



## *Introduction*

# ***Applied Linguistics, Local Knowledge and HIV/AIDS***

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This volume focuses on the role of language, discourse and semiotics in the construction of knowledge in HIV/AIDS education in different regions of the world, within the broader framework of applied linguistics and public health. The contributions examine the production, location and utilization of local knowledge in educational settings vis-à-vis discourses that are transmitted through official channels such as medical and health professionals, non-governmental organizations (NGOs) and international agencies. Defining HIV/AIDS education broadly, the volume examines the construction of HIV/AIDS education as a discourse within educational contexts that shapes knowledge about the disease, and the emergence of competing and cross-cultural ideologies that are co-constructed in educational settings. The central goal of the volume is to provide a collection of studies that yields helpful insights into the discursive construction of knowledge about HIV/AIDS, while demonstrating how the tools of applied linguistics can be exercised to reveal a deeper understanding of the production and dissemination of this knowledge. Our goal is to democratize the construction of knowledge about HIV/AIDS through sensitive, emic analyses that give priority to the voices of people, including youth, who are not typically sanctioned as producers of such knowledge.

The chapters use a range of qualitative methodologies to critically explore the role of language and discourse in educational contexts in which various and sometimes competing forms of knowledge about HIV/AIDS are constructed. The authors draw on discourse analysis, ethnography and social semiotics to interpret meaning-making practices in HIV/AIDS education around the world, analyzing formal and informal educational practices in Australia, Burkina Faso, Cambodia, Hong Kong, India,



South Africa, Tanzania, Thailand and Uganda. The contributors examine both the forms of knowledge that are present among communities affected by HIV/AIDS and the forms of knowledge conveyed by health experts that are meant to help prevent the spread of HIV. By exploring both sets of knowledge, the chapters explore how 'professional' discourses of sexual health and prevention interact with 'lay' discourses, and they highlight important practical concerns that result from the gaps between these two sets of knowledge. Many of the chapters demonstrate that target audiences do have an awareness of official knowledge about HIV/AIDS, but they also reveal the salience of local knowledge for these populations. The analyses offered seek to make sense of the challenges that educators, health practitioners and target populations face as a result of these co-present forms of knowledge, and to make recommendations for change.

In this Introduction, we begin by locating the volume within a broad literature on language and public health, and then turn to a consideration of research on HIV/AIDS and applied linguistics, more specifically. Next, given our interest in the intersection between local and global discourses on HIV/AIDS, we turn to a consideration of the ways in which applied linguists have addressed local knowledge across diverse research sites, and the implications this research has for investigations of HIV/AIDS. We conclude the chapter with a discussion on the organizing principle of the volume and its overall structure, with chapter summaries.

## Language and Public Health

A comprehensive review of literature indicates that the relationship between language and public health is of great interest to a wide range of scholars, many of whom would not necessarily define themselves as applied linguists. Although the focus of our review is on the research that falls broadly within the applied linguistics community, it is useful to consider the research of other scholarly communities with an interest in language and public health, as a reminder that applied linguists are not working in isolation, as we attempt to grapple with a highly complex and important topic. To this end, we have made a tripartite distinction between three bodies of literature and have characterized each with reference to its proximity to the field of applied linguistics. At the most distant from applied linguistics is a body of research on language and public health that targets specific professionals such as doctors, nurses and health practitioners, and is found in journals such as *Advances in Nursing Science*, the *British Medical Journal* and the *Journal of General Internal Medicine*.

The second body of research, associated with the social sciences, has greater affinity with applied linguistics, and includes the disciplines of education, psychology, sociology and anthropology. It is published in journals such as *Adult Learning*, *American Psychologist*, *Annual Review of Sociology* and *Health Communication*, many of which are familiar to applied linguists. The third body of research falls within the broad field of applied linguistics, and is published in a wide variety of journals, including *Applied Linguistics*, the *Journal of Sociolinguistics*, the *Journal of Language and Social Psychology* and *Research on Language & Social Interaction*. Extensive research on language and public health is published in each of these three scholarly communities, and helps locate the HIV / AIDS chapters in this book within a larger framework.

In research that targets the health profession, there are a number of lines of inquiry that address the relationship between language and public health. Going back to the 1980s, health researchers such as Mishler (1984) have been intrigued by doctor–patient interaction, and have made detailed investigations of the ways in which the medical interview seeks to resolve differences between the technical–scientific standpoint of the physician, on the one hand, and the patients’ location in the concerns of everyday life, on the other. To investigate this relationship, Mishler draws on extensive analysis of tape-recorded medical interviews to better understand how clinical work is undertaken. More recently, related research includes a focus on doctor–patient communication in aboriginal communities (Towle, 2006) and the needs of patients who have limited English language skills (Ngo-Metzger *et al.*, 2003; Partida, 2007; Saha & Fernandez, 2007). Whereas Partida (2007) makes the case that overcoming language barriers is essential to quality health care, Ngo-Metzger *et al.*’s (2003) research, and that of Saha and Fernandez (2007), addresses the role of interpreters in overcoming language barriers. The language practices of adolescents, as another focal group, have also attracted the attention of health researchers. Harvey *et al.* (2008) found, for example, that the use of email may be an important resource for adolescents who struggle to articulate their health challenges. A corpus linguistic analysis of a million-word adolescent health email database in the United Kingdom, drawn from a UK-hosted and doctor-led website, found that email has much potential for supplementing face-to-face encounters between adolescents and health professionals. The underlying assumption of much of this research is that a critical language and discourse study can advance medical inquiry in that it provides a framework in which the relationship between health, discourse, power and society can be examined (Boutain, 1999).

In social science research, which is more directly related to the field of applied linguistics, we learn that there is extensive research on health communication and its impact on people's health (Vahabi, 2007), with physician–patient interaction being a key theme in the literature. In their review of 30 years of research in the area of physician–patient interaction, Heritage *et al.* (2006) describe the changes in orientation to research on this topic, documenting the transition from a doctor-centered emphasis to a more contemporary focus on the social, moral and technical dilemmas that doctors and patients need to face together. The work of West (1984) has been particularly influential in this transition. With respect to the literature on HIV/AIDS, the narrative productions of HIV/AIDS patients are insightfully researched, and scholars such as Leonard and Ellen (2008) analyze the ways in which the narratives of HIV-positive patients are shaped by social and institutional practices. Eggly (2002), in fact, makes the case for an expanded definition of 'narrative' in physician–patient communication. In her view, narratives can be redefined with respect to the narrative forms that emerge through the co-construction of key events, the repetition and elaboration of key events and the co-constructed interpretation of key events.

The challenges of second language speakers who seek access to medical services are also of much interest to social science researchers. Based on a sample of 1747 patients, Kung (2004), for example, found that language, among a number of other factors, was an important consideration in mental health service use by Chinese Americans. Likewise, Evans' (2001) research found that immigrant/refugee parents in the USA who had limited English skills, had difficulty communicating with health care providers. Our review of the social science literature suggests, however, that such challenges are not restricted to migration contexts. In the African context, in which ex-colonial languages are often official languages, the development of health literacy is seen to be a particular challenge (Underwood *et al.*, 2007), particularly with reference to sexual health literacy (Jones & Norton, 2007). Drawing on their longitudinal research with Ugandan schoolgirls, Jones and Norton (2007) make the case that poverty and sexual abuse severely constrain sexual health options for many young African women, notwithstanding their knowledge of the health risks associated with unsafe sex. With regard to other health challenges in Africa, such as malaria, Kendrick and Mutonyi (2007) have argued that local modes of communication can be an important resource in promoting improved health care practices.

Although much of social science research investigates the interaction between health care providers and patients, there is also great interest in the ways in which medical practitioners consult one another in an attempt

to reach a consensus on the diagnosis and treatment of patients. An important study by Atkinson (1995), for example, draws attention to the nature of the medical talk that takes place between hematologists, that is, medical practitioners who specialize in problems of the blood system, with a view to better understanding the way in which medical knowledge is produced and reproduced. As Atkinson argues, a great deal of modern medical work takes place away from the patient and the consultation, and it is important to understand the way in which talk constructs medical knowledge in a variety of clinical and laboratory settings.

Within the broad field of applied linguistics, interest in language and public health has been gaining momentum, and there are four areas of research that have received particular attention in this body of research. First, as in other disciplines, there is much applied linguistic research that is focused on the study of discourse in medical settings. Scholars such as C. Candlin and S. Candlin (2002, 2003), for example, have been particularly active in framing applied linguistics debates on health communication. Their 2002 special issue of the *Journal of Language & Social Interaction* on 'Expert talk and risk in health care' examines the expertise with which practitioners and their clients manage risk situations in genetic counseling, nursing and medical practice (Candlin, 2002; Linell *et al.*, 2002; Peräkylä, 2002; Sarangi & Clarke, 2002). Their 2003 article in the *Annual Review of Applied Linguistics* is a state-of-the-art overview of research methodologies and analytical procedures in healthcare communication. Taking nursing as a central example, the article highlights the importance of and inherent challenges in interdisciplinary collaboration among applied linguists, professional practitioners, and researchers from other fields. In a similar vein, J. Coupland *et al.* (1994) and Sarangi and Roberts (1999) draw on a range of analytic tools, including conversation analysis, to investigate the nature of discourse in medical settings, and are particularly interested in the role of talk in creating workplace practice and relationships.

Second, like most research by scholars in other disciplines, as discussed above, there is considerable research within applied linguistics on the challenges of non-native speakers in health care settings. The research by Cameron and Williams (1997) on non-native speaker–native speaker interaction in medical settings is particularly important in this regard, in that it has found that while there is great potential for cross-cultural miscommunication, communicative success can be achieved through inferencing, creative communication strategies and professional knowledge. Related to health care communication between non-native and native speakers are the challenges of interpretation and translation, an area of research taken up by scholars such as Davidson (2000). In his research on the role

of interpreters in Spanish–English medical discourse, Davidson makes the case that interpreters are not ‘neutral’ linguistic translators, but active participants in the process of diagnosis.

Third, applied linguistics research on public health has also turned its attention to challenges associated with particular medical conditions such as Alzheimer’s disease, diabetes and epilepsy. In this regard, Hamilton’s (1994/2005) sociolinguistic research on Alzheimer’s disease was groundbreaking for drawing on open-ended, naturally occurring conversations between the researcher and an Alzheimer’s patient, over four-and-a-half years, to offer an alternative approach to psycholinguistic studies of groups of patients in clinical settings. Ramanathan’s (1997, 2008) research on Alzheimer patient discourse has also been innovative, in that it investigates the ways in which memories, personal life histories and narratives inform identity constructions. Her joint research with Makoni (Ramanathan & Makoni, 2008), which addresses the biomedical experiences of people suffering from diabetes and epilepsy, argues persuasively that applied linguistics research should ‘bring the body back’ in more humanistic ways. Her forthcoming book *Bodies and Language* promises to be seminal in this regard (Ramanathan, 2010).

Fourth, the analysis of media and health is also receiving increasing attention. Koteyko *et al.* (2008), for example, draw on discourse analysis and corpus linguistics to examine the ways in which debates on the MRSA ‘superbug’ are represented in the media in the United Kingdom, and the significance of the different storylines through which discourses of blame, responsibility and urgency have been depicted. Similarly, researchers in New Zealand (Lawrence *et al.*, 2008), who have examined the way in which tuberculosis (TB) is represented in the media, make the case that media coverage often serves larger political goals and that the case-by-case analysis in the media obscures more challenging discourses, such as the relationship between TB and poverty. Such findings resonate with many themes in the research on HIV/AIDS in applied linguistics.

### HIV/AIDS in Applied Linguistics

HIV/AIDS has been an object of study for sociolinguists and discourse analysts for approximately two decades. Most of this research has examined contexts relevant to gay men in resource-rich nations, and the bulk of this research has focused on stigma, risk and sexual identification in face-to-face interactions. Maynard (2003), Peräkylä (1995) and Silverman (1990, 1997) use conversation analysis to examine how the process of counseling is interactionally constructed in ways that embody assumptions about the

purpose and practice of HIV tests among counselors and their clients. Leap (1995) also studies HIV counseling sessions, focusing on features of grammar and discourse that reveal clients' understandings about the pandemic and its effects on their lives. Beyond counseling contexts, Jones *et al.* (2000) study the narratives of HIV/AIDS patients in Hong Kong to explore the role of culture in disclosure in the Chinese context. Their study demonstrates the importance of methodology in the analysis of HIV/AIDS, and the larger project demonstrates how such research can be used to develop associated training materials for caseworkers to highlight the cultural facets of talking about the disease. Other discourse-based studies that analyze the sensitive areas of disclosure, stigma, and risk are Jones (2002), which examines how speakers frame their activities when handing out informative pamphlets to men they identify as gay in Hong Kong's city parks, and Jones and Candlin (2003), which explores the situatedness of risk by analyzing the stories that gay men tell of their sexual experiences.

Surprisingly, applied linguistics research on HIV/AIDS in resource-poor contexts is a much more recent development. In a review of sociolinguistic research in public health domains in sub-Saharan Africa, Djite concludes that there is a 'relative dearth of sociolinguistic studies in the area of health' (Djite, 2008: 94) despite the millions of people who are infected across this continent. While studies are indeed still relatively few in number, applied linguists have begun to turn their attention to HIV/AIDS in non-western contexts, focusing specifically on the creation of knowledge as it is constructed in language and multimodal semiotic systems (e.g. Drescher, 2007; Kendrick & Hissani, 2007; Kendrick *et al.*, 2006; Mitchell, 2006; Mitchell & Smith, 2003; Mooney & Sarangi, 2005; Norton & Mutonyi, 2007). These studies reveal the presence of differing worldviews and perspectives at the levels of institutional structures and in the form of cultural practices. Attention to these competing discourses marks an important re-focusing in research on HIV/AIDS since the international agencies that fund the majority of prevention and education programs have increasingly acknowledged the need to address the particularities of local contexts and cultures in order to achieve progress in appropriate ways (Craddock, 2004; Farmer, 1994).

Although the shift in research on HIV/AIDS to non-western contexts seems to be an obvious reason to underscore the role of culturally sensitive discourses and differing worldviews, the scope of geographic contexts addressed in this book makes it clear that research in any geographic setting must take into account the role of context in the production of knowledge. For resource-poor contexts, this may often mean considering

how education efforts intersect with the availability of resources, gender relations and cultural belief systems that differ from west-based, biomedical perspectives. However, as several chapters in this volume clearly illustrate (e.g. those of Jones, Körner), the production of knowledge in resource-rich contexts is not necessarily in line with official discourses about HIV/AIDS prevention either. Consequently, it is crucial that applied linguists consider how lay knowledge of all kinds interacts with authorized discourses about HIV/AIDS.

### Local Knowledge

Cultural anthropologist Clifford Geertz is well known for his description of culture as highly contextual acts of interpreting symbols. Consequently, for ethnographers, 'sorting through the machinery of distant ideas, the shapes of knowledge are always ineluctably local, indivisible from their instruments and their encasements' (Geertz, 1983: 4). His description of local knowledge highlights the impossibility of separating knowledge from context and expresses the need for analysts to interpret acts of meaning-making *in situ*, in relation to the networks of social, economic and political factors that shape social practices. Local knowledge has circulated in anthropology for several decades, and it has influenced numerous fields including post-colonial studies, public policy and human geography, and recently, applied linguistics. Across these domains, local knowledge refers to *ways of knowing* that people negotiate in their own terms that are typically outside the boundaries of 'accepted' or 'authoritative' paradigms. Rather than gaining knowledge from published accounts or legitimized experts, all forms of local knowledge are grounded in personal familiarity and derived from lived experience.

Canagarajah (2002) offers the most comprehensive discussion of local knowledge in applied linguistics. Here, he summarizes the growth of this concept in the social sciences and humanities, noting how it has moved beyond Geertz's anthropological use of the term to refer to the social practices of particular communities to its circulation in analyses of social life in a range of social, academic and professional spheres, including science and medicine. He argues that enlightenment-inspired empiricism led to a crisis for local knowledge, explaining that 'as modernism establishes geopolitical networks and a world economy that foster its vision of life, all communities are pressed into a uniform march to attain progress' (Canagarajah, 2002: 245). Although he draws attention to the imbalances in political and economic power that allowed certain forms of knowledge emanating from the west to become synonymous with global knowledge, Canagarajah is just as quick to point out the danger of drawing clear



boundaries between the local and the global. While local knowledge has been relegated to a secondary position, it has changed as a result of its interaction with the global through processes of hybridity and adaptation. In other words, the search for local knowledge must be tempered with an understanding that both the local and the global are discursive processes.

Although the term was not necessarily used, local knowledge has been an area of interest in educational linguistics and educational anthropology in the form of 'home' and 'school' literacies. Early research in this area focused mostly on oral literacies in school and home contexts and the consequences for academic success (e.g. Gee, 1990; Heath, 1983; Michaels, 1981). More recent work situated in the New Literacy Studies framework (e.g. Lankshear & Knobel, 2003; Street, 1995) has shifted the focus of attention to literacies that young people employ in their cyberworlds, where they participate in massively multiple online player games, interact with others in online forums and craft fan fiction (e.g. Black, 2005; Brass, 2008; Gee, 2003; Lam, 2000; Thorne, 2008). Relatedly, Pennycook's (2007) work on hip hop as a global, transcultural resource advocates the inclusion of local knowledge in the form of 'hiphopography' as a way for educators to engage with important literacy practices in students' communities beyond school walls.

Another area in applied linguistics in which questions about local knowledge have become increasingly relevant is English language teaching (ELT), as the exportation of west-based methods and materials from the center to the periphery has been identified as a continued act of imperialism by the west (cf. Canagarajah, 2005; Edge, 2006; Holliday, 2005; Kumaravadivelu, 2005; Lin & Luke, 2006; Phan Le Ha, 2008; Ramanathan, 2005). In this research, scholars have questioned the ideological supremacy of the 'native speaker' teacher, the appropriacy and feasibility of communicative language teaching and the teaching of western culture as a goal of ELT. They have also challenged the view that local practices such as grammar translation, choral recitation, and a focus on reading and writing over oral skills is somehow 'backward' or in need of modernization, and they have convincingly argued for the need to appreciate local methods and materials in light of local values.

The present volume builds on these emerging lines of research that find value in incorporating local knowledge into theories of language and in educational theory and practice. All of the contributions here seek to broaden the ways in which knowledge about HIV/AIDS is understood through studies of how knowledge is authorized, disseminated, contested and, ultimately, transformed. Since HIV/AIDS emerged as a crisis in the 1980s, most prevention efforts have worked to achieve biomedical understandings among high-risk populations through community-based

education and voluntary counseling and testing services. In these educational settings, health educators typically give epidemiological explanations about the disease and provide information about what measures can be taken to prevent its spread. Biomedical approaches have been dominant due to the paradigm in which HIV/AIDS is centrally located in the western world, that is, the paradigm of natural science (Kalipeni *et al.*, 2004). As Thomas Kuhn (1962) explained many years ago, knowledge about diseases is typically thought of as science based, construed in medical discourses, or in ways of talking that refer to agreed-upon boundaries that classify and categorize physical and biological phenomena. In a Kuhnian sense, then, the biomedical paradigm for HIV/AIDS reinforces borders of official knowledge and actively devalues other ways of knowing. Research in medical anthropology and related fields offers many examples of the under-appreciation of local knowledge in prevention campaigns sponsored by NGOs, and many researchers argue that the exclusion of local knowledge seems due in large part to the fact that NGO funding relies on donors such as UNICEF and the World Bank, the very agencies that produce the most official discourses about HIV/AIDS prevention (Green, 2003; Pfeiffer, 2004; Setel, 1999).

HIV/AIDS education remains the single-most important tool in the battle against the spread of the virus. Yet, while large sums of money are used year after year to fund educational campaigns that seek to get messages of prevention and behavior change across to high-risk populations, little is known about how these messages are communicated or what discourses emerge in response. This volume aims to provide a better understanding of these issues across a wide range of settings, by exploring HIV/AIDS education in both resource-rich and resource-poor nations, among homosexual and, heterosexual populations, and in formal and informal educational contexts.

## Organization of the Volume

The volume is organized into four sections and 12 chapters that examine different perspectives on the place of local knowledge in HIV/AIDS education.

### Section 1: Constructions of knowledge about HIV/AIDS

The first section of the book explores the kinds of local/lay and global/professional knowledge that are produced among high-risk populations, and the degree to which local populations align with global and local discourses of sexual health and cultural practices.

In Chapter 1, William Savage opens the volume with his own reflective narrative as an HIV-positive gay man who has spent many years working as a community development facilitator and educator in Southeast Asia. His chapter eloquently shows how autobiographical narratives are a form of knowledge construction about the disease, and how narratives such as his can form the basis of educational outreach efforts from a highly personalized perspective. Framing his contribution around location, self and journey, he explores how he and others living with HIV/AIDS get located, and how this influences how people learn about, understand and perceive them. His chapter is a moving portrayal of his own personal transformation from someone living in fear to a place where he can reach out to people, and his story demonstrates the power of narrative as a source of knowledge, compassion and site for potential healing.

The chapters that follow in this section provide more traditional research-based accounts of the construction of local knowledge in educational practices. In Chapter 2, Harriet Mutonyi and Maureen Kendrick draw on social semiotics (Kress & Jewitt, 2003) and visual anthropology to examine the use of drawing as a tool for interpreting Ugandan students' conceptualizations of HIV/AIDS. While some global discourses of HIV/AIDS prevention are present in the drawings, Mutonyi and Kendrick's analysis shows that many of the drawings highlight the transactional nature of sexuality among Ugandan youth, an aspect of sexual relationships that is part of Uganda's social landscape, and hence part of Ugandan youth's local knowledge about the disease.

In Chapter 3, Ángeles Clemente and Michael Higgins explore the gap between how HIV/AIDS is defined and acted upon by the official health agencies of Oaxaca, Mexico, and how these discourses are processed by a group of young students at the state university who are studying to become English language teachers. Using interviews, Clemente and Higgins investigate how university students respond to the national AIDS council's messages of prevention alongside local discourses that treat men's unabated sexual desires as the source of HIV transmission. The authors treat the interviews as performances (Butler, 1999; Pennycook, 2004) in which students imagine their future interactions with sexual partners, and they investigate how students respond to these discourses in both Spanish and English. They explain that the students are able to perform different identities in each language, thus making sex 'safer' or 'less safe' to talk about.

In Chapter 4, Henrike Körner analyzes the discursive construction of risk in a corpus of gay men's accounts of sexual exposure to HIV in a study carried out in Sydney, Australia that was based on semi-structured, in-depth interviews. Drawing on Bakhtin's notions of *heteroglossia* and

*dialogism*, and appraisal theory from systemic functional linguistics, she describes the heteroglossic backdrop against which gay men's accounts of sexual exposure to HIV and their perceptions of 'risk' are constructed. She discusses the intertextuality in gay men's accounts of sexual exposure to HIV by describing how they resonate with the safe sex discourse of health promotion in the gay community, risk reduction strategies such as negotiated safety, and the discourse of epidemiology and biomedicine in the form of viral load tests and advances in antiretroviral treatments. However, she also finds that these discourses are enmeshed with individuals' experiences of the HIV epidemic as well as individuals' own sexual histories.

## Section 2: Gendered practices in the spread of HIV/AIDS

In the second section of the book, three chapters investigate discourses of gender and HIV/AIDS in India, Tanzania and Uganda, respectively. The authors argue that the position of women in HIV/AIDS discourses and practices is highly troubling, and that it reflects wider patriarchal relations at both local and global levels. In Chapter 5, Noushin Khushrushahi examines the public discourses that point fingers at infected female individuals for their 'un-Indian' morals and behavior. Taking a Foucaultian perspective, she examines the discursive context that shapes the manner in which some sex workers in India conceive of and respond to HIV/AIDS intervention messages by exploring how these women engage, decode and respond to the information given in three government-sponsored pamphlets.

Next, in Chapter 6, Christina Higgins examines how a large NGO in Tanzania has responded to initiatives to focus on gender relations rather than gender-sensitive education by investigating how the discourses of sexual responsibility are discursively constructed and re-entextualized with discourses of gender at HIV/AIDS education sessions. Employing an ethnographically informed approach to critical discourse analysis (Blommaert, 2005), she analyzes educational sessions at a *madrassa* (Islamic school), in plays performed at community bonanzas and during life skills classes that are meant to alter risky behaviors through raising awareness. Higgins argues that each of these contexts provides evidence that women and girls are discursively constructed as the target of NGO-sponsored educational efforts, and yet these efforts do little to distribute the discourses of gender and responsibility more fairly among male and female Tanzanians.

In Chapter 7, Shelley Jones and Bonny Norton call into question many of the assumptions upon which sexual health policies are developed

internationally by discussing their research on health literacy involving 15 schoolgirls in rural Uganda. Although these students were well informed about the risks and responsibilities of sexual activity and HIV/AIDS, Jones and Norton explain that these young women's options were severely constrained by poverty, sexual abuse and systemic gender inequities. Taking a post-structuralist perspective, Jones and Norton assert that ownership of discourses of health literacy is determined not only by who speaks and who listens, but also by who is included and who is excluded in discourses of power. Accordingly, they critique health education's concern with the dissemination of information and the teaching of various life skills by reporting aspects of their longitudinal research, which reveals that many Ugandan girls cannot actively apply their knowledge to practice, and hence remain excluded from discourses of empowerment.

### **Section 3: The place of local knowledge in HIV/AIDS educational practices**

The third section of the book investigates ways in which knowledge about HIV/AIDS and its prevention is disseminated in formal and informal educational settings. Exploring the relationship between global/professional and local forms of knowledge, the authors in this section show how target populations make sense of the messages of prevention that surround them, and they compare how local knowledge and professional forms of education are taken up among communities.

In Chapter 8, Rodney Jones uses *mediated discourse analysis* (Norris & Jones 2005; Scollon, 2001) to examine how gay men in Hong Kong talk about HIV/AIDS in online chat rooms and internet forums. Jones argues that much of what people learn about HIV/AIDS does not come from formal educational channels, but rather from private or semi-public interactions with peers in settings such as internet chat rooms. He concludes that if HIV/AIDS educators wish to understand how to implement community-based prevention efforts, they must understand how people talk about and teach one another about HIV/AIDS in their everyday lives, and how community constructions of HIV/AIDS and the risks associated with it appropriate, adapt and contest more official constructions from media and public health discourses.

Next, in Chapter 9, Martina Drescher analyzes a corpus of French data from classroom interactions in Burkina Faso between a trainer and future communicative agents in HIV/AIDS prevention campaigns. She focuses on the different types of reformulations and their contribution to the emergence of two competing knowledge systems in the context of a series

of asymmetrical interactions characterized by a transfer of knowledge in the medical domain. Her analysis shows that reformulations operate as *contextualization cues* (Gumperz, 1982) that help to construct an opposition of two potentially competing knowledge systems in these training sessions, that is, biomedical or global knowledge on the one hand, and traditional or local knowledge on the other.

In Chapter 10, Claudia Mitchell, Jean Stuart, Naydene DeLange, Relebohile Moletsane, Thabisile Buthelezi, June Larkin and Sarah Flicker describe aspects of several projects their research team has undertaken over the past three years that seek to provide opportunities to develop new literacies with young people and their teachers in South Africa. They discuss a variety of visual methods that have at the center the idea of engagement through participation, including photo-voice and participatory video. The authors describe how such literacies are critical in relation to seeing how young people themselves frame issues around stigma, voluntary counseling and testing, gender violence and safe sex practices, but also in relation to ways of 'getting the message out' in culturally relevant ways to peer audiences. Their chapter describes how the projects create the opportunity for community literacy practices that speak to the concept of voice and to the role of participation within a context that acknowledges the particularities of the pandemic.

#### Section 4: Institutional responses to HIV/AIDS

In the final section of the book, two chapters consider how NGOs and governmental institutions in India have responded to the HIV/AIDS epidemic. In Chapter 11, Mark Finn and Srikant Sarangi explore discourses of empowerment and neoliberalism circulating in Indian NGOs that rely on western constructions of the rational individual to empower HIV-positive persons. They explore the operations of 'knowledge' and 'empowerment' as key modalities of a global knowledge of acceptable HIV-positive health. They argue, more specifically, that the knowledge-based decision strategy of empowerment functions to inculcate a specific way of knowing and being in the decision-making individual, who is subjectified in and by the responsible assimilation of particular truths about health, identity and quality of life. They assert that the very idea of living an empowered life and of being able to make healthy decisions is for many HIV-positive people in India an unrealistic fantasy, and they suggest alternatives that would challenge discourses of neoliberalism in discourses of HIV/AIDS.

Finn and Sarangi's critique of institutional discourses provides an interesting prelude to the final chapter, Chapter 12, by Annabelle Mooney, who

describes the success of government-sponsored education in the Port Blair region of the Andaman Islands, a region with low HIV prevalence compared to mainland India. Mooney argues that education as discoursed by the government has provided benefits to residents of the Andaman Islands. In her chapter, she carries out a semantic–pragmatic analysis of several prevention signs, and she explains that these signs explain the conditions that need to be in place for their messages to be understood and taken up. Corroborating her reading of these signs with interviews and fieldwork data, she argues that the signs can be understood as indexing the resilient and robust social environment present in and around Port Blair. Mooney's chapter provides a compelling contrast with Finn and Sarangi's analysis of discourses in mainland India, and the two very different perspectives reveal how significantly context matters in interpreting messages about HIV/AIDS prevention.

These 12 chapters reveal that local knowledge is always present, sometimes even in the form of authorized discourses about HIV/AIDS. However, most of the chapters show that local knowledge remains in competition with official discourses about HIV/AIDS in formal and informal domains of education, and most of the chapters reveal that local knowledge is largely eclipsed in favor of official discourses about HIV/AIDS. While a volume of this nature does not strive to make grand generalizations about the place of local knowledge in the prevention of HIV/AIDS, we believe that understanding how knowledge is constructed among various populations can helpfully inform any and all efforts to prevent the spread of HIV. What the findings presented here do seem to have in common is that greater inclusion of unauthorized voices can lead to deeper understandings about why some educational practices have greater success than others. It is our hope that this volume will inspire those working in the field of HIV/AIDS prevention to listen carefully to these voices.

## References

- Atkinson, P. (1995) *Medical Talk and Medical Work: The Liturgy of the Clinic*. London: Sage.
- Black, R.W. (2005) Access and affiliation: The literacy and composition practices of English language learners in an online fanfiction community. *Journal of Adolescent & Adult Literacy* 49, 118–128.
- Blommaert, J. (2005) *Discourse*. Cambridge: Cambridge University Press.
- Boutain, D. (1999) Critical language and discourse study: Their transformative relevance for critical nursing inquiry. *Advances in Nursing Science* 21 (3), 1–8.
- Brass, J.J. (2008) Local knowledge and digital movie composing in an after-school literacy program. *Journal of Adolescent & Adult Literacy* 51, 464–473.

- Butler, J. (1999) Performativity's social magic. In R. Shusterman (ed.) *Bourdieu: A Critical Reader* (pp. 113–129). London: Blackwell Publishers.
- Cameron, R. and Williams, J. (1997) Sentence to ten cents: A case study of relevance and communicative success in non-native speaker interactions in a medical setting. *Applied Linguistics* 18, 415–455.
- Canagarajah, S. (2002) Reconstructing local knowledge. *Journal of Language, Identity, and Education* 1, 243–259.
- Canagarajah, S. (ed.) (2005) *Reclaiming the Local in Language Policy and Practice*. Mahwah, NJ: Erlbaum.
- Candlin, C. and Candlin, S. (2002) Expert talk and risk in health care. (Special issue.) *Research on Language & Social Interaction* 35 (2), 115–219.
- Candlin, C.N. and Candlin, S. (2003) Healthcare communication as a problematic site for applied linguistic research. *Annual Review of Applied Linguistics* 23, 134–154.
- Candlin, S. (2002) Taking risks: An indicator of expertise? *Research on Language & Social Interaction* 35 (2), 173–193.
- Coupland, J., Robinson, J.D. and Coupland, N. (1994) Frame negotiation in elderly patient consultations. *Discourse & Society* 5, 89–124.
- Craddock, S. (2004) Beyond epidemiology: Locating AIDS in Africa. In E. Kalipeni, S. Craddock and J. Ghosh (eds) *HIV & AIDS in Africa: Beyond Epidemiology* (pp. 1–10). Malden, MA: Blackwell.
- Davidson, B. (2000) The interpreter as institutional gatekeeper: The sociolinguistics role of interpreters in Spanish-English medical discourse. *Journal of Sociolinguistics* 4 (3), 379–405.
- Djite, P.G. (2008) *The Sociolinguistics of Development in Africa*. Clevedon: Multilingual Matters.
- Drescher, M. (2007) Global and local alignments in HIV/AIDS prevention trainings: A case study from Burkina Faso. *Communication and Medicine* 4, 3–14.
- Edge, J. (ed.) (2006) *(Re)locating TESOL in an Age of Empire*. London: Palgrave.
- Eggly, S. (2002) Physician-patient co-construction of illness narratives in the medical interview. *Health Communication* 14 (3), 339–360.
- Evans, S. (2001) How do ESL students in two Pittsburgh neighborhoods talk about the situations they face as limited English proficiency (LEP) parents? *PAACE* (Pennsylvania Association for Adult Continuing Education). *Journal of Lifelong Learning* 10, 55–63.
- Farmer, P. (1994) Aids-talk and the constitution of cultural models. *Social Science and Medicine* 38, 801–809.
- Gee, J. (1990) *Social Linguistics and Literacies: Ideology in Discourses*. New York: Routledge.
- Gee, J. (2003) *What Video Games have to Teach us about Learning and Literacy*. New York: Palgrave.
- Geertz, C. (1983) *Local Knowledge: Further Essays in Interpretive Anthropology*. New York: Basic Books.
- Green, E.C. (2003) *Rethinking AIDS Prevention: Learning from Success in Developing Countries*. Westport, CT: Praeger.
- Gumperz, J.J. (1982) *Discourse Strategies*. Cambridge: Cambridge University Press.
- Hamilton, H. (1994/2005). *Conversations with an Alzheimer's Patient: An Interactional Sociolinguistic Study*. Cambridge: Cambridge University Press.



- Harvey, K., Churchill, D., Crawford, P., Brown, B., Mullany, L., Macfarlane, A. and McPherson, A. (2008) Health communication and adolescents: What do their emails tell us? *Family Practice* 25 (4), 304–311.
- Heath, S.B. (1983) *Ways with Words: Language, Life and Work in Communities and Classrooms*. Cambridge: Cambridge University Press.
- Heritage, J., Maynard, D., Cook, K. and Massey, D. (2006) Problems and prospects in the study of physician–patient interaction: 30 years of research. *Annual Review of Sociology* 32 (1), 351–374.
- Holliday, A. (2005) *The Struggle to Teach English as an International Language*. Oxford: Oxford University Press.
- Jones, R. (2002) A walk in the park: Frames and positions in AIDS prevention outreach among gay men in China. *Journal of Sociolinguistics* 6, 575–588.
- Jones, R. and Candlin, C. (2003) Constructing risk across timescales and trajectories: Gay men’s stories of sexual encounters. *Health, Risk & Society* 5, 199–213.
- Jones, R.H., Candlin, C.N. and Yu, K.K. (2000) *Culture, Communication and Quality of Life of People Living with HIV/AIDS in Hong Kong*. Hong Kong: The AIDS Trust Fund of Hong Kong and the Centre for English Language Education and Communication Research, City University of Hong Kong.
- Jones, S. and Norton, B. (2007) On the limits of sexual health literacy: Insights from Ugandan schoolgirls. *Journal of Diaspora, Indigenous, and Minority Education* 1 (4), 285–305.
- Kalipeni, E., Craddock, S., Oppong, J. and Ghosh, J. (eds) (2004) *HIV and AIDS in Africa: Beyond Epidemiology*. Malden, MA: Blackwell.
- Kendrick, M. and Hissani, H. (2007a) Letters, imagined communities, and literate identities. *Journal of Literacy Research* 39, 195–216.
- Kendrick, M., Jones, S., Mutonyi, H. and Norton, B. (2006) Multimodality and English education in Ugandan schools. *English Studies in Africa* 49, 95–114.
- Kendrick, M. and Mutonyi, H. (2007b) Meeting the challenge of health literacy in rural Uganda: The critical role of women and local modes of communication. *Journal of Diaspora, Indigenous, and Minority Education* 1 (4), 265–283.
- Koteyko, N., Nerlich, B., Crawford, P. and Wright, N. (2008) ‘Not rocket science’ or ‘no silver bullet’? Media and government discourses about MRSA and cleanliness. *Applied Linguistics* 29 (2), 223–243.
- Kress, G. and Jewitt, C. (2003) Introduction. In C. Jewitt and G. Kress (eds) *Multimodal Literacy* (pp. 1–18). New York: Peter Lang.
- Kuhn, T. (1962) *The Structure of Scientific Revolutions*. Chicago: University of Chicago Press.
- Kumaravadivelu, B. (2005) *Understanding Language Teaching: From Method to Post-Method*. Mahwah, NJ: Erlbaum.
- Kung, W. (2004) Cultural and practical barriers to seeking mental health treatment for Chinese Americans. *Journal of Community Psychology* 32 (1), 27–43.
- Lam, W.S.E. (2000) Second language literacy and the design of the self: A case study of a teenager writing on the Internet. *TESOL Quarterly* 34, 457–483.
- Lankshear, C. and Knobel, M. (2003) *New Literacies: Changing Knowledge and Classroom Learning*. Buckingham, England & Philadelphia: Open University Press.
- Lawrence, J., Kearns, R., Park, J., Bryder, L. and Worth, H. (2008) Discourses of disease: Representations of tuberculosis within New Zealand newspapers 2002–2004. *Social Science and Medicine* 66 (3), 727–739.

- Leap, W. (1995) Talking about AIDS: Linguistic perspectives on non-neutral discourse. In H. ten Brummelhuis and G. Herdt (eds) *Culture and Sexual Risk: Anthropological Perspectives of AIDS* (pp. 227–238). Sydney: Gordon and Breach.
- Leonard, L. and Ellen, J. (2008) 'The story of my life': AIDS and 'Autobiographical occasions'. *Qualitative Sociology* 31 (1), 37–56.
- Lin, A. and Luke, A. (eds) (2006) Postcolonial approaches to TESOL. (Special volume.) *Critical Inquiry in Language Studies* 3, 65–200.
- Linell, P., Adelsward, V., Sachs, L., Bredmar, M. and Lindstedt, U. (2002) Expert talk in medical contexts: Explicit and implicit orientation to risks. *Research on Language & Social Interaction* 35 (2), 195–218.
- Maynard, D. (2003) *Bad News, Good News: Conversational Order in Everyday Talk and Clinical Settings*. Chicago: University of Chicago Press.
- Michaels, S. (1981) 'Sharing time': Children's narrative styles and differential access to literacy. *Language in Society* 10, 423–442.
- Mishler, E. (1984) *The Discourse of Medicine: The Dialectics of Medical Interviews*. Norwood, NJ: Ablex.
- Mitchell, C. (2006) In my life: Youth stories and poems on HIV/AIDS: Towards a new literacy in the age of AIDS. *Changing English* 13, 355–368.
- Mitchell, C. and Smith, A. (2003) Sick of AIDS: Literacy and the meaning of life for South African youth. *Culture, Health & Sexuality* 5, 513–522.
- Mooney, A. and Sarangi, S. (2005) An ecological framing of HIV preventive intervention: A case study of non-government organisational work in the developing world. *Health* 9, 275–296.
- Ngo-Metzger, Q., Massagli, M., Clarridge, B., Manocchia, M., Davis, R., Iezzoni, L. and Phillips, R. (2003) Linguistic and cultural barriers to care. *Journal of General Internal Medicine* 18 (1), 44–52.
- Norris, S. and Jones, R. (eds) (2005) *Discourse in Action: Introducing Mediated Discourse Analysis*. London: Routledge.
- Norton, B. and Mutonyi, H. (2007) 'Talk what others think you can't talk': HIV/AIDS clubs as peer education in Ugandan schools. *Compare* 37, 479–492.
- Partida, Y. (2007) Addressing language barriers: Building response capacity for a changing nation. *Journal of General Internal Medicine* 22, 347–349.
- Pennycook, A. (2004) Performativity and language studies. *Critical Inquiry in Language Studies: An International Journal* 1, 1–19.
- Pennycook, A. (2007) *Global Englishes and Transcultural Flows*. London and New York: Routledge.
- Peräkylä, A. (1995) *Aids Counselling: Institutional Interaction and Clinical Practice*. Cambridge: Cambridge University Press.
- Peräkylä, A. (2002) Agency and authority: Extended responses to diagnostic statements in primary care encounters. *Research on Language & Social Interaction* 35 (2), 219–247.
- Pfeiffer, J. (2004) Condom social marketing, Pentecostalism, and structural adjustment in Mozambique: A clash of AIDS prevention messages. *Medical Anthropology Quarterly* 18, 77–103.
- Phan Le Ha (2008) *Teaching English as an International Language: Identity, Resistance and Negotiation*. Clevedon: Multilingual Matters.
- Ramanathan, V. (1997) *Alzheimer Discourse: Some Sociolinguistic Dimensions*. Mahwah, NJ: Lawrence Erlbaum.

- Ramanathan, V. (2005) *The English-vernacular Divide: Postcolonial Language Politics and Practice*. Clevedon: Multilingual Matters.
- Ramanathan, V. (2008) Applied linguistics redux: A Derridean exploration of Alzheimer life histories. *Applied Linguistics* 29 (1), 1–23.
- Ramanathan, V. (2010) *Bodies and Language: Health, Ailments and Disabilities*. Bristol: Multilingual Matters.
- Ramanathan, V. and Makoni, S. (2008) Bringing the body back in body narratives: The mislanguaging of bodies in biomedical, societal, and poststructuralist discourses on diabetes and epilepsy. *Critical Inquiry in Language Studies* 4 (4), 283–306.
- Saha, S. and Fernandez, A. (2007) Language barriers in health care. *Journal of General Internal Medicine* 22, 281–282.
- Sarangi, S. and Clarke, A. (2002) Zones of expertise and the management of uncertainty in genetics risk communication. *Research on Language & Social Interaction* 35 (2), 139–171.
- Sarangi, S. and Roberts, C. (eds) (1999) *Talk, Work and Institutional Orders: Discourse in Medical, Mediation and Management Settings*. Berlin: Mouton.
- Scollon, R. (2001) *Mediated Discourse: The Nexus of Practice*. London: Routledge.
- Setel, P.W. (1999) *A Plague of Paradoxes: AIDS, Culture, and Demography in Northern Tanzania*. Chicago: University of Chicago Press.
- Silverman, D. (1990) The social organization of HIV counselling. In P. Aggleton, G. Hart and P. Davies (eds) *AIDS: Individual, Cultural and Policy Perspectives* (pp. 191–211). Lewes: Falmer.
- Silverman, D. (1997) *Discourses of Counselling*. London: Sage.
- Street, B. (1995) *Social Literacies: Critical Approaches to Literacy in Development, Ethnography and Education*. London & New York: Longman.
- Thorne, S.L. (2008) Transcultural communication in open internet environments and massively multiplayer online games. In S. Magnan (ed.) *Mediating Discourse Online* (pp. 305–327). Amsterdam: John Benjamins.
- Towle, A. (2006) Doctor–patient communications in the aboriginal communities: Towards the development of educational programs. *Patient Education and Counseling* 63 (3), 340–346.
- Underwood, C., Serlemitsos, E. and Macwangi, M. (2007) Health communication in multilingual contexts: A study of reading preferences, practices, and proficiencies among literate adults in Zambia. *Journal of Health Communication* 12 (4), 317–337.
- Vahabi, M. (2007) The impact of health communication on health-related decision-making: A review of evidence. *Health Education* 107 (1), 27–41.
- West, C. (1984) *Routine Complications: Troubles in Talk between Doctors and Patients*. Bloomington: Indiana University Press.