Communicating about AIDS-Changes in Understanding and Coping with Help of Language in Urban Kagera, Tanzania1[1]

Aldin K. Mutembei*, Maria A.C. Emmelin**, Joe. L.P. Lugalla***
and Lars G. Dahlgren***

ABSTRACT

Faced with the problems of HIV/AIDS, people have to find ways to communicate around them. The aim of this paper is to mirror changes over time in the Kagera people's social cognition regarding HIV/AIDS, using their own language as a tracer of this process. Focus group discussions and personal and group interviews conducted during 1992 to 1995 in urban Bukoba, Kagera, constitute the basis for an analysis of metaphorical expressions in use since 1985. Pronounced uncertainty is later transformed into a deeper understanding of the pandemic and an increased disposition to cope with the situation. Knowledge about the socio-linguistic expressions mapped out in this article can be of help when developing guidelines on how to communicate about interventions.

Introduction

Studies on the role of language in relation to HIV/AIDS have been performed in different contexts (Norton et al. 1990; Obbo 1991; Jones 1993; Seidel 1993; Silin 1987). In some studies, such a role was examined alongside with other artistic performances, such as drama, songs, and dances. The International Conference on AIDS held in Montreal Canada in 1989, for example, included art presentations on AIDS called SIDART (Nelkin et al. 1991). Likewise, the VIIIth Conference on AIDS and STDs in Africa, held in Morocco in 1993, presented several language studies on AIDS. The central argument in these studies was that the epidemic is also reflected in the language used and in the works of art from various societies.

In the United States, several works have been produced in the form of conference papers, books, films, dance, music, and theatre concerning language, literature and popular culture, which discuss the AIDS pandemic in the life of Americans and in a global context (Nelkin et al. 1991). Focusing on language in studies of AIDS is seen as one of the strategies of reaching people and communicating AIDS education and preventive messages. Leap (1991) explains this strategy as follows:

> In the absence of appropriate medication and the long-awaited vaccine, information-oriented, people-centred outreach strategies are our best hope for restricting

* Department of Kiswahili. University of Dar es Salaam, Tanzania.
** Department of Anthropology. University of New Hampshire, USA.
*** Department of Public Health and Clinical Medicine. Umeå University, Sweden.

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> the spread of HIV in particular communities. These strategies will be effective only if practitioners who employ them understand how people talk about AIDS and AIDS related issues. (P. 275)

To understand how people talk about AIDS one must study the language used and how different linguistic styles may affect communication. In Namibia a study was conducted in 1993 to find out how people can be encouraged to discuss human sexuality openly, an openness that could reduce risk behaviour and promote safer sex, such as the use of condoms. Researchers in the Namibian study suggested the promotion of language and use of street drama to communicate AIDS messages to the people (Boadu and Xoagub 1993). Using a community-based approach, the AH-TA-HA project in Cameroon initiated community-based dance and music group-popular theatre-through which AIDS education and prevention messages were being communicated to people (Mariel, Kengmo, and Lurie 1993).

Sensitivity in selecting the right words to use or the appropriate context is crucial in health-related situations. Inappropriate choice of words may be counterproductive, which is underscored in The Panos dossier (Sabatier 1990), when saying: "Many people especially those with AIDS or HIV argue that some words and phrases used to describe their situation express negative or hostile attitudes" (p.59). The selection of proper words and metaphors may bring positive results when communicating AIDS messages. In Uganda, an AIDS support organisation, TASO, has paid special attention to the selection of metaphors to use when talking to people with AIDS. The word, AIDS, for example, is rarely used. People with HIV or AIDS are instead described as being "body-positive." They are referred to as "clients" and never as "AIDS victims" (Hampton 1990:5). Hopefully this might lead to people becoming less hesitant to come forward for voluntary testing.

In studies focusing on social context, language is seen through other social filters. Seidel (1990) explains this in a more general way:

> AIDS discourse needs to be seen as part of a complex development and political issue, with a clear gender dimension necessitating close, qualitative ethnographic studies…the study of AIDS discourse has a clear implication for social policy, social action and the quality of life for those with AIDS and their careers. (P.60)

Frames of References

In her book, *Illness as Metaphor*. *Aids and its Metaphors*, Susan Sontag (1991) gives a historical perspective on the interplay between illnesses and people's use of metaphors. From having analysed TB and cancer (Sontag 1983), Sontag in 1988 turned to HIV/AIDS as a striking example of the same phenomenon. She repeated her main thesis from 1977, namely that: "the most truthful way of regarding illness-and the healthiest way of being ill-is one purified of, most resist-

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ant to, metaphoric thinking" (Sontag 1991:3). After experiencing the AIDS pandemic during the 1980s, Sontag perceived that AIDS now had taken the place of cancer as the collective calamity. "This new evil had banalized cancer" (p.130). Sontag also shaded off her previous opinion of metaphors as something generally being of evil. She now stated that people really need metaphors in order to think, interpret and communicate, but that some metaphors should be abstained from. This is especially true for military metaphors, particularly when used in connection with state sponsored public health interventions. And, why so? Yes, because of their stigmatising effects. As a matter of fact, Sontag expects stigma generated from military metaphors sometimes to be worse than the illness itself. The metaphors can give very tangible consequences, especially perhaps as creators of "spoiled identities," a concept referring to Goffman (1986).

In this article we present metaphors and metaphorical sentences, many of which can be regarded as stigmatising in the negative sense as Sontag discusses. Others, however, are less distorting, and some of them can be regarded as positive. There is also a difference between Sontag's observations and ours in that she exclusively criticises metaphors used in media or by representatives of public health work. Our findings, on the other hand, are most often grounded in the language created and used by ordinary people in the civil society.

Within socio-linguistics, as well as within the theoretical framework of social cognition, there is a conception of language as a source of understanding and coping with reality. For instance, the classic Sapir-Whorf hypothesis (Trudgill 1974) states that the mother tongue puts forward categories which form social schemes that help an individual to perceive different phenomenon in the world. In this perspective there is a dialectic relation between the social environment and language. Language puts up borders for thinking and reflection, but language is also constructed in a perpetual process. When a new phenomenon turns up, there is a need to identify, understand and cope with it, and of course, we need to name it.

In his theory about social representations, Moscovici (1984) identifies two processes by which what is unfamiliar is rendered familiar: anchoring and objectification. Anchoring refers to the naming of unfamiliar objects by comparing them with something already known. By naming the object, people are able to recognise and understand it, but also can evaluate it. Objectification, on the other hand, is a process by which unfamiliar abstract notions are transformed into concrete realities. Both these processes function in the context of our research problem. To find a large number of terms and expressions which mirror the disease would therefore be expected. Bauman (1990) describes this abundance of variations as natural in situations characterised by a cultural need to create order and reciprocal communication regarding negotiated patterns of behaviour.

Returning to Sontag, it is obvious that her critique on using metaphors is relevant for both of the processes defined by Moscovici. Regarding the anchoring process, the use of military metaphors in Kagera reflects people's ways of naming

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something new with help of something familiar. Naming AIDS as "scuds" (scud-missiles used during the Gulf war) mirrors the attitude that what's evil (AIDS) is foisted on the people from outside, an attitude closely related to the process of colonisation. As Sontag also commented explicitly in her book from 1991, metaphors are crucial bricks in people's social schemas. In order to cope with new and frightening situations people must be able to generalise from previous experiences and using metaphors is a rational way of doing this. The second of Moscovici's processes; objectification, mirrors the attempts made in Kagera by the National AIDS Committee and several NGOs to give the very abstract and scientific concept of AIDS a concrete "face." Also in the process of objectification, military terms have been used which create difficulties in balancing the intended increase in knowledge about the symptoms and etiology of the disease against risks of stigmatising people already suffering from it.

In the perspective of social cognition, categorisation of new and important stimuli like HIV/AIDS is crucial (Lakoff 1987). Individuals tend to be more creative in labelling phenomena in situations where the normative systems of their culture are "silent" (Forgas 1985). This is especially true when there is a need for social schemes with strong affective and evaluative components and when individuals are forced to cope with complex and dangerous situations (Fiske 1982). Faced with the unfamiliar problems of HIV/AIDS, people have to find ways to communicate around them. As stated by Augoustinus and Walker (1995):

> Words are not simply abstract tools used to state or describe things: they are also used to make certain things happen. People use language to justify, explain, blame, excuse, persuade and present themselves in the best possible light. Thus language is functional. (P.266)

In this paper we want to mirror changes in the Kagera people's social cognition regarding HIV/AIDS and discuss the impact on patterns of behaviour. We will use their ways of expressing themselves linguistically as tracers of this process. We will focus on what Potter and Wetherell (1987) label the "interpretative repertoires" in use when coping with the disease, especially metaphors and analogies. The changes will be described and analysed over time.

Background and Study Setting

The Kagera region is located in the north-western part of Tanzania, west of Lake Victoria. It covers an area of 29,000 sq. kms and has approximately 1.7 million inhabitants. The capital town is Bukoba with approximately 72,000 inhabitants within the urban Bukoba district. There are some small towns in each district and many villages, approximately 540 in total. The region consists of six districts and four major ethnic groups, the majority being the Haya, found primarily in rural Bukoba and Muleba. Other tribes include the Nyambo in Karagwe, the Hangaza

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in Ngara, and the Subi in Biharamulo. In urban Bukoba, though the indigenous-people are Haya, there is also a mixture of tribes from different parts of Tanzania. The Kagera people belong to a linguistic group called the interacustrine Bantu with a language which could be traced back to a common origin. With time, the language changed and developed into the different languages; Hangaza in Ngara, Kisubi in Biharamulo, Lunyambo in Karagwe, and Luhaya in rural and urban Bukoba and Muleba. However, due to influence of external factors, today there is a mixture of the Kiswahili and Luhaya languages in the urban district of Bukoba.

The genesis of the HIV-1 virus in Tanzania goes back to three clinical cases of AIDS in 1983 in the Kagera region. In a period of less than five years, AIDS was then reported in most regions of the country. As a consequence, the Government started the National AIDS Control Program (NACP). Different campaigns were launched to make people aware of the dangers of HIV/AIDS, and since then attempts have been made to try to control the spread of the disease.

The Kagera AIDS Research Project (KARP) was initiated in 1987 with a population-based study showing a prevalence of HIV-infection among adults ranging between .4 percent and 10 percent in the rural areas and an overall prevalence of 24.2 percent in the urban areas of Bukoba. (Killewo et al. 1990). A follow-up of the study cohort in 1989 showed an annual incidence rate of 8.2/1000 person years at risk in the rural areas, while in the urban areas it was 47.5/1000 person years at risk (Killewo et al. 1993). Since then different studies have been performed to understand the disease, its spreading patterns, and the impact on the social and economic life of the affected communities. An analysis of the socio-geographical patterns of HIV-1 transmission in the region (Killewo et al. 1994), showed considerable differences in the prevalence on both ward and district levels. The spread could be described primarily in terms of distance by road from Bukoba town. Lwihula et al. (1993) used language to identify people's perceptions about the social forces which brought AIDS into Kagera and also tried to determine people's attitudes and responses to AIDS. This study as well as another paper focusing on people's attitudes towards interventions for preventing HIV infection (Killewo et al. 1997), showed differences in reactions in the urban and rural areas. Stigmatisation and suggestions for "hard solutions" such as isolation and imprisonment of the sick were more common in rural areas that were not yet hard hit by the disease.

In urban Bukoba, social and economic life was changing. Gradually, the experience of AIDS penetrated into different avenues of life: at home, in schools, and at work places. In almost every corner of the district, people were talking about AIDS and its impact. AIDS was not only seen, it was, and still is being "heard." The feelings, the blame, the denial, and later the acceptance, could be "heard" in the metaphorical expressions which were used, either directly or indirectly in the language. Through language and works of art, people were presenting AIDS as a painful reality in their lives. However, many researchers and NGOs

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dealing with the AIDS problems in the region were underestimating language and artworks as an approach in their attempt to comprehend the AIDS problem.

Material and Methods

The data for this analysis was collected in the urban district of Bukoba, between 1992 and 1995. By focusing on a community with a high prevalence of HIV-infection in 1987, we were able to analyse the development of the language through different stages of the epidemic. The information was collected in connection with the epidemiological and socio-anthropological fieldwork of the Kagera AIDS Research Project. The researchers represented the disciplines of socio-linguistics, sociology, anthropology, and epidemiology. The socio-linguist was responsible for collecting information on words, local expressions and sayings regarding HIV/AIDS, forming a retrospective collection of expressions and metaphors in use since 1985. The socio-linguist, who is lecturer/researcher in Kiswahili, also has his origin in Bukoba and speaks the local Luhaya language fluently. In addition there was a team of local research assistants, trained in qualitative data collection methods. Personal interviews and focus group discussions with people of different gender, age, and educational levels were used when recording the natural language. Also, conversations in bars and local clubs were recorded. Information from 24 focus group discussions, interviews with persons selected from the focus groups, 8 group interviews with students and teachers in secondary schools, together with notes or tapes from field observations constitute the database for this analysis. After transcription and translation the information was structurally grouped into three linguistic classes: noun phrases, verb phrases, and complete sentences. Most expressions and metaphors were in Luhaya, but some were in Kiswahili and a few were a mixture of both. The material was then listed and time ordered. Approximately 80 different metaphorical expressions were identified and coded. With help of grounded theory techniques (Starrin et al. 1997) these codes were grouped into categories of meaning. These categories were then interpreted and transformed into a conceptual model to describe the development over time.

Results

In Table 1, the metaphorical expressions are structured according to eight categories of meaning and listed in time order. As seen from this table the metaphors and the expressions show a mixture of reactions regarding the problems of AIDS. There are many noun phrases revealing myths and beliefs about the disease, but they also describe symptoms of the disease, attitudes towards life, warnings and feelings of exhaustion. It is also among the nouns that we find metaphors for condom use. The verb phrases are more directed at describing the person who has fallen sick, also revealing attitudes towards the person. The sentences are actual-

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ly more like proverbs, and the metaphors are, thus, contextual. Some of these are concerned with restoring good norms through warnings, while others show the dilemma of handling the situation together with feelings of despair. Metaphors inthe sentences may also assist us in viewing the direction of changes in social behaviour. While a sentence such as *Onshwele ofe, ondeke ogumbale* (You either have me and die, or leave me and be barren) reveals the feelings of dilemma and resignation, it may also reflect an attitude of not caring about being involved in risky sexual behaviour. However, metaphorical expressions such as *Siku hizi mambo sharti kwa soksi* (Nowadays things must be done with socks) suggest an awareness of the benefits of practising safe sex.

Table 1. Metaphorical Expressions Grouped into Categories of Meaning

Categories of Meaning	Noun Phrases	Verb Phrases	Sentances According to Categories of Meaning
Myths and beliefs of what the disease is	*Ihembe* (vampire) 84/85 *Akaho* (gonorrhoea) 84/85 *Malaria empango* (big malaria) 84/85 *Endwala enkulu* (old Sickness) 84/85 *Juliana* (trademark) 84/85 *Milamo* (curses) 86/87 *Zawadi ya uasherati* (gift of promiscuity) 86/87 *Akajuju* (an itching poisonous larva) 86/87 *Eza bilebi* (modern disease) 92/93	*Bakamulama* (Has been cursed) 84/85	
Symptoms of the disease	*Silimu* (slim/slender) 84/85 *Akauka/ekiuka* (insect/tiny worm) 86/87 *Mulubi* (an insect) 86/87 *Dumuzi* (a tiny maize borer) 86/87 *Umeme* (electricity) 86/87	*Kamunyunya* (siphoned by an insect) 86/87 *Yabungwa* (falling into powder) 86/87 *Yaserebuka* (falling into powder) 86/87 *Kamulibataho* (stepped on by an insect) 86/87 *Anapakuwa shehena* (unloading consignment) 90/91 *Kajenga bati* (raise the frames of a roof) 90/91 *Kaamsha kenchi* (built the frames of the roof) 90/91 *Yajwala ekoti* (has put on a coat/ jacket) 92/93 *Amepanda Pajero* (rinding a Pajero car) 92/93	
Attitudes towards people and attitudes to life	*Jaji* (Judge) 92/93, 94/95 *Redi Kadi* (red card) 92/93, 94/95	*Nosingwa* (you are guilty) 84/85 *Kakibone* (let one face it) 84/85 *Akabyeyendera* (he liked it him-self) 84/85 *Wafakara* (you have done wrong) 84/85 *Bamuchwa* (outcast from family) 88/89 *Bantaho orugambo* (people talk about me) 92/93	
Realising and coping with the situation	*Eikokola* (fishing net) 88/89 *Mugela* (a flooding river) 88/89 *Patashika* (confusion) 88/89 *KAUKA* (grave transport comp-	*Rukomangaine* (It (death) is inter-woven) 86/87 *Ez'owaitu* (of ours) 94/95	*Olitina omuhango oti alikeyali?* (you keep on being afraid of the big man but will he ever get smaller?) *Akatambala k'elaki mwenda* (an

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	any) 90/91 *Akantu kaitu* (our tiny thing)		expensive cloth used for wrapping a dead body)94/95 *Ekidonge ky'e pembe innai* (a four angle tablet, symbolising the grave) *Malaika ontole* (receive me angel!)
Warning and restoring good norms	*Skadi* (Scud Missile) 90/91 *Gadafi* (Libyan President) 88/89 *Mwisherukale* (Soldier) 90/91 *Ninja* (American Ninja) 90/91 *Commando Yoso* (youth criminal gang) 90/91 *Maji Marefu* (deep waters) 94/95	*Entahurila ekasabala bwaibumba* (one who does not take heed sails with a clay boat) 92/93	*Eyanga kugambilwa, teyanga kubona* (one who does not take advice will suffer the consequences) *Tinziikaza, bamubona emikojolele* (a promiscuous person will be revealed by the way he urinates) *Angalia Isikupate Dawa Sina* (make sure you don't get it, I don't have a cure)
Exhaustion and despair	*Chana wosia* (tear the will) 90/91 *Byona busha* (all is in vain) 92/93 *Kala mzinga* (fallen drastically) 94/95 *Ruhekula abazaille* (puts down babies from the mother's back)	*Bakuntumile* (they have sent me to take you) 88/89 *Yabinteza* (he has sent me bad news) 88/89 *Takili waitu* (he is no longer ours) 92/93	*Adhabu Imetolewa Duniani Sikatai* (I do nothing, a punishment is on earth) *Acha Iniue Dogodogo Siachi* (let it kill me I can't spare a chick) *Ajali kazini* (accidents occur during work) *Endyamiti zigwa omubisibu* (the ax gets cracked while shopping the stem *Kolanegena okuke!* (if you are too weak, withdraw yourself) *Okabazala ntakaizille* (you gave birth to them before I came) *Akagunju kalafa tikahulira nzamba* (a dying animal will never hear the warning signal)
Dilemmas		*Tikonene* (it is not it) 92/92	*Nolya noyenda, nofa notaga* (you like it while eating, you will while dying) *Onshwele ofe, ondeke ogumbale* (You either have me and die, or leave me and be barren)
Preventive	*Soksi* (socks) *Kavelo* (polyethene sack) *Oko* (glue) *Kadi ya vijana* (youth card) *Zana* (a working tool) *Salama* (trademark for condoms)		*Tiwakulya kanana otakatondoile* (you cannot eat a banana without peeling it) *Huwezi kula pipi na ganda lake* (you cannot eat a sweet without taking away the paper) *Siku hizi mambo sharti kwa soksi* (nowadays things must be done with socks)

The following presentation of results is put into context by following the development of the AIDS epidemic in urban Bukoba..

When in the 1980s an "unknown disease" was identified in Kagera, followed by deaths among its victims, a lot of speculation started. What is striking is the way language was used to address both the victims and the disease itself. Lwihula et al. (1993) gave some words that illustrate this point: "It was first attributed to incurable venereal disease...another perception [was that] the disease must have been imported with the clothes. Hence, the local naming of AIDS as Juliana" (p.351). Hidden inside the label *Juliana* (trademark), was a myth that the disease was a result of either a curse or sorcery acts due to shady transactions with colleagues in neighbouring Uganda (Kaijage 1992). *Juliana* was more than just a trademark of a cloth. The myth behind it was that people who were involved in

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illegal trading across the boarder had cheated their counterparts and, therefore, had been bewitched by them.

Other metaphors used before the disease was known as AIDS also reflect ignorance and confusion among the people. Metaphors like *Ihembe* (vampire), *Akaho* (gonorrhoea), *Endwala enkulu* (old sickness) were, like *Juliana*, associated with witchcraft. Some were just descriptive, and words like *Silimu* (slim/slender) refer only to how an individual looks as a result of body wasting.

Many religious institutions had their own way of explaining the disease. To them it was-and to a great extent still is-simply a curse from God *Omulamo* (a curse). Like Albert Camus' fictional priest in *The Plague* (1973), the local clergymen pointed a finger at individuals saying, "*Calamity has come onto you my brethren, and my brethren, you deserve it*" (p.91). Other expressions about a sick/infected person such as, *nosingwa* (you are guilty), *akabyendera* (he liked it himself) and *wafakara* (you have done wrong) indicate a blaming attitude. The metaphor of *zawadi ya uasherati* (gift of promiscuity) uses irony when accusing the sick/infected of his or her behaviour in a more direct way.

As time passed, people were learning more and more about the disease. The concept of a virus as the source was beginning to influence people-hence metaphors such as *dumuzi* (a tiny maize borer), *mulubi, (a)kauka* (an insect), and *akajuju* (the itching poisonous larva). People who were already sick were described by metaphors like *Kamunyunya* (siphoned by an insect) and *Yabungwa* (falling into powder). The insect metaphor for HIV/AIDS came at a time when the banana plants had been hit by *akauka/ekiuka* (a tiny worm), to the extent of threatening the banana culture. The meaning was thus a coincidence, but suitable. Meanwhile, the disease left a stigma at every home it reached. This gave rise to a metaphorical expression aimed at denying the disease, *tikonene* (it is not it). In one case, although a family was denying the situation, the community knew it was AIDS, but sympathetically and discreetly agreed with the family.

As the disease spread and the number of deaths increased so did the expansion of the language used. AIDS and death were becoming synonymous. People began to understand the disease through death, *Rukomangaine* (It [death] is interwoven), and a death from AIDS had several interpretations. *Akatambala k´elaki mwenda* (Expensive cloth used for wrapping a dead body) indicated that dying of AIDS was something very serious. *Ekidonge ky' epembe innai* (a four angle tablet, symbolising the grave) meant that once you have AIDS the only "cure tablet" is the grave. *Malaika ontole* (receive me angel) on the other hand, was a cry from the victims to be well received in heaven. Realising that death was inevitable, people started to use warning metaphors in sentences like *Angalia utaondoka na kilo mbili* (Watch out you will go [die] with [a weight of] two kilos). The magnitude of the problem was described through metaphors of deep and flooding waters. *Mugela* (a flooding river) together with *Eikokola* (a fishing net that pulls everything) illustrates a situation where AIDS was now seen as a disease that hit all groups of people. Now everybody was at risk. Later the water

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metaphor was used as a warning to people who were thought to be involved in risky behaviour, hence metaphors such as *maji marefu* (deep waters). The stress, the dilemmas, and the despair felt by the community were shown in metaphors like *Patashika* (confusion), *Endyamiti zigwa omubisibu* (the axe gets cracked-while chopping the stem) and *Bakuntumile* (they have sent me to take you). Some words such as *Kakibone* (let him face it) and *Bamuchwa* (outcast from the family) still expressed blame and the isolation of the sick, and stigmatisation became more pronounced in the expressions used.

Starting around 1990, we begin to hear expressions and metaphors related to war. AIDS is named *Skadi* (Scud missile), *Gadafi* (Quadafi) and *Mwisherukale* (Soldier), referring to the Gulf war and to the Libyan President. These metaphors illustrate that AIDS is viewed as aggressive and hostile as soldiers and/or as fatal as a scud missile. The society regarded itself as being at war; fighting a losing battle.

New words to be able to describe or talk about people with the disease without mentioning AIDS were *Kajenga bati* (raise the frames of a roof), *Yajwala ekoti* (has put on a coat/jacket) and *Amepanda Pajero* (riding a Pajero car). They all allude to the signs of raised shoulders associated with the signs of AIDS. The seriousness in the new situation was also reflected in expressions referring to the female body. *Ichwa mabele* (cutting off the breasts) and *Ruhekula abazaile* (puts down babies from the mothers' back) indicated that the feeding mothers no longer had anybody to give their breasts to and that the children were buried by their mothers. It was now common that children died before their parents. Feelings of resignation were revealed in expressions like *Byona busha* (all is in vain).

Recntly, AIDS is called *jaji* (judge), *redi kadi* (red card), *eza bilebi* (the modern disease), *akantu kaitu* (our tiny thing) and *Ez'owaitu* (of ours). These are metaphors describing the disease as "the inescapable evil" that you must try to cope with. The judge and red card metaphors, particularly heard from youths, are both connected with judgement. But there is also a notion that there is *somebody* judging. That somebody is like a referee in a football match or a judge in the court of law who judges murder cases. However, the red card metaphor also gives an idea of the meaning of life among youths. To them, life is like a game with its own rules and regulations. One has to abide to these rules and play a fair game, or else, face a red card and be ordered off.

Metaphors were also used to talk about preventive measures. *Soksi* (socks), *Kavelo* (a polyethylene sack) and *Kadi ya vijana* (a youth card) are all metaphors used to talk about condoms, gradually going beyond the borders of taboos. *Salama* (a trademark for condoms) is also a Swahili word for safety, which in this context is used to give positive associations.

What people understand as risky behaviour and what they consider as risk groups were and still are metaphorically expressed. *Tinziikaza, bamubona emikojolele* (a promiscuous person will be revealed by the way he urinates) is an expression that dates back to the 1940s when the problems of syphilis and gonorrhoea

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could not be hidden. In the AIDS era it also expresses a warning that if one ha sexual contact with a person who is infected it will be revealed by the symptoms. Metaphors such as *Eyanga kugambilwa, teyanga kubona* (one who does not take advice will suffer the consequences) and *entahurila ekasabala bwaibumba* (one who does not take heed sails with a clay boat) are both aiming at establishing good societal norms and conduct.

Due to despair and feelings of being defeated people also changed the meaning of AIDS as an acronym into expressions like *Acha Iniuwe Dogodogo Siachi* (Let it kill me, I can't spare a chick) indicating an internal explanation meaning that people have sexual desire, and as long as they do not want to change behaviour they will die. On the other hand, *Adhabu Imetolewa Duniani Sikatai* (I can do nothing, a punishment is on earth) indicates more of an external explanation where AIDS is regarded as something inevitable, caused by powers that cannot be influenced. Later the acronym turns into a realistic warning where people have changed the meaning of AIDS into *Angalia Isikupate Dawa Sina* (Make sure you don't get it, I don't have a cure).

Discussion

Ekibi kakigwa Omukyaro endimi zayeza (When bad news hit the village people have a lot to say) is a Haya proverb indicating that bad news travels fast and is talked about a lot. As seen from our results the HIV/AIDS problems created a large amount of metaphors and expressions and people's reactions are reflected in their language. Metaphorical expressions are a primary aspect in the language which people use in their day-to-day encounter with HIV/AIDS. It is likely that no other disease in urban Bukoba has produced, in such a short period of time, as many metaphors as has HIV/AIDS.

When synthesising our data we found that the metaphorical expressions and reactions to the pandemic could be described or captured in three different, but partly overlapping, phases. *The first phase*, when the disease recently had hit the region, is characterised by **uncertainty**. People were frustrated and there was ambivalence between explaining factors rooted in *traditions* (looking back) and those of *modernisation* (looking forward). People were also ambivalent regarding *external* (from the outside) and *internal* (from the inside) causes of the disease. It is also obvious that different actors engaged in the AIDS-problematic made attempts to launch their understanding of the disease with help of metaphors. There are metaphors grounded in religious beliefs as well as metaphors originating in traditional values. It is also obvious that the variation in metaphors and metaphorical expressions are at its height during this first phase of uncertainty. In terms of Moscovici (1984), the turning up of AIDS in Kagera created a demand of understanding (anchoring) something new and terrifying. In general this need was encountered in a process characterised by people doing comparisons. By comparing this new phenomenon with experiences already gained; what is fright

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ening and incomprehensible can become familiar.

The second phase shows a growing **understanding** of the problem. People tend to put things together and metaphors express more realism and neutrality. Following Moscovici (1984) actors (medical authorities) in the process of objectification now have begun to succeed in giving the people trustworthy answers to questions about the roots and consequences of the disease. The metaphors now mirror more of consciousness about the disease, which of course is fundamental for finding ways to cope with it.

The third and ongoing phase is dominated by metaphors on **re/actions**. Different coping strategies, warnings, and also expressions of exhaustion and defeat, underscores the magnitude of the problem. However, in this third phase metaphors are still used to express uncertainty and understanding but even more to illustrate different strategies for dealing with the situation. When a new phenomenon, especially when strongly emotionally loaded, tends to be familiar, the demand for using metaphorical expressions is expected to decrease. This is also discernible in our data. The amount of and variation in metaphors are going down and the ones still in use conform more to each other than previously. It is also obvious that the western medical discourse once again tends to reach preference in defining and interpreting phenomena of crucial importance for people. In the process of objectifying the very abstract medical definition of the disease labelled HIV and AIDS, metaphors are also utilised. In doing so, the implementation process is delicate in that it both aims at making people aware of risks and to be frightened. However, this strategy is also at risk of being harmful. The use of military metaphors to increase people's consciousness and influence them to take action against the disease can at the same time increase stigmatisation of the already infected and can lead to discriminating treatment. This ambiguity is what Sontag (1991) discusses in her book and it is up to the Tanzanian authorities and the NGOs working with AIDS in Kagera to consider this seriously. However, there are attempts to use metaphors associated to positive social contexts, such as soccer games. In a rhetoric attempt to influence people or as a tool in health education it can be a good idea to seize upon this. These positively loaded concepts need to be grounded in the reality of the people and mirrored in their ways of expressing themselves.

The described phases, reflecting the AIDS related course of events, indicate that people in urban Bukoba use metaphorical expressions to build social representations of the disease in processes of anchoring and objectification (Moscovici 1984). HIV/AIDS was a new and very terrifying disease in need of being anchored among people. There was also a need for "translating" abstract definitions of the disease presented by the medical discourse. The ways of communicating help people to cope with an unfamiliar and traumatic situation. As Ogden and Richards (1972) illustrate in their semantic triangle, people construct terms (metaphors) that denote, represent, and refer to the phenomena in question. At the same time, however, the terms also connote concepts of meaning, which

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then generate social action in order to attempt to control the situation. In this pespective knowledge about the socio-linguistic expressions mapped out in this article can help in developing guide-lines to communicate about intervention activities, especially applicable in districts where the prevalence of HIV/AIDS still is low.

Urban Bukoba district had the highest prevalence of HIV-1 infection in 1987 and also the highest incidence in 1989. New figures from 1993 and 1996 show that even though the prevalence is still high in urban Bukoba, there are now signs of a decrease in both the prevalence and incidence of HIV-infection (Kwesigabo et al. 1998). Today it is also known that the HIV/AIDS concepts, presented by the medical discourse, are familiar to most people in urban Bukoba. These terms are used more and more, but are still supplemented by many of the metaphorical expressions discussed in this article, especially in informal day-to-day situations and within the family. Continuing to follow how people themselves perceive the situation, by studying the language they use, more can be learnt about the possible explanations for the observed decline of HIV.

NOTES

1 Address of the corresponding author: Mr. Aldin K. Mutembei, Research School CNWS, Nonnensteeg 1-3, University of Leiden, P.O. Box 9515, 2300, RA Leiden, The Netherlands. E-mail: kaizilege@hotmail.com. The authors wish to acknowledge the Swedish Agency for Research Co-operation with Developing Countries (SAREC) for funding the Kagera AIDS Research Project.

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