpreted and discussed.

5.3 Major Findings of the Study

The main findings of the study were drawn from the 3 objectives. The first objective's findings were drawn from the 180 respondents, who took part in the study, hence in order to determine what was advertised on TV with regard to HIV/AIDS. The following was divulged. Of the respondents, 81% indicated that their favourite TV channel was SABC 1 and the reason for this was its variety of programmes, soap operas as well as sport shows. This was also supported by the fact that all the 180 respondents viewed the '*Scrutinize*' TV advertisement on the same channel (SABC 1). The above assertion could be concluded by stating that 99% of the interviewees indicated they obtained more information from TV health messages on HIV/AIDS. Despite the fact that 81% relayed that it did not meet their level of education, they discussed the advertisement with friends, confirmed by 48%. Although the respondents stated that even though the TV ADs on HIV/AIDS did not meet their level of education, they concluded that the use of cartoons in the advertisement made it different and unique.

The second objective was to establish whether messages on HIV/AIDS ADs were understood by high school learners and the following findings were unveiled after the respondents had viewed the four '*Scrutinize*' video clips. Nearly all the respondents (99%) indicated that the advertisements were mainly directed at the younger generation, since the advertisers used cartoons. Of the respondents, 73% also mentioned that they preferred ADs on HIV/AIDS to be aired at night. The theme, which emerged from their understanding of such adverts, was that they should use condoms whenever they have sex. Although all 180 respondents mentioned that they did not understand the '*Scrutinize*' TV AD the first time they saw it, 61 males, who participated in the study, 34% said it did not meet their level of education. The number of females, who participated in the study was 119 and 56% indicated that they hardly understood TV health ADs. The reason for this was it did not meet their

level of education. This assertion proved that the use of a difficult word, be it in a form of a catchy word or structuring of a TV Ads, might result in most young people not able to comprehend the message being communicated to them.

The third and final objective was to determine the impact that TV Ads had on HIV/AIDS awareness of the rural youth's behaviour in the selected rural schools in the GTM area. The third objective revealed that of all respondents, who participated in the study, 17% said that besides the wide variety of TV health messages on HIV/AIDS there was still no change in their behaviour, which proved the mixed effectiveness of media influence on discourse analysis.

Overall, the findings of the study revealed that the learners in this study had access to TV and had seen Ads on HIV/AIDS. However, they also revealed that they did not understand the Ads message and it did not change their view as the advertisers used cartoons and a difficult word, which is '*Scrutinize*'.

5.4 Recommendations

The findings of the study:

1. Revealed that there were a number of Ads that were screened on TV on HIV/AIDS,
2. Learners did not understand what was advertised due to a lack of understanding and difficult language, and
3. There was a need to assess if there was any behaviour change after viewing the messages.

Firstly, there was a need for advertisers to research similar groups to the study further. Since the study only focused on '*Scrutinize*' TV health messages, research should be widened to considering how other health messages and other forms of communication, such as print media or even radio messages, reached the audience in terms of discourse analysis.

Secondly, the research also established whether TV health messages on HIV/AIDS were understood by rural high school learners and the results showed that there was

a need to construct health messages in simple language, which could be easily understood by everyone, more especially the targeted audience.

Thirdly, with regard to determining the impact that TV Ads had on HIV/AIDS awareness, there is a need for the Department of Education to implement proper skills, knowledge, attitudes and values, so that the audience could understand different messages, especially those with educational value. This could be done by conducting media literacy summits to familiarise both learners and educators on how to use media in the classroom and formulate lesson plans in relation to the media.

5.5 Conclusion

The aim of the research was to conduct a discourse analysis of rural high school learners' interpretation of *Love Life* TV HIV/AIDS ADs focusing mainly on the *Scrutinize* ADs. The study proved that advertisers still needed to bridge a gap to ensure that messages reached the targeted audience clearly and effectively.

There is therefore a need for introspection when it comes to health messages structures and construction and one of the major challenges seem to be the discourse used. Chapter 4 indicated that most learners in rural schools of Mafarana did not understand media health messages on HIV/AIDS. The reasons given for this misconception was discourse. Further studies should also be conducted to see if the grade of learners, age or gender might have an effect on comprehension.

Finally, Bartland, O'Reilley, Denison, Anhang and Sweat (2006) believe that there was still a need to change the structuring of most TV health messages. This could also assist the usage of such messages and deter the mixed effectiveness.

REFERENCES

- Ajzen, I. and Fishbein, M. (1980) *Understanding Attitudes and Predicting Social Behaviour*. Englewood Cliff, NJ: Prentice-Hall.
- Anafi, P., Asiamah, E., Agyepong, I., Oduro, G.Y. and Owusu-Danso, T. (2003) *Communication Strategies: HIV/AIDS Prevention in Rural Communities in Ghana*. Amherst: University of Massachusetts.
- Andreason, A. (1995) *Marketing Social Change: Changing Behaviour to Promote Health, Social Development and the Environment*. San Francisco: Jossey Bass.
- Arens, W.F. and Bovee, C.L. (1994) *Advertising*. 5th Ed. Irwin: Burr Ridge.
- Bandura, A. (1977) *Social Learning Theory*. New York: General Learning Press.
- Bandura, A. (2000) *Health Promotion from the Perspective of Social Cognitive Theory*. London: Harwood.
- Bartland, J.T., O'Reilley, K., Denison, J., Anhang, R. and Sweat, M. (2006) Systematic review of the effectiveness of mass communication programs to change HIV/AIDS related behaviours in developing countries: Health Education Research. *Theory and Practice*. 21 (4). p.567-597.
- Bates, A.W. (1998) Television learning and distance education. *Journal of Educational Television*. 14 (3). p.213-225.
- Belcastro, P. (1985) Sexual behaviour differences between black and white students. *Journal of Sex Research*. 21. p.56-67.
- Belch, G.E and Belch, M.A (2004) *Advertising and Promotion: An Integrated Marketing Communications Perspective*. San Diego: State University.
- Bell, A and Garrett, P. (1998) *Approaches to Media Discourse*. Oxford: Blackwell.
- Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology, *Qualitative Research in Psychology*. 3 (2). p.77-101.
- Buckingham, D. (1993) *Reading Audiences: Young People and the Media*. Manchester: Manchester University Press.
- Bull, S.S., McFarlane, M. and King, D. (2002) Barriers to STD/HIV prevention on the internet. *Health Education Research*. 16 (6). p.661-670.
- Burns, A.C. and Bush, R.F. (2010) *Marketing Research*. 6th Ed. Upper Saddle River, NJ: Prentice Hall.

- Burr, P.L. and Burr, R.M. (1977) Parental responses to child marketing. *Journal of Advertising Research*. 17 (6). p.17-20.
- Casey, B. (2002) *Television Studies: The Key Concepts*. London: Routledge.
- Centre for Disease Control and Prevention. (2001) *HIV/AIDS Surveillance Report*. 13 (2).
- Chang, M.K. (1998) Predicting unethical behaviour: a comparison of the theory of reasoned action and the theory of planned behaviour. *Journal of Business Ethics*. 17 (16). p.1825-1834.
- Clarke, R.J. (2001) Social semiotics contributions to the systematic semiotics work practice framework. *Sign Systems Studies*. 29 (2). p.587-605.
- Cook, G. (1992) *Discourse of Advertising*. London: Routledge.
- Cresswell, J.W. and Plano, C.V. (2007) *Designing and Conducting Mixed Methods*. Thousand Oaks, CA: Sage Publications.
- Croyle, R. (2005) *Theory at a Glance: A Guide for Health Promotion Practice*. 2nd Ed.). Springfield: US Department of Commerce.
- De Beer, A.S. (1998) *Mass Media Towards The Millennium*. Pretoria: Van Schaik Publishers.
- Du Plessis, D.F. (2002) *Public Relations and Advertising, An Introduction*. Johannesburg. University of South Africa: Department of Communications.
- Du Plooy, G.M. (2002) *Communications Research: Techniques, Methods and Applications*. Lansdowne: Juta.
- Dyer, G. (1982) *Advertising as Communication*. London: Methuen.
- Earl, B. (1989) *Practice of Social Research*. 5th Ed. Belmont: CA: Wadsworth.
- Eilers, F. (1994) *Communicating in Community. Introduction to Social Communication*. Manila: Logos.
- Erlandson, D.A., Harris, E.L., Skipper, B.L. and Allen, S.D. (1993) *Doing Naturalistic Inquiry: A guide of Methods*. London: Sage.
- Evanthe, S. and Willem, S. (1990) *Aids*. Pretoria: Human Science Research Council.
- Fairclough, N. (1995) *Critical Discourse Analysis: A Critical Study of Language*. London: Sage.
- Fairclough, N. (2001) *Critical Discourse Analysis as a Method in Social Scientific Research*. London: Sage Publications.
- Fielding, N.G. and Lee, R.M. (1998) *Computer Analysis and Qualitative Research*. Thousand Oaks: Sage Publications.

- Fourie, P.J. (1998) *Aspects of Film and Television Communications*. Nairobi: Juta.
- Gao, X., Wu, Y., Zhang, Y., Zhang, N., Tang, J., Qiu, J., Lin, X. and Du, Y. (2012) Effectiveness of school based education on HIV/AIDS behaviour amongst secondary school students in Wuhan, China: *Journal of Education Research*. 7 (9). p.1371.
- Goldberg, E.A. (1990) Quasi-experiment assessing the effectiveness of TV advertising directed to children. *Journal of Marketing Research*. 27 (4). p.445-454.
- Goldberg, M.E. and Gorn, G.J. (1978) Some unintended consequences of TV advertising to children. *Journal of Consumer Research*. 5 (1). p.22-29.
- Goldstein, H. (1995) *Multi-level Statistical Models*. London: Halsted Press.
- Gordon, G. and Mwale, V. (2006). Preventing HIV/AIDS with young people: A case study from Zambia. *Reproductive Health Matters*. 14 (28). p.68-79.
- Greater Tzaneen Municipality (GTM). (2007) *Annual Report on Service and Delivery Progress and Challenges for the 2007/2008 Financial Year*.
- Grossbart, S.L. and Crosby, L.A. (1984) Understanding the basis of parental concern and reaction to children's food advertising. *Journal of Marketing*. 48 (3). p.79-92.
- Guest, G. (2012) *Applied Thematic Analysis*. California: Sage.
- Halliday, M.A.K. (1985) *Language as a Social Semiotics: Social Interpretation of Language, Meaning*. Maryland: University Park Press.
- Harvey. B., Stuart, J. and Swan, T. (2000) Evaluation of a drama-in-education program to increase AIDS awareness in South African High Schools a randomized community intervention. *International Journal of STD and AIDS*. 11 (2). p.105-111.
- Heather, L. Kirkorian, E.A. Wartella, E and Anderson, D.R. (2008) *Media and Young Children's Learning*. University of Massachusetts: Amherst.
- Hiebert, R.E., Ungurait, D.F. and Bohn, T.W. (1988) *Mass Media V: An Introduction to Modern Communication*. New York: Longman.
- Hobbs, R. (2002) *Media Literacy and the 'Big Tent'*. London: Center for Media Literacy, Routledge.
- Hodge, R. and Kress, G. (1998) *Social Semiotics*. Cambridge: Polity.
- Human Science Research Council (HSRC). (2009) *South African National HIV Survey*. Cape Town: Human Science Research Council.

- James, M., Hoff, T., Davis, J. and Graham, R. (2005) Leveraging the power of the media to combat HIV/AIDS in health. *Grant Watch Report*. 24 (3). p.844-857.
- James, S. Reddy, S.P. Taylor, M. and Jinabhai, C.C. (2004) *Young people, HIV/AIDS/STI's and Sexuality in South Africa*. The gap between awareness and behaviour. *Acta Pediatrics*. 93 p 264-269.
- Jensen, K.J. and Rosengren, K.E. (1990) Five traditions in search of the audience European. *Journal of Communication*, 5 (2.) p.207-238.
- Jewitt, C. and Oyama, R. (2001) *Visual Meaning Social Semiotic Approach*. London: Sage Publications.
- Kaiser Family Foundation. (2006) National Survey of Americans on HIV/AIDS.
- Kalichman, S.C., Benotsch, E.G., Weinhardt, L. and Austin, J. (2003) Health related internet use, coping, social support, and health indicators in people living with HIV/AIDS: preliminary results from a community survey, *Health Psychology* .13 (4). p.111-116.
- Kamler, B. (2001) *Relocating the Personal: A Critical Writing Pedagogy*. New York: State University of New York Press.
- Kauffman, K.D. and Lindauer, D.L. (2003) Aids and South Africa [online] Available on <http://www.palgraveconnect.com/pc/doi/10.1057/9780230523517>. [Accessed June, 1,2014].
- Kellenhear, D. and Gliksman, M. (1997) *Public Health Researcher. A Methodological Approach*. Melbourne: Oxford University Press.
- Kelly, H.H. (1950) Warm cold variable in first impression of persons. *Journal of Personality*. 18 (4). p.431-439.
- Kendrick, M., Rogers, T., Tooney, K., Marshall, E., Mutonyi, H., Hauge, C., Siegal, M. and Roswell, J. (2001) Experiments on visual analysis: re positioning of children and youth in relation to larger socio-cultural issues. *National Reading Conference Yearbook*. 59. p.395-408.
- Kress, G. and Van Leeuwen, T. (1996) *Reading Images: Grammar of Visual Design*. London: Routledge.
- Kress, G. and Van Leeuwen, T. (2001) *Multi-Modal Discourse: Modes and Media of Contemporary Communication*. London: Arnold.
- Kreuter, M.W. and Skinner, C.S. (2000) Tailoring: What's in a Name? *Health Education Research*. 5 (1). p.1-4.

- Kwan, B. Frankish, J. and Rootman, I. (2006) *The Development and Validation of Measures of 'Health Literacy' in Different Population*. Vancouver. University of British Columbia Institute of Health Promotions and University of Victoria Centre for Community Health Promotion Research.
- Lindolf, T.R. and Taylor, B.C. (2002) *Qualitative Research and Evaluation Methods*. 3rd Ed. Thousand Oaks: Sage Publications.
- Locke, L.F., Spirduso W.W, and Silverman, S.J. (1993) *Proposals that work: A guide for Planning Dissertations and Grant Proposals*. London: Sage Publications.
- Lull, J. (1995) *Media, Communication and Culture: A global Approach*. Cambridge: Polity Press.
- Lupton, D. (1994) *Moral Threats and Dangerous Desires: AIDS in the News Media*. London: Taylor and Francis LTD.
- Ma, M.L, (2005) *Multimodal Discourse Analysis of Advertisements of Hong Kong Charity Organisation*. Pokfalum: University of Hong Kong.
- Maletzke, G. (2008) *Mass Media, Maletzke model of Mass Media, Communication, Cultural and Media Studies*. United Kingdom: Cult Stock.
- Masuku, J. (1999) *Research in Language, Literature and Communication*. Harare: Zimbabwe Open University.
- Mayer, R.E. (2001) *Multimedia Learning*. New York: Cambridge University Press.
- Mchombu, K. J. (2000) *Coverage of HIV/AIDS in Namibian Media: A Content Analysis Study*. Windhoek: University of Namibia.
- Media Tenor. (2005) Agenda cutting HIV/AIDS coverage, AIDS Fatigue Still Media's Excuse? 6th International Agenda Setting Conference, Lugano Switzerland.
- Medical Research Council (2008) African Youth Risk Behaviour Survey. Cape Town. Available from: <http://www.mrc.ac.za/healthpromotion> [Accessed November, 14, 2008].
- Menancho, L.A., Blas M.M., Alva, I.E and Orellana, E.R. (2013) *Short Text Messages to Motivate Men who have Sex with Men: A Qualitative Study*. Lima, Peru.
- Messaries, P. (1997) *Visual Persuasion: The Role of Images in Advertising Age*, London: Routledge.
- Meyers, S. (2001) *Multi-media Theory*. New York: Cambridge University Press.
- Mlambo, V. (2011) An analysis of some factors affecting student academic performance in an introductory biochemistry course at the University of the

- West Indies. *Department of Food Production, Faculty of Science and Agriculture*, University of the West Indies, St. Augustine, Trinidad and Tobago.1 (2). p.79-92.
- Mpofu, P. (2003) *HIV/AIDS Awareness Advertising: Representation of the Linguistic and Socio-Cultural Reportoires on ZBC/TV*. Gweru, Zimbabwe: Faculty of Arts, Midlands State University.
- Mutonyi, H. and Kendrick, M. (2009) Ugandan Students' Visual Representation of HIV/AIDS Knowledge. In Huggins, C. and Norton, B. (eds.). *Applied Linguistics in the Field: Local Knowledge and HIV/AIDS Vol. Critical Language and Literacy Studies*. Clevedon, UK: Multilingual Matters. p.38-62.
- Mwamwenda, T.S. (2003) *HIV/AIDS Knowledge of High School Adolescents in Kenya*. South Africa: Nelson Mandela Metropolitan University.
- National Curriculum Statement (NCS). (2003) Pretoria: Department of Education.
- National Readership Study (2006) National Readership Survey. Available at <http://www.hindu.com/nic/nrs.htm> Retrieved online on March, 3, 2008.
- Noar, S.M., Palmgreen, P., Chabot, M., Dobransky N. and Zimmerman, R.S. (2009) A ten year systematic review of HIV/AIDS mass communication campaigns: Have we made progress? *Journal for Health Communication*. 14 (1). p.14-42.
- Office of National AIDS Policy. Youth and HIV/AIDS. (1995) *An American Agenda*. Washington DC. Office of the National AIDS Policy.March.1995.
- Ondimu, J. (2006). *Visual Persuasion and Behaviour Change: A Study of Viewers Responses to Televised HIV/AIDS Advertisements in Kenya*. Kenya: Moi University, Eldoret.
- Parker, W. (1994) Development of community based media for AIDS education and prevention in South Africa. Towards an action based participatory research model. [Online] Available from: <http://www.cadre.org.za/pdf/ideologycommunication>. [Accessed: March 1st, 2007].
- Parker, W., Dalrymple, L. and Durden, E. (1998) *Communicating Beyond AIDS Awareness: A Manual for South Africa* Revised Ed. South Africa: Department of Health.
- Parker, W. (2006) *Ideology and HIV/AIDS communication: Experiences from South Arica*. [Online] Centre for AIDS Development, Research and Evaluation.

Available from: <http://www.cadre.org.za/pdf/ideologycommunication>.
[Accessed: March 1st, 2007].

- Patton, M.Q. (1990) *Qualitative Evaluation and Research Methods*. 2nd Ed. Newbury Park. California: Sage Publications.
- Peachey, P. (2004) Coherence of interest: which is important in online multi-media learning. *Australasian Journal of Educational Technology*.38 (2)337-348.
- Peltzer, K. Parker, W. Mabaso, M. Makonko, E. Zuma K.and Ramlagan, S. (2012) Impact of National HIV/AIDS Communication Campaigns in South Africa to Reduce HIV Risk Behaviours. *The Scientific World Journal*. 2012(2012).
- Pettifor, A., Rees, H., Steffenson, A., Hlongwa-Madikizela, L. and Vermaak, K. (2004) *HIV and Sexual Behaviour among Young South Africans: A National Survey of 15-24 Year Olds*. Johannesburg: University of Witwatersrand, Reproductive Health Research Unit.
- Petty, R.E. and Cacioppo, J.T. (1981) Issue involvement as a moderator of the effects on attitudes of advertising content and context. *Advances in Consumer Research*. 8. p.20-24.
- Piotrow, P.T., Kincaid, D.L., Rimon, I.J. and Rinehart, W. (1997) *Health Communication: Lessons from Family Planning and Reproductive Health*. Westport, CT: Praeger.
- Prochaska, J.O., DiClemente, C.C. and Norcross, C.C. (2002) In search of how people change: application to addictive behaviours. *An American Journal of Psychology*. 47(9). p.1102-1114.
- Reddy, S., Panday, S., Swart, D., Jinabhai, C., and Amouson, S. (2003) *South African Youth Risk Behaviour Survey*. Cape Town.
- Resnick, M.D., Bearman, P.S., Blum, R.W., Bauman, K.E., Harris, K.M., Jones, J., Tabor, J., Beuhring, T., Sieving, R.E., Shew, M., Ireland, M., Bearinger, L.H. and Udry, J.R. (1997) Protecting adolescents from harm, findings from the national longitudinal study on adolescent health. *Journal of American Medical Association*. 278 (10). p.823-832.
- Reiss, I.L. (1964) Premarital sexual permissiveness among Negroes and Whites. *American Sociological Review*. 29. p.197-218.
- Ritson, M. and Richard, E. (1999) Social uses of advertising. *Journal of Consumer research*. 6 (4). p.215-223.

- Robbertson, T.S. and Kassarian, H.H. (1990) *Affect and consumer behaviour. Handbook of Consumer Behaviour*. Eagle Wood Cliffs, NJ: Prentice Hall.
- Rogers, E.M. (1995) *Diffusion of Innovations*. New York: Free Press.
- Singhal, A., and Rogers, E.M. (2003) *Combating AIDS: Communication Strategies in Action*. New Delhi: Sage Publications.
- South African Advertising Research Foundation, (2000) *Living Standards Measures. S.A. Advertising Research Foundation*. Johannesburg, South Africa.
- South African Medical Research Council. [Online] Available from: <http://www.mrc.ac.za/helathpromotion>. [Accessed: 14th November 2008].
- Statistics South Africa. (2013) *Mid-year population estimates, 2013 Report Statistics*. South Africa.
- Statistics South Africa. (2003) and Census (2001). *Census in brief. Report No. 03-02-03 (2001)*. Pretoria: Statistics South Africa.
- Sutton, M.J., Brown, J.D., Wilson, K.M., and Klein, J.D. (2002) Shaking the tree of knowledge for forbidden fruit: where adolescents learn about sexuality and contraception. In J.D. Brown, J.R. Steele, and K. Walsh-Childers. (eds.). *Sexual Teens, Sexual Media*. p.25-55. Mahwah, NJ: Lawrence Erlbaum Associates.
- Swanepoel, B. and Erasmus, B. (2000) *South African Human Resource Management. Theory and Practice*. Cape Town: Juta.
- Thomas, W.P. (2004) Astounding effectiveness of dual language education for all. *NABE Journal of Research and Practice*. 2 (1). p.1-20.
- UNICEF. (2000) *State of the World's Children*. New York: Oxford University Press.
- UNICEF. (2002) *Young people and HIV/AIDS opportunity in Crisis*. New York: UNICEF.
- United Nations Programme on HIV and Aids (UNAIDS/WHO). (2006) *'UNAIDS 2006 Report on the Global AIDS Epidemic', Annex 2: HIV/AIDS estimates and data, 2005*. [Online] Available from: <http://www.unaids.org/en/HIVdata/2006GlobalReport/default.asp>. [Accessed] May 24, 2004.
- Van Dijk, A.T. (1997) *Discourse as Structure and Process of Discourse Studies: A Multidisciplinary Introduction*. London: Sage Publications. Van Dijk, A.T. (2001) *Discourse Studies: A Multi-Disciplinary Introduction*. London: Sage Publications.

- Walsh, M. and Wiggins, L. (2003) *Introduction to Research: Foundation in Nursing and Health care*. Cheltenham. Nelson Thornes.
- Wakefield, M.A. Laken, B. and Hornik, R.C. (2010) *Use of Media Campaigns to change Health behaviours*. *The Lancet*. 376 (9748)1261-1271.
- Weinberg, H.S. and Williams, C.J. (1988) *Black Sexuality: A Test of Two Theories*. *Journal of Sex Research*. 25. p.197-218.
- Weinmann, M., Small, E., Buzi, R.S and Smith, P. (2008) Risk factors, parent communication, self and peers beliefs as predictors of condom use amongst female adolescents attending family planning clinics. *Child Adolescent Social Work*. 25. p.157-170.
- Wellings, K. (2002) Evaluating AIDS public education in Europe: a cross national comparison. In Hornik, R.C. (ed.). *Public Health Communication: Evidence for Behaviour Change*. p. 131-146. New Jersey: Mahwah Publishing.
- Williamson, J. (1978) *Decoding Advertisement*. London: Marion Boyars.
- Wimmer, R.D. and Dominick, J.R. (2003) *Mass Media Research: An introduction*. 7th Ed. Belmont, C.A.: Wadsworth Publishing Company.
- Witte, K. (1992) Preventing AIDS through persuasive communications: Framework for constructing effective culturally specific health messages. In Korzenny, F. and Tingtoomey, S. Eds. *Mass Media Effects Across Cultures*. p.67-83. London: Sage Publications.

APPENDICES

Appendix 1: Questionnaire and Test

INFORMED CONSENT FORM

My name is LAURA NDLOVU, a Masters Student (Masters of Language in Education) from the UNIVERSITY OF LIMPOPO, TURFLOOP CAMPUS. I am currently conducting research on HIV/AIDS Communications in the GTM and would like to ask you to participate in the study.

Your participation in the study is voluntary and you are free to withdraw from the study at any time. Some of the questions you will be asked are of personal nature, but I want to assure you that all answers given will be treated with strict confidentiality and will not be used for any other purpose than this study. So, be honest in your answers and please answer all the questions.

1 Do you agree to participate in this study?

No___ Yes___

If you have answered 'no' to the question above, do not proceed any further.

If you have answered 'yes' to the question above, please proceed to part 1

Remember to follow the instructions and answer all the questions.

Socio demographic information

SECTION A

Part 1.1

Where required put a cross in the appropriate box next to your answer

1.1 Are you male or female

Male	<input type="checkbox"/>
------	--------------------------

Female	<input type="checkbox"/>
--------	--------------------------

1.2 How old are you? _____

1.3 What is the name of your school? _____

1.4 Where is your school located?

Rural	<input type="checkbox"/>
Semi-rural	<input type="checkbox"/>
Urban	<input type="checkbox"/>
Semi-urban	<input type="checkbox"/>

1.5 What is your mother tongue?

Xitsonga	<input type="checkbox"/>
Tswana	<input type="checkbox"/>
Sotho	<input type="checkbox"/>
Other	<input type="checkbox"/>

1.6 Which grade are you attending?

Grade	10
Grade	11
Grade	12

--	--

1.7. Do you have a TV set at home?

PART 1.2

1.2.1 What is your favourite TV channel, SABC 1, 2 or 3?

1.2.2 Why?

1.2.3 Have you recently seen any TV advertisement on HIV/AIDS?

1.2.4 Which channel screened the TV advertisement on HIV/AIDS?

1.2.5 Which language was used in the TV advertisement on HIV/AIDS?

1.2.6 Which language would you have preferred in this advertisement?

1.2.7 What was your understanding regarding such an advertisement?

1.2.8 What was your reaction when you first saw the advertisement?

1.2.9 What did you like about the advertisement?

1.2.10 Did you understand the advertisement the first time you viewed it?

1.2.11 If yes, can you tell me more about the advertisement?

1.2.12 Did you talk to anyone about this advertisement?

1.2.13 What do you think made the advertisement different from the others that you have seen previously?

SECTION B

PART 1.3

I am going to play 4 messages on the recently aired TV ADs 'SCRUTINIZE'.

After you have viewed the ADs, please answer the questions below:

1.3.1 Have you ever seen any of the ADs I have just played to you? If yes, on which TV channel did you see the advertisement.

1.3.2 Which language was used in this advertisement?

1.3.3 What do you think is the message that is being communicated here?

1.3.4 Did you have any difficulty in understanding the advertisement?

1.3.4.1 If yes, what do you think is the main message being communicated here?

1.3.5 Does this advertisement cater for the younger or older generation?

1.3.5.1 Which generation do you think this advertisement is mainly directed to?

1.3.5.2 Why?

1.3.6 Did you like the way the advertisement was structured?

1.3.6.1 Why?

1.3.7 Did the advertisement change your views, knowledge and understanding of HIV/AIDS?

1.3.7.1 If you answered No in the previous question, what do you think the communicator should have done to make this advertisement more understandable?

SECTION C

PART 1.4

Finally, I am going to ask you to rate your knowledge and understanding about HIV/AIDS ADs.

Circle your choice according to the scale provided below:

1= Strongly Disagree

2= Disagree

3= Agree

4= Strongly Agree

1	I get more information from TV ADs about HIV/AIDS.	1	2	3	4
2	The advertisement I viewed about HIV/AIDS on TV has changed the way I relate to the opposite sex.	1	2	3	4
3	I would prefer ADs on TV to be aired during the day.	1	2	3	4
4	I would prefer ADs on TV to be aired during the night.	1	2		4
5	I usually find it difficult to understand the content of most HIV/AIDS ADs.	1	2	3	4
6	I think most ADs on HIV/AIDS do not meet my level education.	1	2	3	4

THANK YOU FOR PARTICIPATING IN THIS STUDY

APPENDIX 2

**SOLI DEO GLORIA
EDITOR'S CONFIRMATION LETTER
TO WHOM IT MAY CONCERN**

I hereby state that I have edited the document:

**A Discourse Analysis of High School Learners' Interpretation of HIV/AIDS
Messages
Dissertation**

**Submitted in fulfilment for the degree Master of Education (M.Ed.) in Language
Education**

by

Laura Fanato Ndlovu

200804450

in the

FACULTY OF HUMANITIES

School of Education

at the

University of Limpopo

Supervisor: Dr T.E. Mabila

Co-Supervisor: Mr T.N. Manganye

Disclaimer

At time of submission to student, language editing and technical care was attended to as requested by student and supervisor. Any corrections and technical care required after submission is the sole responsibility of the student.

Kind Regards

Dr J P Sammons
D.Litt.et Phil (University of Johannesburg)

SOLI DEO GLORIA
Language Editing

Email: sdgproofed@gmail.com
DATE: 29 May 2012