WOMEN OF THE EPIDEMIC: GENDER IDEOLOGY IN HIV/AIDS MESSAGES IN KENYA

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Abstract

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HIV/AIDS continues to be a monumental challenge to development in Africa. Although health communication has been pursued vigorously in response to HIV/AIDS, research has focused on mainstream approaches such as entertainment-education; limited research exists on the effectiveness of traditional forms of communication such as posters. This study adopts a twofold approach to theory bringing together Althusser’s notion of interpellation with Gramsci’s hegemony thesis to explore gender ideologies present in HIV/AIDS messages in Kenya through the methodology of ideological critique. The findings of the study support the premise that the argument surrounding the intended message is a critical component of a meaningful narrative for the audience. Ideologies within the message have an impact on individual and collective efficacy to HIV/AIDS. Health communication practitioners may increase the effectiveness of intervention campaigns by examining the range of ideas that a community has been exposed to in HIV/AIDS communication.

Approved: _____________________________________________________________

Benjamin R. Bates

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Dedication

In loving memory of my father, Jeff Mbure.
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CHAPTER ONE

INTRODUCTION

That HIV and AIDS have had a devastating effect on the African continent is well known. The gendered impact of the epidemic continues to draw attention to the inequality of gender relations prevalent on the continent. Triggered by the impact of HIV/AIDS, particularly on women, the former United Nations General Secretary remarked that, in Africa, “AIDS has a woman’s face” (Anan, 2002). This claim is backed by data from the Joint United Nations Program on HIV/AIDS (UNAIDS) (2006) which indicates that women accounted for over 59% of all individuals living with HIV/AIDS in Africa. A similar trend is observed in Kenya, where estimates reveal that 1.2 million Kenyan adults (15 and over) are living with HIV/AIDS; women account for 740,000 or 61% of currently infected adults in Kenya (UNAIDS, 2006). The report attributes this phenomenon to inequalities, which exist in gender relations, inequalities which privilege men over women at the social and socioeconomic levels of society.

Women’s economic dependence, coupled with cultural norms, undermines their decision making power in matters relating to sex and reproductive health (Muturi, 2005). Some women also resort to high-risk activities such as commercial sex in order to meet basic needs (Kalipeni, Craddock, Oppong & Ghosh, 2004). Socioeconomic inequalities are deeply rooted and justified within a cultural context dominated by certain gender ideologies. These ideologies emanate from a variety of social processes and yield attitudes, beliefs, values and practices that circumscribe women’s self-worth, potential and value as inversely proportionate to those of men (Kamaara, 2005). For instance,
male circumcision and female clitoridectomy among the Kikuyu and Nandi ethnic
groups, respectively, encouraged female sexual subversion and male sexual prowess
(Kamaara, 2005).

According to the National Aids Control Council (2005), the majority of HIV
transmissions in Kenya occur through heterosexual contact. Gender ideologies may have
relevance for the impact of HIV/AIDS because they limit women’s sexual awareness,
assertiveness and independence. These factors may limit women’s efficacy to respond to
the threat of HIV/AIDS. Aside from the socioeconomic vulnerabilities of women to HIV
and AIDS, women are physiologically more vulnerable to HIV. For instance, there is a
greater surface area for the possibility of transmission in the vaginal area, than in male
genitalia. Women are also at a greater risk of experiencing microlesions during sexual
contact. Microlesions allow the virus to gain entrance to the body (Oppon & Ayei –
Mensa, in Kalipeni et al., 2004).

The first case of HIV infection in Kenya was reported in 1984 (Kamaara, 2005).
Following official recognition of the disease, public health professionals embarked on
vigorous awareness campaigns. These campaigns were conducted primarily through print
media as the broadcast industries were still underdeveloped. This communicative form of
preventive medicine has been hailed as one of the best ways to beat the epidemic out of
Africa (Myhre & Flora 2000; Muturi, 2005; Zaman, 2003; Kalipeni et al., 2004).
Communication interventions, however, do not occur in a vacuum; their effectiveness
greatly depends on how well they challenge and influence pre-existing attitudes, beliefs
and values, which limit the adoption of positive behaviors. In the case of HIV and AIDS,
gender ideologies have increased women’s vulnerability by encouraging male domination and female passivity in sexuality and appropriate behavior in heterosexual relationships.

This analysis is concerned with exploring which gender ideologies are present in HIV/AIDS health messages in Kenya. Using the theoretical framework of hegemony (Gramsci, 1957, 1971) and interpellation (Althusser, 1971), this analysis seeks to determine how these ideologies either serve to maintain the hegemony of the dominant gender ideology or constitute an attempt to counter the hegemony of the dominant gender ideology. The health messages under analysis are anti-HIV and AIDS posters that were mass-produced and disseminated to the Kenyan audience between 1989 and 2004.

Chapter one of this analysis has four main objectives. First, the chapter will provide background information on the problem of HIV and AIDS, generally, and on the gendered impact of HIV and AIDS in Kenya in particular. Second, the chapter will articulate the role of communication in the fight against HIV and AIDS. Third, the chapter will examine how gender as a social construct has been appropriated in HIV and AIDS interventions in Kenya and examine related studies that have examined the issue of gender ideology in HIV and AIDS communication. Finally, I draw on Althusser’s concept of interpellation to examine how women are socialized to respond in ways that adhere to this gender ideology. Gramsci’s concept of hegemony is used to understand how media messages can either maintain or counter the hegemony of this gender ideology. The chapter will conclude with a discussion of the research questions and significance of the study.
In chapter two, the methodology of ideological critique and its accompanying technique of close textual analysis will be discussed to show how the HIV and AIDS messages will be analyzed. Chapter three will include a discussion of the findings of the analysis in the context of the HIV and AIDS experience in Kenya. The implications of the findings for health communication initiatives will also be discussed. The final chapter will conclude with the key findings of the analysis and recommendations for future research.

PROBLEM OF HIV/AIDS

Of the nearly 25 million individuals living with HIV/AIDS in Africa, 13.5 million are women (UNAIDS, 2006). In Kenya, the HIV/AIDS prevalence rate is at a commendable 6.5%, a drop from 14% in 2001 (National AIDS Control Council, 2005). Women account for over 61% of the 1.2 million adults in Kenya currently living with HIV and AIDS. Women constitute 59% of the total cases of HIV/AIDS in Sub-Saharan Africa. As shown in Figure 1, HIV and AIDS were observed to equally affect men and women, but the rate of infection among women became faster than among men. Globally, the prevalence rate has risen from 35% to 48% over a period of eighteen years. Transmission in Kenya is primarily through heterosexual contact (UNAIDS, 2004a).

Kenya is a former British colony located in East Africa. It has five neighbors: Sudan, Tanzania, Uganda, Ethiopia, and Somalia (see Figure 2). Kenya has population of over thirty four million (Central Intelligence Agency (CIA), 2007). The dominant religious groups in the country include protestant Christians, who account for over forty-five percent, and Roman Catholics who constitute thirty-three percent of the population.
Indigenous believers and Muslims account for ten percent each (CIA, 2007). The life expectancy at birth in Kenya averages at fifty for both men and women.

The Kenya Ministry of Health (2005) estimated that there are over 1.1 million Kenyans aged 15-49 living with HIV/AIDS. Of this number, the Ministry estimates that women account for two thirds of those infected. The HIV prevalence rate currently stands at 6.5%, with projections of decreased prevalence in the future (Ministry of Health, 2005). HIV prevalence among women in all subsets of the 15-49 age group is still higher than among men in the same subsets. It is particularly uneven for women between the ages of 20-24, (see Figure 3) where the prevalence rate is quadruple that of men.

In addition to the aforementioned biological susceptibility of women, gender inequalities at the social and economic level increase the vulnerability of women contracting HIV and AIDS. Gender inequalities are rooted in the process of socialization. Lorber (1991) refers to gender as a social institution, an institution which serves to “construct women as a group to be subordinates of men as a group” (p. 131). In the case of HIV/AIDS, women’s subordination as a result of their gender is experienced at the social and economic levels. The lack of access to economic opportunities for women leads to an economical dependence on men (National AIDS Control Council, 2002). The Kenyan women’s unemployment rate is 19.3%, compared to men’s unemployment rate of 9.8% (Society for International Development (SID), 2004). Women in Kenya lag in economic participation. More women are employed in the informal sector than in the formal sector, but men still dominate both sectors. Denial of property and abuse of inheritance rights also reduces women's access to factors of production such as land,
housing, and credit (UNAIDS, 2004a). An in-depth examination of the interplay of these factors and their contribution to women’s vulnerability is therefore essential.

Education provides an ideal opportunity to learn professional and life skills, and to improve quality of life. Several studies have documented the importance of education in African development, particularly for women. Nduru (1999) concludes, “In sub-Saharan Africa, for example, the social return on female education is estimated at 24.3 percent for primary education and 18.2 percent for secondary education, the highest in the world” (in Boko et al., 2005 p. 121). Women still trail in the educational sector in Kenya. The Kenya Demographic and Health Survey (2003) indicates that 78.5% of women are literate, compared with 88.1% of men (see Figure 4). By province, the highest literacy rates for women are observed in Nairobi and Central provinces; in all provinces, however, women have lower literacy rates than do men and, in all provinces, women are less likely to have any education at all than are men.

Apart from reaping new skills and better paying jobs, the social return of education extends to social behavior. This includes sexual behavior. In Zambia, for example, there is a clear correlation between more education and safer sexual behavior among men and women (see Figure 5). Risky sexual behavior, such as sex without a condom or with multiple partners, is less likely to be observed among women with secondary education or higher than among women with no education. Abstinence is also more likely to be practiced by women with higher education than by those with basic education or no education at all.
Educated women are also more likely than those without education to take up positive behaviors such seeking out information on HIV/AIDS. In Cambodia, Haiti, Mali, Peru, and Zambia, for example, a positive correlation between secondary education or higher and knowledge of where to get HIV testing has been found (see Figure 6).

Although gender parity is found among enrollees at the primary school level, women are grossly underrepresented in institutions of secondary education and higher education (Tackie, et al., 2005 in Boko et al., 2005). The secondary school system offers students opportunities for tertiary or university training, but women are more likely to drop out of secondary school than boys. A variety of factors contribute to this trend:

- Fewer schools are available for girls, high drop out rates for girls are due to teenage pregnancies and early marriage, religious beliefs and traditions, cultural expectations of women’s roles and investment choices related to that, lack of female role models among teachers, and design of school curriculum. (Tackie et al., 2005, in Boko et al., p. 122)

Barriers for girls and women are rooted in an educational infrastructure and in a culture that do not allow women and girls to explore their potential. A positive correlation exists between increased education levels and women’s lowered vulnerability to HIV and AIDS. Women with secondary or higher education are more likely to know where to go for voluntary HIV testing (see Figure 6). Educated females are also less likely to engage in risky sexual behavior and are more likely to make independent decisions regarding HIV.
Although education is highly beneficial, women face a number of challenges when they attempt to gain an education. As Shabaya and Konadu-Agyemang (2004) observe, the barriers to female education are complex. In Africa, poverty is one of the greatest barriers to education for girls and women. In situations of poverty, women are often perceived as commodities and often lack voice against their fathers or male figures in the family. Through marriage, women can provide dowry that, in some cases, can be used to justify the denial of women’s rights. As suggested by the thirty six year old widow from Maragoli, Kenya: “My mother-in-law was threatening, too. She said I should take care of her because I married her son and they paid for me. They wanted to make use of the 20,000 shillings [U.S. $252] they had paid as dowry” (Human Rights Watch, 2003, p. 22).

When poverty intersects cultural values that trap girls in stereotypical gender roles, parents often choose to educate their sons and not their daughters. A simple cost-benefit analysis works against girls. If investment in their education is perceived as a loss because they will eventually leave the home and marry, women are less likely to be educated. Esu-Williams (2000) claims, “African women still live largely in a world where they have to first and foremost prove their worth by being married, having children and caring for their families” and not by being educated or holding jobs (p. 123). Women also bear the primary responsibility for care giving. Girls are more likely than boys to drop out of school to take care of their sick parents (UNICEF, 2004). The International Center for Research on Women (2006) uses the term care economy to refer to the work done by women and girls in the home such as caring for the sick, cooking and cleaning.
As long as society continues to emphasize the care economy rather than the public economy for women, the opportunity for women to access and complete their education remains under threat.

Even with education, women are better placed to make decisions only if they are financially independent. Unemployment data from Kenya (see Figure 7), however, indicate that there are four times as many unemployed women as there are men.

Unemployment deprives women of the fiscal resources that can enable women to overcome economic vulnerabilities to HIV and AIDS. The World Health Organization (2004) identifies various economic factors that women have to overcome in the fight against HIV/AIDS:

Many women lack the economic independence to leave relationships that put them at risk of HIV. With less education and prospects than men, women often have lower incomes and fewer resources to purchase condoms and treat STI. Unemployment, desertion, divorce or poverty can lead women to sell sex. Many sex workers support their families and remit money home. Sex may be exchanged for material favors or even daily survival. (p. 4)

Based on an analysis of women’s participation in the formal and informal sectors, economic indicators in Kenya suggest that women are more likely to experience these vulnerabilities than men. Women account for 45% of the informal sector and men account for 55%. Women only account for 28% of the formal sector, while men dominate this sector (SID, 2004). In the public sector, women constitute only 30% of the work
force as compared to 70% of men in the top five job group grades. Women account for 70% of labor in the lowest paid public job grades.

Women are also left out of high-level, better paying jobs such as management and legislative positions (see Figure 8). Women’s presence in service worker and skilled agricultural jobs can be attributed to low education levels, because women are unable to acquire high level skills from low education opportunities. Gender stereotypes limit women from working in male dominated career paths. Due to a lack of access to better paying jobs, women have fewer resources with which to access the means to a healthy and safe lifestyle.

Without financial autonomy, women are at a greater risk of entering high-risk relationships, such as involuntary transactional and intergenerational sex, and are less likely to be able to access or afford health care. These economic factors increase women’s vulnerability to HIV/AIDS (UNAIDS, 2004a; Kalipeni et al., 2004). In addition to economic vulnerability, women are at risk of destitution because they are targets of property right and inheritance right abuse.

A report released in 2003 by Human Rights Watch (HRW) documented rampant women’s property rights violations in Kenya. The report identified increasing HIV and AIDS related deaths among males as a contributing factor to the increased number of widows likely to experience property rights abuse, because women are often financially dependent on their husbands. The report identifies several consequences for women who are victims of property rights violations. “The repercussions reverberate throughout women’s lives, often resulting in poverty, inhumane living conditions, and vulnerability
to violence and disease for women and their dependents” (HRW, 2003). Without property, women are likely to struggle financially. Some women are likely to turn to high-risk behaviors such as prostitution.

Women’s property rights violations occur due to a number of collaborating and complex factors. Laws that discriminate against women make it hard for women to inherit property. Although the Law of Succession Act of 1981 provides that both male and female children should inherit equally from their parents, a woman’s claim to property following the death of a spouse is terminated if she remarries. The act also provides that, if a woman dies without a spouse or children, her estate is given to her father; if he is deceased, the estate then goes to the mother (HRW, 2003). Scholars argue that, even with nondiscrimination laws, women still have to conquer cultural attitudes and values that propagate property and inheritance rights violations: “In fact, the problem for women is not legal, but one of inadequate enforcement in the face of inimical customary laws and practices” (Lairap, 2002, p. 184). A study conducted in 2004 on land rights and HIV and AIDS in Kenya concluded that “HIV/AIDS does aggregate tenure insecurity…among widows and their children, and, to a lesser extent, full orphans” (Aliber, Walker, Machera, Kamau, Omondi & Kanyiga, p. 143). A Masaai farmer, Kotet ole Supeyor, describes a demeaning attitude toward women’s land ownership rights to Human Rights Watch researchers in Kenya:

In Maasai land, a woman can’t have property on her own. The husband has to own the property because the wife belongs to the husband,” he explained. “The husband owns the wife.” He elaborated: “Most women are not literate. They can’t do anything
by themselves. So in Maasai land, women have to rely totally on men.... A woman can’t sell property without consulting her husband. But he can sell without consulting his wife. (Human Rights Watch, 2003, p. 36)

In communities that treat women as second-class citizens, women’s property rights are less likely to be acknowledged or upheld. Lairap (2002) argues that instead of empowerment, women who attempt to own property or claim a right to inheritance experience a double burden because, “they still have to adhere to social norms that idealize women’s roles as mothers and wives” (p. 196). Because of these social norms, the law is rarely enough to guarantee women’s access to property and inheritance. Cultural norms and customs provide an array of unwritten laws working against women’s interest; women’s survival is partly due to poor implementation of existing laws and male dominated traditional decision-making bodies such as clan elders (Human Rights Watch, 2003).

Without local enforcement of existing laws and with a demonstrated insensitivity to women’s issues, women have little choice other than to accept their fate as decided by discriminatory cultural laws and customs. In addition to the socioeconomic factors which increase women’s vulnerability to HIV, women’s biological make up also renders them susceptible to the virus: “a larger, mucosal surface increases exposure. Microlesions, which can occur during intercourse, may be entry points for the virus” (Oppon & Ayei – Mensa, in Kalipeni et al. 2004, p. 78).
COMMUNICATION AND HIV/AIDS

To respond to these and other challenges, efforts to eradicate HIV and AIDS in Africa were first formulated in the early 1980s. To convey the complexity of HIV/AIDS transmission to African publics, public health professionals produced vigorous awareness campaigns using visual print materials. Health communication has been applauded by various scholars as one of the best weapons against HIV and AIDS in Africa (Myhre & Flora, 2000; Muturi, 2005; Zaman, 2003; Kalipeni et al., 2004). The former head of the AIDS program at the World Health Organization posits, “Education and communication are the only weapons we have against HIV/AIDS” (Singhal, 2003, p. 1). Research demonstrating the success of health communication initiatives in the form of entertainment-education and social marketing is widespread (Singhal & Rogers, 2003, Coreil, Bryant, & Henderson, 2001).

Limited research, however, has been conducted on the effectiveness of traditional print media products such as posters and brochures. More important, the success of health communication initiatives is often measured in terms of the geographical reach of a program or its popularity with the audience only (Singhal & Rogers, 2003). I argue that it is not enough to award a success stamp to a health communication initiative based solely on popularity or geographical reach. This approach ignores the fact that media are “the consciousness industries” (Enzensberger, 1974); they “distribute products whose end result is not just a product but an effect on the consciousness of those receiving it” (Real, 1996, p. 150). Programs must be evaluated not only by how many people can receive the intended pro-social message but also by the unintended and unconscious anti-social
ideologies that are expressed in programmatic materials. Drawing from Hall’s (1986) encoding-decoding model, it is not enough to analyze how the audience receives and interprets the message; we must also examine the process and epistemological sources which precede the debut of any media product into the public sphere.

Health communication campaigns are designed to guide the audience to adopt specific actions, behaviors, or practices. HIV/AIDS communication, in particular, achieves this objective by borrowing heavily from several theories of behavior change, theories which emphasize individual behavior change. Obregon and Airhihenbuwa (2000) observe, “The health belief model and other theories with similar principles were designed to address health prevention from an individual, linear and rational perspective” (p. 8). These theories include the health belief model (Becker, 1974), diffusion of innovations (Rogers, 2003), and the theory of reasoned action (Ajzen & Fishbein, 1980). The process of producing or “encoding” HIV/AIDS materials, therefore, often involves using an individualistic, rational, linear lens to advocate prescriptions for behavior change for specific individuals in society by emphasizing ideal behavior.

Health communication practitioners follow a number of generally accepted principles that guide the use of communication to promote public health. The first principle asserts that the response of the intended audience is dependent upon empowering depictions of individuals featured in communication initiatives (Myrick, 1999). The second principle is that the stereotypes and gender inequalities that exist in a society should be considered so that these inequalities and stereotypes will not be replicated in campaign materials (Zaman, 2003). The third principle is that practitioners
should reflect on pre-existing communication networks in a given society, especially those that exist between men and women, to increase the effectiveness of the initiative at the interpersonal level (Buhler & Kohler, 2002). Last, health communication messages should demonstrate an understanding of the larger political, social, and economic contexts and the implications of these contexts for health behavior (Zaman, 2003). These principles can help guard against unrealistic messages that call for actions beyond the control of a targeted individual.

GENDER & HIV/AIDS COMMUNICATION

In addition to the social, economic and physiological vulnerabilities that women face in the fight against HIV and AIDS, it is imperative to include a discussion on how women’s sexuality has been imagined in Kenya as a limitation in communicating prevention messages. The majority of HIV and AIDS infections occur through heterosexual contact. The heterosexual relationship, therefore, becomes a site of struggle in which meanings are contested and sexual relations are negotiated among partners. The ideas that the society holds about male and female sexuality are significant because they shape the type of conduct that is deemed appropriate for women and men in heterosexual relationships. Socially accepted conduct, however, may not be in line with what HIV and AIDS messages present as positive behavior. For instance, encouraging female sexual assertiveness may collide with Kenya’s cultural attempts to maintain sexual passivity among women.

To explore gender ideologies about sexuality in Kenya, I draw on literature surrounding two historic events in Kenya that elevated issues of gender relations and
sexuality to the public limelight. These are the parliamentary debate on the 1959 Affiliation Act and the intergenerational marriage between 67 year-old Mau Mau veteran Wambui Otieno and 26 year-old stonemason Peter Mbugua. The first event presents an example of how women’s sexuality has been used as a site of struggle of national identity. The Affiliation Act also presents an ideology of sexual innocence for young women and the disregard of consequences of sexual engagement for young men. The second event presents an ideology in which the sexual career of women is equated to motherhood and physical appeal while men’s sexuality is assumed to be perpetual.

The Legislative Council passed the Affiliation Act in colonial Kenya on 28 April 1959. The Act allowed single mothers to sue fathers of their children for child support until the child turned sixteen (Waruhiu, 1962). The Affiliation Act sparked much debate about gender and gender relations in Kenya, with much of the opposition to the act coming from male politicians who presented all manner of arguments against the act. The act was repealed by an all-male Parliament in 1969, six years into independence.

In addition to revealing gender ideologies, the controversy surrounding the Affiliation Act can be understood as a “a symbolic space through which asymmetrical power relations between African men and between African men and African women have been discursively articulated, secured and contested” (Mire, 2001, p. 1).

The Kenyan public reacted to the passage of the Affiliation Act through local newspapers such as Baraza. Thomas (1997) observes that the main concerns conveyed by Baraza readers included worries as to whether prostitutes could sue for child support and if a man could be sued twice for the same pregnancy under the Affiliation Act and the
customary pregnancy compensation law that allowed fathers to sue men who impregnated their daughters and then failed to marry them. Thomas (2000) claims that these concerns gradually turned into concrete opposition by male members of the Legislative Council who “argued that the Act encouraged promiscuity and discouraged marriage by providing single mothers with comfortable ‘income’ with which to purchase wigs, cosmetics and fancy clothes” (p. 155). The alleged promiscuity was directed not to the men who impregnated the women, but to women who allegedly lacked sexual control. The rhetoric of an insatiable sexual appetite requiring control for women is echoed in one male parliamentarian’s comments in support of the Repeal Bill in 1959; he posited that repealing the act would force women to close “doors to their houses and not having them (open) as if they were toilets” (National Assembly, 1969, 1246-1257). Opposition to the Act was also based on the argument that women used the Act as a get rich quick scheme. One Member of Parliament asserted, “There is not a single affiliation case in this country from a poor man” (National Assembly, 1969, p. 1045), implying that women were only targeting rich men with the hope of striking gold in the form of handsome settlements. Thomas (2000) posits that these objections “cast women as amoral and calculating predators who used sex to lure and ensnare men and their money” (p. 165). Other opponents to the Act accused women of using the money they received from settlements to adorn themselves with western cultural goods such as wigs, miniskirts and skin-lighteners in an attempt to attract new boyfriends (National Assembly, 1969). Thomas (2000) posits that this representation is characteristic of a common rhetorical strategy to label efforts to achieve gender equality as “foreign” to African traditional culture and is
intended to “portray women as vain and selfish betrayers of African culture and the Affiliation Act as a corrupting influence” (p. 165).

A handful of parliamentarians opposed the Repeal Bill. For example, Dr. Waiyaki argued that the desires of a few men to experience “free-feasting,” or enjoying sexual relations without consequence, were the motivation behind the Bill. Opponents of the Repeal Bill sought to distinguish between women who were justified in seeking financial support and those who were not. By moral standards, prostitutes emerged as the least qualified and schoolgirls emerged as the group most qualified to benefit from the Act. The legislators proposed that schoolgirls should be accorded protection if they made their “first mistake,” a term referring to their initial sexual debut following enticement by rich men who offered them gifts or empty promises. Reference to sexual debut as a “mistake” echoes an ideology which promotes sexual dormancy and innocence for young women, a dormancy reserved for awakening at the dictum of men. This ideology enacts a rhetorical logic similar to the life-giving kiss of Prince Philip in the fairy tale Sleeping Beauty and is characteristic of “the institutionalized privileging of male sexual pleasure in heterosexual relationships” (Musila, 2005, p. 120). The logic presented in the protection of the schoolgirl suggests a dichotomy of sexuality in which there is no midpoint between the prostitute and the innocent virgin.

Accompanying the ideology of sexual innocence for young women is the ideology that dictates a “concluded sexual life where women are not expected to be sexually active beyond a certain age” (Musila, 2005, p. 120). This ideology is best understood through the examination of a visual representation of the controversial
marriage between 67-year-old, Mau Mau veteran Wambui Otieno and 25-year-old, stonemason Peter Mbugua. *The Mummy Returns* is a visual representation of the Wambui-Mbugua matrimonial union designed in the form of a movie poster (see Figure 9) distributed in Kenya shortly after the infamous union.

Using Barthe’s process of signification, Musila (2005) posits that the text relies on a “shared cultural archive … activated in the process of encoding, decoding and on the whole, negotiating meanings regarding marriage, age power and sexual intimacy in Kenya” (p. 116). The title of the text is borrowed from the Hollywood movie *The Mummy* and its sequel, *The Mummy Returns*. The films follow two American Egyptologists as they struggle to eradicate the cursed Egyptian priest Imhotep, who is accidentally resurrected by treasure hunters centuries after he was mummified alive for killing the Pharaoh Seti and his mistress Ankh. Musila (2005) posits that, when read alongside the films, the text “suggests both the expected ‘symbolic’ retirement from life by aged women and the rejection of this retirement by some, like Wambui” (p. 118). The use of *mummy* emphasizes Wambui’s age and she is old enough to be Mbugua’s grandmother. Musila (2005) posits that the emphasis on age difference is characteristic of a paradigm in which “motherhood is the principle gender role…a conventional Kenyan understanding of marriage as an institution whose key purpose is procreation” (p.120). In the text, Wambui is represented in a manner that reduces her sexual desirability to zero; she is shown with “heavy legs, ending in thick feet, stuffed into heeled sandals, a heavy bust, lumpy body, with a thick waist and sagging stomach” (Musila, 2005, p. 118). This representation supports “a construction which conspires with the natural bodily processes
of ageing and childbearing to put an ‘expiry date’ on women’s bodies and by extension female sexuality, while male sex appeal and desire is presumed to live on” (Musila, 2005, p. 119).

An analysis of gender ideology in Kenya reveals four dominant themes. The first is sexual innocence for young women, especially school girls. The second is a disregard of consequences of sexual engagement for young men. The third recurring theme is the presumption of sexual retirement for older women. The fourth theme is the equation of the sexual career of women motherhood and physical appeal while men’s sexuality is assumed to be perpetual.

Gender has become an increasingly significant factor in the fight against HIV and AIDS. Key stakeholders in the global fight against HIV and AIDS have outlined ways in which gender can be mainstreamed into HIV and AIDS interventions. For instance, in 2004, the United States Agency for International Development (USAID), in conjunction with the Interagency Gender Working Group (IGWG) and the Gender and HIV/AIDS Task Force, produced a document that outlined the lessons learned from USAID sponsored projects across the globe and identified interventions that have successfully integrated gender into HIV/AIDS programs. The document cautions against reinforcing gender stereotypes. For example, programs should avoid “showing men in roles of sexual domination and women in roles that reinforce passivity” (p. 10). In 2004, the World Bank released a similar document. The World Bank provided a checklist for creating gender appropriate interventions but failed to affirm the importance of a thorough understanding
of gender ideologies within a society before presenting preferred behaviors to the audience.

Gender has also been integrated into the national HIV/AIDS strategy in Kenya. The Gender and HIV/AIDS technical sub-committee was formed as a branch of the National AIDS Control Council to research and document ways in which gender could be incorporated into the national HIV/AIDS strategic plan. The committee released its findings in November, 2002. They outlined strategies for gender mainstreaming for HIV and AIDS interventions but omitted practical ways in which gender can be integrated into the production of anti-HIV/AIDS communication materials.

HIV/AIDS communication is not new to the African experience of HIV/AIDS. Health communication materials, including entertainment education initiatives, social marketing, and other strategic designs, have flooded the continent since the onset of the epidemic. Increasing rates of HIV incidence, especially among women, point to the limited impact of anti-HIV/AIDS communication. Considering that women account for over 54% of all HIV/AIDS cases in sub-Saharan Africa, and that new HIV/AIDS prevention campaigns continue to address the continent, it is imperative that the gender ideologies reflected in the messages be examined.

GENDER IDEOLOGY AND HIV/AIDS MESSAGES

Media content affects the ideology existent in a given culture (Silverblatt et al., 1999). Gender ideologies present in media content affect and determine the rules of appropriate gender behavior and gender relations (Lorber, 1991). In HIV/AIDS messages, women have been characterized as having an insatiable appetite for sex and
assigned blame for the transmission of HIV (Mryick, 1999; Sacks, 1996). Myrick (1999) examined gender representations in AIDS public service advertisements (PSA) produced by the Centers for Disease Control and Prevention. Myrick (1999) found that, during the period 1991-1992, disempowering representations of women were prevalent in PSAs. Women were portrayed with low knowledge of HIV; blame for HIV was allocated more often to women than to men; and, women were portrayed as directs threats to men. Women also bore the primary responsibility for HIV transmission. These findings were deduced from the frequency of female characters that said they did not know about HIV/AIDS, blamed themselves, or were blamed by partners for transmitting the virus compared with the frequency of men in similar situations. Women, therefore, receive contrasting messages: “they are represented as having more power in terms of HIV prevention but are still primarily held responsible for its transmission and prevention” (Myrick, 1999, p.12).

Sacks (1996) examined recurring gender ideologies in the representation of women and HIV/AIDS. The representation of women as prostitutes or as mothers and the themes of self-control and self-discipline were explored by examining articles in the New York Times and the Washington Post. Sacks examined a TV documentary on HIV/AIDS and women in Thailand and concluded that prostitutes are represented as “indiscriminate in their sexuality and dangerous and polluting to men” (Sacks, 1996, p. 31). Sacks found that men were not shown as suffering from HIV, whereas women were explicitly identified in images as victims. Sacks concludes that these representations of HIV-positive women as prostitutes
deflect attention away from context of poverty and disempowerment that precipitates many women’s decision to engage in sex work, away from the heterogeneity of sex worker’s working conditions and risk of HIV, and away from the ambiguous boundary between women who will and will not exchange sexual services for money or other material support. (Sacks, 1996, p. 32)

In addition, Sacks (1996) found that mothers are represented generally in light of the risk of infection they posed to their children. Sacks (1996) found that “women depicted as good mothers obsess about what will happen to their children, dwell on their role in transmitting the virus to their babies, and never think of themselves” (p. 33). With regard to self-control and self-discipline, Sacks (1996) observed a lack of sympathy for those with HIV/AIDS and an emphasis on women’s guilt. Prostitutes and pregnant mothers were depicted as unable to control their sexuality. Cline and McKenzie (1996) attribute this misrepresentation to an overemphasis of women and prostitutes in scientific literature concerning HIV/AIDS.

HIV/AIDS prevention strategies have a direct impact on how the target audience assesses the risk of contracting HIV as well as their response to HIV/AIDS. Media representation of HIV/AIDS influences individuals. Raheim (1996) posits, “Perceived risk of infection, knowledge of effective preventative measures and perceptions of responsibility for employing them, and attitudes towards infected persons” are influenced by media (p. 402). Treichler (1999) argues that women’s effective response to an epidemic “depends on the existence of identities for whom that epidemic is meaningful – and stories in which those identities are taken up and animated” (p. 235). Treichler (1999)
examined the impact the notoriously inaccurate article on HIV/AIDS transmission written by Dr. Robert Gould for *Cosmopolitan* in 1988. Gould (1988) asserted that a “healthy vagina” is enough protection against HIV/AIDS (p. 146). Gould (1988) provided two possible reasons for the rampant heterosexual transmission of HIV/AIDS in Central Africa. First, he asserted that homosexuality in African men is rampant but the practice is considered taboo and public health investigators do not recognize it because of a heterosexist ideology. The second reason relied on a racist ideological representation of animal-like sexuality of Africans in which “men in Africa take their women in a brutal way, so that some heterosexual activity regarded as normal by them would be closer to rape by our standards” (Gould, 1988, p. 146). Representation, Treichler posits, “significantly limits access not only to ‘data,’ in other words, but also to the subject positions, narratives, and identities that could make sense of information and act on it” (p. 235). An in-depth analysis of gender representation and stereotyping provides insight into the production of gender ideologies in HIV/AIDS messages and how these messages affect women’s efficacy to respond to HIV/AIDS. In the following section, I will review the key concepts of hegemony and ideology to explore the processes through which interpellation can function in communication messages and the implications of the different ways in which individuals are interpellated.

HEGEMONY AND IDEOLOGY OF SYMBOLS

My analysis will explore gender ideologies present in HIV/AIDS messages through the methodology of ideological critique. Although I will discuss this method in chapter two, ideology as a theoretical construct helps explain the nexus between
HIV/AIDS prevention and the social and communicative position of women. This analysis approaches gender as a social construct present in all social relationships, and as a site for the contestation of power (Scott, 1988). Johnson and Pearson (1998) observe that gender and power are not two separate entities of gender relations, instead, they note, “Gender is constitutive of power itself insofar as relations which may not always literally be about gender utilize the language of sexual difference to signify and legitimize power differentials” (p. 145). Gender is therefore capable of politicization through the systems of signification or symbols of any given society. A woman arrives at her place in society “not in any direct sense [by] a product of the things she does, but of the meaning her activities acquire through concrete social interaction” (Scott, 1988, p. 135). Women are socialized into a specific understanding of themselves and their relationships with others. Gender is therefore an institution in itself producing inequalities between women and men by producing ideas about what it means to be a man or a woman in a given society and by giving men the upper hand in these relations (Lorber, 1991). Scott’s (1988) definition of gender allows us to look beyond a “consideration of systems of institutionalized inequality between men and women” to examine the symbols of signification about gender (Johnson & Pearson, 1998, p. 145).

Ideology, as used here, refers to the “system of beliefs or ideas that determine the thinking and behavior of that culture” (Silverblatt et al., 1999, p. 5). Since my analysis is concerned with gender, the concept of ideology from Silverblatt et al. (1999) is operationalized to include a system of beliefs or ideas that determine the thinking and behavior of men and women in any given culture. According to Althusser (1971),
ideology preludes the individual. That is, human beings are not born with an inalienable understanding of ideology but are *interpellated* into already established modes of production and norms of society. For instance, women are not born with a special inclination to caretaker roles; they are socialized to take up these roles as they become social subjects. Althusser posits that ideology operates “in such a way that it ’recruits’ subjects among the individuals…or ‘transforms’ the individuals into subjects…by that very precise operation….called interpellation or hailing” (p. 174). To demonstrate the process of interpellation, Althusser (1971) uses the scenario of a policeman hailing “Hey you there!” The addressed individual, after recognizing and acknowledging that the hail was directed to him, turns toward the policeman and, consequently, becomes a subject. The individual is interpellated because “he has recognized that the hail was ‘really’ addressed to him,” and that “it was really him who was hailed” (p. 174). Had the individual *not* turned toward the policeman, he would not have been addressed or interpellated by the policeman. Charland (1987) argues that the individual acknowledges the hail based on his own understanding of it. This understanding constitutes the appeal of the hail as the “interpellated subject participates in the discourse that addresses him. Thus to be interpellated one has to be…in a position of discourse” (Charland, 1987, p. 138).

The position of discourse is acquired as an individual observes and learns the current order of things in society. Gilman (1988) posits that interpellation allows individuals to “speak the language of culture, to develop evaluative responses to social life as they assume socio-cultural identities” (p.28). Women are therefore taught to fit
into what already exists. In the case of property rights violations, a common charge is “that is how it has always been.” This charge connotes a specific ideology in which women born into cultures that do not recognize women’s property rights and are expected to accept and abide with this normality. Resistance or refusal to comply with the already established order must be understood within the constraints of the existing order. As Althusser (1971) posits, “Ideology has no outside” (p. 175), meaning that objections to the dominant order are already anticipated by the ideological order. In agreement with Althusser, Cloud (1996) posits, “Contradiction, rupture, and multivocality are taken by the hegemony theorist not as signs that a democratic compromise has been achieved, but that a few token voices are allowed to speak within the ‘permissible range of disagreement’” (p. 119). That is, voices which emerge in opposition to the dominant order are already expected and are of little effect to disrupt the current order.

In addition to the addressed subject, the Unique and Absolute Subject is critical to interpellation because it provides the centered characteristic of ideology. Individuals are subjected by and directed to reflect upon their subjection in reference to the Absolute Subject. Althusser (1971) posits:

The Absolute Subject occupies the unique place of the Center, and interpellates around it the infinity of individuals into subjects in a double mirror-connexion such that it subjects the subject to the Subject, while giving them in the Subject in which each subject can contemplate its own image (present and future) the guarantee that this really concerns them. (p. 180)
Christianity, according to Althusser, *interpellates* individuals by directing them to reflect upon their subjectivity to God, the Absolute Subject. In the case of HIV/AIDS, the absolute subject is assumed to be health. In analyzing their own experience with the disease, the individual reflects upon his or her own fate as a healthy or a sick individual. This “mirror-structure” of ideology, according to Althusser (1971), ensures that ideology achieves four functions:

1. The interpellation of ‘individuals’ as subjects; 2. Their subjection to the Subject; 3. The mutual recognition of subjects and Subject, the subjects’ recognition of each other, and finally the subject’s recognition of himself; 4. The absolute guarantee that everything really is so, and that on the condition that the subjects recognize what they are and behave accordingly, everything will be all right. (Althusser, 1971, p. 180-181).

In HIV/AIDS messages, interpellation of the individuals occurs as they are transformed into subjects through their positions within the rhetoric of proper or improper behavior. The subject is then subjected to the Absolute Subject of health by reflecting upon his fate as a healthy or unhealthy subject. The subjects recognize each through sexual or martial relationships. The guarantee that the threat of HIV/IADS is real is accomplished as the subjects recognize the rewards and punishments of proper or improper behavior.

Ideology can be observed in action in “practices and rituals of ideological recognition ... inscribed in material institutions” (Resch, 1992, p. 210). These material
institutions include religion, education, and mass media. Kellner (1995) argues, however, that ideology should be expanded to include “discourses and figures, concepts and images, theoretical positions and symbolic forms” (p. 59). This expansion allows for the realm that concerns this study as an “exploration of how images, figures, narratives, and symbolic forms constitute part of the ideological representations of gender, sexuality, race and class in film and popular culture” (Kellner, 1995, p. 59). Moreover, discourse and symbols operate in concert with material conditions to become mutually reinforcing. An attempt to explore the gender ideology of a text precedes the recognition that our subjectivity to ideology through interpellation is not gender neutral and that “we each experience life as a particular ‘gendered subject’” (Real, 1996, p. 171). This perspective acknowledges that humans, by virtue of their gender, are interpellated to respond to the dominant ideology of society in different ways. Mouffe (1979) posits that the ruling class in society gains consent over other classes from already interpellated subjects. This process of gaining consent by the ruling class and the subordinated classes is explored in Gramsci’s works on hegemony.

HEGEMONIC MEDIA MESSAGES

Gramsci (1971) posits that the subordination of certain groups in society is the product of a negotiation of subordinate groups and individuals with the dominant groups. Through the concept of hegemony, Gramsci posits that the media are sites for struggle over dominant ideology, sites in which meanings are contested as individuals interact with the present ideological order. To understand how the process of negotiation occurs between women and men in Kenya, for instance, we can look to the media to examine
how attitudes subordinating men to women are contested. Mouffe (1979) posits that the objective of this struggle is to not:

- to reject the system and all its elements but to rearticulate it, to break it down to its basic elements and then to sift through past conceptions to see which ones with some change of content can serve to express the new situation. (p. 193)

By exposing hegemonic attitudes, this analysis seeks to provide a microscopic examination of the elements HIV/AIDS communication and the extent to which the attitudes presented add to or limit the effectiveness of HIV/AIDS communication.

For one class to gain economic or ideological dominance over another it must gain the consent of the subordinate group. Generally, consent is gained peacefully, but, in times of crisis, force is a viable option by which to achieve domination. Gramsci (1957) posits that the dominated class accepts its fate because the dominant group is able to “present itself as the group best equipped to fulfill the interests and goals of other classes and as a result for society as a whole” (p. 89). Individuals can escape their domination by developing counter-hegemonic ideologies if they can recognize their subordination, make a choice to react, and have the ability to challenge it. The dominant class is usually able to maintain its position, though, because of the competitive advantage provided by their economic, political and intellectual domination over the rest of society (Gramsci, 1971; Mouffe, 1979). This is evident in the case of Kenya where women remain handicapped politically, economically and socially.
Gramsci (1971) posits that hegemonic ideas are institutionalized in “civil society.” He defines civil society to include religion, education, government, and mass media. The operation of hegemony is not explicit or obvious in civil society; it appears natural or normal and “involves us as subjects in the most ‘spontaneous,’ unnoticed, ‘natural,’ and ‘obvious’ areas of our experience” (Mercer, 1979, p. 22). Hegemonic media messages therefore function to camouflage the domination of one group over another. This working is demonstrated in the work of Cloud (1996) on Oprah biographies and the maintenance of hegemony over African-American minorities in the United States.

Cloud (1996) examined how biographies of talk-show sensation Oprah Winfrey, “serve the hegemony of liberal individualism” (p. 117). Cloud argues that this function can be observed in Oprah biographies’ “invention of the classical liberal self who is the hero of the story, which is presented as ‘true’” (p.119). She argues that the “editing, selection of narratives, framing, [and] chapter organization” in these biographies are “rhetorical choices” made by the biographer (Cloud, 1996, 120). Cloud posits that Oprah biographies use tokenism, a rhetorical strategy that “glorifies the exception in order to obscure the rules of the game of success in capitalist society” (p.122). Oprah biographies therefore single out the differences between Oprah and other members of the African American demographic, presenting her as evidence that discriminatory practices against blacks are ridiculous. Kellner (1995) observes that ideology “assumes that ‘I’ am the norm, that everyone is like me, that anything different or other is not normal” (p. 61). Tokenism takes this assumption a step further by celebrating the few exceptions, either real or manufactured, with the intent of maintaining the prevailing hegemony.
Hegemonic media messages are located in the processes that precede the reception of a media product. These processes, Real (1996) posits, are the epistemological sources which produce dominant ideas of a society including those that concern gender and class.

Based on theories of ideology and analyses of gender representation in Kenya, several assumptions guide my analysis of gender ideologies in HIV/AIDS messages. First, “images of women and men are intimately connected to their relationship with each other and with the social power differentials embedded in that relationship” (Lindgren, Rankin & Rankin, 2005, p. 77). A comprehensive analysis of the dominant gender ideologies in HIV/AIDS communication is possible, then, through an examination of materials that feature both men and women. Second, it is assumed that gender accounts for fundamental differences in the way men and women experience the world. The subject of ideology is therefore a “gendered subject” (Real, 1996). Third, ideology is produced and can be contested at the level of symbols and, especially, symbols of gender (Johnson & Pearson, 1998).

RESEARCH QUESTIONS

My investigation of hegemonic gender ideologies is guided by four research questions. Althusser (1971) posits that a concrete individual becomes a concrete subject because he or she has “recognized that the hail was ‘really’ addressed to him,” and that “it was really him who was hailed” and not someone else (p. 174). The first research question examines the process through which women are “transformed” into subjects in HIV/AIDS messages. In particular, this question research question asks, “Which artistic
elements are used to enable women to imagine themselves as participants in the rhetorical act?"

If women are subjected through interpellation, we must further examine, “To what they are made subject?” Callinicos (1976) posits, “To conceive of a subject is to conceive of whatever they are a subject of” (p. 65). The second research question, therefore, asks whether the messages offered are hegemonic or counter-hegemonic to the dominant gender ideology. The second part of the second research question examines the position of women in the messages, and how this position compares to their position in the dominant gender ideology.

Althusser (1971) posits that ideology operates in a mirror-structure, which “ensures simultaneously … the absolute guarantee that everything really is so, and that on the condition that the subjects recognize what they are and behave accordingly, everything will be all right” (p. 180-181). Kellner (1995) argues that ideology operates by divisions, which constitute a “binary of oppositions” (p. 61). Ideology, therefore, “constructs divisions between ‘proper’ and ‘improper’ behavior, while constructing a hierarchy within each of these domains which justifies the domination of one gender, race and class over others by virtue of its alleged superiority, or the natural order of things” (p. 61). For example, passivity and submission are often associated with the private realm such as the home while rationality and activity are associated with the public realm such as politics. This association is used to justify male domination of the public while women are limited to the private (Kellner, 1995). The third research question, therefore, examines the binary of oppositions of the punishment/reward system of HIV/AIDS
presented in the messages. The third question examines ideal behavior through the binary
of oppositions of the punishment/reward system of HIV/AIDS presented in the messages.
Similarly, the fourth question seeks to examine how the binary of oppositions in the
punishment/reward system may differ by gender.

SIGNIFICANCE OF THE STUDY

This study hopes to inform future interventions for women and might serve to
explain why current HIV/AIDS prevention campaigns have a limited impact on
controlling the spread of the epidemic, among women. Gender ideologies influence how
women think of themselves in society and, consequently, their efficacy, the ability to
respond to a variety of situations based on this self-understanding. Examining this
relationship in HIV/AIDS messages can provide insight into interventions that seek to
contest gender ideologies that limit women’s ability to respond well to HIV/AIDS.
Health communication materials that seek to add to women’s efficacy by contesting
hegemonic gender ideologies will help ameliorate the disproportionate effects of
HIV/AIDS on women in Africa.
CHAPTER TWO

THE METHODOLOGICAL APPROACH: TEXTUAL ANALYSIS AND
IDEOLOGICAL CRITIQUE IN RHETORICAL CRITICISM

This chapter will describe the ideological criticism approach used in this study to illuminate the way in which women are imagined as subjects of gender ideology in HIV/AIDS messages. The texts under analysis are HIV/AIDS posters obtained from the John Hopkins Center for Communications Programs (CCP) and from various public spaces in Kenya. Posters were chosen for analysis because they invoke a wide range of elements in the persuasive endeavor. The collaborative use of textual and visual elements provides an opportune site for the exploration of the use of language and symbols in the struggle over meaning. Materials from CCP are submitted from the country of origin after their production for local audiences. Thus, it can be assumed that the intended audience for these materials has been exposed to them. The posters are produced by a range of institutions including government run-institutions (e.g., Kenya Ministry of Health and the Kenya National AIDS Control Programme (NASCOP)), local non-governmental organizations (e.g., Jisimamie), international non-governmental organizations (e.g., Belgian Administration for Development Co-operation, CARE) and universities such as the John Hopkins University’s Population Communication Service. The CCP has collected fifty posters; twenty-four feature both men and women. Of these twenty-four, the earliest poster obtained is from 1989 and the most recent is from 2004. Because “images of women and men are intimately connected to their relationship with each other and with the social power differentials embedded in that relationship” (Lindgren, Rankin
& Rankin, 2005, p. 77), only materials which feature both men and woman will be analyzed to show the fullest workings of gender ideology within the text.

**Close Textual Analysis**

Rhetorical criticism “invokes the description, analysis, interpretation, and evaluation of persuasive uses of language” (Campbell & Burkholder, 1997, p. 15). This analysis seeks to offer a descriptive and interpretive analysis of gender ideology in HIV/AIDS messages and to relate the relevance of the results of the analysis to the broader experience of HIV/AIDS in Kenya. Rhetorical criticism seeks to enhance the “understanding of how humans use symbols to influence one another. Such criticism improves the quality of persuasive discourse in society tests and modifies both the theories of rhetoric and the critical systems derived from them” (p. 15). This analysis then seeks to contribute to an enhanced quality of persuasive HIV/AIDS discourse, particularly as it relates to disproportionately affected groups such as women.

Kellner (1995) posits that a critique of hegemonic ideologies in a text “requires showing how certain positions in media cultural texts reproduce existing political ideologies in current political struggles” (p. 59). These political struggles include gender. This approach enables the exploration of the reproduction over existing gender ideologies fundamental to current struggles of gender relations in Kenya. Ideological critique further “assumes that society is a great field of struggle and that the heterogeneous struggles are played out the screens and texts of media culture” (Real, 1996, p.61). HIV/AIDS messages are opportune sites for examining the struggle over multiple meanings concerning women in the HIV/AIDS experience in Kenya because of the intimate
connection of HIV/AIDS, sexuality and women in Kenya. Posters are highly visual media products which have the potential to capture multiple symbols through their use of text, visual symbols, and artistic elements to convey a message. This analysis therefore borrows from the ideals of close textual criticism to focus on “style and language (symbols); to motives understood as meanings and to links between motives, meanings and ideology or view of the world; and to structure as form with an appeal all its own” (Campbell & Burkholder, 1997, p. 92).

Close textual analysis is also referred to as descriptive analysis. Close textual analysis allows critics “to discover what characteristics, if any, make a discourse or group of discourses distinctive” (Campbell & Burkholder, 1997, p. 19). This analysis is concerned with discovering what characteristics make the select HIV/AIDS messages distinctive in relation to their representation of gender. According to Campbell (1997), close textual analysis seeks to answer two essential questions: (1) What is the apparent purpose of the discourse, or what aim or goal does the rhetor seem to seek?; and (2) How does the discourse work to achieve that purpose, or what strategies does the rhetor employ to achieve the goal? (p. 20). Close textual analysis according to Campbell & Burkholder, (1997) should be “intrinsic; critics should make descriptive statements solely on the basis of the content of the discourse itself” (p. 19). The critic will describe the text and accompanying visual illustration or photograph to determine the intended message. In addition, this analysis seeks to examine how the creators of the message attempt to ensure that the audience receives the intended purpose by assessing the strategic purpose of the text and visual illustration present in the message.
Close textual analysis has been favored in the analysis of detailed texts because it yields strong detail and allows the critic to examine the strategic purpose of this detail to ascertain the rhetor’s persuasive purpose (Browne, 1990; Slagell 1991). Slagell used close textual analysis to examine Abraham Lincoln’s second inaugural address. Slagell uses this approach because it allows her to relate her analysis to the historical setting of the speech. Furthermore, Slagell argues that close textual analysis allows the critic to give equal attention to the “the inner workings of the text (syntax, diction, imagery, cadence, figures, and words, as well as ideas and their development) and the audience and situation Lincoln faced on March, 4, 1865” (p.155-156). This analysis will examine the inner workings of the HIV/AIDS message and its intended audience in Kenya. Browne (1990) used close textual analysis to examine Edmund Burke’s Letter to William Elliot. Browne concludes that close textual analysis allows the critic to approach the text as a continuously unfolding experience because, “no particular moment in the text can be understood independent of preceding and succeeding developments” (p.62). Browne achieves a comprehensive reading by resisting the “familiar tendency to identify a genre and search for the dictated pattern” (p. 62). This analysis will examine the different artistic elements of the HIV/AIDS message in light of the argument they construct.

Rhetorical criticism approaches using close textual analysis have been shown to support a broad approach to the analysis of texts to involve “images, symbols, myths, and narrative, as well as propositions and systems of belief” (Kellner, 1995, p. 59). Thick description of each unit of analysis is necessary to show how symbols are used to interpellate women within or against the dominant gender order. Such thick descriptions
can be achieved through close textual analysis “focusing on key words, metaphors, themes narratives, (or) images” in the text (Condit, 1994, p. 211). These descriptions are pursued primarily because they illuminate the use of symbols in human experience to “order sensations and assign them meaning so they become identifiable experiences and perceptions that can be remembered” (Campbell & Burkholder, 1997, p.9). Close textual analysis can reveal how symbols are used to signify human experiences and the process by which they gain significance through repetition within the text. Because these posters seek to persuade, they are, therefore, approached as rhetorical acts that explicitly enlist value-laden symbols with the intent to influence the audience to adopt certain behaviors.

_Ideological Criticism and the Hegemonic Stance_

Dominant ideological critique has been used to examine issues in women’s reproductive health such as In Vitro Fertilization (Steinberg, 1990), infertility (Franklin, 1990) and reproductive technologies policies (Hames, 1990). These studies, Condit (1994) argues, have followed “classic model of dominant ideology critique” (p. 213). The application of this methodology, Condit claims, has yielded conclusions which create an oppositional dichotomy between “an all-powerful medical elite” and a dominated class of “powerless women” (p. 213). Stone (1991) offers an alternative critical approach which “focuses on women as social actors, constructing their lives in response to a range of opportunities and restraints” in the text (p. 313). Stone’s proposition is rooted in the incorporation of culture as a dynamic component of ideological critique. A rhetorical-cultural analysis, according to Scott (2003), is “grounded in and tested against a systematic examination of texts and their rhetorical situations” (p. 26). Scott suggests that
the critic should analyze the “the interrelations among the parts of specific rhetorical situations – including the writer, audience, place, social relationships, and material constraints” (p. 26). Such an analysis, however, should also be able to relate the findings to the bigger picture and “account for the broader conditions, transformations, and effects of texts” (p. 26). The impact of HIV/AIDS messages on women’s efficacy is a key concern in this analysis. To explore the probable impact of these messages on efficacy, we need to consider both effectual evaluative criterion (as was done in chapter 1) and apply an “ethical criterion (which) involves assessing the social implications and the long term effects of persuasive discourse” beyond its immediate effects (Campbell & Burkholder, 1997, p. 119). To make an ethical judgment, the critic must examine the “values and the image of human beings and of society that are upheld as ideal” in the text (p.119). This analysis examines the way that ideal behavior is portrayed by gender. To explore the ethics of a text, the implicit and explicit values, images and ideal behavior must be examined. Artistic criticism complements this objective by allowing the critic to examine how the text employs the “strategic use of the available resources in appeal, argument, and language in order to achieve its ends” (Campbell & Burkholder, 1997, p. 123). This analysis will, therefore, explore how metaphors, symbols and language choices are used in these posters to appeal to the audience.

This study adopts a twofold approach to theory and methodology bringing together Althusser’s notion of dominant ideology with Gramsci’s hegemony thesis. Condit (1994) argues that these two approaches offer distinct roles for the rhetorical critic. Condit claims a critic who follows the dominant ideology tradition seeks to
“locate, describe, and delegitimate the voice of a singular domineering elite” (p.215).

From this perspective, the critic will be led to see “two-sided oppositional stances.” A hegemonic stance, Condit argues, seeks to “describe the plurivocal nature of public discourse and to account for the rise to dominance of particular public vocabularies by exploring how the texts articulate to the interests of multiple groups” (p. 215). Condit prescribes “a quantitative tally of various themes, perspectives, and agents represented in the public discourse” (216). The quantitative data is followed by an examination of “the interaction between the themes voiced in the text and the social placement of interests of the agents who articulate various perspectives” (p. 216). Themes, perspectives and agents related to the HIV/AIDS experience in Kenya are established through an analysis of the range of factors which make women more susceptible to HIV infection. The discussion of gender ideology in Kenya reveals that men, prostitutes, school girls and older women are critical social agents whose interests are often contested through the use of language and social symbols. In addition to the quantitative data, Condit suggests “an assessment of the way in which the rhetorical strategies employed by some groups of agents articulate with the interests of other groups to produce relative dominance of specific perspectives” (p. 216). This analysis seeks to achieve this goal by posing a series of questions which illuminate the artistic strategies used to interpellate women into certain positions within the gender ideology.

PROCEDURE TO ANALYSIS OF POSTERS

To determine the hegemonic impulses of media messages, Real (1996) posits that the critic can approach the text under analysis with several questions to determine
whether “certain meanings and ideologies are favored” in the text and whether the “the patterns of representation in a set of cultural products (are) biased or distorted as a whole” (p. 150). Four research questions guide this analysis, and they will be answered following a four step process. The first step will involve a basic reading of the text. The second step will involve thick description in “terms that permit identification of the means by which (the text) works to influence” (Campbell & Burkholder, p. 15). The third step will involve the enumeration of key words, metaphors, myths, narratives and images. The final step will involve an analysis of how the basic reading, thick description and artistic elements work together to answer the research questions.

The first research question examines the process through which women are “transformed” into subjects in HIV/AIDS messages. To answer this question, the posters will be analyzed to examine the strategies used in the HIV/AIDS messages to ensure that women know that the message and accompanying prescribed action are intended for them. In particular, this question research question asks, “Which artistic elements are used to enable women to imagine themselves as participants in the rhetorical act?”

The second research question determines whether the messages offered are hegemonic or counter-hegemonic to the dominant gender ideology. Two questions will be therefore asked of the posters: a) what is the intended message for women in the HIV message; and, b) what is the argument presented in the HIV message? The second part of the second research question examines the position of women in the messages and how this position compares to their position in the dominant gender ideology. To determine the relationship between the messages and the dominant gender ideology, two sub-
questions will be posed: a) how does the message reinforce the dominant gender ideology; or b) how does the message contest the dominant gender ideology?

The third question examines ideal behavior through the binary of oppositions of the punishment/reward system of HIV/AIDS presented in the messages. The binary of oppositions are explored by answering two questions: a) what is presented as proper and improper behavior in the HIV message; and, b) what are the rewards and punishments presented?

The fourth question seeks to examine how the binary of oppositions in the punishment/reward system may differ by gender. Two questions are therefore posed: a) how does proper and improper behavior for women compare to proper and improper behavior for men; and b) how do the rewards and punishments differ by gender?
CHAPTER THREE

A CLOSE TEXTUAL READING OF HIV/AIDS MESSAGES

This chapter presents the results of a close textual analysis conducted for each poster to answer the four research questions of this analysis. The first research question examined the strategies through which women were “transformed” into subjects in HIV/AIDS messages by focusing on the artistic elements used in the messages to ensure that women knew that the message and accompanying prescribed action were intended for them. The second research question determined whether the messages offered were hegemonic or counter hegemonic to the dominant gender ideology by identifying the intended message and examining the argument advanced within the message. The third question examined the ideal behavior through the binary of oppositions of the punishment/reward system of HIV/AIDS presented in the messages. The fourth and final question examined how the binary of oppositions in the punishment/reward system of HIV/AIDS differed by gender. In the following section, I will discuss the results my close textual reading of the posters in relation to the four research questions.

The visual narrative used in Figure 10 was produced in 1992 by Family Planning Private Sector Programme (FPPS). Figure 10 encourages the audience to use condoms because AIDS is a killer disease. The poster includes two phrases, one in English (AIDS Kills Use Condoms) and the other in Swahili (Tumia Mpira, Ukimwi Huua). To reinforce the condom use rhetoric, the message features a couple leaving a building known as the ‘secret lovers club’. The name of the building suggests that the couple’s business in this building is both secret and sexual. This is suggested by the use of the term ‘lover’ as well
as by the presence of a love heart symbol above the name of the building. The couple has either been engaging in extramarital or promiscuous sexual behavior. The message uses a strong visual narrative to tell the audience what happens when individuals are involved in improper sexual conduct without condoms. The couple experiences a slow deterioration in health which ends in death. The deterioration health is captured in three successive stages by six figures of each sexual partner. In the first stage, the couple appears healthy although a slight loss in weight is observed as the male subject loses his gut and the female subject appears smaller in the frame. The second stage involves significant weight loss as the clothes on both subjects become loose and fall off their bodies. The final stage shows extreme weight loss as the subjects evolve into standing skeletons. The final destination for the subjects is death; this is marked by the presence of crosses protruding out of the earth to mark the grave site of the two subjects.

The narrative centers on the health of the subjects as a direct consequence of their sexual behavior and decision to not use condoms. The use of the Absolute Subject of health serves to interpellate the female subject by inviting her to reflect upon the status of her health in relation to the prescribed action to use condoms. The reality of deterioration in health is emphasized through the use of a visual narrative which begins with a healthy sexual being and ends with the deceased. The use of the Absolute Subject of health as a strategy of interpellation is collaborated by the use of a fear appeal that emphasizes the value of life over the fear of death. The fear appeal in Figure 10 is actualized through the use of horrific facial expressions of the subjects, such as popping eyes and death markers such as the gravesite.
Condom use in Figure 10 is presented as a form of prevention from. The message also condemns irresponsible sexual behavior by developing a causal relationship between the point of origin for the couple’s fate (secret lovers club) and their final destination (death). The argument presented in the message is that condom use prevents death from AIDS. AIDS in the message is spread from engaging in unprotected sex with several secret lovers. AIDS is the definite end result for promiscuity, and contracting AIDS will lead to the linear and inevitable path of health deterioration, which will conclude in death.

The message contests the dominant gender ideology by attributing equal blame for HIV transmission to both male and female sexual partners. As shown in Figure 10, the male and female subjects are presented as proportionate victims of their irresponsible sexual behavior. This observation is counter to the findings of previous studies on gender ideology in HIV/AIDS messages, which assigns blame to women for transmission of HIV/AIDS (Myrick, 1999).

The visual narrative in Figure 10 suggests that individuals who choose to engage in unprotected sex with multiple sexual partners will be infected by AIDS, experience deterioration in health, and ultimately die. Condom use as the prescribed action in Figure 10 will protect the subject from AIDS infection, deterioration in health and death. The rewards for proper behavior are an AIDS-free life, good health and escape from death caused by AIDS. Figure 10 portrays for men and women, similar rewards and repercussions for proper behavior and improper behavior respectively.

Figure 11 features a nuclear family comprising a father, mother and child. The poster was produced in 1992 by the Kenya Ministry of Health. The couple and their child
embrace lovingly with arms around each other and their child. The message advocates for faithfulness among married couples. This is determined by the use of the phrase “Stay faithful to your spouses.” The use of the term “spouses,” suggests that the male and female subjects are in a marital union. As shown in Figure 11, the presence of a lamp, plant and sofa indicate that the family is in the comfort of a living room. The smiles on the couples’ faces suggest that they enjoy a happy relationship. The female subject appears within the faithfulness rhetoric as a wife and mother, and she, is interpellated to remain faithful to her husband. Faithfulness is presented in the message as a preventive measure against AIDS. AIDS can be prevented if spouses remain faithful to each other. The assumption here is that the only way that AIDS can enter the marriage relationship is if one or both of the spouses are unfaithful. The message in Figure 11a reinforces the dominant gender ideology by resorting to the presence of a child as a validation of the marriage, while the use of the word “spouses” would have been sufficient to validate the marriage. The message in Figure 11 contests the dominant gender ideology by using the plural noun spouses, instead of spouse. This suggests that both men and women can be unfaithful. The dominant gender ideology ascribes blame to women for AIDS transmission without considering how male promiscuity influences female vulnerability. By illuminating the possibility of female promiscuity, the message redefines risk assessment to include both men and women.

By being faithful, the couple can reap the benefits of a happy relationship shown by their happy facial expressions. The happy relationship portrayed would come to an end if the couple did not remain faithful. Infection from AIDS would not be a pleasant
experience. Faithfulness as a desirable behavior is encouraged for both men and women, and its accompanying rewards of a happy relationship can be enjoyed by both without discrimination.

Figure 12 was produced in 1992 by the Kenya Ministry of Health. The poster features a man in a suit and a woman in a dress shaking hands. The two are engaging in what the message calls “normal social contact.” The message in the poster reads: “You do not get AIDS through normal social contact.” The context of the interaction between the man and the woman cannot be determined because the two only appear before a plain blue and yellow background. The woman is interpellated into a social being as she interacts with the man. The message seeks to persuade individuals that AIDS cannot be transmitted by engaging in normal social contact such as shaking hands. The message neither contests nor reinforces the dominant gender ideology.

As examination of the binary of opposition of the punishment/reward system of HIV/AIDS in Figure 12 reveals that the message is ambiguous in its prescription of behavior change. The phrase “normal social contact” is problematic because it only qualifies one behavior (shaking hands) without informing the audience what makes it “proper.” Without an explanation of why hand shaking is okay, the audience is left without any knowledge with which to evaluate the appropriateness of other forms of social contact. The use of the phrase “normal social contact” suggests the existent of social contact gestures which would be considered “abnormal.” The message suggests that the man and woman will not become infected by AIDS if they engage in “normal
social contact” but they can be punished by infection from AIDS if they engage in “abnormal” social contact.

Engaging in “careless sex” is like eating fruit with a worm in it (see Figure 13). The poster was produced in 1993 by the Kenya Ministry of Health and the National AIDS/STD Control Programme. The two young adults are shown in black and white striped school uniforms, each biting into an apple with a worm sticking out. They look at each through heart shaped eyeglasses, which suggests that the two are passionately in love. A text follows below with the warning that “Careless sex is a fruit with a worm in it: AIDS.” The word AIDS is created from the body of a double-headed, red serpent with its tongue sticking out. Engaging in careless sex, the young adults are warned, has only one result: infection by AIDS. The female subject can actively participate in the rhetoric by not engaging in “careless sex.” The argument presented in the message is that engaging in “careless sex” indefinitely leads to AIDS infection. This assertion assumes that AIDS is the only outcome of indulging in “careless sex.”

The rhetoric shown in Figure 13 resembles the biblical narrative of Adam and Eve who, after being tested by the evil serpent, eat the forbidden fruit and fall short of God’s favor. While the biblical narrative pinpoints Eve as the one who gives in to the temptation, the message shown in Figure 13 departs from individual blame to contest the dominant gender ideology by portraying both male and female subjects as conscious and equal in sexual matters. The two look into each other’s eyes and each holds a rotten apple, instead of the one rotten apple, passed from Eve to Adam in the biblical narrative. Interpellation occurs as the female subject is redefined from a position of blame and guilt.
in familiar religious narrative to an equal sexual partner, and, through the use of Absolute Subject of health suggested by the use of rotten apples which when consumed will cause one to be sick.

Proper behavior for both men and women would be to choose not to engage “careless” sexual behavior. Even though careless sex is presented as improper behavior, the meaning of the term “careless” is ambiguous, and the audience is left alone to determine the meaning of the term. The reward for engaging in sexual behavior which is not “careless” would be to enjoy good health. The metaphorical representation of careless sex (eating rotten fruit) leads to health problems, and engaging in careless sex will lead to health problems that arise from infection by AIDS.

Figure 14 was produced by the Family Planning Private Sector Programme (FPPS); the year of publication is unknown. Figure 14 advocates for condom use as a shelter from AIDS. A couple is represented inside a giant male condom against a black background with the words AIDS in crumbling letters. The man stretches his arm over the woman’s shoulder. Smiles can be seen on their faces. The visual representation is accompanied by the phrase, “Protect yourself from Sexually Transmitted Diseases Use a condom.” The Swahili translation, “Jikinge kutokana na Magonjwa ya zinaa tumia mpira,” is also included. To participate in this rhetoric, the female subject should use condoms to protect herself form AIDS and other sexually transmitted diseases (STD).

The message argues that condom use is an effective measure for prevention of AIDS and STDs. The message reinforces the dominant gender ideology because it portrays the male subject as the initiator of physical contact. The presence of the couple
inside a condom suggests that the two are sexual partners. The male-initiated physical contact within this context reinforces the idea that male sexual assertiveness takes precedence over passive female sexual desire. The message contests the dominant gender ideology, however, by portraying both male and female as jointly responsible for the prevention of the spread of AIDS and STDs. We know this by the fact that there is a gender-neutral message (“Protect yourself from Sexually Transmitted Diseases Use a condom”) and because the couple appears together in the shelter of the condom. By using condoms, the male and female subjects can enjoy life free of AIDS and STDs. Condom use is advocated as proper behavior for both men and women. Choosing not to use condoms is equally detrimental to the health of both men and women. Thus, punishment and rewards are equally given.

Figure 15 was produced in 1989 by the Kenya Ministry of Health, Kenya National AIDS Control Programme, and CARE Kenya. Figure 15 features a male and female subject in an alley of a street after dark. The male subject appears in a yellow suit and is seen approaching the female subject. The female subject is turned toward the audience and away from the man. Her face appears as a skeleton to the audience. She appears in a short red dress with a blue belt, red high heels, red hat and a blue purse. She is half-skeleton, from the head to the waist and half human, from the waist down. The visual representation is accompanied by two phrases: “What you see is not what you get” appears in orange; the second phrase, “AIDS KILLS,” appears in red.

The red dress attire of the female subject is a deliberate strategy to characterize her as a danger to the man; she represents the face of AIDS. The poster appears from a
male point of view and is directed to him. He is the one attempting to look at the woman, hence the warning, “What you see is not what you get.” The male subject is encouraged to avoid females such as the one pictured because they are likely to infect them with AIDS, but no direct action is encouraged for the female subject. The woman is seen as a direct threat to the man from her skeleton face. The female subject is a threat to the male subject; she is a vector for AIDS. Male subjects, on the other hand, are not seen as transmitters of AIDS because the message characterizes the female subject as the face of AIDS, while the man is portrayed in good health as a normal human being. The message reinforces the dominant gender ideology by placing blame for transmission solely on women and erasing the possibility of male to female transmission.

Proper behavior in the HIV message would be for men to stay away from prostitutes. Improper behavior would be to choose to make contact with women of the kind portrayed in Figure 15. By making the choice not to have contact with women, the male subject avoids death from AIDS. Death from AIDS is a repercussion for improper behavior. Figure 15 does not suggest any proper behavior for the female subject; she appears solely as a threat. Men on the other hand, should avoid contact with women. The rewards for proper behavior differ by gender because the male subject is interpellated into a position of victim and he can avoid death by AIDS if he stays away from the female subject. The female subject represents the face of AIDS. According to the rhetoric in Figure 15, the female subject will die from AIDS; after all she is AIDS incarnate. Death, however, is a definite end for both men and women who are infected by AIDS.
Figure 16 was produced in 1996 by the Kenya AIDS NGOs Consortium, Program for Appropriate Technology in Health (PATH), Family Health International (FHI), AIDS Control and Prevention Project (AIDSCAP), USAID. The message in Figure 16 is that couples should use condoms because choosing to do so shows that you care. The poster features a young couple pictured close together. They smile and look into each other eyes. The man stretches his hand over the woman’s shoulder and the two are seen sharing a common thought: condom use. The visual representation is accompanied by the phrase, “Using a condom means that you really care.”

The female subject in Figure 16 appears as a sexual partner and is interpellated to use condoms as a caring gesture. The message reinforces the dominant gender ideology by subverting female sexuality because it portrays the male sexual partner as the initiator of physical contact. The man is shown with his arm around the woman, while the woman looks back without reciprocating the contact. By portraying the woman and man as equally interested in condom use, the message makes an attempt to contest the idea that only sexually immoral individuals think of or use condoms. Condom use is encouraged as proper behavior in the message, but no rewards or repercussions are associated with this behavior. Consequently, no gender differences can be observed with reference to the binary of oppositions in the punishment/reward system of HIV/AIDS.

Figure 17 was produced in 1996 by the Program for Appropriate Technology in Health (PATH), Family Health International (FHI), USAID, and NGO AIDS Consortium. The message in Figure 17 is designed around a nuclear family consisting of a mother, father, son, and daughter. The male subject is the central figure in the visual
representation. His wife and children around him are seen stretching their hands to touch him. The visual is accompanied by two separate statements: “Your wife and children need you” and “Protect your family, use a condom every time you have sex.” The poster is designed to speak only to the man because his “wife and children need” him. He is cautioned against the choice not to use condoms because he will not be protecting his family. There is no mention of AIDS in Figure 17, but, from the prescribed action (condom use), we can assume that the man should protect his family from sexually transmitted diseases, including AIDS. By directing the prescribed behavior to the male subject as a form of protection for his family the message suggests that the man is exposed to another world outside of the marriage which might threaten his family in some way. This world is marked by sexual contact, since he is interpellated to use condoms in this world. The woman is not asked to take any precaution in the event of the man’s extramarital sexual relations.

The man is capable of protecting his family if he uses condoms and, by convincing him to use condoms, the rest of his family will be safe. The message reinforces the dominant gender ideology because it fails to condemn extramarital relations for men. The message portrays male unfaithfulness (access to the world of sex outside marriage) as a socially acceptable norm, leaving women with little choice but to hope that men will make the right choice and use condoms while they have sex outside the marriage.

Condom use is presented as proper behavior for men while women are expected to remain faithful in marriage. Improper behavior would be to choose not to use
condoms. The rewards for condom use would be that the man can continue to provide for his family since “his family needs him.” If condom use is not practiced, the man will expose his family to (AIDS) and his family will lose the support that he provides as a father and husband.

Within the binary of oppositions in the punishment/reward system of HIV/AIDS, condom use is presented as proper behavior for men not for women. This is made clear by the fact that the message only addresses the man and charges him with the prescribed action to use condoms. The message suggests that it is wrong for men not to use condoms while they engage in extramarital relations. The woman is not expected to be out there or to insist on condom use.

The rewards for proper behavior differ because women are rewarded with the support of the man at home while the man is able to continue performing his role in the family. Infection from sexually transmitted diseases constitutes the punishment for women even though the rhetoric described from Figure 17 constructs them as victims of socially acceptable male behavior. Should the man choose not to use condoms he will fail in his role as a father and husband but the wife may die.

Figure 18 was produced in 1997 by the Kenya Ministry of Health, Jisimamie, Belgian Administration for Development Co-operation (BADC), and NASCOP. “Jisimamie” is the Swahili translation for “stand up for yourself.” It is used in Figure 18 to complement the phrase “Stand up against HIV/AIDS.” Figure 18 features a male and a female subject each holding a condom. A second phrase appears below the two: “Always use a condom each time, every time.” The message is encouraging consistent condom use
as a way of “standing up” against HIV/AIDS. The question mark expression on the man’s face suggests that he is uncertain of the condom use rhetoric. The happy expression on the woman’s face suggests that she has bought into the condom use rhetoric.

The woman shown in Figure 18 is presented as a sexual partner. She should use condoms consistently (each time, every time) in order to “stand against HIV/AIDS.” The message argues that consistent condom use is good behavior because one is able to stand up against HIV and AIDS. The man is shown with a pessimistic face, while the woman smiles enthusiastically at the condom use rhetoric. The woman is interpellated to insist on using condoms even when the man is hesitant. By portraying the female subject in shameless possession of a condom, the message acknowledges female sexuality. In this way, the message contests the dominant gender ideology.

No direct rewards or repercussions are associated with condom use, but using condoms means that the sexual partners are acting on their efficacy or ability to “stand up against HIV/AIDS.” While condom use is encouraged as proper behavior for both men and women, the facial expressions indicate that the man is hesitant to accept this rhetoric, while the woman is eager to use condoms. Figure 18 does not mention any rewards for proper behavior or repercussions for improper behavior.

Figure 19 was produced in 1997 by the Kenya Ministry of Health, Jisimamie, Belgian Administration for Development Co-operation (BADC), and NASCOP. Condom use is encouraged even for women engaged in transactional sex (see Figure 19). A couple is shown against a blue background, sitting on a bed, facing each other. The woman has a
determined look on her face as she holds a condom in one hand and her purse in the other. The man has a look of surprise on his face as he dishes out a stack of bank notes to the woman. The visual representation is complemented by the use of three phrases. The first phrase is “Say no to sex without a condom”; this appears at the top of the poster. The second phrase, “Stand up for your life,” appears below the couple while the Swahili translation “Jisimamie” appears on the bottom right hand corner.

The woman appears to be a sex worker and is encouraged to insist on condom use so she can “stand up” for her life. The intended message in the messages is to not give in to sex without a condom. The argument presented in the message is that women should object verbally to unprotected sex, even if it is transactional. In addition to saying “No” the woman should have a condom ready because this shows that she is acting on her efficacy to “stand up” for her life.

The message contests the dominant gender ideology by encouraging women to protect themselves even if their circumstances lead them to engage in risky behavior such as transactional sex. Condom use is proper behavior in the message. Choosing to use condoms is a sign of actualized self-efficacy as the female subject is able to stand up for her life. Condom use is presented as proper behavior for both men and women in Figure 19. There are no gender differences with reference to the binary of oppositions in the punishment/reward system of HIV/AIDS.

Figure 20 was produced in 1997 by the Kenya Ministry of Health, Jisimamie, Belgian Administration for Development Co-operation (BADC), and NASCOP. Figure 20 features two female colleagues and one male subject in a bar. This is illuminated by
the presence of a counter, a bar stool, beer bottles, and glasses of beer. The two female subjects are dressed in brightly colored sleeveless dresses: blue and luminous green. They adorn themselves with colorful earrings, bangles and necklaces. The women are each holding a condom and one is talking as the other listens. The male subject stands facing the women a few steps away. He is holding a glass of beer in his hand. His facial expression suggests that he is eyeing one of the ladies. Three phrases appear in Figure 20. The first appears at the top of the poster: “Stand up for yourself against HIV/AIDS.” The second is a formula which appears below the subjects, “No condom = No sex. The last phrase, “Jisimamie” appears on the bottom right hand corner.

The message encourages condom use. The women are shown in possession of condoms to interpellate them as participants in the condom use rhetoric. Condom use is encouraged as an as effective protection against AIDS. The women are encouraged to discuss HIV/AIDS among themselves. The man appears as a direct threat to the women. He is the only adult who appears without a condom at hand. This suggests that he is interested in sex without a condom.

Figure 20 contests the dominant gender ideology by encouraging women to protect themselves from AIDS by using condoms and by having condoms ready at hand. By choosing to use condoms and to discuss HIV/AIDS, the female subjects will be actualizing their individual and collective efficacy. While condom use is encouraged as proper behavior, the only subject in the rhetoric who is not expected to carry condoms is the man. By directing the condom use message to the women, the message suggests that
not carrying condoms is bad for women, not for men. No rewards for proper behavior and repercussions for improper behavior were observed in Figure 20.

Figure 21 features two children, a boy and a girl in school uniform. The figure was produced in 1997 by the Kenya Ministry of Health, Jisimamie, Belgian Administration for Development Co-operation (BADC), and NASCOP. The two are pictured carrying books in one hand and waving the other hand in the air. The visual representation is accompanied by two phrases. The first is, “Sex? Not yet! We have our lives to develop first!” This phrase appears at the top of the poster while the second phrase, “Jisimamie” appears on the bottom right hand corner. The message encourages the schoolchildren to delay sexual debut in order to “develop” their lives first.

The argument presented in the HIV message is that, by delaying sex the schoolchildren will have a chance to “develop” their lives. There is no further explanation as to what it means to develop your life. The context suggests that “developing” your life means acquiring an education. Altogether, the neutrality, and plurality of the phrase “develop our lives” suggest that gender is not a useful category in evaluating the benefits of delayed sexual debut and/or higher education. The message contests the dominant gender ideology by encouraging boys alongside girls to delay sexual debut.

The rewards of delaying sexual debut will result in an opportunity to develop their lives, but what “developed life” refers to remains unknown. Since Figure 21 did not outline any rewards or repercussions for delayed sexual debut, no observations could be made with reference to gender differences in punishment/reward system of HIV/AIDS.
Figure 22 was produced in 1997 by the Kenya Ministry of Health, Jisimamie, and Belgian Administration for Development Co-operation (BADC), and NASCOP. In Figure 22, we see two gender segregated groups sitting in a semi-circle discussing HIV/AIDS. The first group features a grandmother, mother and two young girls. The girls appear to be listening keenly as the mother speaks to them. The second group of men features a grandfather, father and two young boys. The boys look keenly to the father as the grandfather, holding his walking stick sits next to the boys. The visual is accompanied by three phrases: “Stand up for your children,” “Discuss HIV/AIDS within your family and “Jisimamie.”

From the visual and textual elements shown in Figure 22, the message encourages discussion of HIV and AIDS within the family. The appropriate type of discussion should be conducted along gender lines as the women and men appear separate. For women to participate in the rhetorical act, they should discuss HIV and AIDS among themselves and not with men. The intended message for women in the HIV message is to discuss HIV and AIDS among themselves. The argument presented in the message is that parents and grandparents have the power to “stand up for their children.” This power is realized as they enable discussion of issues related to HIV and AIDS within the family.

The message contests the dominant gender ideology by encouraging intergenerational dialogue on issues concerning HIV and AIDS instead of dismissing the experiences of older individuals as irrelevant for the young. By discussing HIV and AIDS, the parents will have “stood up” for their children, suggesting that they can prevent negative consequences of HIV and AIDS, consequences which are not mentioned
in the message. The messages suggest that parents and grandparents are likely to lose their children to HIV and AIDS if they do not discuss AIDS in the family. The binary of oppositions in the punishment/reward of HIV/AIDS does not differ by gender because Figure 22 encourages a gender-neutral message for both men and women to stand up for their children.

Figure 23 was produced in 1997 by the Kenya Ministry of Health, Jisimamie, and Belgian Administration for Development Co-operation (BADC), NASCOP. School age children have two clear choices as shown in Figure 23: education or early sex. Figure 23 features a male and female student walking to school on a green colored path. Ahead, the path splits into two. The left hand side is labeled education and leads to a school building marked with the presence of the national flag flying at full mast. The right hand side has a series of five labels connected by an arrow: early sex, STD (sexually transmitted diseases), pregnancy, and AIDS. The series of consequences leads up to a signpost marked danger. The sign includes a plaque supported on a wooden post dug into the ground. The plaque is red in color and features a human skull. The two paths are separated by a blue sign post labeled “Keep left” to suggest that the schoolchildren should choose education over early sex and the succeeding consequences. The female subject and the male subject are encouraged to “keep left” and earn an education.

The “early sex” path shows a linear progression that ends up in death. Early sex leads to sexually transmitted diseases, followed by pregnancy, HIV infection and AIDS and in the end, the marked danger with a skeleton face. The alternative to early sex is education; the benefit for the school children is that they will not die from the
consequences associated with early sex (sexually transmitted diseases, pregnancy, HIV infection, and AIDS). There are no pathways connecting the two choices. This separation suggests that the two are mutually exclusive alternatives; the choice can only be one or the other. From this logic, pregnancy for example, excludes the possibility of continuing education and the same can be claimed for people living with HIV and AIDS.

The linear representation of the consequences of not keeping left to choose to engage in early sex, fails to capture the gendered consequences of early sex. While all the consequences are likely, the inclusion of pregnancy as a definite outcome excludes male subjects from the consequences. The message reinforces the dominant gender ideology by failing to engage the consequences of early sex for male subjects.

Proper behavior in the HIV message would be choosing to go to school over engaging in early sex, while improper behavior would be the grave choice to engage in early sex. The message fails to illuminate the benefits of education, however, sexually transmitted disease, pregnancy, infection by HIV, AIDS and death are clear repercussions of improper behavior. Going to school is viewed as proper behavior for both men and women. Choosing to engage in early sex is undesirable for both men and women, albeit with differing implications. The rewards of education cannot be determined from the message. With reference to the punishments for improper behavior, men are likely to get sexually transmitted diseases, but women are likely to get sexually transmitted diseases, get pregnant, contract HIV and die from AIDS. Women are punished more extensively than men.
Figure 24 was produced by the Kenya Ministry of Health; the year of publication is unknown. Figure 24 features a couple and their newborn child. The two are illustrated close together, they smile as they admire and touch their newborn child. The child lies with only a diaper on, on a surface covered with a stripped blue and white blanket. The man wears a bright purple shirt, while the woman wears a yellow flowered dress and a green and white stripped headscarf. The illustration is accompanied by two phrases: “Let your child be born without AIDS” and “Be responsible parents, keep to your sexual partner only.”

The message in Figure 24 encourages parents to practice faithfulness to ensure that their children are born AIDS-free. The female subject appears as a mother. In order to protect her child she should remain faithful to her spouse, who is expected to do the same. The argument presented in the HIV message is that parents can be a threat to the health of their unborn child. To ensure a healthy child, parents should remain faithful to each other. This constitutes rhetoric of parental responsibility which begins before a child is conceived. When a child is born with AIDS, we can therefore assume that one of the parents was unfaithful and are therefore irresponsible and unfaithful parents. This constitutes stigma because the “sins” of the parents are associated with the health of the child. In the event of death, stigma may also be directed to the child because he or she is perceived as a child of promiscuous and irresponsible parents.

The message reinforces the dominant gender ideology which elevates the needs of the child over those of the mother. The parents (male and female) are invited to reflect upon their future by thinking of their children first. They are not shown to be concerned
over their own health. The parents obsess instead over the health of their unborn child. Proper behavior in the message would be to exercise responsible parenthood by staying faithful. Improper behavior would be to practice irresponsible parenthood due to unfaithfulness. The reward for proper behavior would be a baby born without AIDS, while improper behavior would lead to the couple having a child with AIDS.

The binary of oppositions in the punishment/reward system does not differ by gender because the message is gender neutral and the rewards and repercussions are portrayed as similar for men and women.

Figure 25 was produced in 1999 by the Kenya Ministry of Health, Bungoma District Health Management Team, USAID/AF/SC and Johns Hopkins University Population Communication Services (JHU/PCS). Figure 25 features a school girl and a school boy. The two are seen walking away from each other with their hands stretched out behind them in a farewell gesture. The children are seen contemplating their future. The boy visualizes his future as a happy top executive sitting in a large office with a large desk, window, telephone, fax, file cabinet and live plants. The girl visualizes herself as a doctor, walking in the corridors of a hospital wearing with her stethoscope and carrying a patient progress report. The visual illustration is accompanied by two sets of phrases: “Say no to sex - Have a bright future” and “Avoid HIV/AIDS – The power is in your hands.”

The message encourages male and female schoolchildren to abstain from sex. The message invites the schoolchildren to reflect upon their bright future as a motivation to participate in the rhetoric of sexual abstinence. The argument presented in the HIV
message is that school age children have the power to avoid HIV/AIDS by abstaining from sex. Avoiding sex and AIDS will lead the children to a bright future and the thought of success in the future should motivate them to abstain from sex.

The message contests the dominant gender ideology by encouraging interpellation of female subjects into occupations outside of gender-biased occupations such as nursing. The reward for proper behavior includes a bright future and avoiding HIV/AIDS. The repercussions for early sex include an unsuccessful future and infection by HIV. The binary of oppositions in the punishment/reward system do not differ by gender. Sexual abstinence is encouraged as the proper behavior for both male and female school children.

Figure 26 was produced by MAP International; the year of publication is unknown. Figure 26 features the photograph of a young couple taking a walk on a dusty road with two of their children. The woman is seen carrying one child on her arm as the second child walks between her parents. The couple is shown to be married, as a wedding band can be observed on the man’s finger. The photograph is accompanied by three phrases in Swahili “Ukimwi jikinge na umkinge mwenzio fanya mapenzi katika ndoa tu” (AIDS: Protect yourself and your partner, have sex only within marriage). The second phrase, “Mme mmoja, mke mmoja, ndio mpango wa Mungu” (One husband, one wife that is God’s plan) appears below the photograph of the couple. The third phrase is the biblical verse from Hebrews 13:4, “Ndoa na iheshimiwe na watu wote, waume na wake lazima wawe waaminifu, kila mmoja kwa mwenzake” (Marriage should be honored by
all, and the marriage bed kept pure, for God will judge the adulterer and all the sexually immoral).

Figure 26 uses a nuclear family portrait with a husband, wife, and two children to encourage faithfulness as the will of God. Women are encouraged to stay faithful because God desires that one man should only be with one woman. The message argues that faithfulness prevents AIDS. The message contests the dominant gender ideology by not representing parents as threats to their children’s HIV status. Faithfulness as shown in Figure 26 will lead to an AIDS free life while unfaithfulness in marriage will lead to infection by HIV.

The binary of oppositions in the punishment/reward system do not differ by gender as the faithfulness message is encouraged for both men and women with equal rewards and repercussions.

Figure 27 features a couple standing against a white background. The figure was produced by the Kenya Ministry of Health; the year of publication is unknown. The two are seen smiling and the man stands close behind the woman. The woman is dressed in a green dress with a green head scarf and blue and orange kanga (clothe) around her waist. The man appears in a short-sleeved striped pink shirt with beige pants and a black belt. The illustration is accompanied by the phrase “Kuwa na mpenzi mmoja wa kimwilii pekee” (Have only one sexual partner).

The message shows a middle-aged couple and encourages faithfulness to one sexual partner. Figure 27 does not have a clear argument, only the premise to be faithful to your sexual partner. Due to the lack of details in Figure 27, the relationship between
the message and the dominant gender ideology cannot be determined. Similarly, it is impossible to determine gender differences in the binary of oppositions of the punishment/reward system of HIV/AIDS presented in the message.

Figure 28 was produced by the Kenya Ministry of Health; the year of publication is unknown. Figure 28 features a couple standing against a white background. The two are seen smiling and the man stands close behind the woman. The woman is dressed in red with red matching earrings. The man appears in a long-sleeved blue shirt with black pants and a black belt. The illustration is accompanied by the phrase “Kuwa na mpenzi mmoja wa kimwilii pekee (Have only one sexual partner).

The message shows a young couple and encourages faithfulness to one sexual partner. Figure 28 only included the premise to be faithful to your sexual partner and no clear argument can be determined. Figure 28, lacks details and therefore the relationship between the message and the dominant gender ideology cannot be determined. Similarly, it is impossible to determine gender differences in the binary of oppositions of the punishment/reward system of HIV/AIDS presented in the message.

Figure 29 was produced by the Kenya Ministry of Health; the year of publication is unknown. Figure 29 features a couple sitting in a bar. This is determined by the presence of other patrons in the bar, as well as the presence of beer bottles and glasses. The woman wears a sleeveless yellow and green top with a short green skirt and high heels. The man wears a white shirt, blue pants and black shoes. The two are seen holding condoms in yellow packaging. The visual illustration is accompanied by two phrases, “Protect yourself against STDs/AIDS,” and, “Use a condom everytime you have sex.”
Figure 29 encourages sexual partners to protect themselves specifically from sexually transmitted diseases and AIDS by using condoms. The woman in the poster is invited to participate in this rhetoric by being in possession of a condom. The intended message for the female sexual partner is that she should protect herself from disease by using condoms. The argument in the message is that using a condom will definitely protect the female sexual partner from contracting sexually transmitted diseases and AIDS. The argument assumes that a woman in possession of a condom will have control over the sexual relationship. By showing the man in possession of a condom, as well, the argument assumes that safety is a shared responsibility for women and men.

The message contests the dominant gender ideology by acknowledging and giving equal attention to male and female sexuality. Moreover, female sexuality, a normally closeted topic, is unmasked by portraying individuals with condoms within a public space. The proper behavior presented in the message is consistent condom use. Improper behavior would be to decide not to use condoms.

The individuals presented in the poster seem happy with their relationship from their facial expressions. Without consistent “condom use” it can be assumed that the couple will be unable to protect themselves and will become infected with sexually transmitted diseases and AIDS.

No gender differences are observed in the binary of oppositions in the punishment/reward system of HIV/AIDS. Condom use is encouraged for both men and women, and both will become infected by sexually transmitted diseases and AIDS if they fail to use condoms.
Figure 30 was produced by the Kenya Ministry of Health; the year of publication is unknown. Figure 30 shows a young couple involved with each other as sexual partners. The woman stands in front of a thatched house with the door half open behind her. On her right hand, she holds a condom in a yellow package and raises her left hand to invite the male subject into the house. She is dressed in a green top, a pair of red and white striped pants with a white belt and orange high heels. Her braids are adorned with colorful beads and she wears blue and red necklaces around her neck. The male subject is seen walking towards the house from a distance. He carries a condom on his right arm. He is dressed in a purple jacket, white t-shirt, blue jeans and a pair of red and white sneakers. The visual illustration is accompanied by two phrases: “Protect yourself” appears above the subjects, while “Use a condom everytime you have sex” appears below the couple.

The message in this poster encourages condom use by both male and female sexual partners. The female subject in the poster is presented as an active sexual partner, one who is armed with a condom and is therefore “protecting herself.” To be an active participant, the woman should be prepared with a condom and should use it with every sexual contact.

The intended message for women in the poster is that they should protect themselves by using condoms every time they have sex. The argument in the message is that using a condom will definitely protect the female sexual partner from contracting disease. The argument assumes several things, that the woman in possession of a condom will have control over a safe the sexual relationship. By showing the man in possession of
a condom, the message contests the dominant gender ideology in several ways. First, there is a public acknowledgment of female sexual desire. Second, by being in possession of a condom, the woman is presented as an individual committed to protecting her health, as opposed to a female with questionable sexual morals. In addition, by portraying both the woman and the man in possession of a condom, sexual health is presented as a shared responsibility for both women and men, instead of a responsibility that only women should bear.

Using condoms during sex is a proper behavior, while improper behavior would be not to use a condom during sex. The message does not allude to any rewards except that the couple will be able to “protect” themselves if they use condoms consistently. No gender differences are observed in the binary of oppositions in the punishment/reward system of HIV/AIDS. Condom use is encouraged for both men and women. While Figure 30 features, a textual reference to protection, there is no mention of what the couple should be protecting themselves from.

Figure 31 was produced by the National AIDS/STD Control Programme (NASCOP); the year of publication is unknown. The message in Figure 31 is designed around a nuclear family consisting of a mother, father, son and daughter. The male subject is the central figure in the visual representation. His wife and children stand close around him are seen stretching their hands to touch him. The female subject is dressed in a red skirt suit, a black and white dotted headscarf and a pair of white dress shoes. The man is dressed in an African-print shirt, brown dress pants and a pair of black dress shoes. He holds a young girl dressed in an African print outfit with white socks and black
shoes in his arms. The young boy looks off camera with his right arm holding fast to his fathers left arm. He is dressed in a white dress shirt, a pair of grey dress pants and white sneakers. The visual is accompanied by one statement in Kikuyu: “Andu aku ni makwendete ndukanonane kimwiri na mundu ungi ikara na mwedwa oro ucio wiki mukingo nduri ndawa” (Your wife and children love you, do not have sex with anyone else except your partner, AIDS has no cure).” The poster is designed to speak to the man because, his “wife and children love” him. This and the fact that AIDS has no cure are intended to motivate him against the choice to engage in extramarital sex.

By directing the prescribed behavior to the male subject as a form of protection for his family, the message suggests that the man can be tempted into another world outside of the marriage which might cause him to become infected by AIDS. This world is marked by sexual contact since he is interpellated to remain faithful. The woman is not asked to take any precaution in the advent of the man’s extramarital sexual relations.

The message contests the dominant gender ideology because it condemns the option of extramarital sex for the man. The message portrays male unfaithfulness (access to the world of sex outside marriage) as a socially unacceptable norm because it exposes the man to AIDS. Faithfulness is presented as proper behavior for men, while women are presumed not to experience the temptation to engage in extramarital sex. This prescription reinforces gender roles by subverting female sexual desire within or without of the marriage, and, by claiming that only men are capable of engaging in extramarital sex. The rewards for faithfulness would be that the man could continue to enjoy the love from his family since “his family loves him.” If he does not practice faithfulness, the man
will expose himself (and his family) to AIDS. Consequently, he will lose the love he enjoys from his family as a father and husband.

Within the binary of oppositions in the punishment/reward system of HIV/AIDS, faithfulness is presented as proper behavior for men, it is assumed natural obligation for women. This is made clear by the fact that the message only addresses the man and charges him with the prescribed action to remain faithful. Figure 31 does not mention any rewards or repercussions for women.

Figure 32 was produced by the Ministry of Health (Kenya) in commemoration of World AIDS day in 2003. A grandmother is pictured with three young boys, most probably her grandchildren. The grandmother is dressed in a tattered orange sweater and brown and white checkered skirt. She wears a pair of white walking shoes and balances a woven basket with unidentifiable items in it. The three boys are pictured standing around their grandmother. Two boys stand on her right, and one boy stands to her left. The boy on the left wears a pair of old shorts and a striped shirt and has no shoes on his feet. The tallest boy on the grandmother’s right side wears a blue and yellow stripped polo shirt and a pair of blue tattered shorts with no shoes. The last boy wears a striped white shirt and a pair of blue shorts. The visual is accompanied by two phrases: “Do you really care about AIDS orphans?” and “Give home to the infected and affected through your support and care.”

The message encourages shared support and care for AIDS orphans. The grandmother is pictured as the central figure to suggest that she is taking care of the
young boys. The message attempts to interpellate the audience to emulate the exemplar behavior exhibited by the grandmother who is taking care of the AIDS orphans.

The message argues that caring for AIDS orphans involves giving them care and support. The message reinforces the dominant gender ideology by portraying caretaking as a woman’s role. The grandmother appears as the exemplar example of taking care of AIDS orphans and this may be interpreted to mean that AIDS orphans should be the responsibility of female subjects. No rewards are offered for providing support and care to AIDS orphans, nor are any repercussion mentioned for choosing not to do so. The binary of oppositions in the punishment/reward system differs by gender with reference to the portrayal of caretaking as female role.

Figure 33 was produced in 2004 as part of the Voluntary Counseling and Testing Campaign spearheaded by the National AIDS Control Council (NACC) and the National AIDS/STD Control Programme (NASCOP). Figure 33 features Kenyan actress Lorna Irungu and her boyfriend, financial analyst Timothy Mwangi. The two cuddle comfortably on an expensive black leather sofa with African art and a vase with flowers. Two sets of phrases in Sheng (English and Swahili) appear on Figure 33. The phrase “Chanukeni pamoja” (style up together) appears on the bottom right hand corner. Through their dialogue, which appears at the center of Figure 33, the two tell a story of love and commendable career success. Lorna tells us that she “hooked up with this jamaa” (guy) a while back, “and the way things are going,” she will be “spending a lot more time with him.” Timothy confesses he is “feeling that vibe too,” suggesting that he is willing to reciprocate Lorna’s feelings. He tells us that he is a financial analyst with a
company in the United States where he is also studying for his masters. Lorna on the other hand says she is a TV presenter, media consultant and describes herself as “a very good actress.” Timothy says that he would want Lorna to succeed in everything: “I don’t want to be the one katsia-ring (messing up) for her.” Lorna reiterates that she would not want to be the one messing it up for him either. This is the reason why they Lorna and Timothy state that they “hooked up with a VCT center.”

Figure 33 encourages young couples to be tested for HIV. Lorna, as the female subject, reflects upon her love for Timothy, and arrives at the conclusion that she would not want to be the one who messes up his life. She is interpellated to be tested for HIV because she cares about her boyfriend. In addition to demonstrating caring behavior, Lorna and Timothy recommend testing for HIV because one is able to gain more control over their life:

Lorna: So if you’re planning to hook up with someone

Timothy: Manze, its important, take control of your maisha

Lorna: Neendeni center ya VCT

(English Translation

Lorna: So if you’re planning to start a relationship with someone

Timothy: Seriously, it’s important, take control of your life

Lorna: Visit a VCT center)

Figure 33 contests the dominant gender ideology because it encourages heterosexual dialogue on HIV/AIDS. The photograph of Lorna and Timothy illustrates a level of comfort that can be emulated if couples openly discuss HIV/AIDS with each
other. The dialogue reinforces the need for discussing HIV/AIDS with your partner and getting tested together to create the impression of a joint responsibility for health.

Lorna and Timothy are rewarded with control over their lives because they were tested for HIV. Refusing to be tested for HIV would mean that they do not care, as they would “mess things up” for each other. From Timothy’s statement: “This chile (girl) has been through a lot, and I want her to succeed in everything that she does. I don’t want to be the one messing up for her” demonstrates repercussions for not getting tested for AIDS, repercussions that include an end to their successful careers.

No gender differences in the binary of oppositions in the punishment/reward system of HIV/AIDS are shown. Getting testing for HIV is recommended for both women and men and the rewards or repercussions are similar.

Figure 33 was produced in 2004 as part of the Voluntary Counseling and Testing Campaign spearheaded by the National AIDS Control Council (NACC) and the National AIDS/STD Control Programme (NASCOP). Figure 34 features Robert Bresson, an independent television producer, and his wife Eve, an advertising executive with Lowe Scanad. The couple is in Robert’s, office. He wears a purple shirt and black dress pants. He sits on an office desk, with one hand on his laptop keypad and the other pointing at the audience with his glasses. Eve is wearing a white top and black pants. She leans beside him. Figure 34 features the phrase “Chanukeni pamoja” in the bottom right hand corner. The couple’s dialogue is printed above their photograph.

Eve and Robert Bresson are newlyweds and very busy professionals. Rob tells us that they have been married for six months:
Rob: We’ve been married for six months now, and we’re always together

Eve: When you’re not too busy

Rob: Even you sweetie

The couple is planning to have a baby soon, at least according to Eve’s version of the story, Robert thinks “soonest.” The couple tells us that is why they decided to take control of their future. Eve, as the female subject, is interpellated as a mother-to-be to get tested because they want to take control of their future and that of their child.

Eve: And I know we’ll have a great future

Rob: First of all this future she is taking about, we have already taken control of it you hear?

Eve: Because we started by visiting a VCT center

Rob: Not to say that I sleep around or I doubt (her) or she sleeps around no, to know our HIV status

The message is counter-hegemonic because the couple takes a joint responsibility to take control of their health before that of their child. The message also encourages dialogue concerning HIV/AIDS within heterosexual relationships by including actual dialogue of a married couple.

Eve: To take control of our future and that of our child

Rob: First of all, this child, I do not want to miss any part of its future. I am a father

Apart from gaining a sense of control over their health and that of their unborn child, the rewards for getting testing for HIV include experiencing a good feeling. Rob
say’s it’s the bomb, a common phrase among young people used to express an exciting experience.

Eve: And now we know what’s ahead. It’s a good feeling

Rob: It’s the bomb. If you have a partner her future…seriously protect her future and she protects yours

Eve: If you’re thinking of having a child, please eh? Take care of its future, start by visiting a VCT Center.

The repercussions for not getting testing for HIV would include not being able to enjoy the sense of control experienced by the Bressons and uncertainty about the future. Getting tested for HIV is encouraged for both men and women and the rewards and repercussions are similar for both.

SUMMARY OF FINDINGS

With the regard to the interpellation of women from individuals to subjects of gender ideology, 11 of 24 messages interpellated women as sexual partners (see figure 35). Three artistic strategies were used for messages which interpellated women as sexual partners: Absolute Subject of health (4), direct calls to act on self or collective efficacy (7), and emotional appeal (1). 6 messages interpellated women through the use of gender-based roles. 4 messages interpellated women as school children, 2 as social beings and 1 as caretaker.

The second research question explored the type of messages to which the female subjects were made subject. 10 messages advocated for condom use, 5 for faithfulness, 1
for sexual abstinence, 2 for delayed sexual debut, 2 for discussing HIV and AIDS, 2 encouraged testing for HIV, and 2 prescribed no action for women.

Ten messages were determined to reinforce the dominant gender ideology. Of these, 2 did not condemn extramarital relations or promiscuous behavior in men. 2 messages advocated for gender-segregated dialogue surrounding HIV/AIDS. 1 message reinforced the gender ideology by suggesting that AIDS transmission could be traced and blamed on the woman. 4 messages ignored or subverted female sexuality by showing men as initiators of sexual contact and assuming that only men could be unfaithful in marriage. 1 message portrayed women as primary caretakers.

16 messages contested the dominant gender ideology. 7 messages acknowledged female sexuality, 2 charged both men and women as equally to blame for HIV/AIDS transmission, 6 portrayed sexual health as a joint responsibility for women and men, and 1 encouraged intergenerational dialogue on HIV/AIDS. Two of the messages were determined to provide both hegemonic and counter-hegemonic ideals and therefore provided contradictory messages.

The third question examined ideal behavior through the binary of oppositions of the punishment/reward system of HIV/AIDS presented in the messages. The messages often overlapped as some posters encouraged multiple actions such as condom use and discussing HIV/AIDS. The second research question explored the type of messages to which the female subjects were made subject. 10 messages advocated for condom use, 5 for faithfulness, 1 for sexual abstinence, 2 for delayed sexual debut, 2 for discussing HIV
and AIDS, 2 encouraged testing for HIV, and 2 prescribed no action for women. 1 message mentioned “careless sex,” and 1 mentioned “early sex” as improper behavior. The fourth question examined how the binary of oppositions in the punishment/reward system differed by gender. 3 messages punished women more than men, 12 punished both men and women equally, and gender differences could not be determined for 9 of the messages.
CHAPTER FOUR

IMPLICATIONS AND CONCLUSION

This analysis explored gender ideologies in HIV/AIDS messages in Kenya. The first research question sought to explore the strategies used to ensure that women “recognized that the hail” in the HIV/AIDS message. Results from the study indicate that the dominant artistic elements that were used to interpellate women as participants in the rhetorical act included the use of gender-based roles, uses of the Absolute Subject of health, direct calls to act on individual efficacy, emotional appeals, and religious obligations. A key finding of this study is the varied use of the Absolute Subject of health. Althusser (1971) claims that the Absolute Subject “occupies the unique place at the Center…in which each subject can contemplate its own image (present and future) and the guarantee that this really concerns them” (p. 180). In the case of HIV/AIDS messages, fear appeals complement the use of health as the Absolute Subject because AIDS is characterized as a killer disease to motivate the audience to adopt the proper behavior. The presence of symbols such as graves, crosses and danger signs is therefore necessary to guarantee the reality of the threat posed by AIDS. In addition to establishing the threat of AIDS, the messages characterize faithfulness, condom use and abstinence behaviors which will prevent the individual from the danger of infection by and death from HIV/AIDS.

The second research question sought to explore to what the female subjects in the messages were made subject (Callinicos, 1976). Seven messages were identified from this analysis: condom use, faithfulness, sexual abstinence, delayed sexual debut,
discussing HIV and AIDS, testing for HIV, and no prescribed action for women. The arguments behind condom use reveal that it was considered appropriate behavior for women in outside of the marriage context. This finding has implications for HIV/AIDS programs because the audience may be led to believe that protected sex within marriage is a sign of unfaithfulness. Moreover, condom use may be perceived as a precaution for sinners or those outside marriage. These individuals may not be able to access condoms because they become stigmatized as they try to acquire condoms. Faithfulness was encouraged as a sign of parental responsibility. This finding is consistent with previous studies, which indicate that mothers are often portrayed only in light of the danger they posed to their children (Sacks, 1996). Discussion of HIV/AIDS was encouraged within groups that were segregated by gender. Interpellation into this ideology may lead the audience to belief that a gender-integrated response to HIV/AIDS is an improper and inappropriate response to the epidemic. This belief may be a challenge for health professionals seeking to mobilize mixed gender groups in intervention programs.

Messages that reinforced the dominant gender ideology did so in five ways. The first set of messages did not condemn extramarital relations or promiscuous behavior in men. Instead, these messages only asked the men to use condoms for the sake of their families. These messages were hegemonic because they did not recognize women’s efficacy, which constitutes their resistance to the dominant gender ideology. Second, posters advocated for gender-segregated dialogue surrounding HIV/AIDS. Gender segregated dialogue can instill a culture of gender polarization in HIV/AIDS responses. Third, messages reinforced the gender ideology by suggesting that AIDS transmission
could be traced and blamed on the woman, while ignoring the possibility of infection from the man. This claim erases the possibility that a man could transmit the virus to the woman and contributes to an attitude of stigma as women are blamed for HIV transmission. Fourth, messages ignored or subverted female sexuality by showing men as initiators of sexual contact and assuming that only men could be unfaithful in marriage. This belief may be a challenge because it encourages women to subdue their sexual desires in heterosexual relationships while accepting male sexual assertiveness as the norm (Kamaara, 2005; Musila, 2005; Thomas 1997; 2000). Last, by portraying women as primary caretakers, the messages reinforced the belief that caretaking is a “women’s work”. This belief has implications for HIV/AIDS intervention programs that seek to incorporate men as caretakers because the audience is already interpellated to believe that providing care for HIV/AIDS individuals is women’s work.

Messages that contested the dominant gender ideology addressed four major issues: acknowledgment of female sexuality, blame, responsibility for sexual health, and intergenerational dialogue on HIV/AIDS. By acknowledging female sexuality, the messages deviated from the elevation of male sexual needs to un-closet female desire as an integral part of their existence (Musila, 2005, Thomas 1997; 2000). The portrayal of women as active sexual partners discussing sex in public areas and having condoms in their possession attempts to make this a socially acceptable behavior. Blame for HIV/AIDS transmission was another major theme in messages that contested the dominant gender ideology. This finding contradicts the results of previous studies, which found that women were to blame for HIV/AIDS transmission (Myrick, 1999).
Joint responsibility for sexual health is observed, as a counter-hegemonic message because it challenges the notion that sexual health should be managed by one partner, usually the woman, in a sexual relationship (Myrick, 1999). This idea was challenged by portraying both sexual partners in possession of condoms.

Intergenerational dialogue on HIV/AIDS was determined to be a counter-hegemonic message. Musila (2005) claims that older women are expected to retire from sexual activity; the message countered this hegemonic view by suggesting that the experiences of older individuals, sexual or otherwise, were still relevant for the young in the face of the threat of AIDS.

The third question examined ideal behavior through the binary of oppositions of the punishment/reward system of HIV/AIDS presented in the messages. The Absolute Subject of health in HIV/AIDS messages was used to enable the audience to visualize the rewards for adopting the aforementioned behaviors. Condom use, faithfulness and abstinence were associated with good health, avoiding AIDS, and avoiding death. Improper behaviors included unfaithfulness, careless sex, early sex, promiscuity, not exercising individual or collective efficacy, and engaging in gender integrated dialogue on HIV/AIDS. Improper behavior was punished by the possibility of infection and death from AIDS, infection by STDs, or pregnancy. The messages were marked with ambiguity regarding what proper or improper behavior meant. For instance, terms such as “careless sex” and “stand-up against HIV/AIDS” do not provide a precise action for the audience to adopt and hinders the effectiveness of the poster.
Two messages were determined to be self-contradicting. These messages were counter-hegemonic because they advocated for condom use as a joint responsibility for both the male and female subject. These messages were also hegemonic because they portrayed the male subject as the initiator of sexual contact. In this way, the message reinforced the dominant gender ideology that female sexuality is dormant until activated at the dictum of the male subject. The presence of self-contradicting messages supports the findings of previous studies which found that women usually received contrasting messages (Myrick, 1999).

The fourth question examined how the binary of oppositions in the punishment/reward system differed by gender. The majority of the posters did not speak directly to the male or female subject. This made it difficult to determine gender differences within the binary of oppositions in the punishment/reward system. However, several differences were noted from the messages encouraged and their accompanying consequences. Condom use as a proper behavior was usually directed to the man within the marriage context. This finding has implications for risk perception because the woman is interpellated to believe that there is no need for her to insist on protected sex in marriage. Furthermore, condom use is perceived as a preventative action for “sinners” because it is placed within the monogamous rhetoric.

Improper behaviors such as unsafe sex and unfaithfulness were discouraged for both men and women in the majority of the posters. The implications for improper behavior, however, were presented in a linear progressive fashion, which suggests that there is a predefined path for individuals infected by AIDS. This may add to stigma.
because individuals who were suffering from AIDS were seen in poor health characterized by weight loss. Stigma is also escalated because the individuals in the messages are not interpellated to think that they can continue to be productive members of society once they are infected by AIDS. Death in many of the posters was a definite end-result of infection. The concept of “living with AIDS” as opposed to “dying from AIDS” was only observed in messages that encouraged couples and sexual partners to get tested for HIV/AIDS. Stigmatizing depictions of behaviors such as condom use have implications for the effectiveness of HIV/AIDS messages because they fail to provide meaningful narratives for the audience to emulate (Raheim 1996; Treichler, 1999).

The findings of this analysis have applied implications in that it has highlighted the significance of effective use of symbols, words, images, and narratives to persuade the audience to adopt a desired action. Early messages used direct call to action such as “Discuss HIV/AIDS” to encourage public discourse concerning HIV/AIDS. The use of more interactive messages such as the dialogue observed in the Chanukeni Pamoja messages for HIV testing that featured Lorna Irungu, Timothy and the Bressons provides a more meaningful narrative because it engages the audience in the rhetoric by revealing a real-life “discussion about HIV/AIDS.”

Future health message design should take caution against encouraging stigma for individuals infected or affected by HIV and AIDS. This study has found that the notion of “dying from AIDS” erased the possibility of a continued productive presence for infected individuals. Furthermore, the association of faithfulness with responsible parenthood may encourage stigma against HIV/AIDS orphans because their parents are seen as immoral
in society. Future communication campaigns should include more first person accounts of people living with HIV and AIDS. This may initiate the idea of a productive social presence despite infection from HIV/AIDS.

Future research on HIV/AIDS and gender ideology should address two limitations of this analysis. First, this analysis included posters within a fourteen year period from 1989-2004. This time frame excludes the earliest and most recent HIV/AIDS communication materials from Kenya. Future studies should attempt to include materials within a larger time frame. Second, the critic encountered sequential narratives that run through the posters. These narratives were based on themes such as efficacy (e.g. stand up for yourself” and “Jisimamie.” By examining each individual poster as a unit of analysis, the study was limited because the ongoing narrative may have been disrupted. Furthermore, the researcher could not determine whether or not the sample of posters included all posters within the sequential narrative as the materials obtained from CCP are catalogued individually.

Future research on HIV/AIDS and gender ideology should address how new developments such as anti-retroviral therapy influence the use of the Absolute Subject of health in HIV/AIDS programs. Future research should also examine how parallel campaigns from the private stakeholders in HIV/AIDS work to advance or hinder the counter-hegemonic impulses in the texts described here. For example, while this study found that female subjects were portrayed in possession of condoms as a demonstration of female sexuality and active control over their health, condom use campaigns often speak from the first male voice by using men to advertise condoms. Future studies should
provide a more comprehensive sample to include HIV/AIDS messages for other countries for a cross-country analysis. Second,

    HIV/AIDS continues to be a monumental challenge to development in the 21st century. This study has established that HIV/AIDS messages in Kenya have been plagued by ambiguity and unidirectional top-down messages for HIV/AIDS prevention. This study has also established that the argument surrounding the intended message is a critical component of a meaningful narrative for the audience. These arguments are value-laden and expose the audience to ideas which can either increase or decrease the individual and collective efficacy to HIV/AIDS. To determine the effectiveness of a message, health communication practitioners must also analyze the unintended ideas presented in the representation of individuals within the message. Ideology determines the thinking and behavior of individuals in a society. Hegemonic ideas presented in HIV/AIDS communication may constitute an unpredicted resistance to behavior change efforts. The success of an intervention campaign may benefit from an examination of the types of ideas that a community has been exposed to as they interact with a variety of HIV/AIDS communication products.
REFERENCES


Retrieved October 23, 2006 from UNAIDS Web site:


Figure 1. Estimated number of adult (15-49) women and men living with HIV/AIDS in sub-Saharan Africa over time (1985-2003).

Figure 2. Geographical map of Kenya Source: Central Intelligence Agency (2007).
Figure 3. HIV prevalence by age group and sex, 2003

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>3</td>
<td>0.4</td>
</tr>
<tr>
<td>20-24</td>
<td>9</td>
<td>2.4</td>
</tr>
<tr>
<td>25-29</td>
<td>13</td>
<td>7.3</td>
</tr>
<tr>
<td>30-34</td>
<td>12</td>
<td>6.6</td>
</tr>
<tr>
<td>35-39</td>
<td>12</td>
<td>8.4</td>
</tr>
<tr>
<td>40-44</td>
<td>10</td>
<td>8.8</td>
</tr>
<tr>
<td>45-49</td>
<td>4</td>
<td>5.2</td>
</tr>
</tbody>
</table>

Figure 4. % Literacy by region and gender

<table>
<thead>
<tr>
<th>Province</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nairobi</td>
<td>91.8</td>
<td>94.2</td>
<td>5.5</td>
<td>4.9</td>
</tr>
<tr>
<td>Central</td>
<td>91.1</td>
<td>94.4</td>
<td>2.6</td>
<td>1.5</td>
</tr>
<tr>
<td>Coast</td>
<td>65.6</td>
<td>88.2</td>
<td>29.6</td>
<td>10.0</td>
</tr>
<tr>
<td>Eastern</td>
<td>81.6</td>
<td>91.7</td>
<td>8.4</td>
<td>3.5</td>
</tr>
<tr>
<td>N. Eastern</td>
<td>5.4</td>
<td>29.5</td>
<td>93.4</td>
<td>71.1</td>
</tr>
<tr>
<td>Nyanza</td>
<td>79.8</td>
<td>89.4</td>
<td>7.1</td>
<td>1.8</td>
</tr>
<tr>
<td>Rift Valley</td>
<td>73.2</td>
<td>83.9</td>
<td>17.4</td>
<td>10.2</td>
</tr>
<tr>
<td>Western</td>
<td>77.4</td>
<td>84.4</td>
<td>9.0</td>
<td>3.4</td>
</tr>
<tr>
<td>Kenya</td>
<td>78.5</td>
<td>88.1</td>
<td>21.6</td>
<td>13.8</td>
</tr>
</tbody>
</table>

Figure 7. Number of unemployed by gender age groups, 1999.

<table>
<thead>
<tr>
<th>Age group</th>
<th>Urban Male</th>
<th>Urban Female</th>
<th>Rural Male</th>
<th>Rural Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>52,729</td>
<td>87,643</td>
<td>60,854</td>
<td>68,931</td>
<td>270,217</td>
</tr>
<tr>
<td>20-24</td>
<td>72,824</td>
<td>274,395</td>
<td>98,702</td>
<td>87,157</td>
<td>533,078</td>
</tr>
<tr>
<td>25-29</td>
<td>32,820</td>
<td>165,447</td>
<td>36,672</td>
<td>56,740</td>
<td>294,679</td>
</tr>
<tr>
<td>30-34</td>
<td>20,177</td>
<td>83,603</td>
<td>21,667</td>
<td>60,480</td>
<td>185,927</td>
</tr>
<tr>
<td>35-39</td>
<td>15,055</td>
<td>53,382</td>
<td>27,114</td>
<td>44,596</td>
<td>140,147</td>
</tr>
<tr>
<td>40-44</td>
<td>13,554</td>
<td>27,585</td>
<td>37,524</td>
<td>34,501</td>
<td>113,154</td>
</tr>
<tr>
<td>45-49</td>
<td>18,107</td>
<td>26,593</td>
<td>11,685</td>
<td>32,121</td>
<td>88,596</td>
</tr>
<tr>
<td>50-54</td>
<td>9,889</td>
<td>24,950</td>
<td>14,110</td>
<td>17,881</td>
<td>66,840</td>
</tr>
<tr>
<td>55-59</td>
<td>18,658</td>
<td>13,217</td>
<td>15,833</td>
<td>15,527</td>
<td>64,235</td>
</tr>
<tr>
<td>60-64</td>
<td>6,160</td>
<td>11,793</td>
<td>8,242</td>
<td>20,544</td>
<td>46,739</td>
</tr>
<tr>
<td>Total</td>
<td>260,063</td>
<td>768,618</td>
<td>332,403</td>
<td>439,338</td>
<td>1,800,622</td>
</tr>
</tbody>
</table>

Figure 8. Percent employment in select industries by gender (15-64).
Figure 9. The Mummy Returns. Source: Musila 2005
Figure 10

Figure 11
Figure 14

Figure 15
Figure 16

Figure 17
Figure 22

Figure 23
Figure 24

LET YOUR CHILD BE BORN WITHOUT AIDS

Be responsible parents
Keep to your sexual partner only

Figure 25

SAY NO TO SEX
Have a bright future
AVOID HIV/AIDS
The power is in your hands
Figure 26

Figure 27
Figure 30

Figure 31
Figure 32

Figure 33
### Figure 34

<table>
<thead>
<tr>
<th>Sexual partners</th>
<th>Gender-based</th>
<th>School children</th>
<th>Social beings</th>
<th>Caretaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpellation of women</td>
<td>11</td>
<td>6</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Message type</td>
<td>Condom use</td>
<td>faithfulness</td>
<td>Sexual abstinence</td>
<td>Delayed Sexual debut</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hegemonic messages (10)</td>
<td>Did not condemn extramarital in men.</td>
<td>Gender-segregated dialogue HIV/AIDS</td>
<td>Transmission blamed on the woman</td>
<td>subverted female sexuality</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

| Counter-hegemonic messages (16) | acknowledge female sexuality | sexual health as joint responsibility | equal to blame for HIV/AIDS transmission | encouraged intergenerational dialogue on HIV/AIDS |
| | | | | |
| | 7 | 6 | 2 | 1 |

| Punishment/reward system | Punished women more | Equal punishment/reward | Unidentifiable binaries |
| | | | |
| | 3 | 12 | 9 |

### Figure 35. Summary of results