

**A MULTIMODAL DISCOURSE ANALYSIS OF SELECTED MALE
CIRCUMCISION POSTERS USED IN ZIMBABWE.**

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ABSTRACT: *Zimbabwe has one of the highest HIV/AIDS prevalence rates in the world with an estimated rate of 14, 7% .In 2009, Zimbabwe adopted Voluntary Medical Male Circumcision for HIV prevention based on Randomised Controlled Trials conducted in South Africa, Uganda and Kenya which showed 60 % efficacy in prevention of HIV in heterosexual men. Using a Multimodal Discourse Analysis approach the study focuses on the various interpretations of multimodal features of VMMC posters. The present study concluded that while there is an overwhelming support for the roll out of VMMC for HIV prevention the uptake of VMMC could be improved if male circumcision messages are clearly and effectively framed.*

KEYWORDS: Multimodal Discourse Analysis, Systemic Functional Linguistics and Male Circumcision.

INTRODUCTION

Zimbabwe adopted Voluntary Male Medical Circumcision (VMMC) in 2009 as an additional method of HIV prevention after results of three clinical trials in Sub-Saharan indicated that male circumcision may provide a protective effect of approximately 60% against the acquisition of HIV in heterosexual males. The adoption followed recommendations from World Health Organisation (WHO) and UNAIDS that VMMC be implemented as an additional HIV prevention strategy in countries with high HIV prevalence but low male circumcision rates such as, Zimbabwe, Zambia and Swaziland (WHO, UNAIDS: 2007). Zimbabwe embraced the recommendation and anticipates that it will prevent all new infections between 2015 and 2025 if 18% of males in the country are circumcised and to achieve its goals, Zimbabwe should effectively frame VMMC messages. The central argument of this study is that the manner in which multimodal features of VMMC posters such as images and text are framed will have a direct impact on VMMC adoption by the public.

Male Circumcision which is the removal of all or part of the foreskin is one of the oldest and most controversial surgeries today (Alanis and Lucida: 2004). It is argued that male circumcision has many benefits such as preventing penile cancer, cervical cancer in women, HIV, prostate cancer and other sexually transmitted infections (Auvert et al:2005, Bailey et al:2007, Weiss et al:2006). In spite of the scientific demonstrations of male circumcision efficacy, its advocacy as a method to prevent HIV has generated controversy with its most extreme opponents 'denouncing a conspiracy to castrate' the African male through an 'occult' of powerful 'circumcised countries' (Venganayi:2012). Some argue that the medical benefits of VMMC are questionable and may actually cause more harm than good (Van

Howe:2011,Ncayimana:2011, Van Howe and Storms:2011) while other studies have found no positive effect on HIV prevention in circumcised males (Barongo et al :1992,Chao et al 1994,Dave et al:2003).Such studies including Van Howe (1999) and Talbott (2007) criticise the African Randomised Controlled Trials which formed the basis of the conclusions for adoption of male circumcision for severe methodological shortcomings .

Rothwell(2006)argues that the RCT's validity has been their weakest point since the RCT's show greater efficacy at trial level than effectiveness in the real world meaning that male circumcision effectiveness could be lower than the 51-60% relative risk reduction. (Walach: 2006). Scientists also provide compelling evidence that the major cause of HIV infection in Africa is unsafe health care, especially non-sterile injections and other medical procedures (Brewer et al :2003, Brody :2003) and that only about 30% of the HIV epidemic in Africa would be attributed to heterosexual contacts (Gisselquist,Potterat,Brody:2003). Given this evidence, the introduction of VMMC in Africa might be ineffective and potentially dangerous as it might unnecessarily expose African males to unsafe health care practises such as unprotected sex.

Male circumcision has been practiced since time immemorial in most parts of Africa and beyond but interestingly there has been a clear distinction made in discourse between circumcision in Africa that was or is usually done for religious or cultural purposes such as a rite of passage from boyhood to manhood and discourse for medical purposes such as, VMMC. In Zimbabwe the Remba/Lemba, Xhosa and Shangaan practiced male circumcision and it was highly condemned by International Human Rights Organisations for violating people's rights and was equally condemned by Health Professionals for increasing health risks of HIV transmission because of 'unsafe objects' that were being used. Such deliberate message framing seem to undermine male circumcision for religious and cultural practices as it seems to imply that it is forced and uninformed. VMMC is safe if performed by 'well trained medical professionals' implying that when it is performed by anyone other than medical doctors then it is unsafe. This then raises the question why tradition has now suddenly become modern.

Male circumcision in Africa is presented in most literature as 'unsafe' and 'traditional' while VMMC which has been recommended to Africa by WHO and UNAIDS is framed as 'medical' and 'safe' male circumcision. These perceived differences to essentially the same thing (male circumcision) resonate with developmental discourse that tends to portray Africa as backward and therefore needing the west to come and show it the way to modernity. Anti-circumcision scientists pinpoint a western bias in the scientific discourse of circumcision (Heiss: 1999), while some voice their concerns about ethicality and potential political implications of mystification of male circumcision in Africa. For them, 'If (male circumcision) the experiment fails, Africans are likely to feel abused and exploited by scientists who recommended the circumcision policy. In a region highly sensitive to previous colonial exploitation and suspicions of the biological warfare origins of the virus, failure of circumcision is likely to be a big issue (Ntozi, 1997:99).

While VMMC intervention may appear straight forward, a closer scrutiny at VMMC discourse according to Venganayi (2012) will reveal that the whole intervention is more than just a public health programme but political and racial in its construction. For Venganayi (2012), the emphasis that has been placed on describing the scientific steps and procedures that were followed before conclusions were reached that VMMC could partially reduce HIV

transmission in heterosexual men plays a crucial part in obscuring the inequalities characterising the production of knowledge between the Global South and Global North where the former is always the object of study by the later and never vice versa. What is evident from such discourse is the portrayal of the African as the other. Given the polarised discourse in the efficacy of VMMC in the prevention of HIV, it is not coincidental that VMMC messages in male circumcision posters used in Zimbabwe also carry contradictory messages regarding VMMC.

This polarisation of discourse on VMMC benefits of reducing HIV can be drawn from two conceptual opposites already in place such as, medical knowledge/tradition, healthy bodies/unhealthy bodies, normal sexuality/abnormal sexuality, civilised/barbaric and modernity/backwardness. Venganayi (2012) using the Foucauldian framework of power and knowledge argued that the portrayal of such different discourses imply that an African penis circumcised the western way by a medical doctor is more fashionable, modernised and less susceptible to HIV infection than one circumcised in the traditional way. In this context, the African penis becomes a permanent racial and colonial marker considering that unlike in the case of the condom which can be put on and taken off; male circumcision is an irreversible surgical procedure.

THEORETICAL FRAMEWORK

This study is grounded on a Multimodal Discourse Analysis approach as propounded by Kress and Van Leeuwen (2006) which is derived from Halliday's (1994) Systemic Functional Linguistics. Multimodality which is also referred to as 'multimodal analysis' or 'multimodal semiotics' (O'Halloran:2011) according to Kress and Van Leeuwen (2006) is when a text communicates through a number of modes by combination. Typically, Male Circumcision posters are multimodal in that they communicate through graphic and textual elements.

Multimodality according to Ideema (2003) does not priori privilege language over images but shows how the two are heavily dependent on the other in meaning making. Multimodality treats the meanings of text as a potential rather than as fixed since meaning lies not so much individually in language or visuals but through their membership of a code which is 'visual grammar' which gives the poster the potential to mean. In Multimodal discourse analysis ,visual images can be read as 'text ' while the metaphor of 'grammar' is not a set of rules for the correct use of language but rather a set of socially constructed resources for the construction of meaning (Kress and Van Leeuwen : 2001).

Systemic Functional Linguistics is relevant to the analysis of VMMC posters since it offers a descriptive and interpretative framework for explaining language and visual semiotics as strategic meaning making resources in VMMC posters. Language is obtained as functional and not primarily as a tool to convey ideas but to also get things done and in the context of VMMC posters, to make the audience adopt male circumcision. This also captures how language according to Halliday (1975) has developed in response to three kinds of social-functional 'needs' which he calls metafunctions namely ,ideational, interpersonal and textual which work simultaneously in a piece of text. These three metafunctions which are adopted in this study are used by Van Leeuwen (2006) to develop a grammar to 'read images' using representation, interactive and compositional corresponding to Hallydyan terms respectively. Images in VMMC posters in this sense are representational as meanings relate to the subject; event and circumstances which take place in posters .These images according to Kress (2006)

can be conceptual and narrative. Conceptual in the sense that they organise participants into categories and narrative in the sense that they refer to action and reaction of an audience. Actions and reactions in VMMC posters are indicated by vectors and formed following the direction of participant's (characters in the images) body or glance.

Language also conveys interactive meanings which relate to relationship between viewer and participants in the image. Two types of such relationships include, demand and offer where in demand the participant makes eye contact with the readers'. In such cases the reader's attention is indirectly turned to the participant looking at the reader and this establishes an imaginary relationship with the participant. The last type of meaning, compositional refers to information values of elements in an image such, as choices made by the image maker to place elements in the left or right, top or bottom of posters which all have meanings.

The major strength of Systemic Functional Theory for this study is Halliday's (1974) metafunctional principle which provides an integrating platform for theorizing how semiotic resources and choices interact in multimodal discourses such as, VMMC posters to create meaning. This study adopts Halliday's language semiotic system in the context of how language interacts with other semiotic resources to create multimodal texts. According to Halliday (1978:4), we all the time exchange meanings, and the exchange of meanings is a creative process in which language is one symbolic resource-perhaps the principal one we have, but still one among others.

In this light, Halliday's definition of 'social semiotic' can be seen to also apply to semiotic systems other than language such as, visuals and the relationship between context and text. Van Leeuwen's (2005) multimodal approach which informs this study is built on the work of Halliday (1978:192) who argued that, 'the grammar of a language is not a code, not a set of rules for producing correct sentences but a resource for making meanings'. Van Leeuwen (2005) extends the idea of 'grammar' of semiotic modes such as, visuals and goes on to define semiotic resources as the actions and artefacts used in communication. Multimodal discourse analysis considers the complexity of texts or representations as they are and less frequently how it is that such constructs came about, that is, it is oriented towards finished and finite texts. This is particularly important to this study which focuses on VMMC posters as finite texts.

In posters, meanings are constructed in a different semiotic system where language and images interact. Just as designers require logical systems for the construction of meaning in the communication process, the reader also is in need of the corresponding system for the construction of meanings. If the audience lacks a corresponding system for the deconstruction of meaning in VMMC posters this will lead to misinterpretation of messages.

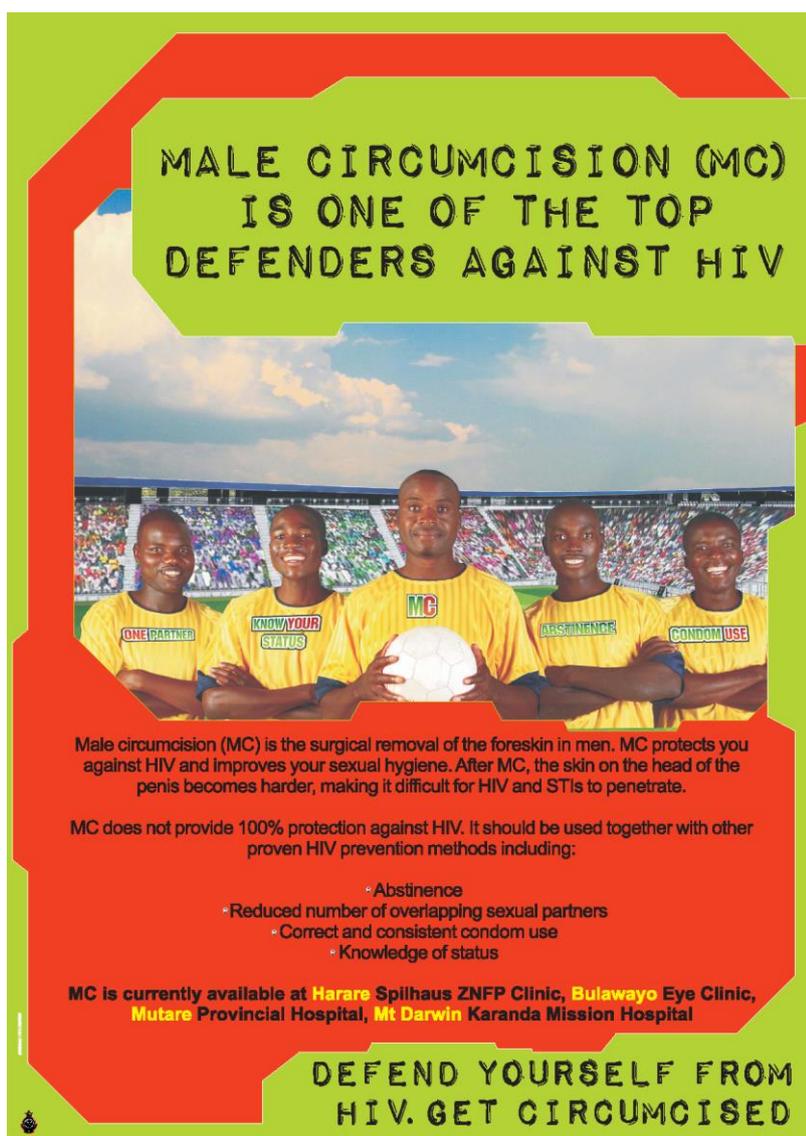
RESEARCH DATA

The study is a Multimodal Discourse Analysis of two VMMC posters used in Zimbabwe using Systemic Functional Linguistics to explore the various interpretations of multimodal aspects of two posters such as images, colour, text and vectors. The data for this study comes from two VMMC posters used in Zimbabwe. Poster A was designed in 2009 and Poster B was designed in 2012. These two posters were selected according to the following criteria. Poster A is an example of many of the VMMC posters which use the soccer analogy in promoting VMMC. VMMC messages in this poster are the same as in the other soccer

analogy posters but what only differs are the images but which carry the same interpretation. Poster B allowed the researcher to identify how VMMC posters have evolved from portraying VMMC as a choice which only affects individual men to also include women and society.

DISCUSSION

Poster A.

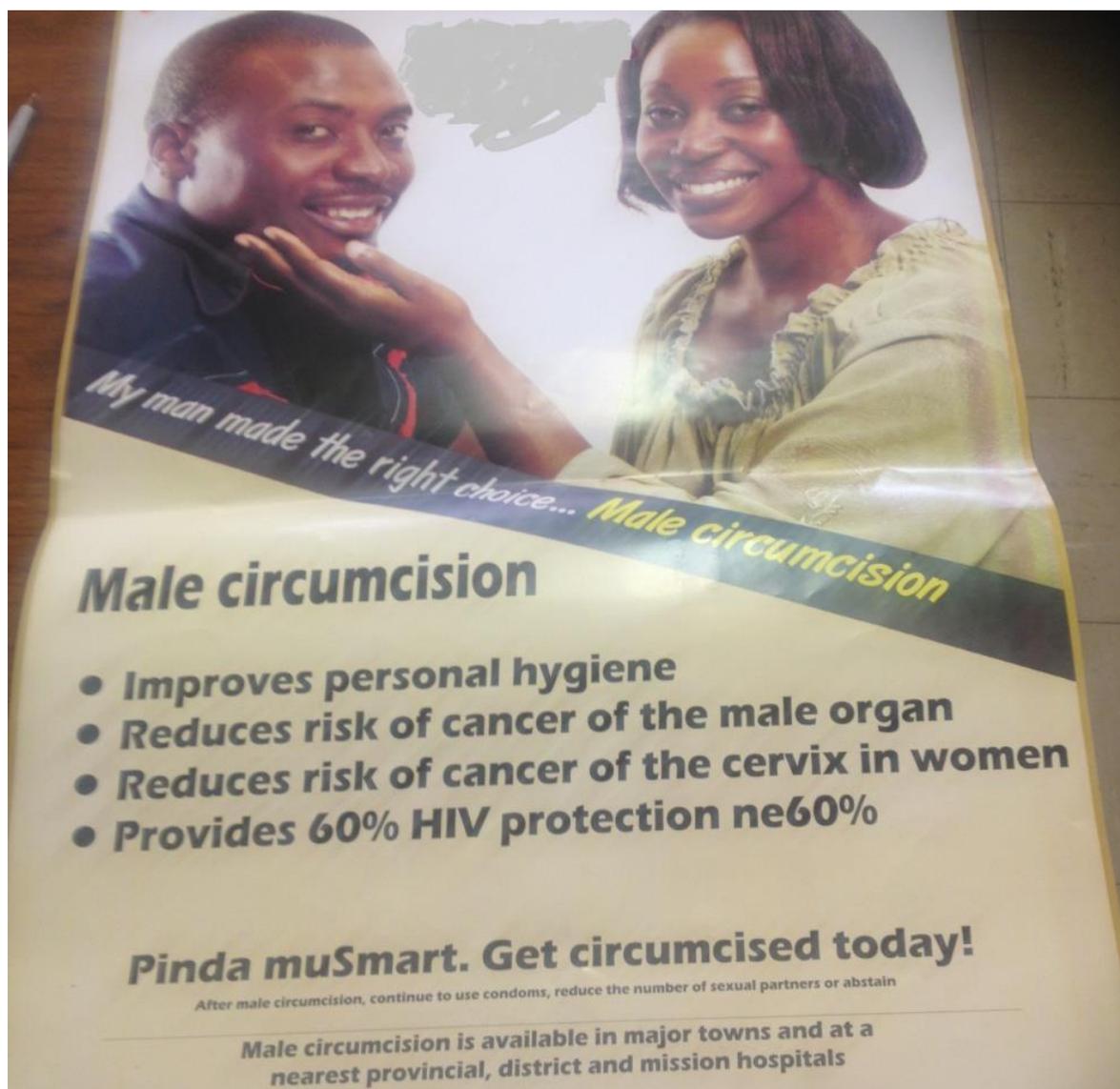


Source: *Population Services International. Zimbabwe*

Poster A encourages men to become circumcised from the point of view of male soccer players. The poster is a picture of five members of Zimbabwe's National Soccer Team at the National Sports Stadium. The five players are defenders and VMMC is compared to a defender that will keep HIV from scoring a goal. The National Sports Stadium is full and the soccer players are portrayed as circumcised champions and pride of the nation which implies

the audience should emulate them. The bright colours, light green, red, shades of yellow and green make the poster attractive and the audience to identify with the National Soccer Team.

Poster B.



Source: *Population Services International. Zimbabwe.*

Poster B promotes the uptake of VMMC from the point of view of a woman. The poster shows a picture of a healthy male and female who is informing the audience that the man presumably her husband made the correct choice by being circumcised. The persuasive poster goes on to inform the audience on the benefits of male circumcision for men such as, improving personal hygiene, reducing risk of cancer of the male organ and reducing risk of cancer of the cervix in women. The woman then directly addresses a male audience by telling them to get circumcised like the husband so that they enjoy the benefits and also protect their wives from risk of cancer of the cervix. The woman then seems to instruct circumcised men to continue using condoms and to reduce the number sexual partners or to abstain. The

message ends with the woman seemingly telling a male audience where they can get circumcised.

Use of percentages to communicate risks and benefits of VMMC.

The two posters present information about the limitations of VMMC by camouflaging limitations by portraying them as benefits. These limitations come in the form of positive language through the use of words such as 'improves', 'reduces', 'provides' and 'defend' which highlight risk reduction and not the fact that VMMC does not afford full protection. Even if a procedure reduces the risk of infection it does not mean that the risk of becoming affected is eliminated. The words, 'limit', 'limits', 'limitation' or 'partial protection' are not used to describe the partial protection afforded to VMMC. The absence of specific limitations such as not using 'limit', 'limits' or 'limitation' is an important finding as it seems to contradict the recommendations put forth by WHO/UNAIDS and other Health experts to continually identify not only the benefits but also the limitations of VMMC as a risk communication strategy. In the posters the limitations are predominantly the benefits overshadowing the limitations which are communicated through textual information whilst the benefits are communicated through numerical statements such as 60 %.

Poster A says that VMMC provides 60% protection while Poster B says that VMMC does not provide 100% protection against HIV. The use of percentages to communicate both the benefits and limitations maybe problematic and potentially misleading as most lay people are not numerically literate and may misinterpret the meanings behind the messages since health numeracy is an important ability that helps people understand relative risks and benefits from medical procedures. Research has consistently shown that vulnerable groups including those who live in poverty often have low numeracy and tend to be less sensitive to numerical differences and probability. There is also evidence that the context of the presentation of the results is just as important as the numerical form with which results are presented (Fagerlin et al: 2011, Reyna et al 2009).

Poster A points out that VMMC reduces the chances of getting HIV by 60 % which is the highest percentage achieved in trials and this has various consequences. The posters do not say that while VMMC may help reduce the number of HIV infection in a total population, a 60 % reduction is not a highly effective method of protecting oneself from HIV infection given the availability of other highly effective prevention methods such as condom use. The 60% reduction and the 100 % do not mean much to an ordinary Zimbabwean. Poster B also informs readers on the highest percentage but not the average. It should be noted that relative reduction risk reduction is not absolute risk reduction. Sixty percent risk reduction is difficult to interpret and its use is an example of failure of effective risk communication. Poster designers should have derived a communication strategy of the results understandable to the common people.

Most lay people do not understand quantitative measures of risk used as people tend to understand qualitative information about risks. In the two posters, percentages are expressed as an advantage of VMMC and not in a manner that would alert individuals to partial protection. These percentages technically indicate that VMMC only affords partial immunity thereby camouflaging VMMC limitations. The phrasing in the posters is not clear whether it protects the individuals that have the procedure or their sex partners. The inconsistency of the terminology used such as 60 % and 100 % maybe difficult for lay people to interpret the messages. The denominator information is also not provided in the context of posters, for

example, whether a 60% reduction can reduce one's chances of infection or transmission from $\frac{1}{2}$ or $\frac{1}{4}$ chances. Denominator information helps explain relative risk reduction of becoming infected and helps answer the question of what 60% reduction really mean for an individual. Qualifying the statement denomination data gives individuals additional information about their actual relative risk.

Soccer analogy

Poster A is designed to appeal to men using the analogy of soccer and postures men's sense of achievement. In Zimbabwe ,soccer is very popular and soccer players are publicised praised and glamorized and enjoy fame and fortune .The connotations of sports are energy, integrity, team spirit, self-sufficiency, sacrifice, hard work and discipline which are needed in the fight against HIV. The fact that no props are present in the image of the players other than the soccer players' attire reinforces the idea that the players are located in a time out space where they can address unhindered, underlying and valued attributes of sportsmen ship such as, honesty and fairness. Soccer as a game takes place over a specific period of time and at a predetermined place .It is based on rules that must be honoured and a good game builds on the display of strategic planning, team spirit and intergrity.The outcomes of a game are generally not known in advance and small victories do not necessarily mean an overall win. The game chronotype is thus ideal for VMMC messages in that the game of VMMC is a strategic move that can tip the balance in favour of VMMC.

Ideally, as pointed out by De Vito (2001), images should be used to support, emphasize, compliment or substitute for the written text and not to just dress up the poster .In poster A there seems to be a discrepancy between the image and the text as each constructs a different reality. The use of the image of defenders maybe misleading to the general public as it can give a wrong assurance that VMMC can 'defend' men from HIV leading them to engage in risky behaviours. In this sense men can regard circumcision as an 'invisible condom'. This can also lead to the assumption that circumcised men are HIV free making it difficult for women to insist on men wearing condoms thereby weakening women's negotiating power in sex.

Vectors colour and design.

Poster B depicts a gym-toned and colourful male and a female couple who radiate and exude optimism. Poster B visually depicts a woman in the right most position (position known) whilst the man is on the left (position not known).As pointed out by Kress and van Leeuwen (2006), information values in posters are realised by the placement of elements of a composition .This means the role of a particular element depends on where it is placed on the poster. For example, following the Roman script of reading from left to right and from top to bottom, certain values have been ascribed to these positions. Therefore, elements placed on the right side are presented as 'given' meaning they are known and in the poster, this implies that the woman knows about the benefits of VMMC and therefore is speaking with authority (Jewitt and Oyama: 2001).Elements on the left side are presented as 'new' meaning they are things that are not yet known to the reader hence the reader must pay attention to such elements .In the poster this means men should become circumcised to prevent HIV.

Elements placed on the horizontal axis for example, in Poster A, 'Male Circumcision is one of the top defenders against HIV' are 'idealised 'or 'generalised' and they occupy the top or

'ideal' position of the poster while the elements at the bottom such as, 'Defend yourself from HIV, Get circumcised' and in Poster B, 'Pinda mu Smart. Get circumcised today!' carry 'down to earth' information' thus forming the meaning potential of the posters. Elements that appear at the centre such as, the benefits of male circumcision are seen as holding the 'marginal' elements together and are subservient to the central elements from where they derive their interpretation depending on context of the poster. The design of posters follow western traditional reading paths from left to right and proceeding from top to bottom. This might be problematic for readers who do not have a formal western education or who do not share the same interpretation skills with the poster designers leading to misinterpretation of the posters.

Representational, Interactional and grammar of images and text.

Images in Poster A and Poster B also capture Van Leeuwen's (1996) representational, interactive and compositional 'grammar of images'. The images are narrative in nature as they convey the idea of action as indicated by the vector formed by the defenders defending their goal line and the woman seemingly informing the readers that the man made the right choice by getting circumcised. The posters are also interactive as they establish a personal relationship in the poster through the type of close shots or close up images showing shoulders and head which establish a more informal, closer and intimate relationship which foregrounds the interpersonal aspect of the posters. The close up images also provide readers with recognition of proximity to the social actions of getting circumcised and in turn creating a collective visual memory of getting circumcised (Barnhurst and Nerone: 2001).

The compositional meaning is brought out through how the images are positioned in the centre emphasizing the idea of circumcision. For visual semiotics, three concepts are most useful in compositional meaning, that is, the person shown in the poster who is called a participant and who can either be 'narrative' or 'conceptual'. Narrative participants are related to action and concepts are categories which are 'comparative or generalised' not related because of action but other characteristics (Scollon and Scollon: 2003, 86). Participants in the two posters can be interactive 'as they interact' with the reader through eye contact.

Gender, culture and Sexuality.

In Poster B, the essence of the message which is the benefits of male circumcision is written in the form of bullets which suggests the woman is speaking to an audience. The words 'My man made the right choice ...' are a direct quotation from the woman and what the readers are reading are her words and the direct campaign slogan, 'Pinda musmart. Get circumcised today' also providing information in shona presumably emanates from the third party principle author of the message, the poster designer. The portrayal of the woman as if addressing a male audience is very important as it challenges the view that men are expected to have more knowledge and experiences regarding issues of sex which puts them at risk as it prevents them from getting information. The poster thereby challenges prevailing norms of masculinity which expect men to be more knowledgeable and experienced sexually. Doing so encourages men to seek information and to also admit their lack of knowledge about sex.

The message 'reduce the number of sexual partners' in poster B and 'reduced number of overlapping sexual partners' in Poster A also seem to confirm the prevalent societal attitudes (Gupta:2001) that it is a masculine trait to have many sexual partners for the purpose of

sexual release. Men in the posters are thereby portrayed as having macho qualities and as having unfettered sexual drives. The poster by pointing out at the importance of men's problematic sexual behaviours ,places men in a position of choices which are a form of a paradox as the ones spreading HIV and at the same time as holding the keys to HIV prevention. Zimbabwean society according to Gupta (2001) has a culture of silence around issues of sex and sexuality and 'good' women are meant to be ignorant about sex and passive in sexual relations with men even when they are well informed, they struggle to be proactive in negotiating about safe sex. The poster seems to go against the cultural realities as it portrays a woman taking a lead in discussing about sexually related issues. Literature on VMMC also point out that male circumcision reduces sexual transmission of HIV from 'women to men' and not between women and men. Underlying this message is the suggestion that women are the sources of HIV infection, a situation that could mean women are the sources of HIV. Such a situation could lead to blame being put on women should circumcised partners become infected with sexually transmitted diseases and HIV.

The messages in the posters which advocate for safe sex and use of condoms together with VMMC seem to portray that HIV can be prevented without 'amputating' part of the penis. This could be problematic to readers as it is not clear why one would bother to get circumcised when one still requires using other methods such as condoms. A penis is central to a man's identity, it carries a symbolic meaning for manhood and being the stronger sex, men have a special relationship with their penis and this relationship is not only between men and their penis but between female partners of the men and the men penis .For example, some women discuss their partners penis and size which in most cases is equated with performance.

CONCLUSION

The posters used in this study serve as a constant reminder that there is need for more inventiveness on the part of poster designers if the war on HIV is to be won. Whilst the effectiveness of male circumcision in prevention of transmission of HIV from females to males has been established, its adoption by the public may face challenges if male circumcision messages are not clearly constructed.

The most critical recommendation that comes out of this study is that messages promoting VMMC need to be approached with caution. It is critical that messaging about VMMC information should be accurate and culturally sensitive and emphasise that VMMC does not offer full protection against HIV as it is at times perceived as fully protective. If people are told of the actual prevalence frequencies from the Randomised Clinical Trials they would clearly see that it is possible to get infected even after circumcision. Despite many interventions to change the dynamics of HIV in Zimbabwe much more need to be done in terms of how HIV/AIDS messages are framed.

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