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## Negative stereotypes examined through the HIV and AIDS discourse: qualitative findings from white young people in Johannesburg, South Africa

Mzikazi Nduna, Jacky Mendes

### Abstract

Previous studies reporting perceptions of HIV and AIDS by white youth in South Africa suggest both explicit and implicit racial stereotypes and negative attitudes. This paper contributes to the literature on the discourse of racial stereotypes found in discussions about HIV and AIDS. The study was conducted in the suburb of Edenvale, north-east of Johannesburg, South Africa. Three focus group discussions were held with mixed-sex, white middle-class participants aged 16 to 24. Key findings show stereotypes related to cultural knowledge and group character of black youth. Participants spoke negatively of ignorance, illiteracy, traditionalism, backwardness and lack of civilisation among black youth. Black youth were negatively represented as relying on ancestors and traditional healers for guidance. Participants reasoned that black young males were sexually irresponsible and promiscuous, and were spreading HIV intentionally. Thus it is imperative that contemporary HIV prevention interventions in South Africa address and dispel stereotypes reproducing racist discourses.

**Keywords:** adolescents, HIV, stereotypes, race, racism, youth, South Africa.

### Résumé

Des études antérieures sur les perceptions du VIH et du SIDA chez la jeunesse blanche en Afrique du Sud suggèrent l'existence de stéréotypes raciaux explicites et implicites et des attitudes négatives. Cet article contribue à la littérature sur le discours des stéréotypes raciaux relevés dans les discussions à propos du VIH et le SIDA. L'étude a été menée dans la banlieue d'Edenvale, au nord-est de Johannesburg, en Afrique du Sud. Trois groupes de discussion ont été formés avec des participants et participantes blancs issus de la classe moyenne et âgés de 16 à 24 ans. Les principales conclusions de ces échanges montrent l'existence de stéréotypes à propos du bagage culturel et du comportement de groupe de la jeunesse noire. Les participants ont évoqué de manière péjorative l'ignorance, l'analphabétisme, le traditionalisme, le retard et l'absence de civilisation des jeunes noirs. Ceux-ci sont dépeints négativement comme des personnes se fiant à des ancêtres et des guérisseurs traditionnels. Les participants sont parvenus à la conclusion que les jeunes hommes noirs étaient sexuellement irresponsables, de mœurs légères, et qu'ils étaient en train de diffuser intentionnellement le VIH. Ainsi, il est impératif que les interventions actuelles sur la prévention du VIH en Afrique du Sud abordent et déconstruisent les discours racistes reproduisant les stéréotypes.

**Mots clés:** Adolescents, VIH, stéréotypes, race, racisme, jeunesse, Afrique du Sud.

### Background

South Africa had set in motion mechanisms to reverse the racism that was a feature of state development policies pre-1994. However, the effects of apartheid on the distinct racial groups, namely black, white, Indian, Coloured and Asian are “present beyond its disappearance” (Fassin 2008, p.318) as recent publications show (Marcus 2002; Anderson, Beutel *et al.* 2007; Department of Health, Medical Research Council *et al.* 2007; Coovadia, Jewkes *et al.* 2009; Eddy 2009). Examples of the remnants of apartheid are evident in social discourse. Three studies based in KwaZulu-Natal, Cape Town and an unspecified location, involving high school youth and university students, report a dominant discourse of racism and cultural prejudice in discussions relating to HIV and AIDS (Levine and Ross 2002; Marcus 2002; Govender 2006).

South Africa's HIV prevalence is disproportionately high among African young women aged 15 to 29 (Shisana, Rehle *et al.* 2005; UNAIDS 2006; loveLife 2008; Shisana, Rehle *et al.* 2009). The inter-relationships between HIV, gender and racism are important for three main reasons. Firstly, prevalence among the white population has increased in less than ten years, from 2.4% reported among a working population sampled nationally (Colvin, Gouws *et al.* 2000), to 6% reported from a national prevalence study that sampled from the general population (Shisana, Rehle *et al.* 2009). Secondly, perceptions of risk for HIV infection are important in the promotion of protective behaviours (Moore and Rosenthal 1991; Finchilescu 2002; Kaaya, Mukoma *et al.* 2002; Marcus 2002; Macintyre, Rutenberg *et al.* 2004; Skinner and Mfecane

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2004; Kalichman, Simbayi *et al.* 2005; Shisana, Rehle *et al.* 2005; Govender 2006; Maughan-Brown 2006; Forsyth, Vandormael *et al.* 2008; Palekar, Pettifor *et al.* 2008). In addition, addressing the colonial legacy of racism stemming from apartheid is critical to addressing structural level violence that places additional pressures on black and white South Africans. Unpacking racism is critical for understanding the social determinants of health that predict higher risk for HIV and other poor health outcomes, as the country moves towards equal access to society's resources between blacks and whites.

Other literature has highlighted the use of negative stereotypes by white youth attributing HIV risk of black peers. Specific stereotypes reported in previous studies refer to black youth's immoral sexual character, ignorance of sexual and reproductive health issues and poverty (Levine and Ross 2002; Marcus 2002; Govender 2006). This paper builds on the literature to further explore the intersectionalities of youth, race and HIV as the new South Africa rebuilds from years of black oppression under the apartheid regime, and struggles to prevent an increasing HIV prevalence among its young people.

This paper is based on data collected among young suburban South Africans regarding a research project on their perceptions of the HIV prevention messages and campaigns that they had encountered. In this qualitative work 'surprises' or 'rich points' emerged in data analysis (O'Connor and Gibson 2003) and presented an opportunity to examine bias, negative stereotypes and prejudices that were expressed through the HIV discourse. The specific objective of this paper is to contribute to the body of knowledge on the use of racial stereotypes within HIV discourse.

## Methods

This study was based on the phenomenological approach to conducting qualitative research. The approach is inductive and descriptive, and is suitable for this study as it allows for representation of perceptions from participants. The research was conducted in the Gauteng Province. In community surveys, this province recorded an HIV prevalence of 15.8% for people aged 15 to 49 years in 2005, falling slightly to 15.2% in 2008 (Shisana, Rehle *et al.* 2005; Shisana, Rehle *et al.* 2009). In the annual antenatal survey, 29.9% of women aged 15-49 tested HIV positive (Department of Health 2009). The research site was Edenvale, a suburb under the Ekurhuleni municipality, north-east of Johannesburg. The antenatal survey's findings show this municipality has steadily recorded HIV prevalence higher than the provincial average among women aged 15-49, at 32.2% (v. 30.8%) in 2006, 33.3% (v. 30.5%) in 2007, and 31.5% (v. 29.9%) in 2008 (Department of Health 2009). No statistics are available on race differentials at the municipality level.

Data were collected on site over a period of three weeks in June 2008. The study was announced in the residential area through notices in community venues, and information about the study was given to a life orientation educator at the local high school who was asked to announce it to the learners. The interviewer followed up at the school to register volunteers who expressed

interest in study participation. Participants were recruited based on snowballing sampling methods (Speziale and Carpenter 2007). Prospective participants were informed that the aim of the study was to explore young people's perceptions of HIV prevention messages.

Participation was open to males and females above the age of 16 years, comfortable speaking English, and willing to give an hour for the interview in a group discussion. Race was not used as a recruitment criterion. Experience and recommendations have taught us that peer-matched interviews are the best approach for face-to-face qualitative interviewing (Breakwell 1995), as the shared background characteristics of the interviewer increase the validity of the study (O'Connor and Gibson 2003; Speziale and Carpenter 2007). The systemic racial bias in the sample could have been influenced by the fact that the interviewer was a young white English speaker, so the volunteers reflected the population accessible to her. This made it beneficially possible to match the interviewees with the interviewer. However, the interviews could not be matched by gender.

Focus group discussions (FGDs) were chosen as a method of data collection. The groups were small enough, each with eight participants, to allow everybody the chance to speak. The composition and facilitation of the FGDs followed recommendations (Millward 2000; Speziale and Carpenter 2007) and techniques from a previous study (Marcus 2002). Groups were mixed with relatively equal participation from both genders. The discussions were held on different dates and at different venues, convenient for both auditory and visual privacy.

As participants came forward to volunteer, three age-peer groups were identified in the enrolment list, guided by the participants' schooling status. The FGD meetings were conveniently organised to allow space for discussion with same-age peer groups. The groups included FGD 1 for youth in their middle to late adolescence attending high school. FGD 2 was with youth attending different universities around the Johannesburg metropolis, but living in the Edenvale suburbs. FGD 3 was for post-secondary school youth, some of whom were working. In order to exclude interviewer bias (Breakwell 1995) and strengthen the trustworthiness of the study, all three focus group interviews were conducted by the same facilitator and audio-recorded in the same manner (Breakwell 1995; Speziale and Carpenter 2007).

On the day of the interviews, volunteers signed consent forms for participation and to have their responses audio-recorded (Speziale and Carpenter 2007). Each discussion lasted for approximately 45 minutes, allowing for spontaneity and active participation. Discussion items were based on a semi-structured interview guide with open-ended questions (Breakwell 1995; Speziale and Carpenter 2007). The guide was developed by the investigators and piloted among a group of volunteers from a psychology post-graduate class. The following were the items of discussion:

- What education and information participants have been exposed to regarding HIV prevention
- Sources of information and education on HIV prevention
- Whether the informants felt that prevention strategies were

working, and reaching the audiences that they should be reaching

- Whether participants found HIV awareness and education campaigns useful for their reference group
- Suggestions for ways that could improve campaigns for youth.

In the interview guide there were no specific questions on race; the findings presented here organically emerged in the discussions, automatically activated without conscious awareness.

The recorded interviews were later transcribed verbatim by the white female co-author who facilitated the discussions. This person played an important role in analysing and interpreting the data. Validity was established by looking at the notes from across the three groups to ensure that the information was comparable. During the transcription process, data were not edited or cleaned up for language and grammar (O'Connor and Gibson 2003), as it is important in phenomenological studies to maintain the voices of the informants (Speziale and Carpenter 2007). This means that some of the quotes may not be grammatically correct, as we attempted to keep the expressions of the informants as close as possible to the original. Expressions that were not explicit but understood to the interviewer are explained.

The first author of this paper played a leading role in the development of the research question, study design, supervising the research, analysis and writing up of the paper. Both authors independently read and re-read the transcripts for data exploration and developed separate coding sheets (Babbie 2008). Data were analysed by looking at and eliciting common themes across the three groups (Breakwell 1995; Millward 2000) with no attempt to quantify the responses. Similar ideas were grouped together. We interpreted elements within the data that answered the original question by reference to race. We discussed areas of convergence and divergence in the two coding sheets. Direct quotes chosen from the transcripts are used to illustrate and support the findings. Authors used their local knowledge to interpret what participants could have been talking about. This is referred to as intuiting in phenomenology, and rests in the researcher's ability to think creatively about the contents of the transcripts (Speziale and Carpenter 2007). At this stage, the interpretation was aided with a further refined literature review. A detailed report of the findings from this study is published in a research report available at the University of Witwatersrand library (Mendes 2008). To protect participants' anonymity, names were not used in the original transcripts. Ethics approval for the study was given by the University of Witwatersrand (HONS/08/019 IH). After the interviews were transcribed and verified by both investigators, the original recordings in the MP3 were removed. Following university ethics practice, paper work containing identifying details such as consent forms was handed over to the university for shredding.

## Findings

This paper focuses on racial stereotypes that were expressed by the participants in two broad themes, namely cultural knowledge and group character.

## Cultural knowledge

### Perceptions of ignorant blacks and backwardness of African traditions

Participants from all three groups believed that black youth were ignorant insofar as HIV prevention was concerned. Three elements dominated this: illiteracy, conservative family values and backwardness of culture.

Satisfactory access to HIV prevention messages by the participants was seen as producing adequate education around HIV. Ignorance on the part of black youth was perceived as resulting from the fact that villages were remote and consequently could not be reached with health promotion messages that formed part of life in the suburbia. As participants put it: *"they [black youth] don't exactly know what the virus is about"* (FGD 1); *"ignorance is their biggest killer"* (FGD 3). In support of this view another participant offered that *"people most affected by HIV and AIDS are those people in rural areas and they don't have those means of education."* (FGD 1). Here, 'means' were understood in terms of physical access to schools. This, however, was generalised, as some offered that *"It [education] doesn't even get to townships. Who is going to go and hand out pamphlets in the townships?"* (FGD 1); *"most people don't even go to school ... who is going to teach them? If their parents are not educating them"* (FGD 1); *"because like in the rural areas, they don't have access to a lot of the information"* (FGD 3); *"and they can't read"* (FGD 2).

Other participants reasoned that in their view the lack of access was not so much a product of inaccessibility of material but that *"many [black] people are uneducated and they don't know how to read so, it doesn't really help [to distribute pamphlets]"* (FGD 1). Townships were not only seen as marginalised in terms of access, as others thought that even if they received the reading material *"No one is going to make an effort to read it anyway"* (FGD 1) because their lack of appreciation of reading meant that *"Yeah, they will probably just throw them out the window"* (FGD 1). The same sentiments were shared in other groups, with one participant generalising from her illiterate domestic worker that *"the big issue is education. They [blacks] do not have ... I have got a nanny working for me as a domestic and she can't even write"* (FGD 3). It is our conviction that this was an inappropriate example, as many South African women who are in domestic work in the suburbs are largely uneducated and not an adequate comparison for black youth. This notion was not supported by all the participants: for example, one participant stated *"I do not know much about the reading thing"* (FGD 3) and went on to explain that the tabloid newspaper (*Daily Sun*) was widely distributed in the townships and this was a good thing.

The words 'township' and 'location' used interchangeably refer to black urban settlements. In South Africa, villages are rural and mainly inhabited by black people, usually of lower to middle class. This perception that HIV prevention education needs to be targeted at black youth tied in with out-group negative bias expressed through the use of 'them/they' having inferior knowledge. It is our belief that this understanding negatively stereotyped black youth and reproduced racist discourses of ignorant blacks.

Parental responsibility was also echoed in all three FGDs, as participants offered that another reason for black youth's ignorance was that they were not taught about the topics of sexuality at home. In response to a question about where they received information and education regarding HIV prevention, the perceived damaging role of some South African politicians in tainting informative messages with incorrect attitudes and advice prevailed. This theme is addressed further on in this paper. Participants seemed to believe that HIV protection was linked to wisdom, morality, a suburban culture and 'clean' location. One participant offered that *"in the township ... it is disgusting and it is dirty in there"* (FGD 2); this lack of physical cleanliness in the townships was imagined to be symbolic of lack of moral cleanliness. In FGD 3, moral (un) cleanliness was demonstrated through yet another stereotype, that of immorality of white gay men. Racial stereotypes of the character of a black person intersected with sexual prejudice against white gay people, identified because of their perceived licentious and promiscuous sexual life, which was seen as similar to that of blacks.

The ignorance of the 'other' was further validated by the participants in terms of aspects of 'their' backward culture. According to some participants, black youth's failure to heed HIV prevention messages was *"because of the traditions and the way they grow up"* (FGD 3); as another participant said *"I think they are traditionalist in their mindset and that is why"* (FGD 3). An example given by the participants of traditional beliefs and practice was the popular 'virgin cleansing myth' to rid one of HIV infection. This is a myth believed to be fuelled by *"these traditional healers that promote raping a virgin to get rid of the disease"* (FGD 3). Some traditional healers were quoted as saying to their HIV-positive clientele *"sleep with young children and you'll get rid of AIDS"* (FGD 2); *"go rape a 4 year old"* (FGD 3). One participant said *"they are in a box and they can't think further than a box ... because that's what they've been taught"* (FGD 3); *"their mind is like that ... 'they' haven't got the broadest spectrum. We were taught every time we ask a question this is the answer, that is the answer, with 'them' it's because, no your ancestors said this ... and your ancestors that ... they are still thinking 400 years ago"* (FGD3). This was supported by another participant in the same group *"I just don't see why the [HIV] messages are not coming across but traditional healers can stick ideas into their [blacks'] heads"* (FGD 3). The 'box' here refers to narrow-mindedness, an unquestioning belief in traditional healers and inability to appreciate science. The world of knowledge as expressed by the participants was polarised into the 'traditional' and the 'modern'. Participants in all three groups used custom, traditional belief and witchcraft interchangeably, suggesting that they were not clear on whether these could be differentiated. A participant in one group separated the concept of traditional herbal healing and offered a dissident view that *"I mean like obviously traditional medicine is not necessarily a bad thing, I think it's how people apply it ... I mean some of the things are valid, like some of the traditional medicines that do work, I mean it's the same as uh, as like umm herbal stuff etc whatever"* (FGD 3). This led to a debate among participants about whether traditional medicine worked. The arguments against traditional medicine drew on and reproduced stereotypes through reference to its backwardness.

### Hiding behind the numbers

Some of the stereotypes articulated in the discussions were born out of perceived invulnerability and imagined biological immunity, based on awareness of low HIV prevalence amongst the white community. That it was rare for them to personally know someone who had HIV or AIDS was supported by one participant saying in a belittling way: *"but if you go to the rural area or township and say – how many people do you know with AIDS – they wouldn't be able to count on both hands"* (FGD 2). The discussion made reference to the 'rural' 'village' or 'township', which implied black people. These negative and seemingly exaggerated stereotypes may in turn lead to unnecessary excessive caution when around black people, fuelling stigma and furthering racial segregation. This point was supported by a debate on disclosure of HIV status that was raised by fellow group members. One participant in support of disclosure said *"say something happens to a person whilst you are working ... let's say he hurts himself and he is black, you are not going to wanna go near the guy [to help]"* (FGD 2). This shows two things: firstly, that decisions in complex situations such as this one, which could be attributed to factors other than race, could be detrimentally misconstrued in interracial interactions; and secondly, that the mixed messages conveyed by aversive racists during interracial interactions could interfere with effective social coordination, and jointly affect both blacks and non-blacks' abilities to work together successfully to fight HIV and AIDS. The other point we would like to make here is that hiding behind the numbers conceals a racist interpretation of the problem, and it could make it difficult to address racism in HIV discourse.

### Group character

The next section presents findings on the reference to a particular character that was seen as being typical of black youth. This character was at times seen by the participants as being inherent, while at other times the character was contextual; nevertheless the discussions were attacking and laden with stereotypes.

### Condom usage by black youth

Some participants indicated that they perceived finance as a real limitation to condom use for 'others'. In the midst of perceived competing basic survival needs, the financial implications of purchasing condoms were seen as a concern: *"there is a lot of things that people just can't afford ... can't afford condoms"* (FGD 2). These concerns were invariably attributed to people in the townships and villages: *"So do you rate that from townships you are going to waste your salary to go and buy condoms that cost R30.00?"* (FGD 1); *"you have to keep in mind that many people in rural areas don't wanna pay that much for condoms"* (FGD 1). Nonetheless, R30.00 was considered to be a small amount. It was offered in a derogatory way that black people's inability to afford condoms meant that *"they are using plastic packets instead of condoms"* (FGD 2). The free condoms distributed by the government were dismissed by all as unreliable and unsafe, and it seemed that the use of these government-issued condoms was probably even beneath them. Reference was made to the perceived stupidity of the government that distributed condoms that *"hardly ever works"* (FGD 1), because *"when they hand condoms out, they staple them, in the middle"* (FGD 3); *"You can't have that, you can't have people handing out FREE condoms and then asking for R5.00... and"*

staple" (FGD 2); "and staples them together" (FGD 1); "staple a condom man!" (FGD 2); "ja, that's government there is nothing we can do" (FGD 3). This referred to condoms distributed with pamphlets and handed out at intersections. 'They' referred to the people who sometimes distribute condoms at the traffic lights in Johannesburg. These people are normally black and distribute government-issued condoms independently of the government, who are usually responsible for distribution of free condoms.

### Political leadership and HIV and AIDS messages

The second noteworthy element was that participants alleged that in some ways the behaviour of black youth was similar to that of people in leadership. Use of derogatory words such as 'idiots' 'stupid' and speaking in demeaning ways about people such as the health minister and the president of the country was heard in all the FGDs. This led the researchers to suggest that the issue of HIV and AIDS was used as a politicking tool. Politicians were seen to be acting irresponsibly, for example "we get morons like Jacob Zuma who give wrong messages" (FGD 2); and "now please tell me they are supposed to be our authority figures" (FGD 3); "you have just got people being stupid ... at the same time you have got idiots like Jacob Zuma who say it's cool I had a shower afterwards" (FGD 2). President Zuma, during his rape trial on April 3rd 2006 (Evans and Wolmarans 2006), said he took a shower after having sex with a woman who had HIV. Participants dismissed what they saw as misinformed statements, but said that 'other' people actually believed that taking a shower after unsafe sex could prevent HIV infection. The politicians referred to here were seen as examples of ignorant and barbaric persons who created a disabling environment that gave credence to risky sexual attitudes and behaviours by those similar to them [black youth]. As the discussions were flexible and stimulating, a debate ensued. One participant suggested that promotion of a healthy eating lifestyle by the (former) health minister should not be scorned, as "she does have a point because she meant to live healthier" (FGD 3).

### Perceptions of black males

The third element in this theme was an explicitly stereotyped presentation of young black men. This discourse was dominated by out-group comparison of character, targeting young black men as having a sense of sexual entitlement to women, and being reckless and promiscuous. One participant said: "the post-apartheid youth ... I don't think they care ... to pick up much [education] ... I do not know if they just don't care or if they don't understand" (FGD 2). Young black men were portrayed as irrational with an attitude that they could have anything they wanted [referring to sex], including having many girlfriends. The existence of "that sort of mind set among the sort of the African" (FGD 1) was presented as a dangerous reality "in the township and what not, where the infection rates are the highest" (FGD 2). Another participant offered contemptuously that "I don't want to sound like I'm just getting at black guys ... they think they are heroes you know... they'll have like ten girls on the go at once" (FGD 2); "it's the entitlement." (FGD 2); "in rural areas and locations [townships] ... sleeping with whoever is around is become something normal. People don't regard it [casual sex] as anything out of the ordinary" (FGD 1); "the guys at the township are like - I don't give a shit about you, I don't care if you get AIDS from me, who cares" (FGD 2). The stereotypes of

black youth as heartless and unsympathetic have the potential to fuel a racist HIV discourse.

## Discussion

In this section we summarise and discuss the key findings of this study. We have identified two overarching areas: cultural knowledge and group character.

### Stereotypes of cultural knowledge

Rural ignorance and backwardness dominated findings under this theme. Similarly to thinking in previous research (Marcus 2002), the assumption of inferiority of knowledge and traditional beliefs presented here conveyed intersubjective, irredeemably social and processual attitudes to being white/black in South Africa. The opinion that sexuality education was a topic not discussed in black families disregarded the fact that different values such as religion, education and tradition prevailed and influenced the discussion of sex over and above the criteria of 'race'. That the discussion of sexuality within families is a complicated issue is discussed in other texts (Kelly and Ntlabati 2002; Leclerc-Madlala 2002; Palekar, Pettifor *et al.* 2008). Nevertheless, this stereotype is inconsistent with evidence that knowledge of HIV facts is high in the wider South African community of young people (Simbayi, Kalichman *et al.* 2005; Jewkes, Nduna *et al.* 2006; Shisana, Rehle *et al.* 2009). The continued reference to the 'virgin rape myth' theory, despite conflicting findings on its contribution in the spread of HIV (Anderson, Beutel *et al.* 2007; Jewkes, Sikweyiya *et al.* 2009) is another example of a stereotype that only serves to portray black people negatively. Stereotypes similar to these about the role of tradition and traditional healing systems in the spread of HIV have been offered and discussed in other texts (Levine and Ross 2002), and are rejected as an expression of racism (Fassin 2002; Kenyon 2008).

### Stereotypes about group character

Stereotypes about the character of a black man as distinguished by promiscuity, unprotected sex, germ carrying, sexual prowess, carelessness, ignorance, sexual permissiveness, violence and avarice were observed here. Even though the stereotypical notions about blacks have been shunned and rejected as racist views that were conceptualised to make blacks feel inferior (Levine and Ross 2002; Govender 2006; Kenyon 2008), these stereotypes persist. This discourse about black men's virility and sexual immorality, as argued by Levine and Ross (Levine and Ross 2002, page 100) "...disguises racist assumptions about the social nature of the other...". We further add that it portrays women and white people as passive and innocent victims in the HIV epidemic. The 'gay' stereotype has survived through the years, even though evidence shows that the HIV epidemic among young adults in sub-Saharan Africa is mainly transmitted through risky heterosexual behaviours (Karim and Karim 2002; Pilcher, Tien *et al.* 2004; Leclerc-Madlala 2008; Chopra, Townsend *et al.* 2009). We raise this issue because it is the stereotype spread by those who believed that sexual promiscuity is an element that African sexuality has in common with homosexuals (Levine and Ross 2002; Marcus 2002; Skinner and Mfecane 2004; Fassin 2008). The role of public political statements, uttered by some leaders of the ruling political party, the African National Congress (ANC), in creating

doubts and misconceptions has been reported (Levine and Ross 2002), studied (Forsyth, Vandormael *et al.* 2008) and critically discussed (Fassin 2002; Fassin 2008; Kenyon 2008). Underlying the comments about the government were assumptions of black stupidity, fuelling a racist ideology that blacks were not running the country competently or were 'stupid'. We would like to suggest that a constructive dialogue around leadership would benefit efforts to both building South Africa around non-racial lines and strengthening HIV prevention efforts.

The emotional responses that can be produced by the negative generalisations about black young men are reported in Govender (2006), where similar opinions held by Indian youths in a research focused group discussion were seen as an attack on the personhood of a young black male participant who responded angrily to these opinions. The continued use of these stereotypes can be explained by conclusions from Finchilescu (2002), which show that when people do not believe themselves to be at risk, responsibility and blame are commonly directed at those infected already. This poses a danger of perpetuating both HIV stigma (Skinner and Mfecane 2004) and prejudice against blacks. One question that needs to be answered is: what gives sustenance to these stereotypes? Although these opinions may seem partly idiosyncratic, they must be heavily influenced by cultural transmission. If they were purely experimental or derived independently by the participants, it is unlikely that they would feature so prominently across all three groups. The influence of upbringing and socialisation in fuelling some of these elements needs to be examined. Attribution of risk to the high prevalence of HIV in the black population, and lack of personal experience of AIDS among whites, confirms previous findings (Finchilescu 2002; Marcus 2002; Macintyre, Rutenberg *et al.* 2004; Govender 2006). However, these are inconsistent with the fact that sexual behaviour implications for black youth were not positively associated with their exposure to HIV.

There are two comments that we would like to make on the lack of personal experience with HIV. First, in a country where HIV is as widespread as it is in South Africa, it could be argued that participants were in denial by saying that they did not know anyone living with HIV or who had AIDS. Similar rhetoric has been attributed to government's failure to respond appropriately to the AIDS epidemic (Kenyon 2008) as reflecting denial. Nevertheless, there could be an element of truth in what the participants said, as there is limited integration of racial groups in South Africa and HIV remains predominant in the black population (Karim and Karim 2002). Secondly, perhaps more disclosure of HIV + status in the white community should be encouraged. Research has shown that there are benefits to having a connection to people who have HIV or knowing someone who has died of AIDS (Palekar, Pettifor *et al.* 2008). However, infected white people may be reluctant to make their status known, where HIV is associated with a stigmatised, low-status group. Another noteworthy point is that although participants' beliefs that more exposure to HIV would have influenced them to take more precautions, this was not applied when talking about black youth from the townships.

### Study limitations

This study was conducted on a small scale; and therefore the findings cannot be generalised. Nevertheless they provide a

valuable contribution in this context. This study does not represent a full spectrum of opinions held by white young people in these suburbs, as the study participants had self-selected into the study. As is a typical limitation with other phenomenological studies, participants views expressed here could be ideal or true (Speziale and Carpenter 2007). Sample bias may have also resulted from the fact that prospective volunteers may have been influenced by knowing (or not knowing) the researcher in the community. FGD as a method of investigation has a major disadvantage known as *groupthink* (Speziale and Carpenter 2007). We are not inclined to believe that any of the participant's opposing opinions may have been suppressed and thwarted by group members who were more expressive during the discussions. However, we would like to suggest that future discussion groups for studies of this nature be conducted separately for men and women. This is so that we may err on the side of caution and prevent dominance of opinionated participants (usually men).

The facilitator was an Honours student undergoing training in research skills. As an inexperienced facilitator, she may have allowed the discussion to sometimes stray away from the interview guide; on the other hand, this allowed participants to discuss freely what they were interested in, irrespective of its political nature. Initially, the aim of the study had been to investigate a topic that we considered neutral, but as we see here the discussion took an interesting but unexpected direction.

Small-scale, qualitative studies such as this cannot guarantee reliability and validity of the information presented; however, their contribution in identifying patterns of responses of youth's opinions is valuable (Levine and Ross 2002). Participants seemed at ease, trusted the facilitator, and were not embarrassed to express their views, which increased the validity of the findings. Some may argue that the participants were rather young to hold such beliefs, but literature has taught us that stereotypes are formed at early stages. Furthermore, youth's opinions have been solicited in other qualitative research studies on HIV in South Africa (Operario, Cluver *et al.* 2008; Bhana 2009), and their opinions continue to be of great importance. Due to the nature of the research area, the respondent's beliefs and perceptions would be expected to change over time and therefore reliability cannot be guaranteed.

## Conclusions

The discourse found here points to the continued existence of racial stereotypes among white youth in South African society and should not be ignored. The racist tone from studies conducted in different parts of the country at different times is repeated here. HIV is a big and painful challenge for all, and racism needs to be tackled in broader social mobilisation campaigns in South Africa; however it would be difficult to address without addressing negative stereotypes and prejudices. The types of racist perceptions reported here, if left unaddressed, may remove opportunities to address the social determinants of health and the structural factors that led to the explosive HIV epidemic in the first place.

It was clear here that the intentions of the participants went beyond commenting on the usefulness of the HIV campaigns towards extending moral judgements. Use of interviews as a 'space to vent frustrations' has been noted (Govender 2006),

and when an interviewer is viewed as similar to participants there is more self-disclosure (Breakwell 1995; Sikweyiya, Jewkes *et al.* 2007). Even though the facilitator did not make an effort to censor discussion, this was in no way an indication that she shared the same views as the participants. Negative views such as these risk cultivating an environment that provides little support for structural level interventions that narrow the gap between the rich and poor, through provision of equal opportunities for education and employment that generations of blacks have been systematically excluded from, and have been shown to be much more strongly predictive of disease transmission than individual level behaviour.

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