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Making Sense of HIV in Southeastern Nigeria Fictional Narratives, Cultural Meanings, and Methodologies in Medical Anthropology

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Abstract

Fictional narratives have rarely been used in medical anthropological research. This article illustrates the value of such narratives by examining how young people in southeastern Nigeria navigate the cultural resources available to them to make sense of HIV in their creative writing. Using thematic data analysis and narrative-based methodologies, it analyzes a sample (N = 120) from 1,849 narratives submitted by Nigerian youth to the 2005 Scenarios from Africa scriptwriting contest on the theme of HIV. The narratives are characterized by five salient themes: tragedy arising from the incompatibility of sex outside marriage and kinship obligations; female vulnerability and blame; peer pressure and moral ambivalence; conservative Christian sexual morality; and the social and family consequences of HIV. We consider the strengths and limitations of this narrative approach from a theoretical perspective and by juxtaposing our findings with those generated by Daniel Jordan Smith using standard ethnographic research methods with a similar Igbo youth population. [HIV, Igbo, youth, narrative, methodology]

Narrative data of various kinds—from illness narratives (Kleinman 1988) to healing dramas and clinical plots (Mattingly 1998) to parallel macro- and micronarratives on health-related issues (Fassin 2007)—have assumed an increasingly prominent place within medical anthropology. However, this interest in narrative rarely, if ever, extends to fictional narratives. Through the analysis of creative narratives contributed to a 2005 youth scriptwriting contest on the theme of HIV, this article examines how young people in southeastern Nigeria navigate the cultural resources available to them to make sense of the

epidemic. The strengths and limitations of this narrative approach are considered through juxtaposition with findings generated by Daniel Jordan Smith using standard ethnographic research methods with a similar Igbo youth population (Smith 2003; 2004a; 2004b). We highlight the applied dimension of our research, arguing that by increasing understanding of how young people make sense of HIV and of the social representations that inform this meaning-making, fictional narratives not only illuminate the sociocultural context of youth sexuality and the social processes that may lead to stigmatization of those affected, but also inform programmatic practice.

The theoretical underpinnings of this study build on the premise that narrative and narrative understandings are primary modes of human thought. Narratives allow people to formulate and articulate the causes and consequences of human actions; as such, narrative underlies social knowledge (Bruner 1990). One of the reasons we tell stories is “to ‘make sense’ of what we are encountering in the course of living....” (Bruner and Lucariello 1989:79). Fictional narratives make manifest the dialectical relationship between personal experience and the creative imagination on one hand, and cultural norms and shared systems of representation on the other. Inherently dialogical, narratives draw on the lived experience of both teller and audience as well as on their shared cultural models.

In their creative writing about HIV, young people draw on their own lived or imagined experience and on other culturally determined sources of social understanding to create narratives imbued with context, meaning, and values. In this way, the narratives provide insights into young people’s explanatory models about HIV and into their appropriation of dominant cultural norms around gender, sexuality, and stigma. These are themselves embedded within cultural norms of performance, discourse, and persuasion (Farmer and Good 1991). *Homo narrans*, the animal with the innate disposition to tell stories (Fisher 1987), meets *homo performans* (Turner 1985), a culture-inventing and self-making creature.

Narratives like these are then “both fictional and cultural artefacts produced within (and assisting our understanding of) complex social-cultural formations” (Newell 2002:9). The social context of narration guides interpretation of narratives, pointing to the narrator’s positionality and factors which might have influenced their shape. The narratives in this study, submitted by relatively well-to-do young people from Igbo-speaking Nigeria who chose to participate in an HIV-themed scriptwriting competition, intersect with broader cultural narratives around HIV and sexuality associated with Igbo cultural traditions, evangelical Christianity, popular media (specifically Nollywood films), and public health.

THE USE OF NARRATIVES IN MEDICAL ANTHROPOLOGY

Medical Anthropology has a significant tradition in the analysis of ethnographically collected narratives from the clinical setting as meaning-making devices on individual, family, and community levels (for example, Kleinman 1988; Mattingly 1998). More relevant for the current study because operating at a broader community level, Farmer’s early ethnographic writings document the local historical formation of a cultural model of HIV in rural Haiti in the 1980s, describing the central role of illness narratives in this process of representation (Farmer 1994). The present study is situated in relation to this and an

evolving body of critical medical anthropological scholarship employing HIV-related narrative (Biehl 2007; Fassin 2007) and incorporates a distinctive multidisciplinary and applied perspective.

Disciplines outside medical anthropology have offered compelling theoretical arguments for the impact of symbolic representations on HIV prevention, stigma, and treatment-seeking, in addition to illness experience. In the late 1980s, Sontag wrote of the need to take “rhetorical ownership” of illnesses like cancer and AIDS and detach them from the metaphors and myths with which they are associated in the popular imagination and which, she suggested, kill (Sontag 1988:181). In her chronicles of the cultural life of AIDS, Treichler (1999) wrote of an “epidemic of signification” running parallel to the biomedical epidemic. More recently, from the perspective of folklore studies, Goldstein examined urban legends about AIDS to document how “AIDS discourse, in the form of narrative, shapes and creates vernacular responses to the disease” (2004: xiii).

These HIV-related studies, using cultural studies and folklore perspectives and drawing on a broad range of cultural products—including the media—focus on narrative-based and image-rich representations, and describe the complex social processes whereby a new and highly controversial disease is incorporated into lay meaning systems via symbolic processes dominated by relations of power. Some of the work in this vein, like our own, situates itself theoretically within the Theory of Social Representations (Joffe and Bettega 2003; Joffe 1996; Markova and Wilkie 1987). Social representations communicate norms and values in symbolic form, reflecting social processes that take place between members of a social unit (Raudsepp 2005). Narratives are intimately involved in the organization of social representations and have been identified as a particularly valuable and underused data source for their study (Laszlo 1997; Murray 2002).

DISTINCTIVE CHARACTERISTICS OF THE DATA

The research conducted in 2001–3 by Daniel Jordan Smith among young people from southeastern Nigeria provides a compelling point of comparison for our study. In his research Smith used traditional ethnographic methods of participant-observation and in-depth interviews, supplemented by a quantitative survey. The current study, in contrast, focuses on the post hoc analysis of fictional narratives, collected for another purpose (a scriptwriting contest), by young people from the same area at roughly the same time.

Since 1997, contests organized roughly every two years by an HIV communication process called “Scenarios from Africa” (SfA) have invited young Africans to contribute scripts for short fiction films about HIV and AIDS (Global Dialogues 2012; Winskell and Enger 2005). The winning ideas are selected by a series of juries and, following adaptation, transformed by Africa’s most prominent directors into films averaging five minutes in length. The films are donated to television stations and broadcast extensively; they are also widely distributed at the community level as educational resources. In addition to 37 films currently available in around thirty languages (Scenarios from Africa 2012), the SfA process had, by 2011, generated an archive of over 50,000 narratives from 47 African nations covering a period of

15 years. The narratives analyzed for this article represent a small slice of this archive material from Igbo-speaking southeastern Nigeria.

While there are notable examples within cultural anthropology of film and media ethnography, narrative ethnography, and research that incorporate literary or textual analysis, all of which have points of intersection with our approach, the SfA narratives are distinctive as a form of data and have particular advantages for understanding how young people make sense of HIV. Rich in imagery and emplotment, they reveal the social representations and cultural narratives that undergird this meaning-making process. They are the product of an activity of enjoyment, undertaken at the initiative of the young author, and offer an opportunity to depersonalize sensitive topics through the creation of fictional characters and situations. In comparison with ethnographic interviews or focus group discussions, they represent a relatively nondirective form of enquiry that enables informants to shape the agenda. Because the narratives are produced directly by cultural insiders, the SfA process allows young people to situate HIV within their own cultural and moral logic (Watkins and Swidler 2009) without contemporaneous co-construction with the researcher. To this extent, it is unlike ethnographic data, which are often filtered through an anthropologist's perspective and structured by specific research questions.

Like all narratives, including those collected ethnographically, these are oriented to an audience. In the case of "entextualized" (Silverstein and Urban 1996:1) narratives like these, i.e. ones which are "frozen" and isolated from the local discourse and context, the audience is called on to participate *ex post facto* in the act of co-construction. For the Scenarios contest, that audience may be presumed to be variously imagined by the young author (e.g., as contest selection committee, implementing organizations, Nigerian public, or African youth). The narratives may thus be informed by performative and rhetorical considerations specific to the contest, reflecting the young authors' motivation, for example, to tell what they consider to be a good story and thereby win the contest, or to educate their communities about HIV.

Although the narratives are explicitly performative, they exploit the tensions implicit in the term. Not only are they creative fictions, involving the construction of a narratorial persona and the persuasive telling of a story, they also illuminate the more everyday performance—and reproduction—of social identities in language, actions, and values. For example, performances of the evangelical Christian or the Igbo adolescent may occur. In a review of works by Victor Turner and James Clifford, Dwight Conquergood describes "cultural fabrications" like these as revealing "the possibilities and limits of everyday role-playing and invention. They remind us that cultures and persons are more than just created; they are creative. They hold out the promise of reimagining and refashioning the world" (Conquergood 1989:83). Conquergood also questions, however, how a performance reproduces or challenges ideology and how it is situated "between forces of accommodation and resistance" (84). These are critical questions for the present study.

The distinctive performative, rhetorical, and persuasive dimensions of the SfA narratives have important applied medical anthropological implications. Unlike a traditional social marketing approach, in which audience research allows an externally derived message to be

embedded in local idiom, the SfA process offers young people an opportunity to create their own instructive narratives about HIV for widespread dissemination. These narratives allow us to understand how HIV is constructed in the collective lay imagination and to identify communication needs, ranging from the cognitive (i.e., misconceptions and information gaps) to the ideological (i.e., stigmatizing cultural narratives that blame specific populations for spreading the disease). They also provide a pool of youth-focused characters, story lines, and creative ideas and perspectives, from which communication efforts can draw inspiration. In addition, unlike a stereotypical social marketing approach, the SfA films emerge from a deep-rooted social process that centers on the narratives. Informal analysis of all submitted SfA scripts by local expert judges has, for example, been a consistent feature of the SfA process. Findings from this community-based participatory research process (which also functions as the forum for selecting the ideas that will be turned into films) inform local priority setting and are fed into script adaptation and film production (Winskell and Enger 2009). They also inform the thematic priorities of the present research.

Methodology: Scenarios from Africa

Analysis of the SfA archive incorporates comparison across African regions (Winskell, et al. 2011a; Winskell, et al. 2011b; Winskell, et al. 2011c) and will, in the future, allow us to track social representations of HIV over a time period in which the context of the epidemic has changed dramatically. The research described in this article, which is specific to southeastern Nigeria, is one part of a six-country study of young Africans' social representations of HIV in 2005.

The narratives were submitted to the SfA contest that was held continent-wide from February 1 to April 15, 2005. In Nigeria, the contest was coordinated by a local Nigerian NGO, Community and Youth Development Initiatives (CYDI) in Imo State, an Igbo-speaking region. In a region in which Christianity pervades social life, CYDI is a nonreligious development organization, committed to working with a broad range of partners, including government agencies, schools, private-sector companies, and faith-based organizations, to reach its goal of improving "the health and socio-economic welfare of young people and their guardians" (Community and Youth Development Initiatives 2012). Although the 2005 SfA contest encouraged young people to work in teams to create and submit their ideas, over 90 percent of Nigerian participants chose to work alone. Contest participants were, however, encouraged to talk with organizations and individuals in their community who could provide them with good information about HIV and AIDS.

The contest was coordinated and publicized by a group of civil society organizations, schools, state government agencies and media outlets, and independent, local media. Participating organizations, selected and coordinated by CYDI, included support groups for people living with HIV, nonreligious development organizations, including the Nigerian Red Cross, and faith-based organizations from both Christian and Muslim communities. Also participating were state and local action committees on AIDS, Ministries of Youth and Education, local state-run broadcasting companies, and schools both with and without overt religious affiliation. A contest leaflet, in English, provided instructions on how to participate in the contest, encouraging young people up to the age of 24 to "come up with a creative

idea for a film about AIDS and see your film broadcast on national and international television. Take part in the contest and help other people learn about HIV/AIDS....”¹

The contest leaflet also included a demographic questionnaire that participants submitted with their narratives. Of participants in the SfA contest in Nigeria in 2005 (N = 2,712), 95 percent were in school, 71 percent were female, and 85 percent reported having a television at home. As such, they were predominantly relatively well-to-do and literate young people, who were motivated enough to participate in a contest. In order to maximize representation of participants across demographic strata, we stratified the scenarios by sex, urban versus rural location, and age (10–14, 15–19, and 20–24 years) and then randomly selected up to 10 narratives for each of the 12 resulting strata, netting a total sample of 120 narratives. Scenarios were ineligible for inclusion in the study sample if they were team authored. Approximately one-third of submissions were either nontext-based (e.g., pictures or video cassettes) or nonnarrative (e.g., essays). If sampled, these were excluded and replaced. A scenario was eligible for inclusion as long as it incorporated a story component. In some cases, this was preceded or followed by commentary from the narrator, however, the entire text was included in our analysis; for convenience, we use the term *narrative* to refer to it. In light of the size and cultural diversity of the Nigerian population, narratives were eliminated if not from the Igbo-speaking southeast, from which the overwhelming majority of entries were received. The sampled narratives were predominantly handwritten, with a small proportion submitted as word-processed text. They were transcribed verbatim, preserving formatting as well as content, and entered into MAXQDA qualitative data analysis software (VERBI Software 1989–2010).

Our analytical approach was situated at the intersection of grounded theory (Corbin and Strauss 2008) and thematic narrative analysis (Riessman 2008) and employed a combination of three types of methodology from which we triangulated the findings. These comprised (1) thematic data analysis, focusing on coding thematic segments and memoing for emerging analytical themes; (2) a narrative-based approach, which included the use of keywords to identify central themes and the composition of a one-paragraph summary, comprising the key elements of plot and message; and (3) descriptive statistics for quantifiable characteristics of the narratives (e.g., whether an HIV-related death occurs). The approach was developed to enable cross-national comparison in our six country studies and had three main advantages: it grounded the analysis in three distinct, though intersecting, dimensions of the data; allowed triangulation; and facilitated the generation and validation of interpretive hypotheses. However, it is important to stress that the narratives themselves, in their entirety, were our constant point of reference, providing a holistic perspective to counteract any fragmentation and decontextualization of the data resulting from the other

¹The contest leaflet stated:

You are invited to come up with an original idea (a "scenario") for a short film up to 5 minutes in length. The best ideas will be adapted by professionals and turned into films by some of Africa's greatest directors.

It's up to you to decide what form your idea will take. It can be a short story, a comic strip, a song. ... You can even record your idea on an audio cassette, complete with music, if you would like! Anything is possible as long as the text is in English. It's also up to you to decide if your scenario will be serious, sad, full of hope or funny!

As you create your scenario, please talk to organisations or individuals in your community who can provide you with good information on AIDS.

The contest leaflet provided a series of "story starters" but also gave participants the option to write on any topic of their choice; all narratives in this study belonged to this latter category, which accounted for 60 percent of all submissions.

analytical components. The narrative summaries in no way replaced the narratives themselves for analytic purpose, but they did provide an *aide-memoire*, which was valuable given the size of the data set.

Our research team was multidisciplinary, with strengths in cultural context, subject matter, and methodology. This study, comprising the secondary analysis of existing data, was approved by Emory University Institutional Review Board.

Comments made by jury members during the contest selection process (Winskell and Enger 2009) provided community-level perspectives and a provisional point of departure for codebook development.² Emerging, inductive themes were identified based on recurrence and on similarities and differences noted across the texts (Ryan and Bernard 2003). Codebook development proceeded via an extensive team-based process of discussion and consensus-building in which provisional codes were applied to the data and iteratively refined (MacQueen, et al. 2008). The final codebook included a detailed description of each code, inclusion and exclusion criteria, and examples of the code in use. Themes discussed in this article are those that, through their existence or their volume, distinguished the Nigerian narratives from those from other countries in our six-country study. These are exemplified by intersecting codes such as “morality and blame or praise,” “only child,” and “female characterization.” In order to preserve the richness of the ethnographic detail provided by the data, we have selected individual narratives that illustrate distinctive constellations of themes and examine these in some depth here, citing them verbatim and in detail.

Contextual Background

The Igbo-speaking people of southeastern Nigeria were traditionally organized in patrilineal clans and chiefdoms, with an economy based on intensive agriculture (Green 1941; Uchendu 1965). In modern history the Biafra war and famine (1967–70), during which several million Igbo died, is related to a pronatalist notion of “wealth in people.” Despite the devastation of the war and its aftermath, which has led to a long-standing sense of perceived marginalization among the Igbo, the economy was able to recover because of oil production in the neighboring Niger Delta and Igbo entrepreneurship.

The Igbo were almost entirely Christianized during colonial times. Over recent decades, Pentecostalism has touched all forms of Christianity in Nigeria (Anderson 2004) and ethnographic and historical research strongly suggests that born-again moral attitudes are pervasive in southeastern Nigeria (Smith 2007). However, the influence of evangelical churches is increasingly challenged by that of contemporary popular culture.

The vibrant Nigerian film industry (“Nollywood”) is highly influential; Africa’s largest, it produces over 1500 videos per year for the home video market. The most celebrated Nollywood genre is the melodrama, with its extremes of fortune, emotion, and morality (Haynes 2000). Pentecostal Christian themes, notably issues of spiritual warfare and evangelism, have featured prominently, with videos often framed as confessions or

²Jury composition reflects a range of perspectives: people living with HIV and other specialists in HIV prevention, treatment, and care; young people, including former contest winners; and communication specialists.

testimonials; they include ample biblical references (Fuita and Lumisa 2008; Meyer 2006; Oha 2000; Ukah 2003). HIV also appears as a common, if inexplicit, motif (Oha 2000). However, Nollywood is increasingly moving away from epics about Igbo tradition, culture, and religion, to contemporary love stories with an emphasis on sex and nudity, with little or no reference to condoms. Meanwhile, access to pornography is growing in line with access to the Internet.

In 2010, 5.1 percent of the southeastern Nigerian population between the ages of 15 and 49 was estimated to be living with HIV, up from 3.7 percent in 2008 (National Agency for the Control of AIDS 2012). Young people under the age of 25 are particularly vulnerable to HIV and represent almost half of all new infections. In the 1980s and 1990s, religious institutions either maintained silence on HIV or issued highly moralistic messaging, stigmatizing those infected and affected. Although efforts were made by nongovernmental organizations and schools to counter these messages with factual information, it was not until this past decade—roughly coinciding with increased access to antiretroviral therapy—that denial has been replaced by more vocal and positive messaging from religious institutions.

Analysis of Five Narrative Themes

It is important to note that HIV infection dominates the plot lines of these narratives, a distinctive feature of the Nigerian sample when compared to SfA narratives from other countries in our six-country study (Winskell, et al. 2011b), and one that reflects the moralizing conservative Christian cultural context. The following sections describe narratives selected as exemplary illustrations of—or departures from—five key cultural themes in the Nigerian data set: (1) tragedy arising from the incompatibility of sex outside marriage and kinship obligations; (2) female vulnerability and blame; (3) peer pressure and moral ambivalence; (4) conservative Christian sexual morality; and (5) social and familial consequences of HIV. Some of these themes have been previously identified by medical anthropologists working in the field of the HIV epidemic in Africa (Parker 2001; Pfeiffer 2004; Schoepf 2001).

The Tragic Incompatibility of Extramarital Sex and Kinship Obligation

A scenario entitled “A Victim of Ignorance” begins:

In Igbo land, there is a saying that a hen with one chick is always mindful of it. A woman with only one son is like a hen with one chick. A swoop of the hawk and she becomes empty handed. Sons are the pride of every homestead. They inherit the family lands and other properties. Most especially, they perpetuate the family line. ... Did not a proverb say that: ‘he who has kinsmen is greater than he who has money?’ In Ibo land, it is a man’s world. [rural male, 20–24]

The narrative that follows these lines, submitted by a 21-year-old rural male, concerns the Igwes, an Igbo couple whose prayers and longings are answered with the arrival of a son, a brother to seven older sisters. Onoshi’s parents are overzealous in their efforts to protect their only son. Their mother forbids him to play football or any other games with his age-mates, especially his cousins who might want to harm him with a view to inheriting their lands, and his sisters dote on him as their future protector.

However, Onoshi is a brilliant pupil and wins admission to the Government Model School in the state capital. His father determines that he should go, against the protestations of his wife: “Oh-o, you want to take my only son to that wicked city, in the name of educating him, to kill him for me. Then your kinsmen would pressurize you into taking another wife.” When Onoshi returns home at the end of the school year, his English is polished and he has “that aura of city boys from upper class homes.” As the end of the holiday approaches, his mother calls him aside and reminds him of the pastor’s warnings of the abominations being perpetrated in the city. She would prefer her son to grow up quickly and take a wife from a good family to fill the homestead with sons: “Those city girls are no good. They could transmit diseases to you, which could render you infertile. Besides, there is this AIDS flying about looking for whom to devour, nowadays.” Back at school, the health official also talks about the harmful effects of AIDS, describing it as “a destroyer of youthful dreams.”

Onoshi’s narrative self-consciously situates itself within a traditional Igbo value system but raises themes of modern life that permeate the data set: the vulnerability of women, especially in the absence of male kin; the demonization of city women; the parents’ anxiety about peer pressure and libidinal temptations at school; the preoccupation with reproduction and lineage; and the impending tragedy foreshadowed in the frailty of the Igwe’s family line and encapsulated in the specter of AIDS.

However, this narrative is atypical in the way the plot proceeds. A school friend introduces 11-year-old Onoshi to his Uncle Olisa, a lawyer who has just returned from the United States. On the pretext of a business meeting, the uncle takes Onoshi alone to a luxury hotel in the city, plies him with champagne and pornographic movies and proceeds to rape him. Onoshi “enjoyed his first sexual experience” and the relationship with the uncle continues for many months. When he falls ill and tests positive for HIV, Onoshi, his doctor, and family are perplexed as to how he could have contracted the virus as he had never slept with a woman:

No one had mentioned homosexuality. Not even his Pastor who preached passionately of eternal damnation awaiting those who commit adultery and fornicators. His parents had repeatedly sounded it to him to avoid girls. His father had even said, “Women are burning coals which a man heaps on his head.”

A few years later, Onoshi dies, a victim of ignorance about homosexuality, as indicated in the title given to the narrative.

Although this narrative, as one of only three narratives (N = 120) that involve homosexual transmission between males and the only narrative involving pedophilia, is an anomaly with the data set, it is paradigmatic of the larger sample in key ways. “A Victim of Ignorance” leads the reader to expect a more representative story line, whereby Onoshi, led astray by bad friends, would be infected with HIV by city women. However, though the details of sexual partners differ, both the anticipated and enacted plot lines demonize lax sexual morality or sexual deviance and focus on a story of infection with tragic consequences. Four-fifths of the young Nigerian authors choose to focus on characters becoming infected with HIV and subsequent consequences, with fewer than 10 percent imagining plot lines in which characters take action to successfully avoid infection. Tragic outcomes are common:

two-thirds of the narratives end with diagnosis or death without envisaging a fulfilling life as an HIV-positive person. The narratives by younger authors and those from rural areas are particularly tragic in tone.

The element of tragedy is heightened by a comparatively high proportion (16 percent) of protagonists in the Nigerian narratives who, like Onoshi, are only children or only sons.³ This theme is particularly prominent in stories by female and rural authors. Such protagonists may be conceived after many years of infertility and are the repository of a family and lineage's hope for the future. Like Onoshi's story, many narratives feature young people with brilliant academic achievements—the pride and hope of their families and communities. Two-thirds of the narratives in the sample are about adolescents; one-third are explicitly set in a school or university location.

For both young men and young women, educational success is revered as a route to social and economic mobility and the fulfillment of kinship obligations: as one character says, you go to school “so as to be somebody [*sic*] in life” (urban female, 20–24). However, the narratives also reflect strong moral ambivalence toward school, with education settings presented as simultaneously the ultimate destination for academic achievement and, as typified by Onoshi's mother's premonition, sites of moral dissolution and sexual depravity. In another narrative, the university setting is described as a “corrupt and unfriendly environment” (rural male, 20–24), where peer pressure to be “modern” (e.g., sex in exchange for money or consumer goods) is rampant and difficult to resist. Across the narratives, parents attempt to warn their children before they leave for school or university, voicing their fears of bad influence, a blighted future, and social disgrace.

Female Vulnerability and Blame

Two-thirds of all narratives center on a female character. In the context of poverty, the social value of education conspires to increase the vulnerability of poorer female students. In line with the fears of Onoshi's mother and sisters, narratives describe women as particularly vulnerable in situations such as the following: when fathers abandon all-female families in pursuit of a male heir; when fathers die and family assets are taken by relatives; or when household resources are drained by illness and burial expenses. Female students are vulnerable because the pressure to pay school fees, buy books, and succeed academically makes them easy prey for unscrupulous older men, including teachers. Yet so great is the social sanction of education that when one female character from a poor family contracts HIV after engaging in transactional sex “for just one week” to pay her school fees, she feels that God has let her down (urban female, 20–24).

These tragic narratives focus primarily on the misdeeds of characters that lead to their infection. A female character contracts HIV in twice as many narratives (almost 60 percent) as a male character. Far from providing an opportunity to sympathize with the vulnerability of women in the face of the AIDS epidemic, the narratives tend instead to conform to misogynistic stereotypes. Females are characterized in line with the age-old virgin–whore

³The theme is virtually absent from narratives from other countries in our six-country study.

dichotomy, although with a distinctive focus on Christian morality and academic achievement:

Somewhere in the South East of Nigeria Joy is a believer, a true child of God. She concentrated in her studies and did marvelously well in academics. In the university Christian fellowship she was a prominent. On the other hand Anna belonged to a set cult, had many boyfriend, smoked cigarettes and drank alcohol. [rural female, 20–24]

Moral failings depicted as leading to a woman becoming infected include disobedience toward parents, partying, and excessive sexual appetite. However, the most common is the pursuit of money.

BECAUSE OF THE RUSH TO BE IN FASHION AND ENJOY A USELESS LIFE, MANY YOUNG PEOPLE HAVE SOLD THEMSELVES TO THE DEVIL BECAUSE OF MONEY [*sic*]. ... Young girls should be called to order. Some of them dress almost naked, especially in higher institutions and walk in such a tantalizing manner as though they are inviting the opposite sex for whatever. Even some secondary school girls dress immorally with expensive materials. They expose some parts of their body which need to be properly covered and when rapists pounce, they start to complain. [rural female 10–14]

Women are raped in eight of the 120 narratives in the sample, and five of these are gang rapes. In one case, the young victim, who is raped by a teacher, enjoys the experience so much that she becomes a prostitute. In four cases (all gang rapes, three authored by females) the woman is blamed for wearing provocative—often transparent or very revealing—clothing. In one case, the blame of the rapist is mitigated with the comment that the victim “may not know the fire she enkindle with those reckless dressing” (rural female, 10–14). Another closes with the words, “You can see that Jane did not manage her self and she end up been HIV(+)” (urban male, 15–19). In a third narrative, the young woman raped at a party pleads for forgiveness from her boyfriend “for cheating on him” (urban female, 10–14). These may be extreme cases, primarily by younger female authors, but they nonetheless illustrate a deep vein of misogyny evident throughout the sample, reflecting both patriarchal values and the social anxiety provoked by the threat of rampant female sexuality.

Peer Pressure and Moral Ambivalence

The young female protagonists who become infected are above all led astray by bad friends, who encourage them to use their sexuality as an economic resource. The descriptions of peer pressure that permeate the data set provide rich insights into contemporary urban youth culture and pressures to pursue a modern lifestyle. In a narrative by a 20-year-old rural woman, Jennifer is a new university student led astray by a group of worldly-wise older students. These women embrace a “modern” identity with all its trappings and use their sexuality to defy their disempowerment as women from poor backgrounds:

QUEEN: Shine your eye and catch one *bobo wey* [Pidgin English for ‘guy’] go fit take care of you.

JENNIFER: But my mum says attending wild parties and having sex before marriage is wrong

QUEEN: Babes come and see this girl from the bush. ... Baby girl you need to wake up. Cant you see us. We are the hottest babes on campus.

SANDRA: We are fashionable, sexy and rich. We are connected, we hold the powers that be in our hands. In fact we are the musketeers! (General laughter). [rural female, 20–24]

While some narrators express no sympathy for the characters who succumb to such peer pressure, others seem less sure about whether peer pressure mitigates the blame of infection. This ambivalence suggests that young people are very aware of their vulnerability to the temptations of “modernity” when they step beyond the protective—but also constraining—circle of kin and home community.

The narratives’ acknowledgement of structural factors influencing women’s vulnerability is generally overshadowed by vociferous moralizing and heavy-handed cautionary tales. One illustrative narrative, by a teenage rural male, opens with a dictionary definition of morality: “A function of human beings and not animals. It deals with those basic values that give people security and dignity and guarantees stability and posterity of the society....” (rural male, 15–19). The narrator then states that sex for purposes other than procreation within marriage falls foul of this standard and presents a scenario to illustrate this. Lydia and Mary are friends at the university. Lydia does not believe in HIV and thinks that adults and health workers “want to discourage [them] from this pleasurable adventure.” Against Mary’s advice that she abstain, Lydia decides to spend a week with her boyfriend. One month later a counselor bluntly informs her she is both pregnant and HIV positive. Lydia’s remorse is met by the narrator with dispassion: “This repentance is late because Lydia is now on the danger list. She enlisted herself.” Despite the unrelenting blame of its tone and outcome, the narrative proceeds to advocate a range of pragmatic strategies for HIV prevention that ally it more with a public health value system than religious ideology. For example, it suggests adequate sex education for young people to help them avoid HIV. It also provides “moral advice on elimination of HIV/AIDS for young girls,” a list of situation-defined strategies that young women should use to protect themselves in face of gendered structural constraints. These include

- 2 Keep to an honest living with what you can afford.
- 3 Do not go looking for favours, accepting gifts from men—some of these men may compel you to pay back with your body and that is through sexual intercourse.
- 4 Avoid the habit of asking lift from men. *They will carry you to where you will carry them.* [emphasis added]

The narrative illustrates two contradictory cultural discourses that young people must navigate in their attempts to make sense of the epidemic—a moral message of obdurate blame and a more nuanced recognition of structural factors that create gendered

vulnerability to infection. The tension between these discourses may lead to blunt contradiction or uneasy ambivalence.

Conservative Christian Morality

In line with the definition of morality proffered above, narratives present sex drive as uncontrollable and even bestial once unleashed. For example, one male character describes a friend's sex addiction in the following graphic terms: "For him to leave it will be like driving the dog away from the excreta" (rural male, 20–24). In other cases, for a woman to surrender to her sexual desires is explicitly regarded as a masculine act. Female characters who are unable to control their sexual appetite are described by male authors in a way suggesting an uneasy combination of wishful thinking and moral outrage.

The viability of sexual abstinence until marriage is undermined by individual characters' inability to resist libidinal urges. Alongside repeated assertions of the importance of abstinence are representations of the illusoriness of romantic relationships that do not involve sex, which are beleaguered by peer pressure or desire. Plot lines describe abstemious romantic relationships destined for marriage that are derailed by infidelity and align with a pronounced proclivity toward imaginative melodrama in the stories, reminiscent of Nollywood productions. One male character, for example, returns from a study trip in the United States to find pornographic picture of his betrothed, with whom he had had a chaste relationship for the previous five years, exhibited in a luxury hotel.

Moralizing language drawn from the least forgiving Christian traditions is pervasive. Terms like "sexual immoralities," "sin," "the work of Satan," and "fornication" recur. One female author addresses her readers directly with the impassioned (and capitalized) entreaty: "MY FELLOW YOUTHS OF NIGERIA, AVOID AIDS NOW BECAUSE AIDS IS... THE DEVIL'S WEAPON OF MASS DESTRUCTION" (rural female, 15–19). There are repeated references to the body as the temple of God and the need to maintain its purity. AIDS is reported to have originated as a result of bestiality or homosexuality and is pervasively represented as a punishment for immoral behavior. Frank public health discourse around sexuality, legitimized by HIV, is combined with Pentecostalist moral ideology and religious symbolism, such that a mother does not flinch at instructing her school-age daughter to "avoid lewd sex practices such as anal or oral sex" (urban female, 10–14). However, in this evangelical reinterpretation of HIV, serious misconceptions are given moral sanction: unprotected sex with an infected character inevitably leads to infection; kissing is described as a means of transmission; disease timelines are truncated so that characters die on diagnosis; there are two cases of lesbian infection. Similarly, condoms are conspicuously absent from any mention in three-quarters of the sample. Of over 20 individual acts of sex described in the narratives, only three involve condom use; in each case the condom fails and the male character is infected (Winskell, et al. 2011c).

Malicious intentional infection occurs in about ten percent of the Nigerian sample.⁴ Characters deliberately infect others or plan to do so in a spirit of revenge, on the pretext that

⁴This is very high in comparison to all other country samples in our six-country study, with the exception of Senegal (Winskell et al., 2011b).

“after all, someone gave it to me,” or in order not to die alone. In one case, a female university student decides to give her professor his just rewards for pressuring students to sleep with him in exchange for good grades and leaves him a note, “You gave me 89 percent and I gave you a share of my HIV/AIDS” (urban male, 20–24).

Moral behavior (combined with premarital testing) is depicted as the way to avoid the terrible fate of HIV. Moral behavior may be depicted as a duty toward family and community; it is religiously ordained, socially rewarded, and related to “being true to oneself.” In parallel, immorality is a transgression against God, community, family, and self. For example, one narrative by a 16-year-old rural male contrasts the fruits of a moral life with the consequences of promiscuity and premarital excesses. In the story, Angela pressures her “God-fearing and intelligent” boyfriend Peter to have sex with her. When he refuses, she leaves him in search of “a real partner who will take good care of her.” Two years later she is “a sex maniac (one who wants having sex all the time) and she is also a prostitute and she became a school dropout.” Meanwhile, the abstinent Peter is rewarded with a “very fine job” after graduation and is transferred to London with his beautiful wife and their five children (3 boys and 2 girls)” (rural male, 15–19), in a conclusion redolent of Pentecostalism’s Prosperity Gospel.

Although it is more common for female characters to succumb to peer pressure, there are notable examples of peer pressure influencing the behavior of male characters. These cases are particularly interesting because they emphasize how two contrasting cultural understandings of “modernity” and masculinity are pitted against each other. On one hand, there is the theme of sexual appetite, modern hedonism, and the double standard of male privilege in a patriarchal society. On the other hand, there is moral willpower and the ability to postpone gratification in the interests of longer-term goals which—implicitly or explicitly—fulfill responsibilities toward kin. It is important to reiterate the absence of successful condom use in any individual acts of sex described in the sample because condoms could theoretically provide a solution to the competing demands of satisfying sexual pleasure, peer pressure, and responsibilities to family and kin.

The Social and Family Consequences of HIV

While the tragic outcome serves as a vehicle for presenting a message of conservative Christian sexual morality in the majority of narratives, in other cases, the message is more nuanced. With infection dominating the plot lines of the narratives, the tragic consequences of HIV are highlighted by emphasis on the social and financial impact of infection on the family. For example, one narrative begins with the statement: “All of us are aware of the social stigma, shame, embarrassment, ridicule and disgrace etc. that a family faces when someone from that family dies of HIV/AIDS” (rural male, 15–19). Other narratives focus on familial consequences of infection, such as parents dropping dead or hanging themselves in response to a child’s diagnosis with HIV; weddings being cancelled or families losing business or employment because of discrimination. Yet if parents are to be pitied because of the shame of their child’s behavior and infection, they are also represented as bearing their share of the blame. One narrative by a young, rural male describes in secular terms the consequences of irresponsible parenting and the ill effects of “modernity.” An overtly

religious framework is thus not a precondition for authors attributing the epidemic to moral decay, fuelled in particular by the pursuit of money.

Alluding to Chinua Achebe's (1994[1959]) classic novel about the collision between traditional Igbo society and British colonialism, one narrator blames the epidemic on a loss of African culture and concomitant growth in materialism.

Before or when things have not fallen apart, when the center still hold. that is the time in africa, when african people abide by their culture and tradition. when sex is for purpose, the purpose is for procreation and is only for the married... if things happen to be like that today, the issue of HIV/aids woun't have been for us (africans). the madness of people about wealth and materials things have create dictum called poverty. this dictum (poverty) have made some people think that they are superior by rich while others believe think that they are inferior by been poor. oh! what a psych. [rural male, 10–14]

The narrator then tells how the myth of poverty led a brother and sister into "harlotry." Worried about their family's poor background, the siblings decide to drop out of school and migrate to the city to comply with their parents' materialistic expectations. Here, they are infected through homosexual and heterosexual transactional sex in efforts to support their family. In this story, however, despite the mode of transmission, blame is attributed to the fiction of poverty, introduced by the "fall from grace" of colonization, and not to the young protagonists.

Across the narratives, it appears that the older the author, the more nuanced the moral message. The question Who's to blame? in the context of an epidemic of indiscriminate infection recurs as a theme. One storyline features a man, infected via blood transfusion, who is now a widower and deserted by friends. On his deathbed he wonders who will take care of his two children. The narrative closes: "NOTE: HIV/AIDS is not a spiritual problem neither does it have a conscience" (male 15–19 urban). Another narrative, about a young woman who has been orphaned and who is infected then abandoned by her womanizing partner, ends: "Some say she should not have been born, others say she suffered for what she did in her first life. May she is carefree or it is God ordained she suffer that much. What do you think?" (rural female, 20–24). Soul-searching of this kind contextualizes the recourse to religious and moral certainties that are so prominent in other narratives in the data set. Soul-searching also underscores the seductiveness of culturally established explanatory frameworks in the quest to make sense of HIV.

Comparing Narrative Analysis and Ethnographic Findings

Daniel Jordan Smith's work is particularly valuable as a point of reference for our study because of its focus on the symbolic frameworks within which young people make sexual decisions. Multiple themes outlined in the analysis of the SfA narratives in this article closely echo Smith's ethnographic findings. However, there are also subtle differences.

The ethnographic findings for our comparison focus on the question of why many young Igbo migrants perceive themselves to be at very low risk of contracting HIV. Smith attributes

this to the confluence of religion, morality, and stigma in understandings of sexuality and HIV. He describes how many young Igbo draw on an increasingly pervasive “born again” Christian perspective to construct sexuality and the risk of AIDS in strict ethical and moral terms. This allows them to project immorality and danger onto imaginary “others.” His study highlights the limitations of public health intervention strategies, which fail to deal with the dangers inherent in the moralization of risk, which fuels both stigma and the deflection of personal risk.

Smith has written extensively about the Igbos’ moral preoccupation with biological and social reproduction in the context of appropriate marriage. His work emphasizes the moral and practical importance of kinship networks or “having people” to ensure access to modern opportunities and resources. He provides cultural historical context to this strong moral precept by linking it to the marginalization of the Igbo people in the wake of the Biafra war (Smith 2005). In addition, Smith’s ethnographic findings delineate the tensions between kinship and “modernity.” These tensions are expressed in romantic and sexual relationships, on one hand, and collective family and community interests on the other. Moral discourse about female sexuality, in which girls are represented as “out of control” and female sexuality is feared, are linked by Smith to wider discontents with the consequences of social change, as society confronts an extended period of female sexual maturity before marriage. Schools, the central symbol of modernity in Nigerian society, are also perceived as places of moral decay—above all as the locus of sexual corruption, with education contributing to the loosening of the grip of parental, family, and community authority (Smith 2001).

The focus of Smith’s 2001–03 study is “understanding the social processes whereby HIV risk is equated with religious immorality” (Smith 2004b, 426). In this study, he devotes less attention to questions of gender and agency, which emerged as key themes in the current analysis of SfA scenarios. Social representations of AIDS, such as those in the narratives above, have been interpreted as serving an “identity-protective” or “system-justifying” function (Joffe and Bettega 2003; Moscovici 2001). In their analysis of social representations of HIV among Zambian youth, Joffe and Bettega (2003) note that both male and female respondents blamed young women for infection, whereas their older “sugar daddies” were seemingly absolved from guilt; this representation consequently allows gendered power relations to remain unchallenged. There is a similar mechanism at play in the data from this study. On one hand, young female authors tend to blame the young female protagonists for immoral behaviors that result in HIV infection. On the other hand, the older men who are their sex partners are poorly delineated in the stories. Parker and Aggleton argue:

Those who are stigmatized and discriminated against in society so often accept and even internalize the stigma that they are subjected to... because they are subjected to an overwhelmingly powerful symbolic apparatus whose function is to legitimize inequalities of power based upon differential understandings of value and worth. (2003:18)

The SfA narratives provide an opportunity to observe young female authors playing an active role reproducing the very social representations and discourses that serve to disempower them. Within the data set this victim blaming pattern diminishes with the age of

the authors, suggesting the progressive development of a more critical stance toward gender ideology.

Smith's 2001–03 study suggests that for many young Nigerians risky sexual behavior was related to the failure to personalize the risk of AIDS that was projected onto immoral others. In this study, the deflection of HIV risk onto immoral others is certainly explicit. What is interesting, however, is the fact that—the conspicuous gender disequilibrium aside—the vast majority of young authors choose to focus on characters who could be their peers, often young people from middle-class families facing real temptations of life at school and university. Thus, those who are demonized are less the easy target of commercial sex workers than young women from good homes who, on an informal basis, use their sexuality for material gain.

Although many of the SfA narratives do subscribe to a strategy of “othering” AIDS, depicting the bad or foolhardy becoming infected, some authors make a clear and concerted effort to identify with their protagonists and vicariously experience their vulnerabilities. This empathetic act may, however, be an artifact of the narrative writing process, pointing less to an attitudinal perspective on the part of young people than to the potential of the narrative writing process—by eliciting identification—to provide a valuable vehicle for counteracting stigma.

Smith's methodology—combining surveys, interviews, and participant-observation—allowed him to address individual risk assessment and behavior, linking reported sexual decision making with broader social values. In contrast, the data reported here focus on the cultural resources, including normative beliefs and cultural scripts, available to young people as they seek to make sense of HIV. In this cultural context the narrative writing process often elicits narratives framed in terms of moral absolutes that may not reflect the ambiguities and contradictions of young people's actual practices—or do so only in the form of an ambivalent subtext.

Conclusions: Fictional Narratives, Cultural Meanings, and Methodologies

The social representations in young people's HIV-related fictional narratives reveal cultural resources available to them as they seek to make sense of the epidemic and of what they see and experience in their own communities. The SfA narratives from southeastern Nigeria situate HIV within the competing pressures on young people to pursue a “modern” lifestyle, on one hand, and to fulfill kin expectations of academic, financial, marital, and reproductive success on the other. The narratives are characterized by tragic outcomes, a focus on female protagonists, and an unforgiving moral agenda in which Christian dogma on sexuality is intertwined with kinship obligations. When HIV infection occurs there are multiple tragic consequences for the young—primarily female—characters, who are blamed for their fate. With few exceptions, these narratives fail, in Conquergood's words, to reimagine and refashion the world, and situate themselves within forces of accommodation, not resistance.

The young authors tend to echo traditional Christian and Igbo value systems and to situate these within tragic and melodramatic cultural frames that are reminiscent of Nollywood

films. Public health discourse on HIV is much less pervasive in the narratives. This suggests that public health messages around HIV are not being communicated in such a way that they are readily incorporated into youth meaning-making. It also points to the mismatch between the cultural frames within which HIV is being interpreted by young people and those of public health messaging. Public health perspectives on HIV are incompatible with Nollywood frames, whereas Pentecostal and Igbo cultural themes lend themselves to melodrama and stigmatizing and moralizing representations. This points to the need for greater collaboration among the various social institutions that influence young people's sense-making around HIV. It also suggests the potential value of narrative-based community activities, drawing on the legacy of Paulo Freire (Freire 1970), to deconstruct the web of representations that sustains the devaluation of women and of people infected with HIV and to increase acknowledgement of the structural factors that constrain the exercise of the absolutist born again moral individualism that is so prevalent in the narratives. Lack of progress in addressing the symbolic representations that perpetuate stigma, moralization, and gender inequity will continue to compromise both the quality of life of affected populations and access to HIV prevention, treatment, and related services.

The absence of condoms in the narratives reflects a missed opportunity to reconcile short-term desires and pressures with long-term responsibilities. The 2003 Demographic and Health Survey from southeastern Nigeria (National Population Commission [Nigeria] and ORC Macro 2004) revealed extremely low condom use by young people and very low adult support for youth education on condom use. If young people are unable to envisage—or feel unable to publicly represent—condoms as a viable prevention option and to integrate them into their sense-making around HIV, they are hardly likely to use them. The normalization of condoms and their recognition as a viable and valuable HIV prevention tool must remain a high priority for health communication efforts in southeastern Nigeria (Winskell, et al. 2011c).

The data described here have some clear advantages for programmatic practice and further research. The narratives communicate needs and provide youth-focused ideas, perspectives, and contextual understanding that can inform the development of both mass media and community-based communication efforts. The methodology is consistent across multiple sites across Africa, allowing for systematic cross-cultural and longitudinal comparison of a large number of narratives. The concurrence of the SfA narrative analysis for southeastern Nigeria with Smith's ethnographic results should be considered evidence of the feasibility and validity of this research method. The analysis of fictional narratives can be a powerful methodological tool in medical anthropology.

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