

THE USE OF SESOTHO LANGUAGE IN COMMUNICATING PUBLIC HEALTH ISSUES RELATED TO THE AIDS PANDEMIC IN LESOTHO

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Abstract

Health is one of the fundamental needs of human beings. As a result, it is important for ministries of health and other relevant authorities to effectively communicate health information to everyone in their nation in the local language. But the question is: How effective is the use of local languages in communicating health issues such as AIDS? This study takes a closer look at the use of Sesotho to communicate AIDS information to Basotho in Lesotho. The focus of the study is the communicative strategies employed by this speech community. To achieve this, a thematic content analysis of corpus collected from music, mass media, theatre for development and others such as public speaking is done. An analysis of the Sesotho speech community is made to find out communication patterns used in the coverage of the AIDS pandemic. The study reveals that Sesotho speech community employs various communicative strategies to conscientize Basotho on this pandemic. This study therefore, proposes a more intense approach to fighting AIDS especially by using local languages to reach everyone.

Keywords: AIDS prevention, AIDS, Africa, continent, health communication, communicative strategies

Introduction

Health is one of the fundamental needs of human beings. As a result, it is important for ministries of health and other relevant authorities to effectively communicate health information to everyone in their nations through local languages. This paper seeks to address the effectiveness of communicative strategies and the use of Sesotho in disseminating HIV/AIDS information to Basotho in Lesotho.

Each human language is a complex of systems that enables speakers of the language to communicate with each other, to among others, express ideas, hypotheses, emotions and desires, <http://linguistics.ucsc.edu/about/what-is-linguistics.html>. According to Steinberg (2007), these expressions contain combinations of functions that convey referential, expressive, conative, phatic, poetic and metalinguistic functions. All these build into a wholesome human being who uses language to be understood and understand others as well. As one communicates, Steinberg (1999: 116) rightly reveals there is a need to be emphatic “step out of your own frame of reference and see things from the audience’s point of view”.

Communication and health issues

There are several definitions of health communication (Donohew and Ray, 1990; Healthy People 2010 final review). Generally, communication in public health is the art of disseminating, interpreting, influencing and motivating the public on the important issues of public health at the individual or community level. It involves the use of communication strategies to help patients and colleagues cope with feelings of “depersonalisation, rejection and even alienation” (Rensburg, 1996; Faurie, 2000). The significance of studies on health discourse is evident in Steinberg’s (2007: 307) who writes that

Health providers or professionals, including nurses, doctors, dentists, health administrators and social workers, have been sharply criticized for lack of communication skills. The media in countries all over the world are decrying the lack of effective and satisfying healthcare communication.... Even though it has been established that communication is the most important tool health professionals have in providing healthcare for their clients....

Situating HIV/AIDS in Lesotho

The Human immunodeficiency virus (HIV) refers to the virus that attacks and destroys the immune system in the human body (World Health Organisation, 2018). According to Help Lesotho Organization, Lesotho has the second highest HIV prevalence rate in the world after Swaziland. In fact, 25% of its population or one in four people are living with HIV, a virus that causes acquired immunodeficiency syndrome (AIDS) if not treated. The HIV/AIDS epidemic in Lesotho has had a devastating impact on the economy, social structure and capacity of families to care for themselves, <https://www.helplesotho.org/lesotho/lesothohivaidis-in-lesotho/>. This points to the dire need to sensitise Basotho, in their language, about the epidemic, especially how it is contracted, spread and prevention. It also shows the importance of researching on effective ways to communicate such vital information to the entire nation as does the present study.

The first case of HIV in Lesotho was reported in 1986 (AVERT, 2018). After its detection, the country had been engaged in numerous attempts to combat the virus through government, non-government and public platforms. The virus became a great concern so much that His Majesty King Letsie 111, in 2002, declared it a national disaster and took stern measures to control the epidemic as indicated in his speech below,

The cost of HIV/AIDS pandemic in human, social, and economic terms is indeed very high...To address the pandemic, HIV prevention needs to be a priority for the youth, and my government has developed a national policy and a strategic plan and has established Lesotho AIDS Prevention Coordination Authority (The Joint United Nations Programme on HIV/AIDS, 2016).

Having admitted that AIDS is not just a health issue, but a development and security disaster, the Lesotho government instructed every ministry to allocate 2% of its budget to AIDS awareness activities (UNAIDS, 2018; Makatjane et al., 2009). According to (AVERT, 2018), Lesotho further responded to HIV/AIDS pandemic by running, among others, programmes such as condom availability and use. The campaign was administered by Lesotho's National AIDS Commission (NAC) which administered the distribution of condoms to patients of HIV/AIDS in 2015 (AVERT, 2018). HIV education was another attempt undertaken by Lesotho's Ministry of Health and Social Welfare and NAC in collaboration with behaviour-change-organization *Mantsoapo* to target students and the public with HIV-risk and prevention messages. In addition, Lesotho implemented the Prevention of Mother-to-Child Transmission (PMTCT) in 2010 in collaboration with the World Health Organisation to educate and alleviate HIV risk in pregnant women. Further the Pre-Exposure Prophylaxis (PrEP) was introduced to combat the HIV/AIDS pandemic.

The Lesotho Global AIDS Response Country Progress Report (2002) highlights a number of key affected populations in Lesotho including women and young girls, factory workers, orphans and children and men who have sex with men. These populations mostly comprise the lower classes of Basotho society, a factor that has to be considered when selecting communication strategies that can effectively communicate information on HIV/AIDS. It means that the strategies must reach all Basotho irrespective of class.

Barriers to HIV Prevention in Lesotho

Despite the mentioned efforts to fight the virus, there are challenges to their success. According to the People Living with HIV Stigma Index Report, HIV prevention is still challenged by HIV-related stigma and discrimination (also see Thuube and Moloi, 2012; Seephephe, 2018). The report reveals that people with HIV have been denied access to healthcare services such as family planning and reproductive health services. Finances are another challenge which impacts negatively on HIV prevention measures. There is no sufficient funding towards alleviating HIV risks in Lesotho (AVERT, 2018). Polygamy is also a barrier particularly that men have sex with any of the wives as they wish with or without protection. This is worsened by the submissive culture of Basotho women who are not expected to contest that.

In addition, inaccessibility to healthcare is a major structural challenge in combating the pandemic. For example, due to Lesotho's mountainous and economic status, many people in Lesotho struggle to access health services because either the place will be too difficult to reach or there will be no money to travel to the centres or even to pay for the services.

Theoretical Framework

This study employs both Entertainment Education (EE) and social construction frameworks since it foregrounds language form and function as shown in Leshota (2012). The former is

viewed as “The process of purposely designing and implementing a media message to both entertain and educate, in order to increase audience knowledge about an educational issue, create favourable attitudes, and change overt behaviours” (Singhal and Rogers, 1999: 9). The authors state that EE programmes aim to encourage not only individual behavioural change, but also contribute to social change, which is defined as the process in which an alteration occurs in the structure and function of a social system. They suggest that social change can occur at the level of the individual, community, organization or society. Parker et. al. (2000) add that social and behaviour change should be viewed as a long-term process that happens over many years of diverse strategies and interventions. The latter critically analyses the concept of language and use. It displays the relationship between the world people live in and the realities of life through language (Burr, 2003: 4-5).

Freedman and Combs (1996: 23) reiterate Burr’s observation that the theory helps the society to make “connections between the world we live in and the meanings we use and that use us as well.” The theory puts language as a crucial factor of the social interaction between people since the social processes are institutionalized and legitimated by means of language. The current study embraces EE’s central notion of language as it centres on the use of Sesotho language to conscientise Basotho on HIV/AIDS pandemic. The behavioural and social change components of the theory are also relevant to the study as depicted in WHO (2018) that HIV can be controlled through behavioural change such as using a condom.

Communicating HIV/AIDS Information in Lesotho

Previous research (Seephephe, 2018; Thuube and Moloi, 2012) has shown that during the past decade or so HIV/AIDS communication was more inclined to intimidating and scaring people from behaviour that would result in getting infected. The pandemic was presented through stereotyped imagery of bedridden and skeletal AIDS sufferers. Such a depiction was meant to scare the target audience from indulging in activities, especially sexual ones, which might cause infection.

Even today this kind of approach to communicating HIV/AIDS information is still there because we read posters with messages such as “God forgives but AIDS does not”, “AIDS kills” and “Graduate with A’s, not with AIDS” posted for the general public in strategic places such as road junctions. However, there is evidence to support that the communicative purpose has now shifted towards educating people about the pandemic. It is the educative and informative purposes of HIV/AIDS communication that this paper focuses on, taking into account the different communication strategies employed in Sesotho language.

Lyrical presentation

Music is one of the strategies employed by Basotho to create awareness on the prevention and effects of the virus. As stated by Phafoli (2005: 105), although music is used for entertainment,

it has also become a form of self-expression of the concerns of the society. Guma (1967:102) states that songs are descriptive of the “joys, sorrows, hopes and aspirations of the individual”. Similarly, Finnegan (1984: 274) suggests that songs are channels of reporting and commenting on “current affairs, for political pressure, for propaganda, and to reflect and mould public opinion”.

Specifically, as illustrated later, Basotho artists contribute in giving the public hope of combating HIV through their music. They hope that their music would influence others’ behaviour and help prevent the spread of AIDS as their songs are compressed. Graham (1988: 10) summarises the importance of music as follows:

Music has been one of the continent’s strongest characters, influencing the social and cultural development of societies beyond the shores of Africa. ...Music acts as cement, which holds the society together- a hidden form of consciousness which is at once both more pervasive and more important than the overt forms of resistance to the exigencies of everyday life. Music constitutes the bed-rock, the grassroots of popular consciousness.

It is believed that as people enjoy the lyrics that go with the music, they also absorb the message behind those lyrics. Since the message would be channelled in Sesotho, its accessibility and/or consumption are high. In Lesotho, coverage of AIDS in songs includes prevention against HIV/AIDS, causes, dangers brought by the virus, nature of the virus and how to live with the virus after contracting it.

Consider the contents of the songs as adapted from Phafoli (2005):

1. *Chaba sa Africa le mamele melao, le mamele likeletso (African nations be respectful and heed advice)*
2. *AIDS ke lefu le sehloho, sechaba se felile (AIDS is a terrible disease, people are dying)*
3. *Tichere li a ruta le likolong koana ka lefu le sehloho (Teachers are teaching about this terrible disease)*
4. *Liboholo li a bua le lia-le-moeeng (Broadcasters are talking about it on air)*
5. *Lingaka li a bua lipetlele koana ka lefu lena (Doctors are talking about it in hospitals)*
6. *Baruti ba ea ruta likerekeng Ma-Africa (Preachers are preaching about it in churches Africans)*
7. *Babusi ba a bua le mamele melao le likeletso (Governments talk about it, listen to advice)*

(A song by Mokete Chakela, 2002)

Other song lyrics that draw the attention of Basotho to the incurable nature of the virus are:

8. *AIDS ha e phekohehe , phofu ea eona ha e phekohehe (AIDS has no cure, its victim never recovers)*
9. *E tsamaisoa sepetlele joalo-joalo (Its victim goes to hospital non-stop)*

(A song by Kheleke tsa Lesotho, 2002)

10. *Le nka e monyane le e moholo (It kills the young and the old)*

11. *Batho ba petetsana ho ea mabintleng (People are pushing their way to cemeteries)*

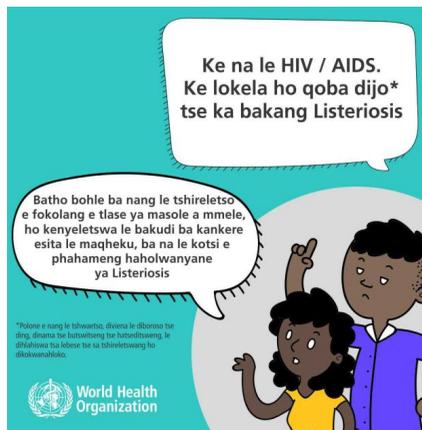
(A song by Mantsa, 2001)

Through music as a communication strategy, the public is educated on the virus and its effects. This communication is directed to all members of the society without singling out individuals and this makes it less offensive and more acceptable. As observed by other researchers such as Phafoli (2005), this type of music performs a double role in Basotho society, that is, to entertain and to disseminate information on HIV/AIDS.

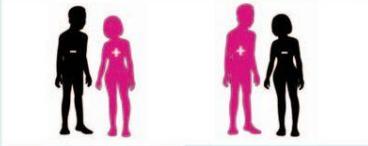
Mass media

The study revealed the use of mass media in disseminating health promotion messages. For example, the use of posters is one such strategy. These are mostly used to advertise campaigns for HIV/AIDS programmes such as *RolaKatiba* (literally meaning ‘put off head-covering’). This campaign became popular in Lesotho because of the ambiguity of its Sesotho name. Its pragmatic meaning is ‘circumcise’, which is different from the literal one. Again, data revealed the wide use of printed materials such as magazines such as *Phela* (Live!) and *Khetho ea ka* (It’s my choice) together with pamphlets and/or brochures written in Sesotho. The examples are shown below:

As adopted from UNAIDS, 2018



Discordance ke eng?



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Discordance ke ha lipakeng tsa batho ba ratanang kapa ba arolelanang likobo ka thobalano motho e mong a na le tsoaetso ea HIV e mong a se na eona. Ha molekane oa hau a se na tsoaetso ke lelihoonolo. Ha ho bolele hore a ka se be le eona. Ha uena le molekane oa hau le ipeha kotsing, molekane oa hau a kanna a tsoaetseha kamoso. Sireletsa molekane oa hau ka ho etsa thobalano e sireletsehileng, (Mohlala, tšebeliso ea likhohlopo).

Hona le mekhatlo ea tšehetso (support group) e tšehetsang balekane/baratani bao boemo ba bona ba HIV bo sa tsoaneng, e ka ba thusang hore ba ithute ho ba bang ba boemong bo tsoanang le ba bona.

U ka sireletsa molekane oa hau khahlanong le HIV ka ho sebelisa khohlopo ka nepo ka linako tsohle ha u etsa thobalano. Khothaletsa molekane oa hau ho ea Tihahabong le Tihahabong ea HIV ele hore a tsebe boemo ba hae.

BALEKANE/BARATANI BAO BOEMO BA BONA BA HIV BO SA TSOANENG BA KA PHELA BA THABILE LILEMO TSE NGATA BA SA TSOAETSANE. LE LOKELA HO SEBETSA 'MOHO HO TŠEHETSANA LE HO SIRELETSA NA KHAHLANONG LE HIV.

Na ntse nka etsa thobalano?



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E! Batho ba nang le HIV ba ntse ba etsa thobalano e monate e khotsafatsang empa ho bohlokoa ho etsa e sireletsehileng. Thobalano e sireletsehileng e bolela hore:

- U sebelisa khohlopo hantle nako eohle ha u etsa thobalano.
- U tšepahalla molekane oa hau.
- U tsebisa molekane oa hau boemo ba hau 'me u mo khothaletse ho hlaloba.

Hopola hore ho na le mekhoe e meng e bolokehileng ea ho bontšana lerato le molekane oa hau, e kenyelletsang ho sunana ho tsoarana le ho akana.

U lokela ho nka boikarabelo ba ho fokotsa menyella ea ho fetletsana HIV ho molekane oa hau le ho itsoaetsa hape.

U KA TSOELA-PELE HO ETSA THOBALANO E SIRELETSEHILENG, HO BOHLOKOA HO ETSA THOBALANO E SIRELETSEHILENG HORE LE BOLOKEHE LE MOLEKANE OA HAU.

Tlhaloso ea Mantsoe:

AIDS: Ke lefu le bang teng ha HIV e boalaie masole a 'mele (CD4) a hau kaofela 'me 'mele o se o sa tsebe ho loantša mafu.

ARVs: Ke mefuta e fapaneng ea lithare e kokobetsang bohale ba kokoana-hloko ea HIV ka ho sireletsa sesole sa hau ha 'mele.

CD4s: Ke masole a 'mele.

Discordance: Ha motho e mong likampanong tsa thobalano a e-na le HIV empa e mong a se na eona. Hona ha ho bolele hore ea se nang eona a ka se be le eona.

HIV: Ke kokoana-hloko e bakang AIDS.

Ho bua ka boemo ba hau phatlalatsa: Ho bolella motho e mong ka boemo ba hau ba HIV.

Ho phela u ikamohetse, u ithokometse: Ho hlokomela bophelo le 'mele oa hau haeba u phela le HIV.

Mekhatlo ea tšehetsa: Sehlopha sa batho se kopanang khafetsa ho seka-seka na se ka phela se ikamohetse joang.

Sekhobo: Hoba le lihlong ka lebaka la boemo ba hau.

Sesole sa 'mele: Likarolo tsa 'mele tse sireletsang 'mele oa hau khahlanong le mafu.

Nka fumana litaba/ithalosoetso tse ling hukae?
Litsing tsohle tsa bophelo tsa 'muso, tsa likereke le tse ikemetseng.

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Malebela a ho lula u phetse hantle



HOPOLA: MOTHO EA NANG LE TŠOAETSO EA HIV A KA PHELA BOPHELO BO TLOAELEHLENG, BO ATLEHLENG EBILE BO MATLAFETSE HAEFELA A IKAMOHETSE A LULA A PHETSE HANTLE.

Methati ea HIV ke efe?



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HIV e bolaea sesole sa 'mele butle. Ho ka nka ilemo tse ngata ho tloha ka nako eo HIV e kenang 'mele ng oa hau ho isa ha u tšoaroa ke AIDS.

Hopola hore HIV e ka feta ka thobalano e sireletsahang nako eohle ha u phela le HIV. Ho bohlokhoa ho etsa thobalano e sireletsahang le ho khothaletsa molekane oa hau ho ea Tlhabong le Tlhabong ea HIV.

Ho phela u ithokometse ho ka kokobetsa sekhahla seo HIV e atang ka sona 'mele ng oa hau le ho thibela tšoaetso tse ling hore u lule u matla u bile u phetse hantle.

Hona le lithare tse thethefatsang kokoana-hloko ea HIV tse thusang ho sireletsa sesole sa 'mele le hore HIV e nke nako e telele pele e ka ba AIDS.

MOTHO EA PHELANG LE HIV A KA PHELA BOPHELO BO BOTLE, BO TLOAELEHLENG HA A IKAMOHETSE, A ITHOKOMETSE.

Hobane'ng ho le bohlokhoa ho bua ka boemo ba hau?



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Ho bolella motho eo u mo tšepang ka boemo ba hau, ho ka u thusa ho ikamohela le ho fumana tšehetsa eo u e hlokanng hore u lule u phetse hantle.

Ho bohlokhoa hore molekane oa hau a ee tlhabong le ho fumana lithare e le ho sireletsa bophelo ba hae. Ha u bua ka boemo ba hau, u ka khothaletsa molekane oa hau ho ea hlahlola le ho fumana tlhabollo le lithare ele hore a lule a phetse hantle.

Mokhoa o motle oa ho loantša sekhobo ho batho ba phelang le HIV ke ho bua ka boemo ba bona. Ha u soabela boemo ba hau ba HIV, u ka leka ho bo pata ebe ha u ikamohela. Ho bohlokhoa hore u seke ua ikoaheea kapa ua beha molato ho ba bang. Motho e mong le e mong a ka ba le tšoaetso ea HIV.

HO BUA KA BOEMO BA HAU LE MOTHO EO U MO TŠEPANG KE MOTHATI OA PELE OA HO IKAMOHELA LE HO FUMANA TŠEHETSO.

Various mass media tend to be favourable due to their coverage capacity. The materials provide instructions on how to use prevention measures as well as educating the audience on its

treatment. Currie et. al. (2001) in Locher (2006) support that the provision of educational information in print form is considered to be a fundamental prerequisite of consumer participation in health care. Lesotho is no exception in this adventure. The media can help to de-stigmatise the disease where stigmatisation is still the case. Mass media approaches have already been effective in improving people's knowledge about HIV/AIDS and reducing associated stigma throughout sub-Saharan Africa (AVERT, 2018). However, it should be noted that this channel of communication is somewhat of restricted to literate members of society and excludes the illiterate ones. This shows limitations of print media compared to music as channels of communication.

Other mass media platforms like television are also used to communicate healthcare issues including HIV/AIDS. For example, *Khetho ea ka* was again televised on Lesotho television. Another famous drama geared to create awareness on HIV/AIDS pandemic entitled *Kau la Poho* (a male cockerel) was featured on Lesotho television. The two dramas have been produced by Lesotho's Ministry of Health and Social Welfare and NAC, in collaboration with *Mantsoapo*, to target students and the society (AVERT, 2018).

The use of radio is another communication strategy used to disseminate health education messages. One would hear radio listeners engaging in general discussions and debate relating to HIV/AIDS over radio stations in Lesotho. Based on Lesotho's demography and socio-economic status, owning a radio and listening to one is accessible as compared to other mass media; therefore, it could be assumed that radio has a wider coverage. Thus radio, particularly battery-operated, becomes an effective communication strategy especially rural settlements with no electricity or television. Consequently, its coverage in a diverse range of settings has made radio a prime medium for educational initiatives, and various health topics have been addressed through radio programming throughout the developing world (Nwaerodu and Thompson, 2010). Radio can also serve as a forum to elicit listeners' reactions and comments as in a programme aired on Lesotho radio called *Tseba ka AIDS* (Know about AIDS). The programme adopts an interactive approach since radio callers share with one another information relating to HIV/AIDS. Holder and Treno (1997) and Wakefield and Chapman (2005) hail the media as powerful mechanisms in promoting awareness and education on public health issues. They suggest that the media should play a primary role in policy-making by informing the public about relevant issues and shaping public opinion.

Theatre for Development

The use of theatre also features in communicating information about the pandemic. For example, it was revealed that there are live performances in various parts of Lesotho to educate the public about the virus. The National University of Lesotho's Theatre and Drama Association (TADA) is one of the many active advocates for HIV/AIDS awareness. The findings are in line with Ball's (1993) statement that theatrical health education provides an active learning environment since both the players and the audience benefit from the

performances. The author demonstrated that the live nature of performances brings elements of interpersonal communication that help personalize the issue for viewers. Direct interaction with the audience also enhances viewers' reception and internalization of the message. The study revealed that Non-governmental Organisations have worked together under a project called 'Theatre in Preventing HIV (TIPH) among young people and adolescents'. Here, young people share ideas and experience about HIV/AIDS prevention. For instance, the youth staged a play called *Joale ke nako* (It's about time) which, according to one of the participants was intended to explore "sexuality in the context of HIV and AIDS..." As we can tell from the title of the play, the language used was Sesotho.

Miscellaneous communicative strategies

Public gatherings (*Pitsos*) were found as another informative way of disseminating information about HIV/AIDS (Interview with healthcare worker at the National University of Lesotho clinic). As such for measures intended for public consumption, the language used is usually Sesotho. Here the public is informed about the treatment of the virus and it is encouraged to support one another in fighting its spread. It is on these platforms that the patients freely engage in Sesotho.

Another platform conducted in Sesotho was driver mobilisation formed in partnership with Lesotho's Ministry of Health, USAID and Jhpiego (AVERT, 2018). The programme aimed to equip Basotho taxi drivers with the knowledge about HIV prevention. As drivers do their daily business, they would tell passengers in their vehicles about benefits of circumcising. If the passengers get convinced, they would then get a referral ticket to a clinic to get tested for HIV. The below caption adopted from (AVERT, 2018) shows a driver putting on a T-shirt with the message in Sesotho that *EBA LE BOIKARABELLO- ROLA KATIBA* (Be responsible-Circumcise):



According to healthcare workers at the National University of Lesotho, there is use of stickers on strategic areas such as public transport, teaching people about the virus. However, samples of such stickers could not be found at the time data for this paper was collected. One worker further claimed that health talk/education is a common practice in Lesotho as well. According to this worker, another strategy featuring in health talk is expert patients' talk. This is whereby people living with the virus declare their status openly in Sesotho and encourage others how to live with the virus and still remain healthy. Public gatherings such as funerals similarly feature as a way of reaching out to the public on matters concerning the virus. Though it is not a popular strategy, sometimes, the person who would have been chosen by the family of the deceased to explain the cause of the death would also be guided on whether to disclose the real cause of the deceased's death or not. Very rarely, some families do take that platform to conscientise the gathering on HIV/AIDS prevention. Even though this is not an effective strategy due to stigmatisation, it is worth noting that the language used would be Sesotho.

Effectiveness of the Strategies

It could be argued that some of these strategies are considered effective in informing Basotho on matters relating to HIV/AIDS. For instance, print mass media is considered effective for literate Basotho population. That is, the use of Sesotho newspapers such as *Leselinyane la Basotho*, *Moeletsi oa Basotho* have a lot of information on HIV/AIDS as evidenced by extracts taken from Seephephe (2018) such as:

12. *AIDS ke boikarabello ba rona bohle* (AIDS is everybody's responsibility)

13. *Ha re tloheleng lipolotiki, re loantse HIV/AIDS* (Let's forget about politics but focus on fighting HIV/AIDS)
14. *Bacha buang nnete ka se jang bacha* (Youth say the truth about what kills youth)
15. *Kereke e rupela ka HIV/AIDS* (Church teaches about HIV/AIDS)
16. *Toantso ea lefu la likobo* (Fight against AIDS)
17. *Ho phephetheloa HIV/AIDS* (Fight against AIDS)
18. *Ba feny'a HIV/AIDS maseeng* (Fighting AIDS in children)
19. *Batsoali rutang bana ba lona ka AIDS* (Parents, teach your children about AIDS)

Basotho also use music to communicate messages relating HIV/AIDS as it has been shown earlier. This strategy is considered effective since it both entertains and educates. As people listen to music and are taken on by good lyrics, they listen to words and get the messages accompanying those lyrics. Some of the strategies are audience specific as it is the case with a Sesotho song entitled *EsengKaRonaBacha* (not with us youth) by a young Mosotho musician called Qekha (<https://twitter.com/sesothomedia>). Theatre for development also plays double role like music as the audience enjoy watching drama, they, at the same time learn about HIV/AIDS. They get entertained and educated simultaneously. Consistent with the UN Children's Fund (2010) that theatre creates a safe space to communicate information relating to HIV prevention.

Posters are also effective as they are positioned at strategic points where they are seen by the public repeatedly. They make the messages printed on them memorable and may surely bring behavioural change to people.

Generally, health administrators observed an increase in the number of patients who are testing for HIV/AIDS. This reflects positively on the impact that communicative strategies have on Basotho.

Conclusion

This paper has shown different communication strategies including mass media, music and others, used to address the pandemic in Sesotho language. It is believed that communicating with Basotho in the language that they understand makes them to become more conscious of the seriousness of the matter and that improves their behaviour. Forman (2004) states that during the 1980s, American AIDS advocates co-opted the phrase, "silence equals death," to describe the danger of the lack of communication. Way back in 1986, when Lesotho first detected the virus, its patients were mocked and called names but with more advocacy,

stigmatisation and de-personalisation lessened. It is evident that lack of communication creates an environment where there is no voice to address the cause of infection among the most affected groups (Torwell and Rodney (2010)). The study concludes that for a successful behaviour change, use of local languages in communication has to be intensified.

References

Andrews, T. 2012. "What is Social Construction?" *Grounded Theory Review: An International Journal*. 11 (1). <http://groundedtheoryreview.com/2012/06/01/what-is-social-constructionism/> Accessed on 5/26/2017.

AVERT. 2018. <http://www.avert.org/professionals/hiv-around-world/sub-saharah-africa/lesotho>. Accessed 5/2018.

Ball, S. 1993. *Theatre in Health Education*. In T. Jackson (Ed). *Learning Through Theatre. New Perspectives on Theatre in Education*. (2nd Ed.) London: Routledge.

Burr, V. (2003). *Social Constructionism*. (2nd Ed). London: Routledge.

Donohew, L. & Berlin-Ray, E. (1990). *Introduction: Systems Perspectives on Health Communication*. In E. Berlin-Ray and L. Donohew (Eds.). *Communication and Health*. Hillsdale, NJ: Lawrence Erlbaum Associates.

Faure, C. 2000. *Health Communication*. In Faure, C., Parry, L. and Sonderling, S. (Eds) *Intercultural, Development and Health Communication. Only Study Guide for COM204-8*. Pretoria: Unisa.

Finnegan, R. 1984. *Oral Literature in Africa*. Nairobi: Oxford University Press.

Forman, L. 2004. *Both Medium and Message: HIV/AIDS, Information and Communication in Africa. Discussion Paper for Progressive Communications*, University of Toronto, Faculty of Law.

Freedman, J. and Combs, G. 1996. *Narrative Therapy: The Social Construction of Preferred Realities*. N.P.: Norton.

Graham, R. 1988. *Ster's Guide to Contemporary African Music*. London: Zwan Publications.

Guma, S. 1967. *The Form, Content and Technique of Traditional Literature in Southern Sotho*. Pretoria: Van Schaik.

Healthy people 2010 final review.https://www.cdc.gov/nchs/data/hpdata2010/hpdata2010_hp2010_final_review.pdf. Accessed on 5/26/17.

Holder, D. and Treno, A. 1997. *Media Advocacy in Community Prevention: Policy Change. Addiction.* 92, 5189-5199.

<http://linguistics.ucsc.edu/about/what-is-linguistics.html>.

<https://reliefweb.int/report/lesotho/lesotho-theatre-creates-safe-space-communicate-about-hiv-prevention>

Lejakane, L. 1997. 'The Role of News Agency in Development Communication: A case study of Lesotho'. University of Natal: PhD Thesis.

Leshota, P. 2012. "Under the Spell of Discrete Islands of Consciousness: My Journey with Masculinities in the Context of HIV and AIDS. In Ezra, C. and Chirongoma. (Eds.). *Redemptive Masculinities: Men, HIV and Religion*. Switzerland: WCC publications.

Locher, M. 2006. "Advice Online: Advice-giving in an American Internet Health Column". *Language Arts and Disciplines*. N.P.: John Benjamins Publishing.

Makatjane, T., Lebuso, Maseribare, T. and Sefume, M. 2009. "HIV/AIDS related discrimination among females aged". *Review of Southern African Studies*. Vol. 12 (1):14-24.

Nwaerongu, N. and Thompson, G. 1987. "The Use of Educational Radio in Developing Countries: Lessons from the Past." *Journal of Distance Education* 2(2): 43-54.

Oakley, A. (Ed.). 2005. *The Ann Oakley Reader; Gender, Women and Social Science*. Great Britain: The Policy Press.

Phafoli, L. 2005. "AIDS Awareness Campaign: The Role of the Artists in the Fight against HIV/AIDS". *Southern African Journal for Folklore Studies*. 15 (1): 103-113.

Rensburg, R. (Ed.). 1996. *Introduction to Communication Course book 4- Communication Planning and Management*. Cape Town: N. P.

Seephephe, N. 2018. 'Corpus-assisted Critical Discourse Analysis of Metaphors Used in Sesotho Newspaper Communication on HIV/AIDS'. NUL: PhD Thesis.

Seephephe, N., Ekanjume-Illongo, B. and Thuube, R. 2018. "Linguistic Metaphor Identification in Sesotho." In Susan Lee Nancy, Lettie Dorst, Tina Krennmayr and Gudrun Reijnierse (Eds.) *MIPVU in Multiple Languages*. London: John Benjamins.

Singhal, A. and Rogers, E. 1999. *Entertainment-Education: A Commination Strategy for Social Change*. Mawah and London: Lawrence Erlbaum.

Steinberg, S. 1999. *Persuasive Communication Skills: Public Speaking*. Cape Town: Juta & CO Ltd.

Steinberg, S. 2007. *An Introduction to Communication Studies*. Cape Town: Juta & CO Ltd.

The Joint United Nations Programme on HIV/AIDS. 2018. <http://www.unaids.org/en/regionscountries/countries/lesotho>. accessed 6/2/ 2018.

Thipe, H. 1988. "Metaphors We Live by". *South African Journal of Languages*. Vol. 8 (1): 71-80.

Thuube, R. and Moloi, F. 2012. "Communication about HIV/AIDS and the Parents: A Semantic and Morphological Analysis". *Tsebo Journal of Humanities*. Vol. 2 (4): 12-21.

Torwell, V. and Rodney, C. 2010. "Newspaper Coverage of Health Issues in Nigeria". *African Communication Research*. 3(2): 235-255.

Wakefield, M. and Chapman, S. 2005. "Framing Australian Newspaper Coverage of a Second Hand Smoke for Injury Claim: Lessons for Media Advocacy". *Qualitative Health Research*. 15(4): 539-554.

World Health Organisation. 2018. www.who.int/hiv/HivCP_LSO.pdf. Accessed 5/2/2018.