

Contradictory HIV/ AIDS Rhetoric(s) in Zimbabwe: An Analysis of Selected Online Media Texts

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by

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Abstract

This article employs text analysis within the framework of the arena model (Mazzoni, 1991, Anfa, 2006, <http://www.eric.ed.gov/ERICDocs>), to examine fourty one online media texts to reflect on the Zimbabwean HIV/AIDS intervention model and how it impacted on HIV/AIDS rhetoric used by government officials and online media. The article reveals that HIV/AIDS rhetoric was mainly used by politicians from the previous government of Zimbabwe as a face and face management strategy (Goffman (1955/1967)/ Tracy (1990) in Bull (2008) to paint a positive image of government and ZANU PF before relevant stakeholders like potential voters, donors, regional and international communities. The article demonstrates that the strategy of using HIV/ AIDS rhetoric for political grandstanding did not yield success owing to inherent flaws in the HIV/AIDS intervention model used and lack of commitment. The article further reveals that the Zimbabwean HIV/ AIDS model that rests heavily on a subsystem arena which oftentimes overlapped as a political party engineered leadership arena that excluded the much vital macro arena, is the architect of the contradictory HIV/AIDS rhetoric under discussion. I proceed to argue that despite the government officials' use of all sorts of appeals, imagery, symbolism and endorsements in the public media and other platforms, the online media's use of whistle blowing, thematisation, visuals and intertextuality, managed to send effective messages locally and abroad that dislodged misleading rhetoric produced by political agents and emitted by pro- government media. Findings in this study lend to the conclusion that the Zimbabwean HIV/AIDS intervention model rendered government officials HIV/AIDS rhetoric as nothing beyond plain face saving acts that unfortunately did not yield the interlocutors' desired effect for the macro arena's experiences were overwhelmingly parallel to messages churned by politicians. In the article, I analyse speeches by political agents, HIV/AIDS activists, and online media reports by UN officials, Human Rights Watch (July 2005), UNAIDS and WHO (2005). Lastly, articles on rape committed against girls and women particularly during the 2002 and March 2008 elections are also examined.

Introduction

Following the first report of HIV / AIDS in Zimbabwe in 1985 (<http://www.avert.org>) the Zimbabwean government was generally in a mode of denial mainly due to lack of knowledge of the disease and its potential threat to the nation. Hence, there was a marked paucity of information about HIV and AIDS in government circles during this period, as ministers of government and other public figures made no public pronouncements about the disease. HIV and AIDS public discourse was minimal and it was only considered to be newsworthy when president Mugabe included it in his speeches, which were too few to be effective. Thus, government did not meaningfully respond to the disease and with a sense of agency. Possibly, as a result of government's delayed action, 10% of the adult population in Zimbabwe was estimated to be HIV positive by the 1980s (ibid). Research has indicated that there was a steep rise in new HIV infections in Zimbabwe in the first half of the 1990s which also reached its peak during this period before stabilizing at 29% between 1995 and 1997.

The formation of the National Aids Co-ordination Programme (NACP) in 1987 did not immediately produce positive results as NACP was faced with serious administrative and financial challenges. This led to the formation of the National Aids Council (NAC) in 2000. Guided by an HIV and AIDS policy set up by government in 1999, and oiled by funds from the mandatory AIDS Levy, NAC managed to put in place knowledge empowerment and treatment programmes which enjoyed a relative initial success. However, NAC was dogged by corruption and a hyperinflationary environment which reached its peak of 100,000 % by January 2008 (www.avert.org). Zimbabwe HIV/AIDS infection rate stands at 20.1% (<http://www.ukcoalition.org>). This translates to a rate of "...around one in seven adults living with HIV and an estimated 565 adults and children becoming infected every day (roughly one person every three minutes)" (<http://www.avert.org>). This high HIV/AIDS prevalence rate should be understood in the context of an ineffective HIV/AIDS intervention model that culminated in serious power struggle to control HIV/AIDS information between political agents and state media on one hand, and, independent media on the other. To fully unpack how this fight affected HIV/AIDS victims, we need to explore the media environment in Zimbabwe.

The media environment

In the main, media and academic circles qualify media laws in Zimbabwe as repressive, oppressive, tough, harsh, and draconian. State media employs the propaganda model¹ (Herman and Chomsky, 2008) to report in line with a predetermined agenda by powerful politicians. The disabling media environment in Zimbabwe has resulted in the mushrooming of underground media and undercover local and foreign media practitioners that service various media houses which report on Zimbabwe. These find it

¹ Herman and Chomsky (2008) argue that media report in keeping with basic institutional structures and relationships within which they operate.

difficult to report from within the Zimbabwean borders due to political interference and harassment by state agents.

The regiment of the dreaded media laws comprises the Access to Information and Protection of Privacy Act (AIPPA) which was enacted in 2002, the Broadcasting Services Act (BSA), the Public Order and Security Act (POSA) and the Interception of Communications Act (ICA). The latter was adopted in 2007 and, it “... allows the government and the police to tap phone calls and intercept email messages and faxes without requesting permission from a judge (<http://www.rsf.org/article>). These laws, coupled with the banning of BBC, CNN and the Daily News (2003) have caused some critics to comment that Robert Mugabe’s ZANU PF government has been “one of the most media repressive regimes in the world” (<http://www.swradioafrica.com>). For instance, the AIPPA can attract a jail term of 20 years.

In this paper, I note that the prevalence of repressive media laws in Zimbabwe has culminated in polarized reporting by media institutions where public media (Zimbabwe television (ZTV), the 4 radio stations, the Herald, the Sunday Mail) become the mouthpiece of government while private and underground media assume an anti-government stance. This polarized reporting has contradictory HIV/AIDS rhetoric as one of its byproducts, and, has seriously affected HIV/AIDS delivery in Zimbabwe due to distortion of information. What emerges is that while government officials paint a positive picture of HIV/AIDS intervention programmes that the previous government effected, online media² reports on speeches made by HIV/AIDS activists, murmurs by victims of rape, WHO and UN agents, depict a disturbing scenario of negligence of HIV/AIDS victims. The article examines these speeches and reports in a bid to find the most relevant HIV/AIDS intervention model for Zimbabwe.

Theoretical Framework

This study employs text analysis (Coulthard,1994, Stubbs, 1996) and Critical Discourse analysis (Dijk,1998, Fairclough,1989, 1992), as dominant tools of interpretation, within a multi - method analytical framework³, to unpack the realities that generated contradictory rhetoric evident in the disparities between speeches by political agents

² Online media is a combination of newspaper, radio and television organizations that use the internet to publish articles about HIV/AIDS and other issues in Zimbabwe.

³ The multi-method analytical framework enables the researcher to unpack contradictory rhetoric by using analytical theories from linguistics and social science.

and online media articles about HIV/AIDS in Zimbabwe. These analytical tools are used within the framework of Mazzoni's arena models⁴ of policy innovation (Anfara, Jr and Mertz, 2006). For instance, Mazzoni's claim that change in policy is realized when the macro arena (members of the general public, media (in this study, independent media)) begin to challenge the subsystem arena (government ministries, statutory bodies et cetera), and, in this study, I add, the political leadership arena, is very vital in explaining the source of contradictory HIV/AIDS rhetoric in Zimbabwe. Through the use of the multi- method approach, it becomes possible to explain the nature of the rhetoric, decipher it and chart a way forward.

Rhetoric by political agents

HIV/AIDS speeches by president Robert Mugabe and his officials have been associated with evasive positive politeness⁵. Thus, on the surface, the speeches appear positive but when subjected to serious scrutiny, they betray lack of commitment. One such speech is the one made by Mugabe before the UN General Assembly in 2006. Part of his speech reads, " However, even against this background, my government has registered some modest success in reducing the HIV/AIDS prevalence rate from about 29 per cent in 2000 to 18.1 percent in 2006 on the strength of its own resources and programmes" (<http://www.newzimbabwe.com>).

Focusing on the issue of decline in the prevalence of HIV/AIDS in Zimbabwe, Dr David Bourne, an epidemiologist at the University of Cape Town, has this to say, "I think with the current state of affairs in Zimbabwe, one would be kind of skeptical about statistics, which could also be caused by an undercount, by mass migration ...," (Herald Tribune on <http://www.iht.com/>). Even though the use of the epistemic verb 'I think' betrays Bourne's sensitivity to the margin of error in the proposition, it has a very strong truth value. On a related issue of HIV/AIDS prevalence rate the South African Minister of Health, Barbara Hogan, cautions, "We need to see a convincing and significant decline in prevalence that is not caused by mortality or out migration, but is a real and substantial decrease in the rate of new infections (www.tac.org.za). Further, Zimbabwe's former minister of Health, David Parirenyatwa's statement in which he warns NGOs not to conduct their own surveys on the prevalence of HIV/AIDS makes one to doubt Mugabe's rhetoric on prevalence rate in Zimbabwe. Part of Parirenyatwa's speech reads:

⁴ Mazzoni's arena models of policy innovation are employed to trace the causes of contradictory rhetoric as well as to find the best model for Zimbabwe.

⁵ Evasive positive politeness is a concept the researcher coins to explain Mugabe's deceptive rhetoric.

You were found in this country sometimes one NGO will say no we are not happy we will go and evaluate ourselves and make our own report and they have another report and another one says no this country is a laboratory let me also go and make my own report and they are conflicting figures in one country. So we are saying no if there is going to be any survey on prevalence, ... lets do it together and come up with one figure because we don't want this political mileage anymore especially on HIV and AIDS.

This shows that statistics on prevalence in Zimbabwe are heavily compromised by interference from the political leadership arena (see Mazzone's arena models) such that the reliability of declared figures remains highly questionable.

Another speech in which president Mugabe was evasive by employing the face and face management strategy to show politeness is when he addressed delegates at the first National Aids Conference. He asserts:

"I wish to assure this conference that improving access to treatment is one of the priorities of government. ... There is no doubt that HIV and AIDS is one of the greatest challenges facing our nation. ... However, it is not an insurmountable challenge. We can and we should rise above this challenge, and win the fight." He further revealed that HIV/AIDS had also affected his own family including, "...businessmen, members of parliament, even teachers and lecturers, alas, even ministers," (<http://news.bbc.co.uk/2/low/africa>).

It is clear from the Mugabe's utterance that he employed a positive politeness strategy (Cutting, 2002:47, Yule, 1996). Through this strategy, he sought to establish common ground with participants, his party members and the nation at large. This is so since, "... politicians must concern themselves with three aspects of face: their own individual face, the face of significant others, and the face of the party which they represent" (Bull et al. (1996)).

About this technique, Cutting (2002) quotes Brown and Levinson (1987) as arguing that politeness is a cross cultural phenomenon by which interlocutors seek to "... establish social relationship through acknowledging and showing an awareness of the face, the public self image, the sense of self, of the people that we address. ... speakers should respect each other's expectations regarding self image, take account of their feelings and avoid threatening acts."

By stating that members of his family were also affected by HIV/AIDS Mugabe was presenting himself as a likable people's leader who, like the biblical Moses, suffers with his people. The strategy of presenting his family as a victim of HIV/AIDS is an appeal to pity aimed at removing him and his government from criticism by members of the public for lack of delivery in the health sector which had caused untold suffering of HIV/AIDS patients. The deployment of politeness as a rhetorical tool complemented by the inclusive personal pronoun "we" is probably aimed at marketing the president leadership to the nation. This is so owing to the fact that the personal pronouns 'I' and 'We' can be exploited to forge relations between interlocutors (Hudson, 2000, Mashiri and Makoni, 2003:15, Makamani, 2006). The president employed the war metaphor "fight" as a rhetorical strategy to inculcate a war mood among the

audience –a war with no ammunition (ARVs) as revealed by the study’s analysis of online media HIV/AIDS rhetoric.

The other evasive speech by Mugabe is when he opened the 7th Parliament of Zimbabwe on 27 August 2008. He had this to say,

“Health delivery continues to be constrained by the shortage of essential drugs, equipment, food, transport and skilled personnel. It is, however, pleasing to note that steady progress is being registered in addressing these challenges. For instance the introduction of generic training programme has ensured that there is at least one trained nurse at every health facility,” (<http://www.talkzimbabwe.com.news>).

In the speech, the use of the cognitive verb ‘pleasing’ betrays emotive commitment being boosted by the ‘evasive’ adjective ‘steady’ which is being used as a bait to persuade his audience to accept the fact that there is progress being made in health delivery. It is however, critical to note that in the speech, Mugabe uses health delivery as a subject of his proposition. This makes it the theme or the discourse topic⁶ (Halliday, 1978,1992, Hernandez and Guijarro, 2001) thereby shielding his government from being rightly viewed as the agent responsible for providing hospitals with drugs, equipment and other resources. However, the thematisation of health delivery system, deprives Mugabe’s proposition of ‘informational completeness’ (Galasinski, 2000:28). He thus used thematisation as a deceptive strategy through providing the target with inexplicit information. This is so since, “deceivers employ strategies to dissociate themselves from their message” (Galasinski, 2000: 28). In addition, deception through violation of the veridicality information aspect of informational incompleteness is also committed when Mugabe identifies 5 constraints affecting health provision (drugs, equipment, food, transport and skilled personnel), only to proffer solution to one – skilled manpower. The offered solution is clearly inadequate as the size of the clinic or hospital is not known because of the use of the generic compound noun ‘health delivery system.’ This renders the president’s commitment to issues of health of the citizens of Zimbabwe and particularly HIV/AIDS victims highly suspicious.

In an address made before the UN General Assembly of 2006, Mugabe’s speech also reflects one who prides in hiding behind rhetoric, this time by blaming international organizations for not giving Zimbabwe adequate support. Part of the speech reads:

⁶ Studies by Halliday (1978, 1992) and Hernandez and Guijarro (2001) reveal that the theme or discourse topic can be used for manipulative purposes.

Madame President, the HIV/AIDS pandemic continues to cause untold havoc in Africa, particularly in Southern Africa, owing to high levels of poverty which make it difficult for the affected people to access medication.

Given the fact that the pandemic does not respect borders, the denial of assistance to countries on political grounds through a self-serving and selective approach would do more harm and weaken international efforts to fight the pandemic. In my country, for example, on average, a Zimbabwean AIDS patient is receiving about US \$4.00 per annum in international assistance compared with about US \$ 172.00 per annum for other countries in the region. However, even against this background, my government has registered some modest success in reducing the HIV AIDS prevalence rate from about 29 per cent in 2000 to 18.1 percent in 2006 on the strength of its own resources and programmes (<http://www.newzimbabwe.com>).

The opening statement refers to HIV/AIDS problems in Africa and Southern Africa in sequence. This is a deceptive technique of evasion (Galanski, 2000) deployed to remove Zimbabwe from focus as delegates are meant to think about Africa and Southern Africa. Mugabe employs this rhetorical technique both to deny responsibility and evade criticism. Further, the thematisation of, 'Given the fact that the pandemic does not respect borders...', means Mugabe wants the delegates to accept this theme as a given or rather something beyond negotiation. It is what he wants listeners to remember or rather the noteworthy content of the N-Rheme (where N stands for the first part of the clause whilst rheme is the second) (Fries, 1994, Thompson, 1996, Bloor and Bloor, 1995, Halliday,). As the delegates ponder about HIV/AIDS problems in Africa and Southern Africa, in a typical Maoist fashion of, "When the enemy retreats attack," Mugabe swiftly moves on to criticize international bodies for giving Zimbabwean HIV/ AIDS victims less money as compared to what is given to other HIV/AIDS victims in the region. Such move structures are a further rhetorical strategy to ward off criticism. Hence, he proceeds to give a self crediting account of how the HIV/AIDS prevalence rate had been 'lowered' in Zimbabwe due to local initiatives.

President Mugabe also appeared to have intended to show leadership when he addressed the UN General Assembly saying, "My government will carry out its mandate to protect the country's citizens" (<http://www.newzimbabwe.com/pages>). In yet another speech he had this to say, "I will assure this conference that improving access to treatment is one of the priorities of government" (<http://news.bbc.co.uk/2/low/africa>). From the perspective of the face and face management theory, Mugabe appeared to be obsessed by saving face through exploiting linguistic devices. For example, in the foregoing texts, Mugabe used the epistemic modal verb 'will' as a stance marker to boost the validity his proposition (Thompson, 1996) thereby showing epistemic commitment (Fetzer, 2008). He also employed 'will' as a face management strategy (Bull, 2000) to brand himself as a good leader. This strategy is also used to market his government to the world, and, most importantly, to potential voters.

The face and face management (Goffman (1955/1967)/ Tracy (1990) in Bull (2008)) strategy was also exploited by Midlands Governor, Cephas Msipa, at the Gweru Agricultural Show. Msipa lamented, "This disease is real and people are perishing. Abstinence is the best route to follow but, if you cannot, please protect" (<http://gideongono.com/news.php>). One glaring weakness in this speech is that the Governor does not commit himself to the fate of HIV/AIDS victims. This makes the sincerity of his speech questionable.

Yet another positive speech was made by the then Minister of Foreign Affairs, Mudenge, as he officially opened the 2002 Edition of the SADC Employment and Labour Sector Meeting of Ministers and Social Partners. Mudenge intimated;

"The HIV/AIDS scourge is threatening to reverse all the gains that we have made in our Human Resources and other development processes. ... I welcome the formulation and adoption of a Code of Conduct on HIV/AIDS and Employment by your sector. The Code, in the main, outlaws discrimination and victimization of workers suffering from HIV/AIDS" (<http://www.zimfa.gov.zw/speeches>).

Mudenge's use of the second person plural 'we' suggests a government that is cooperating with relevant stakeholders to combat the AIDS scourge. The speeches by the three politicians do not reflect on the government's strategy to combat the pandemic. This puts to question government's commitment on effort to eradicate the disease.

Emerging issues from the Speech by the then Minister of Health, David Parirenyatwa

The speech by the then Minister of Health, David Parirenyatwa is symbolic of how political agents exploited HIV/AIDS rhetoric as face and face management strategy mainly to score political battles. For instance, in his closing remarks to the first National AIDS Conference (18 June 2004) in Zimbabwe, Parirenyatwa remarked, "Finally a few achievements that we have done in this country should now be on our heads, the AIDS levy, district initiative and the local manufacture of generic drugs I think those are the things that we should pride ourselves on" This clearly portrays a government that branded itself as one that frantically sought solutions to fight the disease in order to alleviate the suffering of people.

However, part of the minister's speech shows the folly of the top-down approach used in HIV/AIDS intervention policy formulation, implementation and evaluation in Zimbabwe fhatendi@ecoweb.co.zw. The speech reads:

"This was a first conference first of its kind in Zimbabwe and I am made to understand by Dr. Shongwe that in region various meetings have been held in other countries but not a national conference so I think we must say to ourselves well perhaps we are introspecting properly. ...The people living with AIDS when I was coming here in the morning I was phoned that they want to demonstrate and I said what have we done wrong and they said ah! It's even in the

papers that they want to demonstrate I really wondered what we had done wrong but I am so glad that nobody demonstrated.”

It is clear from this extract that in Zimbabwe HIV/AIDS discourse is characterized by a heavy influence of politically aligned elites at the expense of authentic HIV/AIDS victims. HIV/AIDS victims were not represented in the first conference in Zimbabwe which was meant to discuss their welfare. “ I urge you to go back to your constituencies especially when those recommendations are solidly in on paper go back call some caucuses rediscuss it ... in the meantime have provincial conferences,” said the Minister. From the perspective of Mazzoni’s models of policy innovation, the minister’s speech shows that government, NGOs, politicians, traditional leaders and healers who attended the conference belong to a patronized subsystem and leadership arena which was being instructed to go back to the public (the macro arena) and hand down already agreed policies on HIV/AIDS. As shall be discussed in this article, this model of intervention largely appears to be the source of contradictory rhetoric about HIV/AIDS issues in Zimbabwe.

Borrowing further insights from Mazzoni’s arena models of policy innovation, we discern that the first HIV and AIDS conference in Zimbabwe symbolized that HIV/AIDS policy formulation in Zimbabwe is a function of a party political and ministry of health leadership cohort or what Mazzoni called a subsystem arena without a clear participation of the macro arena (general public including HIV/AIDS victims, the mass media particularly independent media and political leaders from opposition party formations). This explains why, in his closing speech the then Minister of Health, David Parirenyatwa, mentioned what appears to be a suppressed demonstration by HIV/AIDS victims who justifiably were clamoring for chance to participate in conferences and decision making processes that involve their lives. Additionally, the statement that was directed to the media further demonstrates how the media was used as government’s mouthpiece in Zimbabwe. “So I am glad you are here (state media) and I am quite certain that tomorrow you will see all the papers, the headlines will be about you and that will go a long way towards what we are trying to do,” the minister continued.

The use of the exclusionary first person plural “we” by the minister further demonstrates how he sought to forge a common identity and solidarity with participants whom he conveniently separates from “Those people living with AIDS... .” The latter were not part of the gathering, and, they wanted to demonstrate but were probably intimidated by state agents. Intimidation is a strong possibility given that as late as 02 April 2009, an online media article titled, “Police brutality in Zimbabwe continues unchecked, HIV patients beaten, ” chronicles how HIV/AIDS victims were brutalized by police for demonstrating against the exorbitant price of ARVs. Their representative was quoted saying, “The police were too heavy handed, we did not imagine this kind of behaviour in this new set up. ... Anyone can get AIDS...”

(<http://www.hararetribune.com>). Such brutality is understood given that Prime Minister Tsvangirai recently stated that people were still living in ‘fear’ (Associated Press on <http://www.thezimbabwetimes.com>).

By starting the sentence with “The people living with AIDS ...” as the discourse topic or theme, the minister intended to persuade his audience to accept the message that, by threatening to demonstrate, the HIV and AIDS victims were being insensitive and wrong. The rhetorical effect of this syntactical arrangement coupled with the rhetorical question, “... What have we done wrong?” is that of making HIV/AIDS victims appear as culpable and insensitive. Secondly, the thematisation of “people living with AIDS” as opposed to “people living with HIV and AIDS” evokes the AIDS metaphors of thinness or weight loss, and, or, a patient’s physical gradual deterioration. This is a focus on people and not the disease. Apart from showing the minister’s disguised vitriol against HIV/AIDS victims, it violates “the use of indirect and diplomatic devices of communication” (Mashiri, et al, 2002:225) that Shona/Ndebele people use in taboo topics such as HIV / AIDS in order to avoid stigmatization of victims. As put by Chimuka in Mashiri et al (ibid) Shona people and Zimbabweans in general, use pragmatic competence rules, rules of bashfulness ‘nyadzi’, dignity ‘kuzvibata’, peaceful co-existence ‘kugarisana’, co-operation ‘kushandirapamwe’, and eloquence ‘kugona kutaura’ in order to forge social harmony and integration. Such are a repertoire of politeness strategies used to maintain “face” in face threatening situations (Brown and Levison, (1987), Nwoye, (1992), Mao, (1994). In collectivist cultures (e.g. Shona and Ndebele cultures) it is critical to maintain one’s public self- image and the image of others. This creates social harmony and integration. The overall rhetorical effect of the minister’s speech betrays an inherent conflict of interest between the subsystem arena and the leadership arena (political agents) on one hand, and the macro arena (HIV/AIDS victims and independent media) on the other. This disjunction is the source of contradictory rhetoric under investigation.

The conflict between HIV /AIDS victims and the political leadership in Zimbabwe is further revealed by the minister’s desperate attempt to present president Mugabe as a role model. The minister retorted:

As a ministry I did appreciate HE (His Excellency) coming here and declaring that this is a war that phrase to me was “this is war.” I think that put us in the fighting mood that this is a war and he further expressed that everybody is affected including his own family there are deaths in the family various times and I think that commitment to me was impressive and I think the nation also said yes that is the leadership that we would like to see in terms of HIV and AIDS.

The minister’s speech naturally lends us to counter rhetoric from HIV/AIDS activists, victims of rape and other relevant stakeholders as revealed by the analysis of online media reports below.

Emerging issues from online media reports

One emotive report has this title, Robert Mugabe's thugs chanted: 'We will eat your children' (<http://www.timesonline.co.uk>). In this report a terrified white commercial farmer who employs 500 workers is featured helplessly lamenting about threats to take over his farm by alleged ‘war veterans’. Unfortunately, this take over would affect the

livelihoods of 500 people and their families. It is important to note that activities like this and some government's programmes have been blamed for undermining efforts to combat HIV/AIDS in Zimbabwe. For example, media reports on recent operations such as Murambatsvina (Operation Drive Out Filth) (2005), Chikorokoza Chapera (Operation End of Illegal Dealings) (2008), Makavhotera Papi? (Operation for Whom Did You Vote?) (2008 – 9) and the controversial Operation Hakudzokwi (Operation You Will Not Return Alive) at diamond fields in Chiadzwa, show that huge numbers of people were rendered destitute as they were deprived of their livelihoods. In fact, a recent report has it that "The military seized control of these diamond fields in eastern Zimbabwe after killing more than 200 people in Chiadzwa" (<http://www.sokwanel.com>).

In a related article entitled, "Zimbabwe: Abusive Policies Disrupt Progress on HIV/AIDS," Human Rights Watch has this to say about Operation Murambatsvina (Operation Drive Out Filth),

The Zimbabwe government's program of evictions has disrupted access to treatment and healthcare for many people living with HIV. Today, over a year after the evictions, hundreds of people living with HIV continue to live in appalling conditions, without shelter or in overcrowded houses. As a result many are left prone to opportunistic infections such as pneumonia and tuberculosis. The evictions also interfered with HIV-prevention efforts; for example, police destroyed nearly 2,000 outlets providing condoms in urban townships during the evictions. The government's crackdown on the informal sector has also destroyed peoples' livelihoods, increasing the risk of HIV infection for thousands, and further endangering the lives of those already infected (<http://www.hrw.org/english/docs/2006>).

In a related article titled, "HIV/AIDS in Zimbabwe: whose side is the government on"? Sokwanele quotes a female victim of Operation Murambatsvina in Beitbridge as saying, "As the shortage of basic commodities worsens, women are forced to engage in sex for preferential treatment in the purchase of restricted goods." A Mail and Guardian reporter also interviewed a teenage girl who was forced into prostitution due to demolition done on her house during Operation Murambatsvina. She related her misfortune thus, "We are too many ladies looking for too few men. I need to come earlier and stay longer to get business" (www.sokwanele.com/articles/sok...). As can be noted, this is in stark contrast to officials from the previous government's repeated rhetoric in which they chanted messages that portray a government that cared for its citizen and was making steady progress in combating the disease.

An article by Chawapiwa Youthcare organization reports that "... government officials who were HIV Positive had been given priority (by the National Aids Council) access to ARVs. While doing so they intercepted generic AIDS drugs for their own use that were

actually meant for public hospitals” (<http://www.chawapiwayouthcare.org>). Another article reports that a senior government official is seeing a South African HIV/AIDS specialist at a hotel in Harare for specialised treatment (<http://www.zimdaily.com/news>). These reports bring to question government’s commitment to equal provision of treatment and care to HIV/AIDS patients in Zimbabwe.

The desperate situation faced by HIV/AIDS victims in Zimbabwe is evident in an article entitled, “Zimbabwe: New government gives HIV-positive people hope.” In this article, the president of Zimbabwe HIV and AIDS Activist Union, ‘who is living with HIV’, Jorum Nyathi, said this to IRIN/PlusNews, “The welfare of HIV-positive Zimbabweans has, for too long, been ignored” (<http://www.plusnews.org/Report.aspx?>). Another article relates how the pandemic is wrecking havoc to farm employees. The article which shows a visual of an emaciated farm worker with his son carrying a small bag of grain possibly to a far away grinding meal quotes the farm worker as saying, “Life is very difficult in farm communities. ... At times I go to bed without any food, and I then I don’t take my ARVs” (<http://www.saf aids.net/?9>). Another article with the title, “AIDS Activists Bemoan Lack of Resources,” quotes a representative of the HIV/AIDS Activists Union saying, “ People living with HIV who want to access treatment at all government hospitals as new clients, cannot access it, because of lack of drugs, lack of CD4 count machines. ... This has caused a high percentage of people living with HIV dying for example during the last quarter of 2008. ... At least 39 percent of people in HBC (Home Based Care) died due to lack of drugs” (<http://www.thezimbabwestandard.com/>). Certainly headlines like, “PM Sees the Decay First Hand,” (<http://www.thezimbabwestandard.com> and “PM visits delapidated hospital,” (<http://www.thezimbabwetimes.com/?>) reveal that, prior to the establishment of the inclusive government, and, contrary to positive rhetoric by government officials and pro- government media, the Zimbabwe healthcare system had almost collapsed. The second source actually talks about the collapse of Harare Central Hospital that Tsvangirai witnessed during the two-hour tour of the hospital. Other headlines like, “Zimbabwe: Abusive Policies Disrupt Progress on HIV/AIDS,” (<http://www.hrw.org/english/docs/2006>) and “Mugabe responsible for collapse of TB, AIDS programmes,” (<http://www.sadcnews.com>) expose how the previous government was hypocritical on issues related to HIV/AIDS. These strongly worded headlines and emotive messages are clearly aimed at giving people alternative messages about the health situation in Zimbabwe in opposition to state media and government officials’ positive rhetoric.

One such example is when the Reserve Bank is criticized of diverting US \$7,29 million from the HIV/AIDS fund. An article by The Zimbabwe Tribune titled “ZANU-PF, Mugabe, squandered \$7,3 million meant for AIDS/HIV” (www.hararetribune.com/index.ph...) symbolized the general sentiments by Zimbabwean HIV/AIDS patients and activists towards the beneficiaries of the loot. The thematisation of *ZANU PF, Mugabe*, presents these entities as given and non negotiable (Bloor and Bloor, 1995, Thompson, 1997). Through this technique, the writer seeks to exploit the theme as a persuasive strategy so as to pressurize the reader to accept the content of the proposition. The overall impact of this technique would be to cause readers and people in general to shun ZANU PF and Mugabe. This partly shows how, online media exploited HIV/AIDS rhetoric to equally unleash politically damaging rhetoric against perceived fund abusers. This counter rhetoric brought to light injustice committed against HIV/AIDS victims.

A statement made by the Combined Harare Residents Association to mark the World Aids day further reveals the politicization of HIV/AIDS discourse in Zimbabwe. The statement reads, “ The Zimbabwean defacto government recently misappropriated the Global AIDS fund allocated to the country, the ‘government’ allegedly used the money to fund some populist programmes to further political expediency and had nothing to do with combating the AIDS pandemic”(<http://www.kubatana.net/html>). The use of the negative evaluative qualifier ‘defacto, reflects that this as a clear a case in which HIV/AIDS rhetoric was used to advance a political milestone. From the perspective of an HIV/AIDS activist, this diversion of HIV/AIDS funds was ‘unforgivable’ and ‘criminal’ (<http://www.thezimbabwestandard.com>). To the Global Fund director Michel Kazatchkine, this was awful for, “ We have many of our members who are failing to access life-saving treatment, people being turned away from hospitals and people dying of hunger and taking ARVs on empty stomachs and you have got to ask: So where was this money diverted to?”

In this instance, Kazatchkine used a rhetorical question as a strategy to express a deep concern and emphatically blame government for committing an indefensible immoral abuse of funds which betrays apparent insensitivity to the plight of HIV/AIDS victims. On the use of rhetorical question as a communicative technique, Black (1992:2) avers, “A rhetorical question is asked for the persuasive effect of its asking. It solicits assent to a proposition by a subtle shift of the burden of proof. It is a question whose form baits and whose substance hooks, a declaration that solicits assent to a claim” So, Kazatchkine used the rhetorical question to effectively highlight the apparent government’s insensitivity to the plight of HIV/AIDS victims.

Hence, an article entitled, Zimbabwe HIV/AIDS Activists Applaud Global Fund Administration Change,” (<http://www.voanews.com>) reveals that HIV/AIDS activist celebrated the removal of NAC as the recipient of The Global Fund highlighting lack of

transparency and the diversion of the Global Fund last year (2008) as the probable causes of such a decision. About the Global Fund outgoing US Ambassador to Zimbabwe, Joseph McGee posits: “Too many things disappear when they go to government, we all know that. ... Recently US\$ 14 million dollars from the Global Fund, which was destined for people living with HIV and AIDS disappeared” (<http://www.thezimbabwestandard.com>).. This HIV rhetoric clearly shows that on issues related to the welfare of the people of Zimbabwe, Mugabe’s government’s rhetoric should be viewed with the proverbial pinch of salt as it is increasingly depicted in bad light and as culpable.

Reports on rape

Positive HIV/AIDS speeches by politicians from the former Zimbabwean government seriously contradict negative reports of rape that were allegedly committed in ZANU PF militia bases during the 2008 elections. For example, in a report entitled, “AIDS group cites rapes in Zimbabwe as terror tool,” the Girl Child Network in Zimbabwe director, Betty Makoni, laments, “Rape is being used as a weapon of political intimidation to instill fear in us, our families and communities. ... Pesticides, sticks and other objects have been inserted in their vaginas” (<http://www.iht.com/bin>). In this case Makoni employs imagistic language to bring the suffering of rape victims to the world. Another article entitled, “Reports of Rape and Torture Inside Zimbabwean Militia,” taps a rape victim saying, “At night they removed the globes from the light sockets. ... Sometimes there were ten boys. They didn’t leave until 3 a.m. If you cried, you were beaten” (<http://query.nytimes.com>). This report is closely related to another one headed, “Zimbabwe sex slave confides her ordeal.” In the report a rape victim whispers, “I’m still at the base. I’m being raped by four or five men daily. Any time they want, night and day. ... To me, a comrade is a murderer, someone who is cruel. ... They said they were treating me to make me a ZANU-PF member” (<http://articles.latimes.com>). Additionally, an article entitled, “Youth jailed for raping MDC supporter,” proves that these rape cases were committed by real people in real places and time. In this case the offender was sentenced to 20 years in jail. To further prove that these were real Noah Novagrodsky, the legal director of U.S. – based advocacy group AIDS- free world warned, “The accounts of politically motivated gang rape, severing of limbs and practices of sexual slavery ... are not individual offenses, these are crimes against humanity. ...We believe that members of Mugabe’s inner circle who turned the ZANU-PF youth militia into rapists and killers are responsible” (<http://aids-freeworld.org>). Betty Makoni rightly sums it up saying, “When you are raped by 18 men you are already dead” (ibid).

These articles reveal that reporters used emotive voices of rape victims to persuade readers, listeners and viewers to accept their messages. They also made use of

intertextuality were they cited comments and observations made by experts and HIV/AIDS activists. The use of highly imagistic language characterized by metaphorical expressions (e.g. rape as a weapon; comrade as murderer, militia as rapists and killers) makes one to rethink about the Zimbabwean previous government's position on HIV/AIDS victims vis-a-vis the rhetoric. Definitely headings like, "Zimbabwe Activist Sees HIV Infection Surge Following Political Violence," (<http://www.aids-freeworld.org>) makes one to subject the Zimbabwean model of HIV/AIDS intervention to serious questioning.

Conclusion

Findings have revealed that the current HIV/AIDS model in Zimbabwe is ineffective. It is a model that is leader – centred and is heavily biased towards European perspective of Africa than the African perspective (<http://www.newzimbabwe.com/opinion>). This is the case since HIV/AIDS policy formulation in Zimbabwe was done by a subsystem arena and political (ZANU-PF) leadership arena who adopted western intervention models without meaningfully engaging the grassroots. Besides sidelining the macro arena (members of the general public and independent media), the model generally dictates that those aligned to the political leadership arena stand to benefit from government engineered treatment arrangements. These are also safe from rape, evictions and other operations that disturb human settlement patterns thus exposing victims to HIV/AIDS infections. This shows that a comprehensive HIV/AIDS intervention programme in Zimbabwe should reflect the collective nature of the Zimbabwean society where decisions should emanate from families, communities, villages, media houses, provinces and then the nation. The current selective top to bottom approach is the source, not only of rape in militia bases, but also of the national failure to comprehensively arrest the pandemic.

The current individualistic and leader centered model is uprooted from the cultural horizon of the Zimbabwean community. It is based on social psychology theories (Airhihenbuwa and Obregon, 2000) which unfortunately are not in tandem with the collectivist nature of Zimbabwean communities. Consequently, this subsystem and political leadership arena rooted HIV/AIDS intervention model, informs equally ineffective leader - centered and thus individualistic linear communication models being used to disseminate HIV/AIDS messages in Zimbabwe. The pitfalls of such a model and sub-models is realized in the desperate use of political agents, failed church agents et cetera as role models where clearly these are not role models of various communities in Zimbabwe. For example, the use of politicians as a role model may not be meaningfully received by victims of torture and all forms of violence much as the use of a failed church pastors may not be appreciated in circles were the very fact of an HIV positive pastor is viewed as sinful and so on. The social psychology driven HIV/AIDS intervention

model is fraught with oversights for it seeks to educate, reward (treat), and sometimes, punish (rape, infect), an individual (on HIV/AIDS related issues) thereby forgetting that Zimbabwe is mainly a collectivist culture where individuals belong to families and communities. What this means is, in a collectivist cultural environment such as Zimbabwe, what affects an individual affects the community and the reverse is equally true. This means the western model of communicating HIV/AIDS to an individual should be revisited so as to reflect the collective nature of people in Zimbabwe. For this reason, one cautions that in localities where collectivism is still strong HIV/AIDS policies and messages should be channeled through authentic structures and existing systems. Such messages should reflect 'collective efficacy' and not 'individual efficacy' (Bandura, 1998) as is currently obtaining.

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