

## Language practices in radio programs on HIV/AIDS: A call for culturally-sanctioned ways of communication<sup>1</sup>

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### Abstract

Mozambique is one of the African countries hardest hit by the HIV epidemic, with 2010 data showing a prevalence rate of 11.5% among adults (Instituto Nacional de Saúde (INS), Instituto Nacional de Estatística (INE) and ICF Macro 2010). The effect of the pandemic on the country's human development and related economic growth is potentially devastating as HIV and AIDS are most prevalent in adults in their productive prime. Through specialised programs, the media have been playing a key role in education initiatives aiming at reducing the infection rate in the country. Amongst other things, these programs have revealed a number of linguistic and sociolinguistic patterns which are worth being investigated. Considering HIV/AIDS radio programs broadcast in Changana, I show how Changana speakers have been developing their language as well as reinventing their discourses in order to respond to these new context-specific communicative demands. In this paper, I consider some of the communication strategies used, including the coinage of terminology and the engineering of socially appropriate ways of talking about sexuality and sexually transmitted diseases in public spaces.

**Keywords:** Changana; Communication strategies; cultural practices; HIV/AIDS education and prevention; Mozambique; sexuality

### 1. Introduction

In the absence of a vaccine or a cure for the HI-virus, prevention through education is regarded as the best approach to respond to the global HIV epidemic. The ABC (Abstinence, Be faithful and use a Condom) model has been one of the pervasive HIV/AIDS prevention models adopted in southern Africa. Despite its pervasiveness, this model of health education has been subject to criticism because, amongst other things, it is assumed that it focuses on the individual instead of social groups and represents AIDS as a behavioural disease associated with improper, censurable sexual conduct (cf. Paulo 2004; Ambe-Uva 2005; Passador 2009).

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Despite a plethora of educational strategies aimed at prevention, HIV prevalence and incidence rates in Africa, and in Mozambique in particular, show few signs of abating. In part, this may indicate that the communication strategies being used have failed to effect the required behavioural change (Ambe-Uva 2005). Experts suggest that prevention programs have failed in Africa because, among other things, traditional African beliefs and cultural practices have not been taken into account (Van Dyk 2001; Paulo 2004; Ambe-Uva 2005; Verheij 2007; Passador 2009; Audet, Burlison, Moon, Sidat, Vergara and Vermund 2010; Drescher 2010). For example, Drescher (2010) shows how in Burkina Faso, biomedical or global knowledge eclipses local forms of knowledge on HIV/AIDS at educational sessions. These authors suggest that these programs can only succeed if culturally appropriate and relevant ways to promote behaviour and social change are acknowledged and integrated. This includes the acknowledgement of the traditional worldview and culturally appropriate ways of communication.

The way(s) in which language is used in education efforts is not the sole reason as to why HIV prevalence and incidence rates are on the rise in Africa and elsewhere. Other factors should also be taken into account, such as structural constraints on human agency, such as poverty, sexual abuse and patriarchy, which also have a bearing on the spread of the pandemic (see Yankeh and Aggleton 2008; Higgins and Norton 2010; Jones and Norton 2010). However, drawing on Stroud (2009), one can argue that language still plays a crucial role as it is a co-equal factor in the 'nexus' of poverty and disempowerment.

Moreover, as Mehan (1984:181) points out, “language can be seen as a window into attitudes and life patterns or into correlations between one aspect of social structure and another”. This is a view which conceptualises language as a mediating force in people’s lives. In Mehan’s terms, this sociolinguistic view underscores the “importance of looking at the window of language and not just through it”. In this context, I believe that, by framing language within its social and cultural contexts, sociolinguistically-informed approaches to discourse may contribute to understanding and explaining communication failures as well as to strengthening HIV/AIDS communication awareness campaigns in Africa. The calls from experts for culturally appropriate communication strategies to HIV education and prevention resonate this view of language as a symbolic form of cultural manifestation.

Against this background, the present paper analyses linguistic and sociolinguistic patterns represented in HIV/AIDS discourses in Mozambique. Listening to and considering the discourses developed in HIV/AIDS radio programs presented in Changana, I will demonstrate how speakers have been reinventing their language and discourses in order for them to respond appropriately to these new context-specific communicative demands. I will consider some of the communication strategies used by Changana speakers. From the language user perspective, communication strategies can be defined as interactional processes adopted by speakers to express and negotiate meaning in contextually appropriate ways. The strategies analysed include lexical coinage and the re-engineering of socially appropriate ways of talking about sex-related issues in public spaces.

The study shows how Mozambicans are engineering their local languages in order to refer to sexual practices and related topics, although this has not been framed within top-level corpus planning initiatives and efforts aimed at integrating local knowledge into official discourses on HIV/AIDS. The suggestion advanced in the study is that, in order to mobilise the

communities and achieve long term success, HIV/AIDS education and prevention strategies should consistently include corpus planning and take into account culturally sanctioned norms of communication, as well as respect and optimise traditional beliefs and practices that are not detrimental to the people's health.

## **2. Methodology**

This study is based on the premise that communication and health education effectiveness “is dependent on understanding the social and cultural conditions that influence behaviour of a target group” (Ambe-Uva 2005:180). As suggested above, it is believed that communication strategies in Africa have failed because, amongst other things, they have failed to acknowledge and integrate culturally sanctioned norms of communication as well as aspects of the traditional worldview. Within this context, the study was geared towards responding to three interrelated questions:

- (i) What sort of language development strategies have Changana speakers been employing in order to enable their language to respond to HIV/AIDS communicative demands?
- (ii) To what extent have Changana rules of communication been taken into account in HIV/AIDS education and prevention initiatives by health educators and practitioners?
- (iii) How have traditional beliefs and practices been interpreted by target audiences, health educators and practitioners in HIV/AIDS education and prevention initiatives?

As Higgins and Norton (2010) have pointed out, little is known about how messages on HIV/AIDS are communicated, especially where resource-poor nations are concerned. In this context, I expect this study to contribute to filling that gap and also to strengthening HIV/AIDS education and prevention in Mozambique (and elsewhere) by adding to the knowledge about Changana language development strategies and culturally appropriate norms of communication.

This study is based on data collected from radio programs on health issues broadcast by the state-run Radio Mozambique. Radio Mozambique is a national radio network with 10 affiliate stations broadcasting from the provincial capitals, making it ‘the largest media organisation in the country’ (Inforasaid 2012). This radio organisation has a national service which broadcasts nationwide in Portuguese. The affiliate stations broadcast in a mixture of Portuguese and the major local languages of the respective provinces.

Radio has an immense reach in Mozambique in that it is the major source of information for a large number of citizens, particularly in rural Mozambique. Estimates indicate that Radio Mozambique and community radio stations are the source of news and broadcast entertainment for 60% of Mozambicans who cannot speak Portuguese, the country's official language (Inforasaid 2012). According to the most recent national survey on HIV/AIDS (INS et al. 2010), 80% of women and 91% of men in Mozambique listen to the radio at least once a week. This gives an indication of the people's level of exposure to HIV/AIDS education and

prevention messages, especially considering that all affiliate stations of Radio Mozambique include health education programs in local languages. In a multilingual and multicultural country like Mozambique, where the majority of the population barely speak Portuguese, radio programs in local languages are of crucial importance as they help to overcome language barriers in the dissemination of HIV/AIDS knowledge.

One of the advantages of HIV/AIDS education via radio programs is that it offers effective opportunities for anonymity. Where people hesitate to discuss HIV/AIDS issues in face-to-face public spaces, radio programs which include anonymous interviews and/or call-ins from listeners help to counter this communication problem. For example, unidentified listeners can phone into the program to discuss their choices and opinions with experts. In turn, experts can offer medical, social and psychological counselling regarding HIV/AIDS to a wide audience. This form of unconstrained communication is likely to offer good quality data, as it may reveal ‘genuine’ perceptions and behaviours attached to sexuality and HIV/AIDS-related issues.

I chose to analyse data from two health education programs, namely *A nossa saúde*<sup>2</sup> (“our health”) and *Tchovatchova* (“push-push”). The former is broadcast by the Maputo affiliate station of Radio Mozambique, and the latter by the Gaza province affiliate station. Both are weekly programs broadcast in Changana and they target all age groups. Data were taken from 10 radio programs dedicated to HIV/AIDS issues. Most of the excerpts analysed in this paper were taken from the program *A nossa saúde* (for no specific reason other than that these best illustrate the points made in this study). In these programs, journalists invite experts such as medical practitioners and health activists to offer medical, social and psychological counselling regarding HIV/AIDS to listeners. These experts are linked to different institutions, including governmental and non-governmental organizations. In some cases, the programs are based on interviews with members of the public, in which they are asked to provide their opinions and preferences on issues relating to HIV/AIDS. For ethical reasons, code names (for example, “Mr M.”, and “J” for Journalist) have been used to refer to the different participants involved in the radio programs which were analysed in this study.

Relevant extracts of the programs were transcribed and analysed. The analysis focuses on linguistic, discursive and socio-anthropological dimensions. Based on these analytical perspectives, the inferences made here are not solely based on linguistic forms but also on contextual dimensions of their production, including interactional and socio-anthropological dimensions. Therefore, following sociolinguistically-informed ethnographic approaches to discourse, like linguistic ethnography (see Rampton 2007), I explore the connections between discourse and socio-cultural structures and processes.

### 3. Culturally sensitive language of sexuality and HIV/AIDS

#### 3.1 Lexical development in Changana

One of the consequences of the subaltern status assigned to African languages in Mozambique has been that these languages have not been influenced by language planning efforts which would encourage systems of codification, including the development of grammar books,

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<sup>2</sup> Although this program is broadcast in Changana, its name is Portuguese. The journalist in charge of the program could not provide an explanation as to why this is. However, she mentioned that listeners call it *Programa la SIDA*, which is a “Changanised” Portuguese phrase meaning “AIDS (radio) program”.

dictionaries and the necessary vocabulary to cope with the challenges of science and technology.

The low levels of codification of most local African languages have led many people to maintain the myth that these languages are incapable of serving as vehicles for advanced knowledge, including biomedical knowledge. However, as linguists have argued, all living languages have considerable potential for growth and development and can cope with the challenges of modernity (see, amongst others, Bamgbose 1999; Obanya 1999; Campbell-Makini 2000). Indeed, evidence indicates that grassroots users of local African languages in Mozambique are responding to the complex challenges posed by developments in health education, with particular reference to HIV/AIDS education and prevention. So far, however, such responses are happening in a spontaneous and *ad hoc* fashion, outside of institutional corpus planning initiatives. The terms have mainly been created by medical and health professionals, social workers and activists working for governmental and non-governmental organizations chiefly as a way of filling gaps between their communicative intentions and technical linguistic resources available in African languages. The expectation is that, with corpus planning and lexical development coordinating bodies, there would be better opportunities to technically sanction the terms being created as well as to maximize “the intersection between local and global discourses on HIV/AIDS” (Higgins and Norton 2010).

Data presented in this section show how speakers of Changana have been developing specialised terms in order to represent concepts which are relevant in public communication about HIV/AIDS and sexuality. Linguistic strategies used to expand Changana terminology include (i) semantic extension of Changana existing terms, (ii) borrowing of terms from Portuguese, and (iii) translation of Portuguese loan terms.

### 3.1.1 Semantic extension

Semantic extension is a strategy which involves the extension of the meaning(s) of an already existing word to express specialised concepts (Batibo 1992). In Extract 1, the word *xithlangu* or “condom” used by Mr M., a health expert, illustrates the application of this term’s development strategy.

**Extract 1:** *A nossa saúde* radio program (21 September 2010)

Mr M.: *Loko ufambelana masangu ni murhandziwa wa wena, kumbe wanuna kumbe wansati, tirhisa xithlangu, kutivhikela...*

[When you have sex with your lover, be it a man or a woman, use a **condom** in order to protect yourself...]

The original meaning of the term *xithlangu* is “shield”. However, in this context, it represents the concept of ‘condom’. As can be understood, there is a metaphoric relation between the referents ‘shield’ and ‘condom’, as both serve as protective objects.

Another term of which the meanings have been extended is *xipungwana*. The original meaning for *xipungwana* is “worm”, but in a medical context it represents the concept of ‘virus’. In Extract 2, Mr M. uses the term to explain the destructive action of the HI-virus.

**Extract 2:** *A nossa saúde* radio program (21 September 2010)

Mr M.: *Xipungwana xa HIV xihehla ndlela ya nsawutisu se mavabzi yohambanahambana manghena hi kunabzala.*

[The **virus (of HIV)** destroys the immune system which makes the body vulnerable to different sorts of diseases.]

Note the redundancy of this expression: considering the fact that HIV stands for Human Immunodeficiency Virus, it would be enough to simply say “HIV”. However, even in the discourse in Portuguese, speakers also say *virus de HIV*, meaning “HIV virus”. This may be the strategy speakers use to specify the type of virus in question. Table 1 shows some of the technical terms created through semantic extension.

**Table 1.** Terms created through semantic extension

Term (Changana)	Ordinary meaning	Specialised meaning
<i>kulumiwa</i>	to be beaten	to have a sexually transmitted infection
<i>kutitsona</i>	depriving oneself of something	abstinence
<i>kutlanga</i>	playing	to have sex
<i>xipungwana</i>	worm/grub	virus
<i>xitlhangu</i>	shield	condom

Most of the terms presented in Table 1 are already being used by ordinary citizens, but there are others which are still part of the discourse of health educators and practitioners only, or at least of those speakers who are more exposed to HIV/AIDS messages.

### 3.1.2 Borrowing

Borrowing refers to the importation of linguistic forms, such as words and morphemes, from another language (cf. Katamba 1993). In addition to using Changana linguistic resources to create new terms, speakers also borrow terms mainly from Portuguese. This language can be regarded as the source of technical terms, including those related to HIV/AIDS. The fact that biomedical and epidemiological aspects of HIV/AIDS, as well as international prevention models, adopted in Mozambique are primarily communicated through Portuguese may explain why this language has been the source of technical terms used in Changana and in other local languages. In addition, there are also some English borrowings (e.g. “HIV”) used in Changana, though these are not borrowed directly from this language, but from Mozambican Portuguese where they are also used.

In the Extract 3, the journalist (J1) used the English and Portuguese acronyms HIV and SIDA (“AIDS”), respectively, in her introduction to the program. She also used the borrowed word *maantiretrovirali* (“antiretroviral”), used here in the plural form.

**Extract 3:** *A nossa saúde* radio program (21 September 2010)

J1: *Nyamuntlha hilava kuvulavula hi svikarhatu svitumbulukaka hi kola ka loko munhu lweyi ahanyaka ni HIV/SIDA atsukula kunwa mirhi leyichiwaka maantiretrovirali.*

[Today we will talk about complications arising when a person who lives with HIV/AIDS stops taking what is called **antiretroviral drugs**.]

The English acronym HIV is also used as such in Mozambican Portuguese, which indicates that Changana speakers did not borrow this term from the source language, but indirectly from Portuguese. Although there are attempts to translate Human Immunodeficiency Virus<sup>3</sup> (HIV) and *Síndrome de Imunodeficiência Adquirida*<sup>4</sup> (SIDA) into Changana, especially in specialised written discourse, the general tendency is to use the corresponding English and Portuguese acronyms instead. These seem to be easily understood by ordinary speakers than the equivalent full Changana translations. Despite the popular use of the term *maantiretrovirali*, when there is a need, it is also defined as *mimirhi yomathisa HIV* or “drugs for weakening HIV”.

In general, borrowed words have to be adjusted to the grammatical patterns of Changana. For example, following the Changana noun class assignment, the word *ma-antiretrovirali*, which is the plural form of “antiretroviral”, received the noun prefix *ma-*, indicating that it belongs to class 6<sup>5</sup>. In addition, instead of ending with the consonant ‘l’ as is the case in Portuguese, the borrowed noun ends with the vowel *-i*, responding to the consonant-vowel (CV) basic syllabic pattern of Changana and other Bantu languages. Another common method of accommodating borrowed words pertains to the insertion of vowels or deletion of consonants in order to eliminate clusters involving sonorant sounds, as required by the rules of Changana.

For some technical concepts, speakers seem to have no choice but to use the corresponding Portuguese terms (i.e. code-switch). Mr M.’s use of the terms *indução* (“induction”) and *reação alérgica* (“allergic reaction”) in Extract 4 illustrates this strategy. Although these terms can also be regarded as borrowings from Portuguese, they differ from ordinary borrowings since they are not adjusted to the grammatical rules of Changana and do not seem to be part of the lexicon of ordinary speakers of Changana in their discourses related to HIV/AIDS. The way in which these terms have been used in Extract 4 substantiates their exclusion from what can be called “ordinary borrowings”.

**Extract 4:** *A nossa saúde* radio program (6 October 2010)

Mr M.: *Loko munhu asungula kunwa maantiretrovirali, arhanga hi kuyenciwa lesvi hinga i indução, lesvi svinge dokodela amunyika makinina mavhiki mambirhi, ku anwa, ku atamucuvuka ku miri wakwe wutahlamulisa kuyini. Loko amiri wupfumelile, angavi ni lesvi hinga i reacção alérgica ... a mirhi wakwe*

<sup>3</sup> The expression “Human Immunodeficiency Virus” (HIV) is usually translated as *xipungwana xohehla ndlela ya nsawutiso evanhwini* or “virus which destroys the human immune system”.

<sup>4</sup> The expression “Síndrome de Imunodeficiência Adquirida” (SIDA), or “Acquired Immunodeficiency Syndrome” (AIDS), is usually translated as *mavabzi yohambanahambana lamahumelalaka hikola ka ku ndlela ya nsawutiso yingahasvikoti akuvhikela miri ka mahlungu ya mavabzi* or “a set of diseases that can emerge because the immune system is no longer capable of protecting the body against diseases”.

<sup>5</sup> In Bantu languages, nouns are categorised in classes, mainly based on characteristics of the respective referents (e.g. animacy, rationality, etc.). The class is typically marked on the noun by a prefix, called noun prefix. Depending on the language, noun classes may range from 1 to 21. In Changana, class 6 is marked by the prefix *ma-*, which is the plural form of the unmarked singular class 5 (cf. *kondlo* “mouse” vs. *ma-kondlo* “mice”).

*wungayalanga murhi lowu, hikulandza dokodela amukomba makinina lawa afanelaka kunwa kusukela kolanu.*

[Before starting to take antiretroviral drugs, a person (living with HIV/AIDS) is subject to **what we call induction**, which means that the doctor prescribes him or her some pills which should be taken for two weeks. During that period, the doctor follows up with the patient in order to see how s/he responds to the medication. If the patient doesn't have **what we call allergic reaction** ... [that is], if his or her body doesn't respond negatively, then the doctor prescribes the pills that s/he needs to take thereafter.]

In this extract, Mr M. was indeed aware of the fact that the Portuguese words *indução* and *reacção alérgica* could not be (easily) understood by ordinary Changana listeners. This can be indicated by his use of the discursive marker “what we call” to introduce those terms. In order to make his message understandable, these two terms were followed by explanations which were introduced by the expressions “which means that” and “that is”, respectively. This can be regarded as an instance of code-switching: the speaker had to switch into Portuguese given the lack of “immediate” equivalent Changana words to represent the desired concepts.

Table 2 illustrates some HIV/AIDS-related borrowed words which are used in Changana. As is evident, most of these terms refer to the biomedical semantic field.

**Table 2.** Borrowings used in Changana

Term/acronym used in Changana	Original term /acronym	Source language
<i>DTS</i> <sup>6</sup>	Doença de Transmissão Sexual (“Sexually Transmitted Disease” (STD))	Portuguese
<i>ITS</i> <sup>7</sup>	Infecção de Transmissão Sexual (“Sexually Transmitted Infection” (STI))	Portuguese
<i>HIV</i>	HIV	English
<i>SIDA</i>	SIDA (“AIDS”)	Portuguese
<i>soro</i>	soro (“serum”)	Portuguese
<i>(ma)antiretrovirali</i>	antiretroviral	Portuguese
<i>nevirapina</i>	nevirapina (“nevirapine” <sup>8</sup> )	Portuguese
<i>vhitamina</i>	vitamina (“vitamin”)	Portuguese
<i>zinku</i>	zinco (“zinc”)	Portuguese
<i>geli</i>	gel	Portuguese

### 3.1.3 Loan translation

Loan translations are defined as compound words or expressions whose parts are translated directly into the target language. This process is illustrated once again by J1 in Extract 5.

<sup>6</sup> The Changana translation for “Sexually Transmitted Disease” (STD) is *mavabzi yotlulelana hi ta masangu*.

<sup>7</sup> The Changana translation for “Sexually Transmitted Infection” (STI) is *ntlulelo wa mavabzi hi kufambelana masangu*.

<sup>8</sup> Nevirapine is a drug used as part of the antiretroviral therapy.

**Extract 5:** *A nossa saúde* radio program (21 September 2010)

J1: *Nyamuntlha hilava kuvulavula hi svikarhatu svitumbulukaka hi kola ka loko **munhu lweyi ahanyaka ni HIV/SIDA** atsukula kunwa mimirhi leyichiwaka maantiretrovhirali.*

[Today we will talk about complications arising when **a person living with HIV/AIDS** stops taking what is called antiretroviral drugs.]

Aiming at fighting against discrimination of people affected by the HIV pandemic, different communication guidelines recommend what is called “positive language” for HIV/AIDS information and education. One term commonly included in guidelines such as these is “people/person living with HIV/AIDS” (PLHA), which is presented as the recommended alternative to the somewhat negative equivalent “HIV-positive person” or “HIV-infected person”. In order to convey the same meaning, speakers of Changana have translated the Portuguese version of this expression as *munhu lweyi ahanyaka ni HIV/SIDA* (literally “person who lives with HIV/AIDS”).

Another illustrative case of loan translation can be found in Extract 6, where Mr M. uses the expression *ndlela ya nsawutisu* (“immune system”) to explain the function of the immune system.

**Extract 6:** *A nossa saúde* program (21 September 2010)

Mr M. ***Vanhu vahanyaka ni HIV/SIDA** vatala kukumiwa hi mavabzi yohambanahambana hikusa xipungwana lexi xihehla **ndlela ya nsawutisu**. Ntiro wa **ndlela ya nsawutisu** i kuvhikela miri ka mahlungu ya mavabzi.*

[Usually, **people living with HIV/AIDS** are attacked by different diseases because this virus destroys the **immune system**. The function of the **immune system** is to protect the body against micro-organisms which cause diseases.]

Table 3 shows some of the loan translations used in Changana.

**Table 3.** Loan translations used in Changana

Term/expression used in Changana	Meaning
<i>kuhanya hi ndlela leyinene (ni HIV/SIDA)</i>	living positively (with HIV/AIDS)
<i>mavabzi yotlhuvela</i>	opportunistic diseases
<i>munghanu wa ta masangu</i>	sexual partner
<i>munhu ahanyaka ni HIV/SIDA</i>	person living with HIV/AIDS
<i>ndlela ya nsawutiso</i>	immune system
<i>tinhome ta miri</i>	body fluids
<i>xikambelo xa HIV</i>	HIV test
<i>vuban'qeli ra vanghanu va ta masangu</i>	multiple concurrent sexual partnership

### 3.2 The language of secrecy and culturally appropriate rules of speaking

As sociologically- and anthropologically-orientated studies have revealed (Verheij 2007; Ambasa-Shisanya 2007; Sigamoney 2009; Audet et al. 2010), silence and secrecy are part of culturally appropriate ways of communicating about sexuality and sex-related diseases in Africa. Amongst other things, silence and secrecy about sexuality and sex-related diseases are usually taken as “an indicator of respect for oneself, one’s kin, and the community” (see Sigamoney (2009:1-2), in relation to Basotho).

Accordingly, speakers of African languages have, when silence is not suitable, developed culturally appropriate ways of talking about these issues, which include the use of metaphors, euphemisms and other indirect references. These are culturally perceived as ways of adhering to the communicative requirement of secrecy regarding sexuality and sex-related diseases, and still achieving a seemingly conflicting aim of actually talking about a tabooed topic of critical importance for healthcare. These strategies can be captured in the discourse of Changana speakers taking part in HIV/AIDS-related radio programs. Extract 7 below is a replication of Extract 1 with the emphasis on different words.

**Extract 7:** *A nossa saúde* program (21 September 2010)

Mr M.: *Loko **ufambelana masangu** ni murhandziwa wa wena, kumbe wanuna kumbe wansati, tirhisa xithlangu, kutivhikela...*

[When you **have sex** with your lover, be it a man or a woman, use a condom, in order to protect yourself...]

The Changana word for “sexual intercourse” is seldom uttered in public, not even in a conversation involving sexual partners. Instead, speakers tend to use metaphors or euphemisms to refer to this act. The term *kufambelana masangu*, literally “to share mats with someone”, is regarded as less loaded than the equivalent direct expression for having sex. Other socially sanctioned expressions used to refer to sexual intercourse include *kutlangu* (“playing”) and *kutlhokola mavele* (“ripping the corn”). Of course, these terms cannot be regarded as neologisms as they have been used for generations, well before the emergence of HIV/AIDS. However, they merit attention here because, on the one hand, their currency is particularly linked to this context of HIV/AIDS and, on the other hand, they illustrate well how speakers respond to culturally sanctioned norms of communication. Interestingly, equivalent terms with the same function are also used in other Bantu languages in the southern region of Africa (see Sigamoney 2009 in relation to Basotho).

As has been pointed out in relation to other African contexts (Sigamoney 2009 on Lesotho), the meanings in the language of secrecy frequently require insider knowledge to be correctly decoded. In other words, cultural outsiders may find it difficult, perhaps impossible, to understand the meanings conveyed in these contexts, even in cases where they can speak the language used. Some of the euphemisms and metaphors used in Changana sex-related discourse are shown in the Tables 4 and 5:

**Table 4.** Some euphemisms used to talk about sex and sex-related issues

Metaphor	Literal meaning	Intended meaning
<i>kutlhokola mavele</i>	ripping the corn	sexual intercourse
<i>kutatela masangu</i>	exaggerating on mats	having multiple concurrent partners
<i>nkompfa awudliwi ni makamba ya wona</i>	a banana is never eaten unpeeled	condom use is at odds with natural ways of sexual intercourse

**Table 5.** Some metaphors used to talk about sex and sex-related issues

Term/expression	Literal meaning	Intended meaning
<i>kufambelana masangu</i>	sharing mats with someone	to have sex
<i>kutlanga</i>	playing	to have sex
<i>kulandza (tihweti)</i>	to follow (months)	to menstruate
<i>kutikhomakhoma</i>	touch-touching yourself	to masturbate
<i>mbewu ya xinuna</i>	male seed	sperm
<i>xiluma</i>	creature which bites	penis
<i>xirhu xa vusati</i>	female organ	vagina

Secrecy about sexuality and sex-related diseases may explain why local communities do not find it appropriate to talk about HIV/AIDS in gatherings involving participants of different age groups and/or genders. This can be illustrated in Extract 8 where Mr T., a member of the community, explains to the journalist, J1, why Changana men do not often attend HIV/AIDS prevention campaigns.

**Extract 8:** *A nossa saúde* radio program (21 September 2010)

J1.: *Kasi n'wina vab'ava mimahiwa hi yini kuva mingakumeki ngopfu lomu kuchumayeliwaka mavhikelela ya HIV/SIDA?*

[Can you explain to me why you male people do not often take part in gatherings aimed at educating people about how to prevent HIV/AIDS?]

Mr T.: *Hakumeka ... ntsena ku hi Xichangana xa hina, svahinonon'hwela kuva hiyapatsana ni vatsongwana, ni vamamani va vona hibula hi timhaka ta mavagwi lawa ... van'wani vataku vatahichumayela i svivana svokala ni kunyawula. Ahili hingedzisiwi hi vana va hina, kambe kubula hi ta masangu ni vana va hina lomu ka xitshungu svahitikela.*

[We do take part ... the problem is that given our Changana tradition, it is difficult for us to get together with children and their mothers in order to talk about this disease ... some of those who come to advise us are very tiny young people. We are not saying that we have nothing to learn from our children. What we are saying is that it is difficult for us to talk about sex with our children in public.]

This extract foregrounds some of the basic Changana rules of speaking. Amongst other things, the extract reveals that sexuality and sex-related issues are taboo among Changana people and, as such, they should not be talked about in a public forum, especially when that forum involves participants of different genders and/or age groups. Moreover, although the speaker conceded that elders can learn from young people, his speech presupposes that, in a traditional Changana mindset, knowledge is passed from the elders (who are regarded as the sources of wisdom) onto new generations, and not vice versa.

The conclusion that can be drawn from this account is that the poor representation of Changana male participants in HIV/AIDS prevention activities has, at least in part, to do with their dissatisfaction with the breach of culturally sanctioned communication norms. In this case, what is at stake is not just the type of language or genre used but the situational context of communication as a whole, which includes considerations about where communication takes place, who participates in the communication exchange, what the roles assigned to each category of participants are and what the topic and purpose of the conversation is.

The analysis presented here suggests that communication about HIV/AIDS education and prevention could be more effective if culturally appropriate rules of communication were observed. The promotion of peer talk may be one way of achieving this goal. In a peer talk arrangement, people of the same age group and gender gather to learn from each other and discuss HIV/AIDS-related issues more openly. Preferably, health experts, activists and other advisers should also be of the same age group and/or gender as the people who convene in order to approach these issues.

Cultural norms and practices such as sexual initiation, so-called “widow cleansing”, and traditional healing involving the use of unsterilized cutting objects are among the attested risk factors for HIV infection in Mozambique (see Paulo 2004; INS et al. 2010; Audet et al. 2010). Radio programmes have been instrumental not only in bringing these sensitive issues into public debate but also in disseminating innovative ways of making them safer. In Extract 9, Mr Z., a member of the community, justifies why some Changana people continue to observe the ritual of widow cleansing (*kucinga*), a widespread practice across sub-Saharan Africa which is believed to purify women after the death of their husbands.

**Extract 9:** *Tchovatchova* radio program (15 July 2011)

J2: *Lesvi kunga ni ntungu lowu wa SIDA asvitanabzala ku vanhu vatshika xihena lexi xa kucinga lexi... kambe vanyingi vatama vava mahlweni ni wucingacinga...*

[Given the existence of the AIDS pandemic, it would be better if people could abandon the **widow cleansing** practice... instead of that, many people continue to practice this *cleansing ritual*...]

Mr Z.: *Lesvo hisvona... kambe hi ntumbuluku svalaveka ku wansati wosiyiwa acingiwa akuva abasisiwa... eeh... akuva asungula vutomi limpsha. Kufanela ku acingiwa hi makwenu wa nuna wakwe. Kambe masiku lawa... ngopfungopfu hi mhaka ya ntungu lowu wa tiku, van'wanyani vayala kucingiwa kumbe kucinga nsati wa makwenu wa vona. Vanyingi se vapfumela kuhlampsa lifo*

*hi mimirhi ntsen, svingalavanga ku mufeliwa afamba masangu ni makwenu wa mufi, kumbe ni mukhenyula... Kambe vanyingi avamakholwi kahle mabasisela lawa... vatolovelile kucinga.*

[That's correct... but in traditional terms it is required that **a woman who has lost her husband be subject to a cleansing ritual in order to be purified... eeh... in order to be ready to start a new life.** It is required that she sleeps with a brother-in-law. However, nowadays... mainly because of this global epidemic, some refuse to be purified or purify their sisters-in-law by means of sexual intercourse. **Nowadays, many prefer alternative ways of observing the purification rite such as the sole use of herbal remedies and/or magic charms, which do not involve sexual intercourse between the widow and her brother-in-law or any hired professional cleanser...** However, many do not trust these alternative ways of purification... they are used to the sexual cleansing rite.]

In this account, Mr Z restates the traditional importance of the widow-cleansing ritual. After the death of their husbands, widows are considered to be in an impure state which is perceived to be harmful to themselves and to other people. In this context, the cleansing ritual is taken as a necessary practice to reverse this impure state and allow the widow to start a new life. However, in a further development, the speaker notes that there are alternative ways of observing the purification rite which do not necessarily involve sexual intercourse between the widow and her brother-in-law or with any hired "professional" cleanser. The speaker stated, though, that many do not trust such alternative ways of purification.

Although there is a lot to be done in order to change traditional beliefs and practices, this account shows how the emergence of HIV/AIDS is prompting social and behavioural change, especially as far as sex-related practices are concerned. This shows that tradition is not as static as it is usually perceived or presented but something that can be changed as a result of socio-historical contingencies. So, instead of trying to ban traditional practices such as widow cleansing, education and prevention programs should try to make these practices safer. This can be achieved through the encouragement of approaches that do not put people at risk of HIV infection, such as widow purification rituals which do not involve sexual intercourse. Radio programs and other forms of dissemination of information should play a role in helping people alter their vision of life by creating a space for the promotion of innovative forms of interaction between local or traditional and biomedical or global forms of knowledge (Drescher 2010).

#### 4. Closing remarks

As Bamgbose (1999:14) points out, "a language cannot be used in a wider range of domains if it is not developed, and it will not be developed unless there is a need to use it in a wider range of domains". The data analysed in this paper substantiate this cycle. Indeed, the use of local African languages such as Changana in HIV/AIDS education and prevention campaigns has prompted their development in this domain, which further substantiates the view that all languages have considerable potential for growth and development and can cope with the challenges of modernity.

The study showed how speakers of Changana have been engaged in language engineering processes aimed at responding to the complex challenges posed by communication about sexuality and HIV/AIDS, especially with regard to biomedical and epidemiological aspects of the disease. The strategies used to enable their language to cope with these challenges include semantic extension, borrowing, and loan translation. However, as indicated earlier, these language development initiatives are happening spontaneously in Mozambique, which, amongst other things, constrain the institutionalization and consistent use of the coined terms, hence the call for official corpus planning endeavours.

The analysed data show that, in addition to grammatical rules, the engineering of structural aspects of the Changana language is also informed by culturally-sanctioned norms of speaking, which include, amongst other things, consideration of the situational context in which newly devised or semantically extended terms are used. As discussed, what matters is not just the type of language or genre used, but also considerations about the place of communication, the roles assigned to the participants involved, as well as the topic and purpose of the conversation. The use of metaphors, euphemisms and indirect words to convey sex-related issues as well as the approach of these sensitive issues in groups separated by age, gender, etc. are part of this obedience of culturally appropriate rules of communication. However, as has been shown, there are cases where health educators and practitioners neglect these rules of communication, for example, when they talk about sexuality and sex-related issues in public forums involving participants of different genders and/or age groups. Based on the gathered evidence, the suggestion is that, in order to mobilise local communities and succeed, HIV/AIDS education and prevention strategies should incorporate these norms of speaking.

As is consistent with findings from other studies, the Changana case presented in this article reveals that traditional beliefs and practices can be changed or modified according to specific socio-historical conditions. The emergence of HIV/AIDS and its devastating impact on individual, community and societal levels has been leading some community members to reinvent safer ways of performing certain traditional practices. Evidence reported in this study shows, for example, how some Changana people are exploring alternative ways of widow purification which do not involve sexual intercourse, but rather herbal remedies and exorcism.

These new practices demonstrate the dynamic nature of the traditional world. Although tradition is usually presented as static, unchangeable and as opposite to modernity, actual practice indicates that these two worlds “are constantly relating and interpenetrating, blending and merging” (Passador 2009:689). This is particularly true in this era of “glocalization”, in which, chiefly for pragmatic reasons, people tend to swing between the two worlds according to contingent circumstances. This can be substantiated by the attested fact that in cases of diseases, for example, many Africans (irrespective of their level of education or socio-economic status) resort to both modern biomedicine and traditional healing and witchcraft (Passador 2009). In this case, instead of clashing, tradition and modernity are perceived as complementing each other. In this sense, radio programs like the ones explored in this study have played a key role in changing people’s beliefs and practices, by creating and disseminating spaces for debate regarding innovative ways of adapting traditional visions of life to the changing circumstances dictated by the spread of HIV/AIDS.

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<sup>9</sup> “Glocalisation” can be defined as the intersection between the local and the global. In this study, this concept is linked with the need to combine local and global knowledge and discourses in HIV/AIDS education.

As has been pointed out, traditional African beliefs and practices have important implications for HIV/AIDS education and prevention in Africa. Given this context and drawing on other studies (e.g. Van Dyk 2001; Verheij 2007; Sigamoney 2009), the suggestion is that, instead of trying to eliminate traditional beliefs and practices, HIV/AIDS education and prevention strategies should accept and respect these forms of representation as long as they are not harmful to the people's health. However, when traditional practices are perceived to contribute to the spread of HIV/AIDS, effort should be made in order to make them safer, as is the case of widow cleansing. My view is that even in the most conservative traditional settings there will always be opportunities to encourage people to change beliefs and practices that can be harmful to their health.

In summary, language development in Mozambique's Africa languages is being carried out by grassroots actors in a bid to fill the void created by the lack of macro-level language planning for health. The suggestion put forward in this study is that, in order to mobilise the communities and achieve long-term success, HIV/AIDS education and prevention strategies should consistently include corpus planning within institutions and take into account culturally sanctioned norms of communication, as well as respect and optimise traditional beliefs and practices. This suggestion is consistent with international calls for promoting the interception between local and global discourses on HIV/AIDS education, countering the current heteroglossic biomedical discourse (Drescher 2010; Higgins and Norton 2010).

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