

**OVERCOMING THE STIGMA: A CONVERSATION ANALYSIS OF INTERVIEWS  
WITH PEOPLE LIVING WITH HIV/AIDS ON GHANA TELEVISION**

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**Abstract**

Over the last decade, persons living with HIV/AIDS in Ghana, as in other sub-Saharan African nations, have begun to confront their ordeal through various media sensitization programs against the stigma. As part of this concern, I explore two interviews granted to four Ghanaians living with HIV/AIDS on Ghana Television. The interviews, which lasted an hour, were analysed based on conversation analysis. Major findings showed that victims of HIV are becoming increasingly bold to break away from the shackles of stigmatization. The study also indicated that the interviewees were self-motivated to take a bold step to educate and encourage other selves affected by the disease. The analysis also revealed that the victims contracted the disease through other means other than sex. While the men claimed that they had no knowledge of how they contracted HIV/AIDS, the women, on the other hand, lamented that they were infected by the promiscuous lifestyles of their husbands. The study thus calls for massive education on HIV/AIDS and women empowerment.

**Keywords:**

HIV/AIDS, stigmatization, interviews, Ghanaian, Ghana Television

## 1. Introduction

In Ghana, as in many sub-Saharan African nations, the mention of AIDS signals “an almost apocalyptic level of devastation” (Craddock, 2004: 1). A major reason is that with less than 8 per cent of the world’s population, sub-Saharan Africa encompasses an estimated two-thirds of global AIDS cases (UNAIDS, 2001). Although West Africa has suffered less compared to Eastern and Southern Africa, the situation is changing quite rapidly as Cote d’Ivoire is now among the 15 worst affected countries in the world, while the epidemic continues to rise in neighboring Ghana, Nigeria and Senegal (Oppong & Agyei-Mensah, 2004). Research has shown that commercial sex, sexually transmitted diseases and the neglect of condom use are critical factors that bring about the HIV epidemic in Cote d’Ivoire (Anarfi, 1990; 1992; Sassan-Morokro *et al.*, 1996; Oppong & Agyei-Mensah, 2004). Studies have also shown that HIV/AIDS became rife in Ghana through the activities of Ghanaian commercial sex workers from the Eastern part of the country in the early 1980s who returned home from Cote d’Ivoire very feeble and weak ([http://wikipedia.org/wiki/HIV/AIDS\\_in\\_Ghana](http://wikipedia.org/wiki/HIV/AIDS_in_Ghana); Oppong & Agyei-Mensah, 2004). Thus from that time on HIV/AIDS in Ghana has become synonymous with sexual promiscuity

As a consequence, HIV/AIDS is becoming a life threatening problem in Ghana as the number of reported cases is frightening. From a low case figure of 42 AIDS cases in 1986, the number more than skyrocketed to 41, 229 at the end of September, 2000 (Oppong & Agyei-Mensah, 2004: 76). The authors further add that more than 90,000 Ghanaians have died from AIDS since the early 1980s, and that an estimated 120,000 children have regrettably become orphans. In respect of the demographic pattern of the epidemic, Ghana’s case is unique compared to other African countries that exhibited a somewhat equal male-female ratio in the sense that the pattern in Ghana was about 5 females to 1 male, although a 1: 1 ratio is pretty imminent (Oppong & Agyei-Mensah, 2004). According to Agyei-Mensah (2001), Ghana’s current pattern resembles the typical sub-Saharan Africa with females comprising 55 per cent. Both young males and females have also become vulnerable, the latter being more vulnerable than the former (Addai, 1999 cited in Oppong & Agyei-Mensah, 2004). The vulnerability of these young female is due to their powerlessness to negotiate condom use in premarital sexual relationships (Ankomah, 1998). Worse still, such biological differences as a larger mucosal surface increase exposure of the disease among women, and the fact that there are more viruses in sperm than in vaginal secretions (Oppong & Agyei-Mensah, 2004). Also, that a majority of

women are increasingly financially dependent on men means that they hardly have a say in issues concerning sex and the sexuality of their partners.

Despite the massive campaign and public education offered by the agencies of the government of Ghana, pragmatic knowledge of HIV/AIDS is not accessible in the nation. Both the Ministry of Health (MoH) and the Ghana Aids Commission (GAC) have over the years been very active in the dissemination of information, public education and provision of anti-retroviral drugs (ARDs). None the less, a lot of Ghanaians not only discriminate against persons living with the disease thereby condemning them in the process, but also stigmatize them in all spheres of life. Research has increasingly shown that stigmatization is one of the most painful evil wrought on persons living with HIV/AIDS (Anick & Yarbrough, 1984; Bond & Bond, 1986; Friedman, 1997). According to Doku (2009: 6), “Stigma is a powerful tool of social control which is often used to marginalise, isolate and make others coil up”. When an HIV or AIDS patient is stigmatized in societies such as the Ghanaian, they are made to feel less human. So harrowing is the experience that the disease brings them so close to their deaths. In many cases, they are denied family support and succour, and access to public amenities because they are extremely ridiculed (McGoldrick, 1989; Williams, 1989; Nichols, 1998). Sadly enough, it is women living with HIV/AIDS who suffer most from the brunt of the infection. In sub-Saharan Africa, females account for 76% of the young people living with HIV aged between 15-24 years (Kurtz & Luke, 2002). The co-authors further contend that women face a lot of discrimination and violence, and that this has acted as a major stumbling block against them on getting educated on how the virus is transmitted and how they can prevent themselves.

However, in the last decade persons living with HIV/AIDS are beginning to kick against the bondage of stigmatization. Operating through organised societies, HIV/AIDS victims are now showing their images on television screens. Few of them are also being granted interviews on other media outlets. Together, they believe that education is important in decreasing stigma and other misconceptions on prevention measures, the use of condom and reproductive health. In this paper, I explore two interviews granted by Gifty Anti, the hostess of ‘The StandPoint’, a Friday female advocacy television show, on Ghana Television. The study examines the motivations underlying the interviews of persons living with HIV/AIDS on television using conversation analysis, given the risks associated with such an attempt. Specifically, the work explores how the interviewees contracted HIV/AIDS, ascertains the reasons persons living with HIV/AIDS would like to be interviewed on Ghana Television, and also examines the effects of stigmatization on persons living with HIV/AIDS from the perspective of the interviewees.

## 2. Data Source and Methods

### 2.1 *'The Standpoint' as a Female Advocacy Television Show*

'The StandPoint' (SP) is a female advocacy television show aired on Ghana Television (GTV), the official television network of the Republic of Ghana. The show is the proud initiative of Gifty Anti, a news presenter at the nation's television station. Only three years old, SP has already won national awards as it has reportedly given the platform to many Ghanaian women to express their views, opinions and sentiments on pertinent issues concerning women. The show, which operates under the motto '*Listen to the Feminine Side*', emphasises the unique place of the Ghanaian woman in a dominant patriarchal society, and aims to project the position of the Ghanaian woman and assert her right in the face of adversity against her. Among the many topics discussed on the show are love and marriage, women and formal education, female genital mutilation (FGM), widowhood rites and child and sexual abuse.

SP gathers professional women to discuss these pertinent issues. But the programme is not anti-andro-genic. This is to say that it also features men who believe in the course of women; sometimes, the hostess invites men who have expert knowledge on issues of women or have had some experiences on certain subjects to share their experiences.

### 2.2 *Conversation Analysis as an Analytical Framework*

Conversation analysis (henceforth CA) was developed into a distinctive field of enquiry by the sociologists Sacks, Schlegloff and Jefferson (Sacks *et al.*, 1974; Stubbs, 1983). CA is concerned with the detailed organisation of everyday interaction or spoken discourse which tends to be usually dialogic. The method favors fine-grain analyses often of quite short stretches of conversation. Key issues CA analysts are interested in include (a) how people take turns in a conversation, (b) how they open and close turns, (c) how they launch new topics, close old ones, shift topics, etc. and (d) what makes a conversation generally progress satisfactorily from one utterance to the next.

The basic unit of speech in CA is the individual speaker's turn. A turn is each occasion that a speaker speaks and a turn ends when another speaker takes a turn. This is based on social interaction in the first place rather than on any phonological, lexico-grammatical or semantic considerations. Conversation analysts are interested in how speakers achieve smooth turn-taking, and what the 'rules' are for who speaks them.

In any ordinary, informal conversation, there is hardly any overlap or interruption, and only minimal silences between turns, if there is any silence at all. Sacks *et al.* (1974) observed that

speakers are permitted to take turns when they are chosen or nominated by the current speaker, or if one is directly selected, they may speak of their own choice. This is called self-selection. If neither of these conditions apply, the current speaker can simply continue. The language provides us with ways of getting the next turn. These vary in appropriateness to different contexts. Such back-channel responses as *Mmm, uhuh, yeah* and *sure* show that the listener is still following the speaker and wishes him or her to continue.

Another important aspect of turn-taking is the way interlocutors predict one another's turns and often complete the speaker's utterance for them. Also, they often overlap with the speakers as they complete the speaker's utterance even though the speaker is still talking. Neither back-channels nor completions or overlaps are normally perceived as interruptions or as rude. For conversation analysts, they represent a co-operative activity by participants to facilitate communication. Thus a major strength in using CA is that conversations are often based on actual recorded data of naturally occurring interactions rather than contrived or simulated data.

### 2.3 *The Interviews and Interviewees*

The interviews were conducted by Gifty Anti on StandPoint of GTV fame on 10<sup>th</sup> and 17<sup>th</sup> February, 2012. The first group was made up of a family—a Reverend Minister of a charismatic church based in Accra, his wife and their 18 year old daughter who is a university student at a private university in Accra (names withheld). The attempt to withhold the original names of the interviewees is very important because “whatever the specific nature of their work, researchers must take into account the effects of the research on participants, and act in such a way as to preserve their dignity as human beings” (Cohen, Manion & Morrison, 2000: 56).

Even though the interviews were already in the public domain prior to this research, it was considered ethically disturbing to use them as data for the study without the approval of the interviewees. In overcoming this practical limitation, I used generic names as they do not refer to specific persons. The second group comprised two widows. Together, the level of education of the groups was intermediate because they did not speak Standard English and so intertwined their level supported their lack of proficiency with the local Ghanaian language, that is Twi, a major dialect of Akan (Nyarko, 2008) save the teenage girl. Each of the interviews lasted thirty minutes. The recorded interviews were then transcribed. To ensure that biases were reduced to the minimal level, the transcribed texts were shown to another colleague to cross-check and validate them.

#### *2.4 Method of Analysis of Transcripts*

The interview transcripts were then analyzed using qualitative content analysis. In practice qualitative content analysis enables researchers to understand the process and character of social life and to arrive at a meaning. According to Fraenkel and Wallen (2000), a person's or group's conscious or unconscious beliefs, attitudes, values and ideas often are revealed in their communications through a rigorous content analysis. A major advantage for using content analysis is that it is unobtrusive. A researcher can observe a phenomenon without being observed (Fraenkel & Wallen, 2000). This is particularly true in the sense that the contents being analyzed are not influenced by the researcher's presence. Moreover, information that might be difficult or even impossible to obtain through direct observation can be gained unobtrusively using content analysis.

### **3. Findings and Discussion**

A close observation of the transcribed interviews brings to light three main issues. These are HIV/AIDS victims' boldness to break away from the shackles of stigmatization, that the victims contracted the deadly disease through no fault of theirs, and how lifestyles contribute to the contraction of HIV/AIDS.

#### *3.1 Boldness of Victims to Overcome Stigmatization*

The analysis of the transcripts shows that persons living with HIV/AIDS are becoming increasingly bold in confronting the problem of stigmatization. According to them, the days when HIV/AIDS patients confined themselves to their doom are over. The interviewees were of the view that it serves no purpose to die in silence. They felt that if society continues to stigmatize persons living with the virus, it is because little or no efforts have been made by themselves to speak against it, much less overcome the stigma. Below is an expert from the interviews of Gifty Anty, the host of StandPoint, with the Reverend Minister.

**Extract 1**

- 019 Gifty: So Rev. Ike, how did you feel thinking about wanting to go public with your situation? Do you know that you're a man of God? So how did your church take it?
- 022 Rev. Ike: Hmm! I know more than ever that I've become a public ridicule. At first, I felt like committing suicide.
- 024 Gifty: Really? Did you ever think of anything like that?
- 025 Rev. Ike: Of course I did. At first I didn't understand what was happening. I said why me? Why me? Gifty, you know something?
- 026 Gifty: Tell me pastor.
- 027 Rev. Ike: As a man of God, I cannot lie. I was a virgin till I married my wife seated by me. So you see, with time I've come to realize that God encouraged me to come to be bold enough to tell the whole world about it. Do you know that some pastors also living with the virus now call on me for advice and direction?
- 031 Gifty: Hmm. Now let me turn to you Sofo Maame (Pastor's wife). How did you feel when you got to know that you have the HIV and what has been your ordeal?
- 034 Rev's Wife: Deadening. I knew next to nothing about what was wrong with me. I grew leaner and leaner every passing day, and attended countless prayer camps. When my husband could bear the pain no more and took me to the hospital, that was when we realized the SHOCKING NEWS. Since then, life became unbearable as my family (husband, and my children, though the children are negative) was called the AIDS family. We could do nothing. The church even disowned us.
- 041 Gifty: The church too!!
- 042 Rev's Wife: But here we are, we'd like to tell the whole world that such a practice is in itself anti-Christian.

It is, therefore, clear from the excerpt that both the Reverend Minister and his wife were humiliated by the torture and pain of contracting what many Ghanaians believe to be a disease inflicted on the unrighteous. In the case of the former, he himself did not understand how and why he had to contract the disease since, according to him, he stood right in the sight of God. But despite this shame, they have been doing the most important thing by coming out of their

‘shells’ to tell the world about the negative effects of HIV/AIDS. Such a conviction was driven by their belief that they are innocent.

### *3.2 Innocent Victims of HIV/AIDS*

As demonstrated earlier, Reverend Ike and his wife strongly believe that they had contracted HIV/AIDS through no fault of theirs.

#### **Extract 2**

- 057 Rev’s Wife: Like my husband, I did nothing wrong. I was also a virgin. He himself can testify. But Gifty you see when it comes to these things, people easily forget that the disease can be contracted through other means other than sex.
- 061 Gifty: Thank you Madam. But tell me Ama you are their daughter how did it affect you?
- 063 Ama: As a child, I remember how confrontational I was. Many times, I directly demanded answers from my parents. I wept on so many occasions. But as I grew up, I am beginning to give them the needed emotional support. I have shunned the stigma and am maturing quite faster just to cope with the pain.

In this excerpt, we see an 18 year old girl trying to adjust to the challenge of being a daughter to parents living with the HIV virus. Indeed, such an attempt is not only proper and befitting, it is also life saving. Perhaps, it is this hope that keeps her parents alive and to want to educate others about the devastating nature of the fatal malady.

### *3.3 Gender and Lifestyles*

This section of the work relates to the second group of interviewees who are widows apparently in their forties. According to them, they contracted HIV/AIDS through the flirtatious lifestyles and intransigence of their husbands. In Ghana as in many African states, many women are faced with a number of life-threatening challenges such as HIV/AIDS as a result of economic hardships. For example, a lot of them are not free to make decisions about the use of condoms during sexual intercourse with their partners, neither do they have the right to abstain or engage in a sexual act. It is not surprising then that both female interviewees said

that their husbands concealed the secrets from them to the time they were so shrunk and were about to pass away.

### **Extract 3**

094 Gifty: So how did you come to know that you have the disease?

095 Widow 1: Auntie Gifty, I never knew I too could be a victim of AIDS. It all started when my husband with whom I've three children incessantly started falling ill. One day when he could no longer cope with the ravaging effects of the disease, he beckoned me and asked for forgiveness. I never understood why he had to do this until he told me he had AIDS. He died not too long after.

Painful as it may sound, the excerpt above epitomizes the experiences of many women in Ghana and other parts of the world with respect to the contraction of the HIV/AIDS. In Ghana, a number of men are still of the view that is they who pay the piper and so have to call the music. They, therefore, do not expect their wives to question their ways of life. The popular saying among them is that as men, it is only prudent to keep a farm and also have a backyard garden, metaphorically representing a mistress or a girl friend. The converse is unheard of and detestable which could even attract serious sanctions such as divorce or even battering in certain traditional societies in Ghana.

## **4. Conclusion**

In this paper I have attempted to discuss the ordeal suffered by some persons living with the HIVvirus in Ghana and their resolve to overcome the stigma associated with the disease. As part of this resolve, HIV/AIDS patients in the last decade have become courageous enough to tell the whole world about their status through several media such as the radio and television. In one of these advocacy programs on *The StandPoint* on Ghana Television, three major issues came up. In the first place, the interviews showed that the victims of HIV are no more diffident of being referred as such. They believe that this is the only way of overcoming the stigma and encourage others not to suffer in silence (Hampton, 1991). The interviews also reveal that some persons living with the disease who are married may have contracted the disease innocently, and not necessarily as a result of their promiscuous lifestyles. Some may have had the disease

through other means other than sex. Lastly, among the women interviewed they were infected with the HIV virus through their husbands who cheated on them, and yet never informed them until they were about to die. And whether the accounts were prettified by the narrators, it is not ours to authenticate or otherwise verify the verity of their stories. What should be admired of them, however, is their courage to show the whole world how far they have come, for it serves no good purpose to deceive the public of an epidemic one is no victim of.

The findings of this study bear three major implications. First, it seeks to raise awareness that persons living with the disease still have their fundamental human rights with which to enjoy the goodness of life. This is because they are human and need not be treated as persons cursed with an abominable disease (Friedman, 1997). Second, the research aims to encourage other persons living with the HIV virus to be bold enough to seek counseling and guidance and seek medical attention rather than wanting to die in silence. To the home, this work hopes to bring relief to families that seem to be wrecked due to a member of the family suffering from the disease (Axnick & Yarbrough, 1984; Williams, 1989). There is hope in collaborating to support one another.

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