

## **Linguistic Morality in HIV and AIDS Discourses in the Kenyan Society**

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#### **Abstract**

Communication is key in the understanding of the HIV and AIDS pandemic as well as in the dissemination of information concerning the same. The main tool of communication is language. However, the type of language and how it is used to communicate information determines the degree of comprehension. In communicating about HIV and AIDS pandemic, other relevant societal factors come into play hence influencing how language is be used. In the Kenyan society (just as in many African societies), cultural taboos have had a great impact on language in discourses that relate to HIV and AIDS pandemic. Because of cultural demands, most speech communities in Kenya have had to come up with communicative strategies that ensure that relevant information on the subject is communicated without necessarily offending the listener or embarrassing themselves. In so doing, they achieve their communicative purpose but not all the intended recipients comprehend the information. The purpose of this paper is to investigate the linguistic strategies of morality that are used in communicating about HIV and AIDS in Kenyan speech communities. Data for the study is collected from 74 respondents and it is analyzed based on the sociolinguistic theory of politeness. The findings show that in adopting alternative and indirect strategies of communication, misinterpretation and miscommunication sometimes occurs and this has far reaching consequences on the livelihood of the people as well as on the socio-economic development of the nation. This paper calls for a balance between observing societal norms and the need for direct, appropriate and effective communication, if Kenya has to effectively deal with the vice.

**Key words:** Linguistic morality, HIV and AIDS discourse, Speech community, Kenya.

## 1. Introduction

HIV means Human Immunodeficiency Virus, while AIDS means Acquired Immune Deficiency Syndrome. “HIV invades and destroys the immune system of human body hence weakening the natural defence system. AIDS is a collection of clinical signs and symptoms commonly referred to as opportunistic infections” (Commission for University Education (CUE 2014: 3)). The first incidence of HIV and AIDS pandemic in Kenya was reported in the 1980’s. Since its discovery, efforts have been made by the government, non-governmental organizations, academic institutions, religious organs and research institutions to deal with the scourge. According to Kenya Estimates (2014: 7), “deaths from HIV AIDS reduced from 167,000 in 2003 to 58,465 in 2013. Decline is attributed to wider access to Anti-Retroviral treatment (ART)-made available with the roll out of free ART in 2003 and the ability of the National AIDS / STI Control Programme to cover treatment needs for HIV and AIDS, co-infections and provide care services”. Likewise, at institutions of Higher learning, there is mainstreaming of HIV and AIDS into their curricular as a compulsory undergraduate unit and as a co-curricular activity. Universities also have AIDS Control Units which are mandated with co-ordination and of HIV and AIDS activities within and without Campuses and Centres, besides having work place policies as well as providing VCT services. (CUE 2014).

At the national level, the co-ordination of issues of HIV and AIDS in Kenya is the responsibility of the National AIDS Control Council (NACC), which was established in 1999 (USAID 2013). In its effort to reduce the scourge in the nation, in 2009, the Kenya National AIDS strategic plan 2009/10-2012/13(KNASP III) was developed. The aim of the plan was to co-ordinate a comprehensive plan which was to deal with HIV prevention, treatment, care and support services in Kenya. KNASP III had four main targets; namely,

- 1) Reduce the number of HIV infection by 50%.
- 2) Reduce the number of AIDS related deaths by 25%.
- 3) Reduce HIV related morbidity.
- 4) Reduce the socio-economic impact of HIV and AIDS at both household and community level (KNACC 2009)

Despite the efforts made to curb the vice, HIV and AIDS infection in Kenya is still alarming. According to a report released by the Ministry of health in June 2014, “In 2013, 1.6 million Kenyans were living with HIV. Out of the 1.6 millions, 1.4 millions were adults, while 191,840 were children between (0-4 years)...Similarly, annual HIV infections were 12, 940 children (0-4 years), 50, 530 women and 38,090” In the same report, it was reported that, “10,390 children, 27, 310 adult women and 20, 765 adult men died of AIDS” (Kenya HIV Estimates Report (2014: 5). These facts and figures means that there is still much that is to be done if the trend has to change, this is despite the fact that infection by HIV and AIDS has been decreasing over the last decade.

Most of the HIV and AIDS related cases in Kenya are as a result of bad sexual behaviors. According to a report published by the Ministry of Health in June 2014, of all the sources infection, sexual infection accounts for 93. 7 % of new infections; this is besides other causes like drug injections and other socio-economic factors like inequality, poverty and unemployment which have also played a key role in the infection and spread of the disease. The fact that the disease is associated with sex and sexual activities makes it difficult for people to freely communicate about the same. This is mainly because of the social cultural aspect that determines *what* to talk about, *how* and with *whom*. Even when talking about abstinence and condom use, details of the *how* are inhibited because of the cultural aspect. This is a challenge that is experienced across the board as there are no culturally sanctioned words that can be used in discourses that are sex related.

In most Kenyan speech communities, words, phrases and constructions that relate to sex, sexuality, HIV and AIDS and other sexually transmitted diseases are seen as linguistic taboos that are

prohibited from use. Behaving linguistically appropriate as per the set norms of the society is important; and for one to be able to behave linguistically appropriate, it is mandatory that one understands the cultural aspect since culture permeates communication in all ways. With regard to linguistic behavior, Gumperz (1972: 205) says, "Whereas linguistic competence covers the speaker's ability to produce grammatically correct sentences, communicative competence describes his ability to select from the totality of grammatically correct expressions available to him, forms which appropriately reflect the social norms governing behavior in specific environments". This is what speakers from different Kenyan speech communities do in an attempt to align with the socio-cultural demands of their specific communities.

Wardhaugh (1998: 234) defines taboo as "the prohibition or avoidance in behavior believed to be harmful to its members in that it would cause them anxiety, embarrassment or shame. Consequently, so far as language is concerned, certain things are not to be said or certain objects can be referred to only ...through deliberate circumlocutions, i.e., euphemistically ". When a child is acquiring language, he/ she also acquires the cultural norms of hi/her society and as they grow, they learn to know what is appropriate and acceptable in thier speech community and what is not. Consequently, every child growing up in any of the Kenyan speech communities knows that discourses that surround sex and sexuality have to be treated with secrecy and caution; this is a cultural value that is passed on from generation to generation.

The fact that certain linguistic terms are considered taboo does not mean that they lack relevance. Such terms are just as relevant as any other since what they are meant to express do exist only that there are prohibitions on their use. Since communication has to take place anyhow, even on subjects that are considered as taboo, different speech communities tend to come up with strategies in order to communicate about the same without necessarily being offensive. Some of the strategies that are used in discourses that involve HIV and AIDS pandemic include silence, circumlocution, linguistic euphemisms, metaphors, slang and the use of Sheng. By using these linguistic strategies, the damning, pejorative and embarrassing effect of the illness, symptoms and deaths that result from the disease are disguised. When speakers use such styles to communicate information, at the back of their minds, they understand the semantic implication. However, what is not definite is whether the interlocutors comprehend the meaning in the same way. The strategies adapted by speakers are in line with Grice's (1975) conversation principle of corporation. Based on this principle, Grice says, "make your conversational contribution such as is required, at the stage which it occurs, by the accepted purpose or direction of the talk exchange in which you are engaged" (pp 45). This means that while engaging in conversations, those involved must do it for their mutual benefit and this is why speakers adapt linguistic styles that give face to themselves and their interlocutors while discussing about culturally offensive topics.

In the attempt to observe the socio-cultural norms that operate in the society, miscommunication and misinterpretation occurs in most cases. Likewise, in using alternative strategies instead of the real vocabularies whose connotations are negative, Grice's maxim of quantity, which is important in communication, is violated. According to Wardhaugh (1998: 287), "the maxim of quantity requires you to make your contributions as informative as required". By employing silence, linguistic euphemisms, metaphors and slang, speakers end up not being informative in their conversations; hence, the intended meaning is not fully communicated to all. Likewise, in using alternative strategies in discourses that concern HIV and AIDS pandemic, speakers tend to violate Grice's maxim of manner. This happens in the sense that in some cases, the meaning of what is being communicated remains either obscure or ambiguous to the listener and this hampers the comprehensibility of what is being communicated. The maxim of manner requires that "you to avoid obscurity of expression and ambiguity and be brief and orderly" (Wardhaugh 1998: 287).

The current study investigates linguistic strategies that are used to communicate in HIV and AIDS discourses in Kenyan speech communities and the implication thereof.

## 2. Theoretical Framework

Politeness theory, which is a sociolinguistic theory, has been applied in this study. According to Wardhaugh (1998:272), “the concept of politeness owes a great deal to Goffman’s original work (1967) on face”. Face is defined by Brown and Levinson (1987:61) as, “the public self image that every member wants to claim for himself...positive face is the desire to gain the approval of others, ‘the positive consistent self image or “personality”...claimed by interactants. Negative face is the desire to be unimpeded by others in one’s actions, ‘the basic claim to territories, personal preserves, rights to non-distraction...freedom of action and freedom to imposition” (pp. 61) as cited by Wardhaugh (1998:272). This theory tries to explain how interactants try to save each others’ face while conversing and why they choose to do so especially in situations where there is likely to be embarrassment or shame. In such contexts, interactants resolve to use politeness strategies that takes into consideration the other’s feelings and well-being as they seek to maintain good relationships. With regard to the same, Holmes (1992: 285) posits that, “linguistic politeness is culturally determined”. This is true since what is considered as politeness in one culture may not necessarily be in another. This is because the rules that apply for politeness vary across cultures. In the current study, it is shown that in most Kenyan speech communities, euphemisms, metaphors, slang and even silence are considered as conversational strategies that express politeness. These are less direct approaches to conversation that are meant to preserve interactants’ in discourses that are bound to cause embarrassment like that of HIV and AIDS.

The following are some of the tenets of the theory of politeness as provided by Brown and Levinson (1978:87):

- 1) According to politeness theory, all human beings are interested in maintaining face. Just as the speaker seeks to have/ present a good image, the interlocutor too does desire this. Positive face involves one being liked, appreciated, and admired by others. For this to happen, one has to behave appropriately to receive approval. Negative face involves acting anyhow, freely and without constraint.
- 2) The theory assumes that human beings are rational and goal oriented, at least with regard to achieving face needs; that is, we all have freedom to decide on how to communicate depending on our own objectives/ goals as we seek for the construction of face.
- 3) Politeness theory maintains that some behaviors are fundamentally face-threatening acts. Face threatening acts include apologies, complements, criticisms, requests and threats.

This study has used the theory of politeness to show how individuals in most Kenyan speech communities choose communication strategies that aim at saving the face of their interlocutors in discourses that involve HIV and AIDS pandemic. Since such discourses are perceived to be embarrassing and shameful, speakers device conversational styles that attempt to take into account the feelings of their interlocutors who are either affected, infected or other. The theory has successfully shown how such conversational devices are used not only to save face but also to align with the set cultural norms; and the implication of their use.

## 3. Methodology

This study is descriptive in nature. The data used was collected from five different categories of respondents, all from Uasin Gishu County, Rift Valley province, Kenya. These were, 8 medical practitioners, 9 counselors, 18 affected, 10 infected and 29 Moi University students. In total, 74 respondents participated in the study. Medics were consulted for data because they provide medical

care to HIV and AIDS patients who are their clients. Counselors on the other hand offer counseling services to both the affected and the infected, hence a reliable source of data. The affected provided data that concerned their interaction with the infected who in one way or the other were related to them. The infected also provided first hand information on how they communicate about their status; and finally, students provided data on the conversational styles that they adopt as young people in HIV and AIDS discourses.

Two types of sampling techniques were used to come up with the sample; namely, purposive sampling for the medics, counselors, affected and students. Snow balling was used to sample the infected where, a counselor who knows the infected was used to identify.

Data was collected using two types of techniques; namely, questionnaires and observation. For questionnaires, four different types were used, one was given to medics and counselors, the second was given to the infected, the third to the affected and the fourth to the students; the four categories responded to different questions, depending on the nature of the data that was required. Both open and closed-ended questions were used. Apart from questionnaires, observation was used to collect data from funeral and burial services where the dead had been a victim of the disease. This method helped provide data on how language was used to describe the deceased; the nature of the disease and how the victim died.

The data collected was classified and subsequently analyzed using politeness theory.

#### 4. Analysis and Discussion

According to Mashin et al in (Pfukwa 2001: 26), “traditional as well as modern society encourages stylized communication that is distilled to obviate crisis and avoid open confrontation. This orientation derives from the unwritten moral or ethical code which venerates verbal and non-verbal behavior that maintains respect, stability and group solidarity”. This is the case in HIV and AIDS discourses, where interactants adapt conversational styles that seek to save each others’ face. Reasons abound as to why such styles are used.

The stigma that is associated with HIV and AIDS as well as the cultural norms that do not sanction the explicit use of language in discourses that involve the disease makes it difficult for interactants to freely communicate on the subject. Though people could be willing to talk about the subject, they end up being limited because of the cultural inhibitions. In other words, the *how* is the problem that is experienced across the board.

Because of the stigma that is associated with the disease, the infected take too long to disclose their status. The reason why this happens is that society does not quite embrace patients who suffer from the disease and as such they are discriminated against mainly because of what the disease is associated with; that is, the unacceptable behavior of sexual immorality. This is not only the case with the general public but also in hospitals, where as much as patients suffering from the disease are assisted, they are also discriminated upon. To avoid this, patients chose to adopt the strategy of silence until they feel they are ready to disclose. This was observed in 9 of the ten respondents who participated in the study. On average, they took not less than one year to disclose their status. This accounted for 90%. It is only after they accepted their status that they choose to disclose. So in this case, silence is a strategy that is used to communicate. With regard to this strategy, Wardhaugh (1998: 239) says, “Silence is often communicative and its appropriate use must be learned...It can communicate respect, comfort, disagreement or uncertainty”. For the infected, silence communicates both respect and uncertainty; respect because they do not want to hurt the feelings of their relations who may not take it kindly that they engaged in socially unacceptable behaviors which may have caused the disease. On the other hand, silence for the victims may communicate uncertainty as they are not certain of the reaction of their interlocutors because of the stigma

attached to the disease. Because of the uncertainty, they choose to keep silent about it until they feel ready to disclose. By using this strategy, they are able to save their face and that of their interlocutors.

Though the strategy of silence fulfils its communicative purpose (of politeness, avoidance of discrimination and that of observing cultural linguistic norms), it has negative repercussions as it interferes with prompt and timely management of the pandemic. This has been the case for most victims of the disease in the Kenyan society where, non-adoption of direct and effective communication strategies, which facilitates prompt management of the disease, has contributed to its spread.

Apart from silence, another strategy that is used by the infected in HIV and AIDS discourses is that of circumlocution. After deciding to disclose their status, the infected claimed that still they found it difficult to directly communicate the information. This was mainly as a result of fear of the unknown reaction, fear of rejection as well as fear of discrimination and blame from those they intended to share the information with. Apart from fear, 7 respondents (accounting for 70% of the infected that participated in the study) out of the ten claimed to have used circumlocution in the HIV and AIDS discourses because either their languages did not have a single word for the disease in their vocabulary (as the concept is foreign) or because of the cultural restrictions that could not allow them to use blunt vocabularies that exist in the language. In circumlocution, a phrase, sentence or some form of explanation is used to describe what could have been described using one word. This is possible because language is flexible and because of its flexibility, it can always expand its functions to accommodate what was not originally in the speaker's culture.

In both cases, whether silence or circumlocution, the main purpose for the speaker's choice of strategy is to ensure that there is no offence caused to the interlocutor but instead, a relationship is maintained. So, the indirect approach is used to communicate the intended information without necessarily violating the set cultural norms.

Just as with the infected who find it difficult to disclose their status because of various reasons including linguistic inhibition, the affected too face the same challenges. Out of the total 18 affected participants in the study, it is only 5 (this accounted for 27.8%) who admitted that it had been easy engaging victims of the disease in discourses that concerned their status. For the remaining 13 (accounting for 72.8%), it had been quite difficult to communicate with the infected about their status. For those that easily communicated with the infected it is because either they had close relations with the victims (close friend or relative) or because the victims had had been sensitized and accepted their status. However, for the remaining majority that found it difficult to communicate with the infected, they had their own reasons, which include: the fear that the infected would feel stigmatized, isolated and ashamed because of their immoral actions (as this is the belief among many that the viral disease is as a result of immorality). They also feared that the infected would not trust them enough to open up and confide in them. Likewise, they feared because they were uncertain of how the infected would react. For some, they found it difficult to communicate with the infected because they knew that the victims lived in denial or they were ignorant of their status and as such, the affected had no courage of confronting them. Still for others, the problem was on *how* to engage the victims in such a discourse since the cultural norms prohibit discourses on sex, sexuality and related subjects; which to them, is taboo.

Lack or delay in communication with the infected (because of the varied reasons) has had both social and economic implications not just to the affected but also to the infected as well as the entire society. Some of them as attested by the respondents include:

- i) Leaving the affected depressed for not sharing the information that is so relevant that would have contributed in saving the victims' life and those that they associate with.

This therefore has socio-economic implications not just to the victim, (who is socially affected and economically affected as he cannot positively contribute to the economy) but also to the relations that have to take care and fend for them; this in turn has implications to the nation's economy.

- ii) Negative emotions to the affected and the infected. For the affected, it leaves them feeling guilty for not sharing with the victim about their status; a lost chance that would have opened an opportunity to assist the infected. For the infected, they also go through emotional disturbance as they know very well that the other party knows about their status and yet they have never mentioned the same to them. This makes them live a life of uncertainty, not knowing what others think and feel about them.
- iii) The infected persons live a life of constant embarrassment and shame because they know that the other person knows their status and yet they (the affected) have not opened up to share with them about the victims' status. This makes the victim live a lonely and isolated life as they try to shun from those they suspect know about their status.
- iv) The infected loss trust and confidence in those they earlier perceived as being their confidants; and yet not able to share this one important aspect of their life. This negatively affects their level of trust in any other person they encounter. Victims end up leaving in a cocoon, keeping everything else to themselves.
- v) Helplessness on the part of the affected as they feel torn between conversing with the victim about their status (whose reaction is uncertain) and keeping quiet so as to maintain the existing relationship. The fear on the part of the affected that hinders them from seizing the opportunity to confront the victims has negative implications on the victim.
- vi) Ignorance. Many victims of the pandemic live in ignorance because those who are close to them have no linguistic ability (though not that they don't know language but rather that they do not know *how* to use the language that they have) to discuss about the subject. Ignorance in itself is a disease that kills even faster than the pandemic; and this has been the situation.
- vii) Death. Many deaths from the virus could have in one way or the other been prevented had there been open and direct communication. Linguistic sanctions with regard to HIV and AIDS discourses have made it difficult for the affected and the general public to confidently confront the infected or confidently disseminate relevant information that they and the general public need most. The ultimate outcome has been the loss of life that could otherwise have been saved.

Linguistic challenges that arise in HIV and AIDS discourses are mainly caused by socio-cultural factors that are societal based. This being the case, an understanding of the social, cultural, economical and political context of the persons involved in HIV and AIDS discourses is a prerequisite for easier and effective communication. Such knowledge helps the interactants be able to negotiate the communication process; without which one cannot be able to effectively communicate in such discourses without offending the interlocutor. This knowledge is quite important because in most Kenyan speech communities, there is a belief that there are certain things that are taboo to be talked about. However, there is need for change because as it is in the Kenyan society, everybody is affected in one way or the other. This being the case, there is need to have open and direct communication over the same, starting from the family level, where it all begins and where the most are affected; the relations. Holding to tradition that censors *what* is to be said, *how* it should be said, *when* and *where*, is the undoing of the Kenyan society that

has had far reaching consequences. There is need for a degree of linguistic freedom (especially if it has to do with matters of life and death) even as the social norms are observed.

The other group of respondents that participated in the study was that of medical practitioners and counselors; together, they were 17. Both groups attend to HIV and AIDS patients. Whereas medical practitioners give them medical care, counselors give them counsel with regard to their status and how to manage and live healthy. Out of the 17, only 2 of them used English alone as a medium of communicating with the patients (this accounts for 11.8 %). This is because most of those they interact with are not quite competent in the language. On the other hand, 4 respondents (23.5 %) used Mother tongue depending on the catchment area. To them, clients understand better when they are spoken to in their Mother tongue, so choice here is preferential. The remaining 11 respondents (64.7 %) used Kiswahili. This being the national as well as the official language in Kenya, its coverage is large; both literate and the illiterate use it to communicate. Despite the fact that different languages are used to communicate with the victims of the pandemic, the challenges (which influence the outcome) are the same.

Even with a variety of languages at their disposal, medical practitioners and counselors face communication challenges. Out of the 17 respondents, 14 of them (82.3%) claimed to have faced communication challenges that arose from *the how* and not from *what* to communicate. The remaining 3 of the respondents (accounting for 17.6%) had no communication problems while engaging in HIV and AIDS discourses. Based on their responses, what makes it a challenge to communicate with victims of the disease includes:

- i) Socio-cultural aspect: It is a challenge to engage in HIV and AIDS discourse, where the infected is elderly. Custom demands that a young person avoids such topics with the elderly. This is one way of being linguistically polite; so *how* to engage in HIV and AIDS discourse becomes quite a challenge. Also cultural beliefs cause some victims of the disease to believe that they are bewitched or that the disease is a curse. In such cases, *how* to communicate on the subject and be able to convince them becomes quite a challenge.
- ii) Disclosing to young children below the age of 12 about their status. *How* to communicating such information becomes a big challenge because this is a topic that involves talking about sex and sexuality.
- iii) Unwillingness from clients to open up not just because of feeling embarrassed (because of what the disease is associated with) but mainly because of not knowing *how* to say what they would want to say.
- iv) Whether in English, Kiswahili or Mother tongue, *how* to talk about private parts (words, phrases or sentences to use) in an HIV and AIDS discourse with clients is such a big problem because most Kenyan cultures do not sanction explicit verbalization of words associated with the subject.

The above is an indication that the challenge that arises in HIV and AIDS discourses is not about *what* to say but *how*. Inadequate information on the pandemic by the infected, affected and the general public that arise from communication challenges has greatly contributed to the spread of the virus. Likewise, this has contributed to increased cases of poor management and prevention of the pandemic as people have inadequate knowledge; this is besides the fact that the infected are left isolated and stigmatized. This has also led to increased deaths, orphaned children and increased allocation of funds for the prevention, cure and maintenance of the infected. All these has implications on the economy of the nation in that not only is money spent on the pandemic but also those that are meant to contribute to the economic growth of the nation are lost to the virus. This has contributed to increased poverty level in the nation. Those that are

charged with the responsibility of disseminating relevant information (medical practitioners and counselors) not just to the victims of the pandemic but to the general public are torn between executing their professional mandate and observing the socio-cultural norms of the society. Given the current trend, it is important that discussions that involve relationships, sex, sexuality and related diseases make use of explicit and direct language that communicates the information as it is without any linguistic inhibitions. This is the only way that Kenya as a nation can save her citizens from the scourge that is threatening to indiscriminately wipe out her people.

With regard to the 29 respondents who were Moi University students, 27 of them (accounting for 93. 1%) reported that they found it difficult to engage in HIV and AIDS discourses, while the remaining 2 (that is, 6. 9%) found it easy. To those that comfortably engaged in HIV and AIDS discourses, they felt it was as a result of increased awareness and the use of some other linguistic styles that seemed indirect as opposed to direct language usage. Some of the reasons that made it challenging for the majority of the respondents (i.e. 93. 1%) to engage in HIV and AIDS discourses include:

- i) HIV and AIDS being regarded as a disease for the prostitutes and those who were sexually immoral hence embarrassing to talk about.
- ii) The subject dehumanizes victims of the disease; it makes them feel inferior and less important.
- iii) The disease is seen as death and since death is considered taboo, the disease is not supposed to be discussed at all.
- iv) It is a sensitive subject that is stereotyped and since its discourse concerns sex and sexuality, it shouldn't be discussed.

On analyzing responses from the four categories of participants in the study, what comes out strongly is the fact that there are communication challenges that arise from linguistic sanctions that are culturally embedded. Consequently, for communication to take place without violating the cultural demands, interactants engaging in HIV and AIDS discourses have had to come up with alternative communicative strategies that are compliant with the social norms of their respective cultures. In so doing, relevant information concerning relationships, sex, sexuality, related diseases and deaths is communicated without necessarily offending their interlocutors.

One of the strategies that are employed is that of euphemisms. According to Chalker and Weiner (1994: 139) euphemism is, "a mild or vague expression substituted for one thought to be crude or unpleasant. It is the avoidance of unpleasant words by means of such expressions". By using this strategy, speakers are able to avoid the blunt vocabularies that are used in HIV and AIDS discourses that are disturbing both to the speakers and their interlocutors. Among the Dholuo speaking people of Kenya, using blunt vocabularies that refer to sex, sexuality and related diseases is taboo. Consequently native speakers of this language tend to use euphemisms in the attempt to remain culturally compliant. For instance, while describing sickness from HIV and AIDS; one would say *mdekre* meaning 'terminal sickness'. This is a euphemism which does not cause any offence when used to communicate about a victim's status; it does not even suggest that it is HIV and AIDS sickness that one is talking about since there are many terminal diseases. So, it is a polite strategy that does not negatively impact on one's feelings, especially if the interlocutor is the victim; neither does it cause embarrassment to anybody because the expression does not carry any negative connotation. Another euphemism that is used among Dholuo speakers to refer to sickness from HIV and AIDS is *tuo maduong* 'the big disease'. This phrase does not violate any cultural requirement of appropriate linguistic behavior; neither does its use deface the interactants in any way, so it is a polite term whose use ensures that a relationship is maintained. Another euphemistic expression that

is used by Dholuo speakers to refer to HIV and AIDS victims is the term *jandilo* meaning 'those that swallow medicine'. This is also a polite term that seeks to save face of the interactants.

Apart from Dholuo speakers, the Kisii speakers of Kenya also use euphemisms in discourses that involve HIV and AIDS. For them, HIV and AIDS disease is *endwasi* meaning 'viral infection'. The term *endwasi* is so general and mild that it does not carry any negative connotation (as it may sound in the English translation). It is a term that is used to refer to any form of viral infection not necessarily HIV and it is as well used in many other Bantu languages like Luhya; so it is a term that is used to save face as well as observe the cultural norms.

Metaphor is another communicative strategy that is used in HIV and AIDS discourses to express politeness. Metaphors is "the application of a name or a descriptive term or phrase to an object or action to which it is imaginatively but not literally applicable" Chalker and Weiner (1994:238). This strategy is widely used because it does not explicitly bring out the intended meaning. For instance, Dholuo speakers of Kenya use the term *jakom* meaning 'chairman' to refer to HIV and AIDS disease. The term 'chairman' has no relationship with the disease. By using this linguistic item, speakers comfortably communicate the intended information without feeling embarrassed or embarrassing their interlocutors, neither do they violate any cultural linguistic requirements of politeness. Another metaphoric term that is used by Dholuo speakers to refer to the viral disease is *ayaki* meaning 'something that grabs things and devours them'. Literally, the diseases do not grab, neither do they devour. So, the metaphor is successfully employed to save face of the interactants and also in adherence to the cultural norms of this speech community. Dholuo speakers also employ the metaphoric term *chira* meaning 'bad omen or a curse' to refer to the viral disease. Just as with the foregoing, the term has no corresponding relationship with what it is used to refer, HIV and AIDS. A curse can be caused by anything or anybody and it can befall anyone; it has nothing whatsoever to do with the disease. Consequently, when the term *chira* is used in place of the blunt vocabulary, speakers accomplish the need for politeness and at the same time they behave linguistically appropriate as per the set norms.

Just as with Dholuo speakers, Kalenjin speakers of Kenya also make use alternative linguistic styles in order to comfortably engage in HIV and AIDS discourses and at the same time, keep to the required linguistic norms of their culture. For instance, in reference to the disease, all dialects of Kalenjin language use the term *kutiet* meaning 'a worm'. Semantically, *kutiet* 'worm' has no correspondence with the disease. However, this term is successfully used by the interactants to comfortably communicate about what they are not able to explicitly communicate because of the cultural linguistic prohibitions that exist.

With regard to the Kuria speakers of Kenya, metaphors are used in HIV and AIDS discourses. While referring to the disease, the metaphoric term *sunura* meaning 'slowly eating up' is used. Just as with the metaphoric expressions that are used in other speech communities, this term is used to evade the negative connotation that is associated with direct blunt vocabulary. *Sunura* is an expression is used to illustrate what the disease does to the victim; it is a term that is polite and with no cultural violation. Another example of a metaphor that is used among Kuria speakers is that which describes sickness from HIV and AIDS. Among this speech community, the term *ukururuka* meaning 'drying up' is used to describe the state of a patient suffering from the disease. This is a term that is culturally not offensive; it also does not deface the interactants when employed in a conversation. *Ukumerwa* 'swallow' is another metaphoric term that is used by Kuria speakers to refer to death from the virus. So, when victims die from the disease, they are said to have been swallowed. This term is mild and friendly to all; that is, the deceased, the affected and the general public, it does not attract any negative reaction or embarrassment.

Among the Luhyas of Kenya, metaphoric usage is common in discussions that involve relationships, sex, sexuality and related diseases. This is because of the cultural norms in this speech community that have to be observed. While referring to sickness from HIV and AIDS, Tachoni speakers ((Tachoni is a dialect of Luhya) avoid the direct and explicit terminologies that are culturally forbidden and instead they use the metaphoric term *yosebwa*, while Lubukusu speakers (Lubukusu is a dialect of Luhya) use *kosiebwa*; both meaning 'burnt'. When used, these metaphors do not cause any embarrassment to the interactants, neither do they violate the acceptable cultural linguistic behavior. Likewise, death from HIV and AIDS pandemic among the Lubukusu speakers is described as *khuswena luseng'nge* meaning 'stepping on the live wire'. Though this expression is used to describe death from the virus, it is never used in public, as in funeral services but rather in interpersonal conversations. The reason as to why such expressions are never used in public and specifically in funerals is that when one dies from this viral disease, there are normally two options in most Kenyan speech communities; either i) keep quiet about it; that is, no mention of the cause of death (silence as a communicative strategy for politeness) or ii) say that the deceased died from tuberculosis, whose symptoms have some semblance with those of HIV and AIDS disease. The later is preferred because it is mild and it is not in any way associated with sex, sexuality and related diseases. Consequently, in most funerals, the deceased will be said to have died of tuberculosis (TB) even when everybody knows that they died from HIV.

Finally, the Gikuyu speakers of Kenya also make use of metaphors while engaging in HIV and AIDS discourses. Several metaphoric terms are used to describe the disease; namely, *mũkingo* meaning 'neck symptoms', *kagunyo* 'worms', *kimiri* 'very deadly', *mugui* 'a dog', *kigutha* 'sling', *mung'ei* 'slayer'. The semantics of these metaphoric terms are so different from that of HIV and AIDS disease. However, they are all used as metaphors in place of the direct and explicit vocabulary that violates the cultural requirements, hence eliciting negative reaction. Likewise, a metaphor is used to describe sickness from the viral disease. For the Gikuyu speakers, the term *gũkuua* meaning 'to carry' is used. The literal meaning of this term has no correspondence with the disease and yet native speakers of this language successfully use the term to refer to describe the condition, thereby satisfying the cultural requirement of acceptable linguistic behavior.

Unlike adults who mainly employ euphemisms and metaphors while discussing about sex, sexuality and HIV and AIDS, young university students have their own communicative style that allows them to engage in such discourses without feeling embarrassed and at the same time keeping in line with the cultural linguistic requirements that permeates all areas of life across the board. From their responses, it was realized that this group mainly use two strategies to communicate; namely, slang and Sheng.

Slang is the use of "words, phrases and uses that are regarded as very informal and are often restricted to special contexts or are peculiar to a specific profession, class" Chalker and Weiner (1994: 364). University students have their own stylized language that is only understood by them and not those outside their social group. For instance, some of the words used to refer to HIV AIDS by the students include: *ngoma*, this is a Swahili word meaning 'drum', *mdudu*, a Swahili word meaning 'insect'. With regard to describing sickness (i.e. the condition) from the disease, they still use slang. Some of the descriptions used include: *kuchomeka*, a Swahili clause that literally means 'one who is burnt'; *ana ngoma*, also a Swahili clause literally meaning 'one who has drums'; *kupigwa na stima*, is also a Swahili expression that literally means 'being hit (lit. burnt) by electricity'.

When these clauses are used with one who is not part of the social group, the message becomes incomprehensible. This is a style that is peculiar to this social group, it allows them to comfortably

engage in HIV and AIDS discourses without feeling embarrassed or going against the set cultural norms.

Apart from Slang, the other communicative strategy that is commonly used by university students is that of Sheng. The word sheng is derive from two languages; that is, Swahili and English by combing the letters *s* and *h* from Swahili and *E*, *n* and *g* from English. This is a language that combines Swahili, English and some other Kenyan indigenous languages like Luhya, Gikuyu, Dholuo and Kamba. In Sheng, most of the vocabulary, the morphological structure as well as the syntactic structure is mainly based on that of Swahili, though there is borrowing from English and other Kenyan indigenous languages. Initially, Sheng was mainly used by young people in Kenya but with time, this code has expanded to include other users and as it grows, variation within the same have sprung up; with each variety being different from the other depending on where it is used and by whom. In this respect, university students have their own variety that varies from other in-group varieties. In HIV and AIDS discourses, university students use this code. Some of the Sheng expressions used include: *ukedi* for HIV and AIDS, *ngwengwe*, also for the same; *kukanyaga waya*, which literally means 'stepping on the wire', where, *kanyaga* is a Swahili word for 'step on', while *waya* is an English word 'wire' that has been nativized to fit into the Swahili morphological structure and sound Swahili; this is used to refer to sickness from HIV and AIDS; that is, the condition. Expressions used for death from HIV and AIDS include; *kudedi na ukedi* 'die of AIDS', *kudedi* is an English word 'died' that has been given a Swahili morphological structure, it combines with another Sheng word *ukedi*. *kuchapwa shock* 'literally means being hit by (an electrical) a shock', *kuchapwa* is a Swahili word for 'beaten', while *shock* is an English word, the two are combined.

Sheng is also used to refer to HIV and AIDS symptoms. Some of the expressions used include: *masign za ukedi*, where *masign* is an English word (sign) that has been coined to adapt to the Swahili morphological structure, which then combines with *ukedi*, a Sheng word used to refer to HIV and AIDS disease. Another expression for HIV and AIDS symptoms is *kuwestika* meaning 'to be finished or to be wasted'. *Kuwestika* is derived from the English word 'waste' and it has been forced to adapt to the Swahili morphological structure for compatibility purposes.

Both slang and Sheng are communicative strategies that are used by young people to comfortably engage in HIV and AIDS discourses with their peers without feeling embarrassed or violating the socio-cultural requirements. Just as with the adults, young people also understand the socio-cultural norms that put restrictions on how language should be used; that is, what should be said and how it should be said as well as the context in which certain communication should take place; this is besides understanding what should not be said and why it shouldn't. This knowledge is part of what every child learns as they get socialized into their societies; as they grow up, they are expected by society to behave right; this includes their linguistic behavior. This is the understanding that speakers come along with in their communicative endeavor and it is what enables them to observe linguistic efficacy in their interactions in HIV and AIDS discourses.

As earlier mentioned, regardless of age and cultural affiliation, speakers choose to be polite in order to save face while engaging in HIV and AIDS discourses. This being the case, it is prudent that those charged with the mandate of assisting the victims, the affected as well as the general understand the culturally accepted communicative style in order for them to effectively engage in HIV and AIDS discourses without necessarily embarrassing their interlocutors or violating the existing cultural norms. That notwithstanding, the only problem that comes in when such strategies are used to communicate is when miscommunication and misinterpretation occurs. Out of the total 74 participants in the study, the majority, that is, 43 (accounting for 56.6%) claimed that comprehension does take place when such strategies are used. However, the remaining 31(making

up 41.4 %) claimed that such strategies were a hindrance because the information is never comprehended by the recipients as intended as the speaker.

For the sake of those that miss out on the relevant information that concerns the pandemic (because of adhering to cultural demands), this paper advocates for a shift in the mindset of Kenyans if they have to bring to an end the scourge that has drastically affected their social and economic livelihood. There is need for a balance between culture and relevance. Instead of wholly embracing a belief system that is doing more harm than good, there is need for balance in the sense that to a certain degree, an open and effective communicative system that takes care of those that do not understand alternative communication strategies is embraced. If done, this could help combat the disease because relevant information on the disease, its spread, as well as its management would be effectively disseminated to the infected, the affected and the general public without purposively mincing words. This is especially so when it is clear that the interlocutors do not understand the alternative indirect strategies. A clear understanding about relationships, sex, sexuality, and related diseases is central when it comes to dealing with the pandemic. This can only be achieved by continuously using language appropriately, with limited inhibition. This is not to say that culture is disregarded but rather, that there be a balance between observing cultural requirements and doing what is right. This needs to be a gradual process, which can bear fruit with time.

## **5. Conclusion**

This paper has analyzed linguistic morality in HIV and AIDS discourses in the Kenyan society. It has shown that because of the cultural aspect, issues of relationships, sex, sexuality and related diseases is taboo, hence it is not to be explicitly discussed using direct language that makes use of blunt vocabulary. Such language is seen to dehumanize, humiliate and deface the interlocutors. Because of this, different speech communities in Kenya have come up with indirect communicative strategies, where silence, euphemisms, metaphors, slang and Sheng replace the direct approach. By using the indirect approaches, interactants are able to comfortably engage in HIV and AIDS discourses without necessarily defacing themselves or others. Likewise, they are able to keep to the required socio-cultural norms that guide their linguistic behavior. However, as much as interactants succeed in communicating using such approaches, there are those that are left out due to incomprehensibility of the information.

This paper advocates for a balance between tradition and the need for direct, appropriate and effective communication, which is important if Kenya has to succeed in her intervention effort that is geared towards reducing the risk of HIV and AIDS infection, spread and management. In other words, some of the existing linguistic taboos (that are an impediment to open and effective communication) need to be stripped off their cultural associations if social change has to occur. Change in perception of societal norms will lead to increased linguistic freedom, which is a necessity in HIV and AIDS discourses; this will in turn positively impact on the infection, spread and management of the viral disease. The ultimate consequence will be an improved economy and a better livelihood for all. This is taking into account the fact that social norms are created by human beings and they are the same ones to observe, change or do away with them.

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