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

Kevin Harvey, Miriam Locher & Louise Mullany

University of Nottingham
University of Berne

Cape Town, South Africa

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

- 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 from 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?
1. Introduction

2. Outline

3. Background

4. Methodology

5. Analysis / Discussion

6. Conclusions

- 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 \(\rightarrow\) innovative/novel nature of our comparative study
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).
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”
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”
1. Introduction

2. Outline

3. Background

4. Methodology

5. Analysis / Discussion

6. Conclusions

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
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?
How salient is the topic of HIV/AIDS?

Table 1

<table>
<thead>
<tr>
<th>Word</th>
<th>Lucy Answers N=150 records</th>
<th>Ask Dr. Ann entire corpus</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>56</td>
<td>114</td>
</tr>
<tr>
<td>HERPES</td>
<td>55</td>
<td>96</td>
</tr>
<tr>
<td>WARTS</td>
<td>32</td>
<td>84</td>
</tr>
<tr>
<td>AIDS</td>
<td>27</td>
<td>209</td>
</tr>
<tr>
<td>YEAST infection</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>HSV</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>HPV</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>HEPATITIS</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>CHLAMYDIA</td>
<td>5</td>
<td>81</td>
</tr>
<tr>
<td>CRABS</td>
<td>3</td>
<td>103</td>
</tr>
<tr>
<td>GONORRHEA</td>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td>CONDYLOX</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>SYPHILLIS</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>THRUSH</td>
<td>1</td>
<td>106</td>
</tr>
</tbody>
</table>

Saliency of HIV/AIDS over and above other STIs in both corpora.
What concerns do the *questioners* raise in connection with HIV/AIDS?

**Table 2**

<table>
<thead>
<tr>
<th>Type of question</th>
<th>Lucy Answers</th>
<th></th>
<th></th>
<th>Ask Dr. Ann</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N records = 58</td>
<td>questions in aids/hiv section</td>
<td>N=314</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concerns regarding transmission and causation</td>
<td>44</td>
<td>74.6</td>
<td>N=72</td>
<td>22.9</td>
<td></td>
</tr>
<tr>
<td>Symptoms and the likelihood of having HIV/AIDS</td>
<td>6</td>
<td>10.2</td>
<td>N=60</td>
<td>19.1</td>
<td></td>
</tr>
<tr>
<td>Terminology and conceptual definitions of the terms</td>
<td>1</td>
<td>1.7</td>
<td>N=78</td>
<td>24.8</td>
<td></td>
</tr>
<tr>
<td>Psychological concerns</td>
<td>1</td>
<td>1.7</td>
<td>N=66</td>
<td>21.0</td>
<td></td>
</tr>
<tr>
<td>Testing technicalities</td>
<td>7</td>
<td>11.9</td>
<td>N=38</td>
<td>12.1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>59</td>
<td>100.1</td>
<td>314</td>
<td>99.9</td>
<td></td>
</tr>
</tbody>
</table>
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)
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?
How do the **questioners** refer to HIV/AIDS? What verbs do they use in combination with HIV/AIDS?

Table 3

<table>
<thead>
<tr>
<th></th>
<th><strong>Lucy Answers</strong> (N records = 58)</th>
<th><strong>Ask Dr. Ann</strong> (N=314)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=</td>
<td>%</td>
</tr>
<tr>
<td>‘no mention of a verb’</td>
<td>22</td>
<td>36.7</td>
</tr>
<tr>
<td>transmit HIV</td>
<td>10</td>
<td>16.7</td>
</tr>
<tr>
<td>contract HIV</td>
<td>7</td>
<td>11.7</td>
</tr>
<tr>
<td>get AIDS</td>
<td>4</td>
<td>6.7</td>
</tr>
<tr>
<td>be infected / infection (no specification)</td>
<td>4</td>
<td>6.7</td>
</tr>
<tr>
<td>get HIV</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>pass on HIV</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>spread AIDS</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>contract AIDS</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>absorb (virus)</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>catch (anything [a disease])</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>get infected with HIV</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>transmit AIDS</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>suffer from AIDS</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>60</td>
<td>100.3</td>
</tr>
</tbody>
</table>
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)
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

→ 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”             | “Dr Ann”         |
|                      | (N records = 58)   | (all responses in HIV/aids section) |
| transmit* HIV        | 58                | 86                |
| ‘no mention of verb’ | 17                | 86                |
| infection*           | 14                | 85.1              |
| contract* HIV        | 11                | 9.9               |
| catch HIV            | 3                 | 3.9               |
| pass HIV             | 3                 |                   |
| develop AIDS         | 3                 |                   |

**Lucy Answers:** transmit HIV / ‘infected with HIV’ / ‘contract HIV’

**Ask Dr. Ann:** ‘no mention of verb’

→ more accurate and appropriate language forms
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
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.)
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)
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Thank you for your attention!

For references and further details, please contact:

Kevin Harvey: Kevin.Harvey@nottingham.ac.uk

Louise Mullany: Louise.Mullany@nottingham.ac.uk

Miriam Locher: miriam.locher@unibas.ch