

# siyam'kela

measuring  
related  
hiv/aids  
stigma

EXAMINING HIV/AIDS STIGMA IN  
SELECTED SOUTH AFRICAN MEDIA:  
January — March 2003  
A Summary



...siyam'kela:  
measuring HIV/AIDS  
related stigma...



## *Siyam'kela*

*Siyam'kela [SI-YUH-MU-GE-LAR] is an African word from the Nguni language. Translated it means “We Are Accepting” expressing a collective embracing, understanding and acceptance of a challenge at a particular time. The word has thus been interpreted as “Together We Stand” for this project.*

*The Project has been designed to explore HIV-related stigma, an aspect of the HIV/AIDS epidemic, which is having a profoundly negative effect on the response to people living with, and or affected by HIV/AIDS. Within the context of the Project, Siyam'kela denotes a collective approach in working towards reducing HIV/AIDS related stigma and discrimination.*



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*Examining HIV/AIDS stigma in  
selected South African media*

*January – March 2003*

*A summary*

*A joint project of the:*

- POLICY Project, South Africa;
- Centre for the Study of AIDS, University of Pretoria;
- United States Agency for International Development (USAID); and
- Chief Directorate: HIV/AIDS & TB, Department of Health

*Researched by:*

- Insideout Research

*Supported by:*

- Representatives from the Siyam'kela Reference Groups



## Introducing the Siyam'kela study

*Siyam'kela* is a joint project of the POLICY Project, the Centre for the Study of AIDS at the University of Pretoria, USAID, and the Chief Directorate: HIV/AIDS and TB, National Department of Health. The primary focus of *Siyam'kela* is to study HIV/AIDS-related stigma.

*Siyam'kela* is an African word meaning 'we are accepting', and expressing a collective embracing. The word has been interpreted as 'together we stand' for this project, to symbolise a unity in addressing HIV/AIDS-related stigma. Stigma, 'a powerful and discrediting social label that radically changes the way individuals view themselves and are viewed as persons', can be **felt** (internal stigma), leading to an unwillingness to seek help and access resources, or **enacted** (external stigma), leading to discrimination on the basis of HIV status or association with a person who is living with HIV/AIDS (PLHAs).

Because stigma has an impact on prevention of HIV transmission and care of PLHAs, it is important to address it directly. However, stigma mitigation practice has not been well informed by theory and research. An urgent need was identified for indicators of stigma which could be used to develop interventions and measure their success.

The *Siyam'kela* project thus aims to pave the way for a stigma mitigation process by developing **well-researched indicators** of HIV/AIDS-related stigma and discrimination. The project has focused on three key areas which contribute to South Africa's response to HIV/AIDS:

- **faith-based organisations** and communities as important sources of support to PLHAs
- **national government departments** as workplaces committed to dealing with stigma through good policy and practice, and
- the **relationship between PLHAs and the media** as an example of how empowered individuals can impact positively on perceptions and attitudes towards HIV/AIDS.

The project consists of six aspects:

1. a *literature review* to provide a theoretical understanding of stigma
2. a *media scan* to contextualise and locate the field work
3. a *qualitative exploration of stigma experiences and perspectives* through focus group discussions and key informant interviews across South Africa
4. the *development of indicators of internal and external stigma* through this field work and in consultation with experts in the field
5. the documentation of promising *practices which mitigate HIV/AIDS stigma*
6. the development of *guidelines* to assist those who wish to *develop interventions* to reduce HIV/AIDS stigma.

The aim of the media scan – which is the focus of this report – is to provide a context for the *Siyam'kela* fieldwork, so that the reader has a snapshot view of how HIV/AIDS was portrayed in the popular television, radio and print media in South Africa at the time that the field research was undertaken.

This report provides an executive summary of the process and findings of the media scan conducted between January and March 2003.

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<sup>1</sup> Canadian HIV/AIDS Legal Network (1998). *HIV/AIDS and Discrimination: A Discussion Paper*. Ottawa. Canadian HIV/AIDS Legal Network and the Canadian AIDS Society.



## *Defining stigma*

Stigma and stigmatisation are most easily understood as social processes, which play a key role in producing and reproducing relations of power and control in social systems. Stigma is therefore linked to social inequality. Stigma operates in relation to difference. By making social inequalities seem reasonable, it creates and reinforces social exclusion.

Stigma is especially pertinent to the HIV/AIDS epidemic, insofar as it influences social responses to the epidemic. PLHAs have become targets of blame and punishment, heightening their vulnerability to HIV/AIDS by placing them in a vicious cycle of stigmatisation and discrimination. Together with powerful metaphors related to HIV/AIDS, stigma reinforces and creates a sense of otherness. Such forms of stigma create new meanings which justify the exclusion of people infected or affected by HIV/AIDS.

Stigma also disempowers PLHAs through discrimination, which makes it more difficult for them to utilise their energy, and live fully productive lives.

## *What is the role of the media?*

The media does not exercise control over the processes of social change, but it can challenge or confirm certain social meanings. In the HIV/AIDS epidemic the media plays an important role in defining the meaning of HIV/AIDS for the general population and educating people about HIV/AIDS. It also suggests a range of approaches to HIV/AIDS.

The media can make the population aware of shared vulnerability to HIV/AIDS. It can alternatively guide public thinking towards a division between 'us' and 'them'. This form of 'othering' can be dangerous in that it creates a sense of denial of risk for those groups not considered high risk, and scapegoats those who are considered 'other'.

The media is, however, not entirely responsible for othering, since the process is based on pre-existing stigma related to racism and sexism, which are deep prejudices in society that the media both reflects and reinforces.

The media has an important role to play in mitigating HIV/AIDS stigma. It is crucial that media practitioners see their role as proactive.

## *Nature of the media scan*

The media scan focused on capturing a range of HIV/AIDS messages which were produced by the South African media during a three-month period from January to March 2003. The media scan looked at messages produced by:

- select print media (i.e. newspapers)
- television programmes with an entertainment focus
- a community radio station.



## Defining a methodology

### A. Print media

The research made use of a professional newspaper clipping service to gather articles relating to HIV/AIDS from selected newspapers. A total of 603 newspaper articles which mentioned HIV/AIDS were scanned. The articles were collected from a range of 24 newspapers, including daily, weekly, national, regional, English and Afrikaans print media. No restriction was made on the length of an article or the frequency of mention of HIV/AIDS. Cartoons with messages on HIV/AIDS were also included.

### B. Television programmes

Researchers video-recorded television programmes and then analysed them in terms of content, language and portrayal of PLHAs. Some 155 episodes of entertainment programmes were taped for analysis. The study focused on popular entertainment rather than factual programmes, because the researchers wished to establish the extent and way in which HIV/AIDS messages had been integrated into entertainment programming. Entertainment programmes are considered important sources of messages viewed by a wide range of people who would not watch the news or documentary programmes.

The choice of television programmes was informed by reference groups and included two soap operas (*Isidingo* and *Generations*), one South African drama (*Yizo Yizo*) – which was a rebroadcast, one edutainment programme with a health focus (*Soul City*), and a youth talk show (*Take Five*).

### C. Community radio

The criteria for the selection of the community radio station were that it had a large and diverse listenership. For this reason, a Western Cape radio station called *Bush Radio* was chosen. The station had an estimated listenership of 70 000 people in the metropolitan area of Cape Town. The station broadcast in English, Afrikaans and isiXhosa.

An hour-long daily show called *Positive Living* was taped for the media scan. The show was chosen because it is hosted by a person living with HIV/AIDS and deals directly with issues relating to HIV/AIDS. The radio programmes were tape-recorded and then analysed for their content<sup>2</sup>.

## Conducting the analysis

The framework for analysis used guidelines provided by the Women's Media Watch. All written articles, television programmes and community radio shows were analysed in terms of four focus areas:

- content
- representation of HIV/AIDS in relation to indicators
- reflected points of view
- language usage.

The newspaper articles were analysed according to themes which were then quantified to provide an overview of the types of messages produced. Headlines and the body of text were analysed separately for their representation of HIV/AIDS and PLHAs, the issues addressed, and to see whether the two matched. Whereas the headlines usually focused on one topic only, often the body of the text itself dealt with more than one issue.

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<sup>2</sup> All but 31 shows which were aired between January and March 2003 were available for analysis. Twenty-six shows were not recorded and a further five shows were cancelled in protest against the war in Iraq.



It is important to note here that many readers read headlines but not article text, and so headlines have the potential to reach a much wider audience.

The television and radio programmes were analysed in terms of content. The content analysis focused on sources of information and language use. It also examined the portrayal of PLHAs in terms of stereotypes, whether PLHAs were given a voice, and how stigma was or was not addressed.

The indicators selected were based on the idea that stigma is a social process, and that it functions in relation to pre-existing and /or independent forms of stigma. The following forms of stigma were selected as indicators:

- sexuality
- gender
- class / poverty
- race.

Eleven media experts – including academics, health reporters and PLHA reporters – were presented with the initial findings of the media scan. They were then asked to comment on the following issues:

- the role of the media in addressing HIV/AIDS-related stigma
- the opportunities and challenges facing the media in creating HIV/AIDS messages
- media interventions which had taken place to train people working in the media in issues relating to HIV/AIDS and stigma.

Their comments are integrated into the findings that follow.

## *Describing the findings*

### *The context*

All the findings need to be seen in the socio-political context of the first three months of 2003. During this period, the need for anti-retroviral programmes in public hospitals and clinics dominated public debate. Civil society groups applied pressure to the government to implement such a programme. There was criticism of the South African government's policies on HIV/AIDS, especially regarding treatment. The media reporting of the epidemic was highly politicised, putting strain on the relationship between media and government. Finally, the Treatment Action Campaign started its civil disobedience campaign during this period to pressurise the government regarding anti-retroviral treatment.

The context undoubtedly influenced the nature of media coverage, with a greater focus on the perceived political debate, and human interest stories, prevention issues and stories on the lives of PLHAs tending to be ignored.



## A. Findings for the print media

The print media were analysed in terms of headlines, article text and cartoons.

### *What did newspaper headlines say?*

Headlines and article text were analysed separately to see whether headlines matched the body of text. While most headlines focused on one topic alone, the body text itself often dealt with two or more issues.

*About 20% of newspaper headlines dealt with the government's response to HIV/AIDS.*

This finding is congruent with the socio-political context – where the debate regarding anti-retroviral drug provision by the government was so prominent.

Next most often mentioned were treatment and testing, HIV/AIDS programmes and awareness, and activism. Each of these issues was mentioned in one in ten headlines.

*Only one in every 30 HIV/AIDS headlines addressed living with HIV/AIDS.*

This finding suggests that the issue of living with HIV/AIDS is not generally considered newsworthy enough to attract attention, even though it is an issue that millions of South Africans are grappling with daily.

Of the 65 headlines that represented HIV/AIDS in relation to race and gender, 85% of these headlines made reference to black women. This finding is consistent with stigmatisation of black people – and of women – as more vulnerable to HIV/AIDS.

In a third of headlines, it was unclear that the article dealt with HIV/AIDS at all or the headline did not specify what aspect of HIV/AIDS the article dealt with.

### *What did newspaper articles say?*

Since the body text of articles often covered more than one issue at a time, the analysis looked at how themes were related to each other.

*Two themes were both mentioned in more than half of all the newspaper articles. One theme was treatment, testing and nutrition; the second theme was critique of government policies.*

This finding is consistent with the focus on socio-political issues during the period surveyed.

Treatment, testing and nutrition was the most commonly mentioned theme overall. However, critique of government policies was mentioned in relation to more themes than any other.

*Prevention of HIV infection had very low coverage – it was mentioned in only 11% of articles. Living with HIV/AIDS was mentioned in only 7% of articles.*

Few articles seem to explain what HIV/AIDS is, how it can be managed with anti-retroviral treatment and how to follow a healthy lifestyle. This finding is consistent with the fact that much newspaper reporting tends to be reactive, responding to events. It is clear that newspapers do not often take a proactive stance, seeking to educate readers about the epidemic and what they can do to live productive lives as people living with HIV/AIDS.



Disclosure of HIV status enjoyed the lowest coverage of all the categories monitored (5%).

*Of concern is the fact that the newspaper cartoons tended to be sensationalist - many depicted HIV/AIDS in stark terms, mostly associating it with death.*

### *How were people living with HIV/AIDS depicted?*

The media has a powerful impact on how PLHAs are perceived, given that at this stage of the epidemic few PLHAs feel safe enough to self-disclose their status in their communities.

*Only one in nine articles represented people living with HIV/AIDS.*

This is astonishing, given that in South Africa there are 5 million PLHAs. It suggests the gap between the lived experience of many people and the reflections of their lives in the print media.

*HIV/AIDS was most often depicted as affecting people who were poor (31% of articles), black (27%) or living in developing countries (18%).*

There is a danger that such representations will perpetuate the devaluation of poor black people, insofar as being poor and black comes to be associated in public perception with being HIV positive.

There is another danger here: that HIV/AIDS will be seen as something that does not happen to white, middle class or rich people. This perpetuates the idea that people who belong to these categories are not susceptible to infection. It in turn encourages more risky behaviour in these groups.

*Heterosexuality and homosexuality were represented almost equally in relation to HIV/AIDS.*

This is a very skewed representation of the epidemic. Although the epidemic in South Africa is transmitted almost entirely through heterosexual contact, this was not reflected in the print media.

### *Who were used as sources of information?*

*Two out of three sources of information were male, and only one in three were female.*

Men seem to be more often regarded as objective sources of information. Other studies have shown that women tend to be used to report on emotional issues than on factual information.

*Only one in 12 sources of information (8% of articles) were people living with HIV/AIDS.*

This suggests the print media seldom utilise PLHAs for information, even though PLHAs, with their lived experience, should be an important source of information about the epidemic. The reasons for this finding are unclear: whether the media is reluctant to utilise PLHAs, whether the media have difficulty in accessing PLHAs, or whether there are a limited number of PLHAs willing to talk to the media. This issue merits further investigation.

More often quoted were government officials, medical professionals or health care workers, and activists (44% in total). These groups may be seen as having 'expert knowledge'.



*In the newspaper articles, no white PLHA is ever used as a source of information.*

White PLHAs are known to be less likely to disclose their status and therefore they are difficult to access. However, the fact that no white PLHA is utilised may perpetuate the stereotype of HIV/AIDS as being a real issue for black people only.

Four out of five PLHAs who were given a voice by the media were male. This finding suggests that in line with sexism in South African society, male PLHAs are seen as having greater credibility than female PLHAs. Male PLHAs are, therefore, more often called upon by the print media to express their opinions.

*Male PLHAs who spoke to the media generally spoke as activists (36% of articles) or celebrities (18%), while female PLHAs were given a voice as mothers (44%) or orphans (25%).*

This finding is congruent with gender stereotyping in South African society, which tends to see men as active agents, and women mostly in relation to their family members, as nurturers and as caretakers.

### *Gender and the print media*

*HIV/AIDS was more likely to be represented in terms of women's experience (69% of articles) than men's experience (31%).*

This skew may tend to reinforce patterns of blame in South Africa, which often assign responsibility for HIV transmission to women rather than to men.

In the articles where they are mentioned, women are more likely to be portrayed as victims of sexual assault or as mothers confronting the issue of how not to pass on HIV to their unborn children. Once again, this stereotypes women in particular passive and familial roles.

### *Use of language*

The words and phrases used in the media have a powerful impact on constructions of HIV/AIDS and PLHAs.

*Two in three articles in the media scan were categorised as using neutral or stigma-reducing language.*

This is an encouraging finding, suggesting that South African media practitioners are becoming more sensitive to stigmatising language, and are beginning to embrace stigma-reducing language. Only 32% of articles used stigmatising language.

Stigma-reducing language used in the articles often challenged the silence in relation to disclosure, called for open discussion regarding HIV/AIDS, and challenged complacency.

In articles using stigmatising language, the most common problems were:



- sensational wording (31% of these articles)
- disempowering language (16%)
- incorrect terminology (for example, talking of dying from AIDS, not AIDS-related deaths) (13%)
- war terminology (12%) .

Only one in every 11 articles were considered to use sensationalist reporting. Headlines of articles were more likely than article text to use extreme sensationalism, for example, 'Jails a breeding ground for AIDS' (*Sunday Independent*, 2 March 2003).

### *What did the newspaper cartoons say?*

Newspaper cartoons are a powerful visual medium to convey important messages, especially to those who do not read an entire newspaper. A total of 22 cartoons relating to HIV/AIDS were analysed. All were political cartoons critical of government policy.

### *B. Findings for television programmes*

Most of the shows considered were aired on SABC 1, except for *Isidingo*, which aired on SABC 3. SABC 1, seen as primarily an Nguni language public service, has an estimated audience of 5,4 million, or 20% of the South African adult population. Some 75% of this potential audience is black.

### *Representing characters living with HIV/AIDS*

*Both soap operas included in the media scan introduced PLHA characters into their story lines. This is an encouraging development, suggesting that images of PLHAs are being integrated into mainstream popular entertainment.*

However, when the characterisation of PLHAs is examined more closely, the findings are disturbing. In the two soap operas, only two individuals are seen with HIV/AIDS, and they are a black woman and a coloured child. In both cases, they are portrayed as 'innocent' characters who contracted HIV through rape or parent-to-child transmission. They are also largely depicted as passive, silent and selfless victims. Neither characters raise issues of personal responsibility, sex and sexuality.

It is of concern that in both soap operas the caregivers affected by HIV/AIDS are all women. This stereotype may reinforce the South African perception that the burden of caregiving for PLHAs should fall onto women. The responsibility of men to share this burden is thereby denied.

*Portrayals in the soap operas may reinforce stereotypes of HIV/AIDS as a 'black' disease and as an issue largely for women, not men.*

Men's involvement in the epidemic is implied but not seen. No man is seen in the programmes grappling with the implications of HIV/AIDS.

### *HIV/AIDS messages*

One televised talk show, entitled *Take Five*, which is aimed at youth, was taped. During the period reviewed, the issue of HIV/AIDS was addressed briefly and only 5 times in 49 episodes. The message which might be conveyed to youth watching the show is that HIV/AIDS is not an important concern for youth, and that it does not need to be considered when making choices in relationships.



The drama *Yizo Yizo*, which is also aimed at youth, did not address HIV/AIDS at all during the period surveyed.

*It is startling that the television programmes reviewed, which were aimed at youth, addressed HIV/AIDS only marginally. In South Africa at least 20% of youth in the 15 to 19 year age group are living with HIV/AIDS.*

An edutainment series, *Soul City*, was also taped. During the period reviewed the series represented HIV/AIDS in terms of rape and mother-to-child transmission. The disease was depicted as affecting only black women. However, it is important to acknowledge that in episodes of *Soul City* outside the scope of this study, a much wider range of HIV/AIDS messages are communicated.

Both the soap operas addressed general fears of transmission. In *Isidingo* the PLHA character is seen as living a healthy, normal life. In *Generations* healthy living strategies are addressed to some extent.

*Both soap operas may create stigma by entrenching beliefs about 'innocent' and by implication, 'guilty' persons living with HIV/AIDS.*

It is also of concern that in *Generations*, couples are portrayed as sexually active, yet the use of condoms and the need for HIV testing is never mentioned. Encouragingly, in *Isidingo* the characters speak about HIV transmission and mention condom use. Unsafe sex is portrayed here as reckless.

### *C. Findings for community radio*

The community radio programme which was taped, *Positive Living*, is broadcast on Bush Radio on weekdays from 14:00 to 15:00 in isiXhosa, Afrikaans and English. The show targets both black PLHAs and their communities by sharing health strategies and focusing on relevant issues such as anti-retroviral treatment and prevention. The radio station takes a strong advocacy stand.

#### *Representing people living with HIV/AIDS*

Although there were not many guests living with HIV/AIDS on the show, the fact that the host was living with HIV/AIDS ensured that PLHAs were given an ongoing and affirming voice.

Poverty was clearly identified on the show as a major factor in the spread of HIV.

*All of the PLHA guests on the show during the period under consideration were black women, which may inadvertently convey the message that HIV/AIDS is a disease of black women.*

All of the guests on the show who were living with HIV/AIDS were asked how they were infected. The fact that such a question is asked may reinforce stereotypes of innocent and guilty PLHAs. It may also reinforce perceptions of PLHAs as victims, as all the guests said that they were infected by unfaithful male partners.

#### *HIV/AIDS messages*

A recurring message on *Positive Living* was how to live a normal life as a PLHA and how to manage the disease.



*The show consistently encouraged PLHA listeners to engage in a wide range of health-enhancing behaviours, from eating wisely, to joining a support group, to completing treatment for TB.*

The radio show also provided a range of clear messages about prevention of HIV infection, including educating youth about safer sex.

The show took into account the broader context of HIV/AIDS, examining issues of poverty, malnutrition and the impact on the 'social fabric'.

## *Integrating all the findings*

### *Weaknesses of the current study*

In summarising the findings of this media scan, a number of drawbacks need to be mentioned:

- As noted above, the tape recordings of the community radio station include only two thirds of all the daily broadcasts of *Positive Living* in the first three months of 2003.
- A limited number of television programmes and only one radio programme were included in the study.
- The soap opera *Generations* was included in the study because of the *Soul City* series coming to an end. *Generations* was therefore recorded for two and not three months.
- The socio-political context of the period of the media scan was highly fractious and conflictual. It is not clear to what extent conducting the scan in another three-month period would have produced very different results.

Because of these limitations, findings should not be over-generalised. However, the media scan can still give a useful overview of how aspects of the media represented HIV/AIDS during the period surveyed.

### *Drawing some tentative conclusions*

*'Othering' - or the practice of situating oneself outside of risk for HIV/AIDS - still seems to be widely utilised in South Africa. Black and poor people tend to be blamed for the HIV/AIDS epidemic, leaving a general sense of immunity for white, middle class and wealthy people.*

In all three types of media scanned, the perception seemed to be reinforced that HIV/AIDS is a disease affecting mostly black women. The study revealed a lack of newspaper reporting on HIV/AIDS amongst whites and more affluent people, as well as depiction in television dramas of only women infected with HIV/AIDS.

This phenomenon may reinforce othering and increase a sense of complacency amongst white and more privileged people.

*It is encouraging that two in three print articles are not stigmatising in terms of language used. This finding suggests that media practitioners are becoming sensitised to appropriate non-stigmatising language.*



Living with HIV/AIDS seldom seemed to be reflected in the print media. Television drama seemed to reflect PLHAs, but mainly in terms of 'innocence' and devoid of a context defining how it is possible to live with HIV/AIDS. PLHAs seldom seem to be used as sources of information (used in only 8% of newspaper articles) and then men are overwhelmingly chosen over women as sources.

Of great concern is that television shows directed at youth seldom seemed to reflect HIV/AIDS issues, despite the very high infection rates among young people.

Previous studies of the media in South Africa have shown that it tends to focus on risk groups rather than risky behaviour, thereby stigmatising groups, and misrepresenting women specifically. It also fails to convey the importance of behaviour change.

### *Implications for the future*

*The media has a role in stigma mitigation and need to consistently show that all groups are vulnerable to HIV/AIDS. There is need for the media to be more proactive than reactive in educating and informing the public, and carefully think about the implications of what they say and do.*

The media need to show people from all backgrounds as vulnerable to the disease. It needs to do this in order to develop a sense of ownership for dealing with the HIV/AIDS epidemic, and to reduce current stigma.

Media of all types need to draw more on the experience of PLHAs, who have a particular type of 'expert knowledge' based on their own lives. It is important to move away from notions of guilt and innocence in terms of infection. Media also need to more fully represent the experiences of men who are living with HIV/AIDS. Finally, media need to show PLHAs as proactive, and not just as helpless, passive victims.

It is important to reflect positive and proactive strategies for living with HIV/AIDS.

Radio – as reflected by the community radio station, *Bush Radio* – seems to be a powerful and effective means of making the voices of PLHAs heard. Perhaps this media could be developed further for reporting regarding HIV/AIDS, as it has the potential to reach a large audience, which does not have access to print media or television.

Finally, it is crucial that programming for youth acknowledges and reflects the real vulnerability of this group to HIV infection, and provides effective strategies for negotiating sexuality and sexual relationships.

### *Acknowledgement and disclaimer*

This report was supported by the United States Agency for International Development (USAID)/South Africa under the terms of contract HRN-C-00-00-00006. The opinions expressed herein are those of the authors and do not necessarily reflect the views of USAID or the POLICY Project.

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