"Is the aids virus difficult to catch?": A linguistic analysis of two Internet advice columns on sexual health

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- Two advice-giving online resources

- UK and US-based, though access is global

- Comparative study

- Differing age groups

- Focus on STIs: HIV/AIDS

Reasons for looking at HIV/AIDS

- AIDS didn't arrive with its own vocabulary / register: there have been linguistic difficulties right form the start (Kostenbaum 1990)

- There is much evidence of the awareness of HIV/AIDS of young people (Wight 1993a; Rosenthal and Moore 1994)

  BUT: What about their knowledge and representation?
  How is this manifested and encoded linguistically through the language choices they make when seeking advice?

- Rise in the number of newly acquired cases of HIV/AIDS among young people (UNAIDS/WHO 2007)

- Number of young people receiving HIV-related care has almost tripled between 1996 and 2005

- Previous studies dominated by self-report → innovative/novel nature of our comparative study

4

Background to CMC and health discourse

The Internet offers the following opportunities to health educators:

- reach a large number of people

- provide information at a mouse-click

- provide up-to-date information

- provide the possibility of searching archives

- allow searchers to anonymously look for information on delicate topics

Background to advice giving

"**Opinion** given or offered as to action; **counsel**" (*Oxford English Dictionary*, sense 5)

Advice "is not a species of requesting. … Advising you is not trying to get you to do something in the sense that requesting is. Advising is more like **telling you what is best for you**." (Searle 1969: 67)

"[T]here are inescapable messages of **authority**, **expertise** and **intimacy** in advice." (DeCapua and Huber 1995: 128)

Within an Anglo-Western context, giving and seeking advice is generally considered to be **face-threatening** (Goldsmith and MacGeorge 2000).

6

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Background to *Lucy Answers*

Internet advice column: 'Lucy Answers', since 1993 (part of a professional and institutional health program at a US university)

Declared mission: provide quality healthcare, "by providing factual, in-depth, straight-forward, and nonjudgmental information to **assist readers' decision-making** about their physical, sexual, emotional, and spiritual health." (LA 2004)

Topics: relationships, emotional health, sexuality, **sexual health**, drugs, general health, fitness and nutrition

Background to *Lucy Answers*

Format: exchanges of a problem and response 'letter'

Readership: college students from the home university; accessible to other people as well

Advisors: a group of professional health educators, publishing under the pseudonym **'Lucy'**

Popularity: 2,000 inquiries a week, only 5 are answered every week

Archive: updated content, search function

Corpus: 58 Q (questions) and As (responses), taken from the *Lucy Answers* archive on "sexually transmitted diseases (STDs)", sub-category "AIDS/HIV"

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Background to *Ask Dr. Ann*

Format: email of a problem and doctor's response

Readership: teenagers, school children

Advisors: a group of general practitioners who specialise in child and adolescent health, reporting under the pseudonym **'Dr Ann'**

Popularity: 560 emails weekly, only limited number answered

Corpus: One million word corpus of 62,000 questions, 314 of which relate to category "AIDS/HIV"

Differences/similarities between the corpora

Differences:
Age:
Ask Dr. Ann: aimed at school children (teens)
Lucy Answers: aimed at college students

Length of messages:
Ask Dr. Ann : 16 words (questions)
Lucy Answers: 159 words (questions)

Similarities:
Educational aim of site
Means chosen to impart information (advice column)
Creation of a female advisor persona
Open access and archive function

10

In a **quantitative and qualitative register/vocabulary analysis** the following questions are answered:

(1) How salient is the topic of HIV/AIDS?

(2) What concerns do the *questioners* raise in connection with HIV/AIDS?

(3) How do the *questioners* refer to HIV/AIDS? What verbs do they use in combination with HIV/AIDS?

(4) Do the *questioners* conflate HIV with AIDS?

(5) How do the *respondents* refer to HIV/AIDS? What verbs do they use in combination with HIV/AIDS?

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How salient is the topic of HIV/AIDS?

Table 1

Word (explicit mention in questions)	Lucy Answers N= 150 records		Ask Dr. Ann entire corpus	
	n=	%	n=	%
HIV	56	23.1	114	13.6
HERPES	55	22.7	96	11.5
WARTS	32	13.2	84	10.0
AIDS	27	11.2	209	25.0
YEAST infection	19	7.9		
HSV	18	7.4		
HPV	9	3.7	1	0.1
HEPATITIS	8	3.3	7	0.8
CHLAMYDIA	5	2.1	81	9.7
CRABS	3	1.2	103	12.3
GONORRHEA	2	0.8	19	2.2
CONDYLOX	1	0.4		
SYPHILLIS	0	0	14	1.6
THRUSH	1	0.4	106	12.7
total	242	99.8	834	99.5

Saliency of HIV/AIDS over and above other STIs in both corpora.

12

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What concerns do the *questioners* raise in connection with HIV/AIDS?

Table 2

Type of question	Lucy Answers N records = 58 questions in aids/hiv section N=	%	Ask Dr. Ann N=314 N=	%
Concerns regarding transmission and causation	44	74.6	72	22.9
Symptoms and the likelihood of having HIV/AIDS	6	10.2	60	19.1
Terminology and conceptual definitions of the terms	1	1.7	78	24.8
Psychological concerns	1	1.7	66	21.0
Testing technicalities	7	11.9	38	12.1
	59	100.1	314	99.9

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What concerns do the *questioners* raise in connection with HIV/AIDS?

Terminology & conceptual definition:
Lucy Answers: n= 1 (1.7%)
Ask Dr. Ann: n=78 (25%)

Concerns regarding transmission and causation:
Lucy Answers: n=44 (76%)
Ask Dr. Ann: n=72 (23%)

→ Shows a difference in interest between the two groups; LA questioners are no longer concerned with terminology and definitions. They focus on concerns regarding transmission and causation.

How do the *questioners* refer to HIV/AIDS? What verbs do they use in combination with HIV/AIDS?

Examples

Dear Lucy, How does a man **get infected with HIV** through heterosexual vaginal intercourse? Just wanna know (LA 447)

Dear Lucy, I have been asked by my hairdresser about the risks of **contracting HIV** when using the facilities. What are the precautions one should take for this problem? Are there any scientific papers addressing this question? -- Miguel (LA 710)

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How do the *questioners* refer to HIV/AIDS? What verbs do they use in combination with HIV/AIDS?

Examples

I heard that drug users can **get AIDS** from using needles is this true

Can you **catch HIV** if you wear an earring that might have been worn by somebody else before?

Can you be born with **HIV or AIDs** or do you have to **catch** it?

16

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How do the *questioners* refer to HIV/AIDS? What verbs do they use in combination with HIV/AIDS?

Table 3

	Lucy Answers (N records = 58)		Ask Dr. Ann (N=314)	
	n =	%	n=	%
'no mention of a verb'	22	36.7	208	67.0
transmit HIV	10	16.7		
contract HIV	7	11.7	1	0.3
get AIDS	4	6.7	52	16.7
be infected / infection (no specification)	4	6.7	15	4.8
get HIV	3	5	17	5.4
pass on HIV	2	3.3	2	0.6
spread AIDS	2	3.3	1	0.3
contract AIDS	1	1.7	1	0.3
absorb (virus)	1	1.7		
catch (anything [a disease])	1	1.7	13	4.1
get infected with HIV	1	1.7		
transmit AIDS	1	1.7		
suffer from AIDS	1	1.7		
Total	60	100.3	310	99.5

17

1. Introduction

2. Outline

3. Background

4. Methodology

5. Analysis / Discussion

6. Conclusions

How do the *questioners* refer to HIV/AIDS? What verbs do they use in combination with HIV/AIDS?

Ask Dr. Ann: get HIV, get AIDS
Lucy Answers: transmit and contract HIV

Verbs – catch:
Ask Dr. Ann: 13 instances
Lucy Answers: 1 instance

How do the *questioners* refer to HIV/AIDS? What verbs do they use in combination with HIV/AIDS?

> ***Beliefs/emotive choices:***
> **'Catch':** media playing on public terror of 'catching' AIDS (Grover 1990)
>
> Semantically: degree of co-operation (Johnson and Murray 1985)
>
> But medical inaccuracy of being 'caught':
> UNESCO – warns against usage as it only helps to reproduce myths about HIV and AIDS – trial illness and transmitted through casual contact – 'invisible contagion' (Helman 2007: 395)

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Ask Dr. Ann: 13 instances
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→ **Teenagers use more inaccurate and inappropriate language forms**

Do the *questioners* conflate HIV with AIDS?

In *Lucy Answers* there is no evidence of conflation (cf. Table 3).

In *Ask Dr. Ann* there is some (cf. Table 3).

• i want to know if **AIDS** can **gotten** through kissing?

• Dr Ann, I am food for nats and mosquitoes, they absolutly love me, but if they have bitten someone that has **AIDS**, then I am bitten, Can i be at risk of **getting AIDS**?

Conflation: Influence of folkways, lay beliefs about HIV/AIDS, as well as media coverage?

How do the *respondents* refer to HIV/AIDS? What verbs do they use in combination with HIV/AIDS?

Table 4

	"Lucy" (N records = 58)		"Dr Ann" (all responses in HIV/aids section)	
	n=	%	n=	%
transmit* HIV	58	52.3		
'no mention of verb'	17	15.3	86	85.1
infection*	14	12.6		
contract* HIV	11	9.9		
catch HIV			4	3.9
pass HIV	3	2.7		
develop AIDS			3	2.9

*Lemma

Lucy Answers: transmit HIV / 'infected with HIV' / 'contract HIV'

Ask Dr. Ann: 'no mention of verb'

→ **more accurate and appropriate language forms**

22

How do the *respondents* refer to HIV/AIDS? (cont.)

Lucy Answers and *Ask Dr. Ann* mention HIV/AIDS in many more responses on STIs than was requested by questioners.

→ strategy of **'widening the scope of the answer'** : **public dimension,** geared towards a wider readership.

→ opportunity is taken to pass on knowledge about HIV/AIDS as often as possible

→ also vice versa: in responses to HIV/AIDS questions, other STIs are mentioned

23

What has the comparative study emphasised?

(1) differences with respect to questions raised

(2) differences with respect to the way in which HIV/AIDS is referred to by questioners

(3) Importance of CMC as an additional information source (saliency of HIV/AIDS related questions)

(4) Model function of the responses (accuracy in talking about HIV/AIDS, tolerance, etc.)

24

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Directions for future comparisons and research

- Educational advantages of 'personas'

- Comparative study of the rendition of advice

- Optimization of the CMC environment for educational needs (e.g. the archive function)

Thank you for your attention!

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