

Examining the Centrality of Indigenous Languages to Successful HIV/AIDS Communication in South Africa¹

Chijioke Uwah

*Department of English & Comparative Literature, University of Fort Hare,
East London Campus, South Africa
E-mail: cuwah@ufh.ac.za*

KEYWORDS Culture. HIV/AIDS. Indigenous Languages. Indigenous Communities. Health Communication. Theatre

ABSTRACT This paper aims to examine the importance of the use of indigenous languages in HIV/AIDS Communication in South Africa. Research has established that any message targeted at behaviour change which is anchored outside the linguistic codes of target population is bound to affect the rate at which such messages are assimilated by intended audience. In South Africa, research has revealed that because of theatre's use of English/Afrikaans as well as adulterated vernacular in HIV communication, audiences in many communities whose proficiency in English and Afrikaans is poor and those whose indigenous languages are presented with a lot of adulterated words have failed to articulate the message about HIV/AIDS and behaviour change. Using a qualitative methodology, the paper examined the result of a three year research conducted in two provinces of South Africa by two prominent theatre groups in their HIV/AIDS campaigns. The findings indicate that because of the limited attention paid to the use of indigenous language of target population, not much success was achieved in disseminating HIV/AIDS messages to members of these communities¹. The paper argues that based on the results of this study, the minimal success achieved in the above campaigns can be credited mainly to theatre's failure to acknowledge the critical role the correct use of indigenous languages plays in HIV/AIDS communication.

INTRODUCTION

HIV/AIDS in South Africa presents a major health concern. It is believed that in South Africa more people are living with HIV/AIDS than any other country in the world. According to STATSSA (2017), the total number of persons living with HIV in South Africa increased from 4.94 million in 2002 to 7.06 million by 2017. An estimated 12.6 percent of the total population is HIV positive. Approximately one-fifth of South African women in their reproductive years (15-49 years) are positive. Research has revealed that among other factors, the negligent use of appropriate language and communication strategies that reinforce behaviour change has contributed to theatre's inability to communicate HIV messages effectively. This is what Wilson and Miller (2003) and Kreuter and McClure (2004) refer to as presentational strategies which involves the use of indigenous languages and

cultural sensitive scripts in HIV communication. Research has established that any message targeted at behaviour change which is anchored outside the linguistic codes of target population is bound to affect the rate at which such messages are assimilated by intended audience (Uwah 2012). In the case of theatre as an avenue to promote healthy living in South Africa, research has also revealed that because of theatre's use of English/Afrikaans as well as adulterated vernacular in HIV communication, audiences in many communities whose proficiency in English and Afrikaans is low and those who feel their indigenous language is presented with a lot of adulterated words have failed to articulate their message about HIV/AIDS and behaviour change. There is an inherent and integral relationship between languages, communication and culture (Namyalo 2012). Nelson Mandela once remarked that when you speak to a person in his/her indigenous language, you speak to the heart of such person (Laka 2014). According to Laka (2014), Mandela may have benefitted from this school of thought because he learnt Afrikaans while in Robben Island and used it to great advantage in his negotiation with the prison warders and with F.W. De Klerk in their se-

1. Sections of this paper including tables were derived from the PhD thesis entitled *Evaluation of Health Communication Models used by Theatre in HIV/AIDS Intervention in South Africa* written by Chijioke Uwah, under the supervision of Prof Patrick Ebewo and Prof HM Sirayi at Tshwane University of Technology.

cret meetings just before the unbanning of the ANC and his subsequent release. Appropriate use of language is central to communication. Bertens et al. (2008) identifies language as one of the explicit or surface manifestation of culture needed to accomplish a culturally sensitive intervention. Magwaza (2003) also writes that language is not a phenomenon to be isolated from the reality or social context in which it is used. It is a systematic representation of reality, which is necessarily social in nature. The relationship between language and society is one of mutual dependency. Language can be seen as a reflection of the culture of a people and the opposite claim would be that the culture of a people finds reflection in the language they employ.

The constitution of the federal Republic of South Africa officially recognises 11 languages; Isizulu, isiXhosa, IsiNdebele, Sepedi, Sesotho, Setswana Siswati, Tshivenda, Xitsonga (<http://www.southafrica.info/about/democracy/constitution.htm>). According to the 2011 census figures, English is the fourth most common language (after Isizulu, isiXhosa and Afrikaans) spoken in South Africa by about 9.6 percent of the population numbering 4.9 million people (www.southafrica.info/about/people/language.htm). Yet its dominance in communications within government, television, print media or radio is very conspicuous. Banda (2004), Dyers (2001), and De Klerk (2002) have pointed out that in most cases English assumes a higher status than African languages and the value attached to these languages even by black South Africans make English their language of choice as a medium of instruction. The ‘absence’ of South Africa’s indigenous language in mainstream communication has prompted the government to establish the Pan African Language Board (PANSLAB) whose mandate is to promote multilingualism and see to the development and use of not only of the official languages, as well as SA Sign languages, but also of the khoi, Nama and San languages.

Language and Health Communication in South Africa

South Africa, like many other multilingual African countries still face many challenges which affect HIV/AIDS communication desired for behaviour change. In addition to the com-

plex language situation in South Africa, the country is endowed with a rich and diverse cultural heritage which includes Africans of European and Indian descent, indigenous Africans and what is largely regarded as the Africans of coloured pigmentation (mixed race-Black and White), each with unique cultural characteristics. This diversity contributes to a wealth of indigenous knowledge, folklore, customs and traditions. In addition there are indigenous minorities such as the Kois and the Sans that are largely marginalised. The language complexity is also reflected in the country’s educational system. According to the South African language-in-education policy which has its roots in the South African constitution, the mother-tongue of the learners is used as a medium of instruction from Grades one to three with English as a subject (Cekiso 2015). From Grade four, the policy introduces an additional language referred to as First additional language. English is usually chosen to fill this gap because of its dominance in the field of commerce, industry as well as its status as a dominant language of teaching and learning (LOLT) (Educational Portfolio Committee 2006). Thus, when people refer to South Africa as a nation with eleven official languages, there is always a wrong perception that all South African official languages enjoy equal usage (Visagie 2010). The reality is that majority of the eleven languages do not enjoy much recognition.

Scholars have for long recognised the importance of indigenous languages in rural communication projects. Morisson (2003) believes that oral tradition remains the most important means of communication in rural African societies. Ndimande (2003) agrees and states that indigenous language is the best option for AIDS communication. According to him, indigenous languages provide a storage system for the collective memory of society and influences perceptions and the way people view reality. In other words, language aids knowledge, identification and recall and thus for communities to process AIDS messages, their indigenous schema which are related to the new content must be activated. According to Kazhila et al. (2011) “cultural factors are important in health related schemas and there are suggestions that narratives of illness are embedded in a unique set of life circumstances and guided by individual schemas and explanatory models”. They further state that in order for community members to successfully

process new information about HIV/AIDS, their indigenous schemas which are related to the new content must be activated. Indigenous people make sense of HIV/AIDS through their own cultural beliefs, historical narratives and indigenous understandings. When AIDS information is presented in a foreign language, the above process will not take place thus leading to the specific AIDS message being lost. To show the relationship between indigenous language usage and people's attitude towards HIV/AIDS, Magwaza (2003) conducted a study on the negative attitudes to HIV/AIDS and people suffering from the disease as manifested in the discriminatory language used by the residents of two townships in Durban KwaMashu and Umlazi) and two rural areas (Nkandla and Eshowe). His findings suggest that there are a number of metaphors and prejudicial statements about HIV/AIDS and people living with the disease. The overall theme in all these metaphors is that AIDS is a disease of the 'other'. The first widely used metaphor is that AIDS is a war, an enemy or a killer that destroys everything (*ingculaza yimpi/yisitha/ngumashayabhuqe*).

While it is a positive sign that people recognise that AIDS is a lethal disease, the trouble with the enemy metaphor according to Magwaza quoting Ross (1986) is that it encourages transforming the person living with the disease into the enemy. "If the enemy metaphor dominates our perceptions of AIDS, we are more likely to sacrifice people in the name of protecting society". Another metaphor that is widely used in these areas is that AIDS is a death sentence or death (*ingculaza yisigwebo sentambo/ingculaza ukufa*). This implies that intentionality is involved here; it implies that a crime has been committed which deserves a 'death sentence'. The respondents who use this metaphor qualified it by saying that the crime committed in this case was sodomy or prostitution and that God was punishing people living with AIDS for their sins. This metaphor should be resisted because it reduces people's compassion. Thus understanding the indigenous schemas on HIV/AIDS is an important component in the fight against HIV/AIDS in South Africa.

Context for the Study

The studies for this research were carried in the Pretoria South District of Gauteng province

and the Boland area of the Western Cape province respectively between 2010 and 2012, under the auspices of two major theatre groups in the country whose identities, for ethical reasons would be described as theatre A and Theatre B. the researcher travelled with these groups as a non-participant observer.

Purpose of the Study

This study sought to investigate how much of indigenous language is encapsulated in the performance of the theatre groups involved in HIV/AIDS campaign in the country. Specifically the study sought to address the following research questions:

1. How much of the indigenous languages of target communities are used in the plays performed to the audiences?
2. What measure of success do the groups under study have regarding behaviour change using their peculiar language of communication?
3. How important is the use of indigenous language in achieving behaviour change in HIV/AIDS in communities under the study?

METHODOLOGY

Qualitative methodology was used to collect data in this study. Gilliam (2009: 1) defines qualitative methodology as the systematic collection and analysis of descriptive subjective information. Qualitative methods provide information that can be used to access programme appropriateness, programme implementation, programme refinement and programme satisfaction.

Instruments

The instruments used for data collection in this study are focus group sessions and individual interviews. These instruments are relevant for this study because the researcher wanted to capture both the mood as well as the reaction of the audience to the play.

Participants

The researcher made an effort to obtain a balanced sample of participants. As a result, purposive sampling was used in selecting par-

participants in the focus group and individual interviews. Thus an equal number of life skills teachers, learners and performers were selected.

As Table 1 shows, the total number of participants in the two provinces covered in this study is 49. In Gauteng, the total number of participants is 24. The breakdown for Gauteng is as follows: 18 learners who form the focus group category, 3 Performer-educators and 3 Life skills teachers but in the Western Cape the number is higher at 25. This is because unlike theatre groups from Gauteng with 3 Performer-educators, the Group from Western Cape has 4 performer-educators.

Ethics

Ethical approval for the proposed study was obtained from the Tshwane University of Technology Research Ethics Committee (Uwah CM 08/11/2010). All questions asked during the interviews conformed to the ethical standards approved by the institution.

Data Analysis

Data was analysed by means of the coding technique where the views of participants were put together based on their relevance to the research questions and grouped together in themes and categories. For instance, during the focus group sessions and individual interviews, the following questions were asked:

1. What is your impression of the play?
2. How was your understanding of the message of the play enhanced or otherwise by the language used in the play?
3. What is your opinion of the post-performance discussions?
4. Do you think it is important that you are allowed to contribute to the writing of the play?

Based on the questions asked, the following themes and categories were derived. These

themes and categories are taken from Resnicow et al. (2000) definition of cultural sensitivity, which includes (1) Peripheral linguistic strategy that refers to language and culturally sensitive scripts and contexts (2) Socio-cultural strategy which refers to context, experiences, values, beliefs and norms of priority population and (3) Constituent Strategy which refers to active participation of members of the cultural group of interest in the design of the play (Table 2).

Table 2: Themes and categories for focus group and individual interviews

<i>Themes</i>	<i>Categories</i>
<i>Socio-cultural Strategy</i>	Cultural beliefs and norms
<i>Peripheral Linguistic Strategy</i>	Language Idioms Folklore Praise Poetry Music and dance
<i>Constituent Strategy</i>	Audience interactivity Audience participation

FINDINGS

The results of the study indicate that in the two provinces covered by the theatre groups under study, (Theatre Group A and B) a lot of the AIDS message was lost to the audience because of non-emphasis on the language of communication. In 2011, Theatre Group A toured two townships in Pretoria South District namely Mamelodi and Mabopane. They performed play titled *Playing for Keeps* which deals with issues such as rape, abuse and the stigma attached to HIV/AIDS. Through the play the audience is introduced to AIDS, how it affects the body as well as prejudices and misinformation that surround the disease. Granted, the policy of the theatre group is that their performances be conducted in the indigenous languages of target communities. But without any research, the group, assuming that their target population (Mamelodi township), an urban rural (township)

Table 1: Number of participants in the study

<i>Province</i>	<i>Number of participants</i>			<i>Total</i>
	<i>Total number of participants in focus groups</i>	<i>Total number of life skills teachers</i>	<i>Total number of Performer-educators</i>	
Gauteng	18	3	3	24
Western Cape	18	3	4	25
Total	36	6	7	49

would be receptive of mixed linguistic codes, chose to use the indigenous *tswana* language mixed with English and *township lingo* known as *Tsotsi taal*. During the focus group and individual interviews that followed the performance, it became clear that many learners in the audience did not fully understand what was going on during the performance. Some of the participants commented that the learners had problems understanding the language of the play as it was too American:

Some of the students in the audience didn't understand the American English and kept asking what the characters were saying. (Participant 4)

In the course of the discussion it became clear that even though the learners admired the American accent used by the performers, they did not fully grasp what they were saying and this affected their understanding of major HIV/AIDS messages in the play. The life skills teacher commented that the play is dominated by western cultural dynamics and called for more input from the local culture:

Make the play more African. Get black directors to inject a cultural angle into the performance.

Another Life skills teacher criticised the use of the indigenous *tswana* language and regarded it as adulterated:

The Language is Tswana alright but I can tell you now, it is not pure Tswana. We must try and keep our language pure. I struggled to understand some of the slang words.

In the Western Cape, (Theatre Group B) performed in the Boland area, an area with a large coloured population. The group performed in three schools, two of these schools have a 100 percent coloured student population. The third school Gansbaai High school is made up of a diversity of races and cultures. The play was performed in Afrikaans language which was understood in the two previous schools but in Gansbaai, it excluded a sizeable percentage of the learners in the school:

Language is a problem. I don't speak Afrikaans so I don't understand what was going on. All I saw was people talking and dancing. (Participant 3)

Another participant:

I am Xhosa and don't understand Afrikaans. I didn't know what was going on. If I had my way I would have left the hall. (Participant 5)

The Life-Skills teacher for Gansbaai High school is of the opinion that the play would have achieved more in the area of creating awareness of HIV/AIDS on the young audience if it contained more diverse cultural appeal in terms of language and other cultural beliefs and norms. She says Gansbaai is a very diverse community comprising of all the racial groups in the country, Whites, Blacks, coloured:

Culturally this play does not speak to everybody. There is too much Afrikaans and coloured culture. There are other race groups here as well.

Unlike the other communities Gansbaai requires a more diverse cultural approach if any message was going to be successfully assimilated. The play, she said was presented in Afrikaans and many learners from other cultural groups did not understand the message because they couldn't speak Afrikaans. She also pointed out that the performers do not reflect the cultural diversity of that community:

Play should contain more diverse cultural appeal especially in terms of language. Many learners did not understand what the play was about because it was presented in Afrikaans.

Continued the Life skills teacher:

Not all cultures in this community were provided for in this play as far as language is concerned.

DISCUSSION

This study investigated the use of language in HIV/AIDS communication in South Africa with a view to establishing the point that HIV/AIDS messages are more effective when it is delivered in indigenous languages.

As can be seen from the Table 3, in the Gauteng province, the highest percentage total of 63 percent of participants in the focus group sessions and individual interviews identified aspects of their culture (and language) that were not well represented in the drama performance. In Rekopantse primary, 66.67 percent of respondents identified non cultural aspects of the play, 33.3 percent of respondents from Bohlabsatsi also identified non cultural codes, while 66.67 percent did the same in Tshimollo primary school. With the individual interviews a total of 100 percent of Life skills teachers and 66.67 percent of performers identified non representation of culture in the play.

Table 3: Summary of responses to the play *Playing for Keeps* by Theatre A

	<i>Rekopantse</i>		<i>Bohlabatsatsi</i>		<i>Tshimollo</i>		<i>Life skills</i>		<i>Performers</i>		Raw Total	Raw %
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage		
Socio-cultural/ Peripheral	4	66.67	2	33.33	4	66.67	3	100.00	2	66.67	15	62.5
Constituent strategy	1	16.67	2	33.33	1	16.67	0	0.00	1	33.33	5	20.8
Sustainability	1	16.67	2	33.33	1	16.67	0	0.00	0	0.00	4	16.7
Total	6	100.01	6	90.99	6	100.01	3	100.00	3	100.00	24	100.00

The figures in Table 4 in the Western Cape by Theatre Group B show that a total of 50 percent of all the participants from all the schools interviewed believe that key aspects of their cultural norms and values such as language were ignored by the designers of the group's performance. 33 percent of the participants indicated that they were not involved in the design of the communication instrument (the play). The group took a pre-packaged play to the schools under study. The Boland area where this intervention took place is mostly a *coloured area* (coloured in South African context means people of mixed descent ie European and other races). It was in Gasnbaai High school that the group faced its toughest challenge. This school is made up of a diverse racial composition – Whites, Coloured and Black Africans. Gansbaai High School shows the highest percentage 83.34 percent because it was here that many participants interviewed believed that the group's insistence on the use of Afrikaans language left them out of the HIV/AIDS message because they did not understand the Afrikaans language used in the play.

The findings of the study indicated that most of the HIV/AIDS campaigns are delivered in languages that the target population found difficult to understand in both Gauteng and the Western Cape. While effort was made to com-

municate AIDS message in indigenous languages as was the case in the schools in Gauteng province, the respondents complained about the adulteration of the languages with *township lingo* and American English. The dominance of English as a language of media, commerce and trade and its use in campaign message has affected the successful communication of AIDS messages in rural communities for instance in one of the scenes in the play by the group in Gauteng, The character of the *Sangoma* or traditional healer was asked by one of the characters whether she could cure his HIV positive brother. The *Sangoma* responded that there was no cure for AIDS. This was the central message of the play. But the participants were not convinced because the *Sangoma* was not presented in line with the culture. The participants argue that the *Sangoma* spoke in English and sat on a chair. They argue that in their indigenous South African culture, *Sangomas* usually speak in the indigenous language and sit on the floor during consultation. The theatre group had intended to use this scene to make an important statement about AIDS but failed to communicate this message because they created a *Sangoma* character that did not conform to the cultural norms of the target population. According to Salawu (2015), the language in which a develop-

Table 4: Summary of responses to the play *Lucky Hero* by Theatre B in the Western Cape

	<i>Kleinmond</i>		<i>Howston</i>		<i>Gansbaai</i>		<i>Life skills</i>		<i>Performers</i>		Raw Total	Raw %
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage		
Socio-cultural/ Peripheral	3	50.00	4	66.67	5	83.33	2	66.67	3	75.00	17	36.00
Constituent Strategy	2	33.33	1	16.67	1	16.67	1	33.33	0	0.00	5	20.00
Sustainability	1	16.67	1	16.67	0	0.00	0	0.00	1	25.00	3	12.00
Total	6	100.00	6	100.01	6	100.00	3	100.00	4	100.00	25	100.00

ment message is disseminated is a very important aspect of language treatment. He contends that the indigenous language of any community is best suited for the purpose of conveying any message to the said community. He argues that there is ample literature in support of the fact that people would understand information better in their indigenous languages. He concludes by stating that without using the language of the people, development will only be communicated *at* the people; not *to* the people, and *with* the people.

Thus the need to communicate HIV/AIDS messages in indigenous language and cultures of the target audience cannot be overemphasised.

CONCLUSION

The study has revealed that Theatre Groups A and B did not totally succeed in creating enough awareness of HIV/AIDS through their campaigns in the schools under study. Many of the participants believe that the play was very entertaining, but they did not learn vital lessons from the performance. As study has shown, some of participants said they did not understand some of the messages in the play because of the language used in the performances. This raises the strong possibility that a lot of the message was lost to the audience because of the failure of the groups to take into account the indigenous languages of the target community. Based on these facts, the study suggests that the prevailing high prevalence of HIV/AIDS in South Africa can be attributed to the fact that the messages of the campaigns are not getting through to many people.

RECOMMENDATIONS

The high prevalence levels of HIV/AIDS in South Africa means that every effort must be made to ensure that the message of HIV/AIDS reach all and sundry. To this end, effort must be made to use indigenous languages in all HIV/AIDS communication in areas where these languages hold sway. The study also revealed that not enough research is done about needs of target communities before theatre goes out on its campaign against HIV/AIDS in these places. This research-before-intervention is referred to

as *needs assessment*. Needs assessment is necessary to gauge important needs of target communities. This way theatre would avoid the pitfalls of dealing with issues that are not of priority issues to target audiences as well as using the wrong language as was the case in the Western Cape. It would be appropriate to conduct a needs assessment in the areas before interventions. Many of the plays used in HIV/AIDS campaigns are designed without due involvement of the target audiences who end up as passive participants of drama performances meant to educate them on the dangers of HIV/AIDS. Thus, the power to define problems of HIV/AIDS and how the solutions should be framed becomes the prerogative of the theatre groups and not the target audiences. The Theatre Groups A and B who form part of this study went into the respective communities with pre-packaged plays which did not focus on other salient issues that contribute to the high HIV/AIDS prevalence in their target communities. Consequently they failed to achieve their desired success in changing the behaviour of the members of their target audience.

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Paper received for publication on July 2017
Paper accepted for publication on November 2017