Digital storytelling: Creating participatory space, addressing stigma, and enabling agency

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This article explores using digital storytelling as community-based participatory research methodology with twelve secondary school learners in a rural community in South Africa who had experienced, witnessed, or heard about HIV- and AIDS-related stigma. It explores the question of how digital storytelling can enable secondary school learners in a rural community to identify, describe and address HIV- and AIDS-related stigma. The learners produced digital stories and written reflections, and also engaged in focus group discussions. My focus is on the way in which digital storytelling created a critical space of participation and, in so doing, enabled the learner participants to identify and address issues related to HIV- and AIDS-related stigma as well as enabling them to take charge of effecting change in their community. My fieldwork experience encouraged me to think more critically about using digital storytelling in community-based research.

Keywords: community-based participatory research, HIV- and AIDS-related stigma, rural secondary school learners

Introduction

Despite the significant developments in HIV prevention and access to antiretrovirals (ARVs), the epidemic remains a cause for concern worldwide and, perhaps more particularly, in South Africa. The estimated prevalence of HIV increased from 10.6 percent in 2008 to 12.3 percent in 2012. KwaZulu-Natal (KZN), the province in which the research was conducted, still has the highest prevalence of all the provinces, with 27.6 percent of 15 to 49 year-olds living with HIV (Shisana, 2013). HIV- and AIDS-related stigma is a challenge; it discourages people from being tested, and from disclosing their status, and it makes accessing care and support difficult if not impossible for many. Since information about how secondary school learners experience stigma and how they deal with is difficult to access, I used digital storytelling to find out.

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In this article[1] I argue that using digital storytelling as a method to elicit narratives about HIV- and AIDS-related stigma—experienced, witnessed or heard about—can enable young people to take action in relation to such stigma. I also argue that the stories from a community can be used in the same community to bring about change. To do this, I begin by contextualising stigma in relation to HIV and AIDS in the context of a rural community in South Africa. Using symbolic interactionism as my theoretical framework I discuss the methodology and method I used and discuss the relevant findings.

HIV- and AIDS-related stigma in the rural community

HIV- and AIDS-related stigma is a complex and multi-dimensional psychological and sociological phenomenon evolving over time and taking on new forms (Onyebuchi-Iwudibia & Brown, 2014) as infection levels and awareness of the virus increase, and as the availability of ARVs improves. In South Africa, however, HIV-and AIDS-related stigma remains a challenge (Republic of South Africa Global AIDS Response Progress Report, 2013). My colleagues and I identified this challenge in one of our earlier projects[2] in the community of rural Vulindlela in KZN where educators identified stigma as a persistent issue that needed to be addressed. The local educators indicated that while our earlier project had been helpful in the school in terms of addressing HIV and AIDS, the effects of stigma remained an impediment to the success of intervention programmes. This was a cue for us, following Moletsane, De Lange, Mitchell, Stuart, Buthelezi & Taylor (2007) to explore how to address HIV- and AIDS-related stigma with the learners in the school.

Symbolic Interactionism as a framework

I used symbolic interactionism to frame my original study so as to try to understand how secondary school learners make meaning of HIV- and AIDS-related stigma. Symbolic interactionism is a theory that aims to explain "human life and human conduct" (Blumer, 1986:1) through the interactions that people engage in as they try to make sense of their world (Hier, 2005). Blumer, drawing on Cooley & Mead's work focused on three constructs—meaning, language, and thought (Blumer, 1969). Put very briefly, this theory explains "how meaning is created, assembled, negotiated and modified by members of a society" (Brickell, 2006:417). The theory posits that people construct meaning of their own social world through interaction with other people, and that they also negotiate meaning through interaction in social life. Furthermore, meaning is not intrinsic to an individual or a situation; it is not fixed, and it evolves from interactions within an environment and with people. The second construct is language and, as Blumer (1969) explains, its significance lies in its giving people a means by which meaning can be negotiated through symbols so that meanings and interpretations of significant symbols can be shared. Language is significant, therefore, in both thought and social action. Symbolic interactionists describe thought, the third construct, as an inner conversation that happens when people are internalising their next actions. Human action is seen not only as interaction among

individuals but also as interaction within the individual. What makes meaning for an individual does not randomly happen; "it results from on-going social interaction and thinking" (Charon, 2009:31). I use the basic ideas of symbolic interactionism to explain stigmatisation, and the narratives about it, as a product of social processes and socialisation.

Participants

The participants from the rural community consisted of 12 isiZulu-speaking Grade 8 and 9 learners (6 girls and 6 boys) aged from 15 to 18 years, purposively selected from 2 secondary schools in the rural district in which we had been working for several years because they had experienced, witnessed or heard about HIV- and AIDS-related stigma.

Methodology

Community-based participatory research (CBPR)

CBPR is a collaborative approach, positioned within a critical paradigm, which is based on recognising the unique strengths that each participant from the community brings to it (Schulz, Israel & Lantz, 2003). CBPR begins with the community's identification of a topic of need and importance to itself. This then leads to combining knowledge from within the community to take action to improve the situation. A useful example of this can be seen in the work of Griffith et al. (2010) who established what it was that was needed to ensure the well-being of a community and then worked with the community to eliminate health disparities in it. Bearing in mind Moletsane et al.'s (2007) observation that educators have pointed to the need for researchers to do work on stigma, I used CBPR to enable such collaborative work with secondary school learners in two rural schools. My aim was to have the learners identify and address HIV- and AIDS-related stigma—identified earlier by the community as a problem—and to take action to effect change. Telling stories in a rural community context is important in that social reality is "historically created" and "reproduced by people" within a community (Nieuwenhuis, 2007: 62), and, if understood, these stories could, in this particular context, be a step in the process of addressing stigma. As Griffith et al. (2010) observe, this becomes possible because the participatory nature of such exploration makes the findings immediately available to the participants, who can then disseminate the stories in their community, and, at least potentially, effect change.

Digital storytelling

Technology has moved storytelling "into the digital age, to give a voice to the myriad tales of everyday life as experienced by ordinary people, in their own terms" using a technology platform (Hartley & McWilliam, 2009:3). Digital storytelling, as does traditional storytelling, focuses on a topic and makes a specific point. In a workshop-situation participants are taught how to identify a topic, develop a storyline, and use

digital media to create short (2 to 3 minute-long) audio-video stories, usually about their own lives or experiences (Hartley & McWilliam, 2009). Digital storytelling, used as a data generation method in participatory research, has the potential to democratise research (Lambert, 2013); the participants control what they want to share, how they want to present it, and how they want to make their stories heard. Using digital storytelling with learners has been shown to enable more reserved participants to express their ideas, as well as make possible the development of multiple literacies (Ohler, 2006).

The process

In the first phase of the fieldwork, the 12 participants were invited to a retreat[3] at the university where I had access to the Internet in a computer laboratory, and where we could work together, over three days, without interruption. We had several sessions which unfolded through an introductory contextualising briefing of HIV-and AIDS-related stigma. This was done in an interactive way; the participants first presented their views on what they thought HIV- and AIDS-related stigma was and then offered examples of what happens, in the light of this, in their community. Thereafter, I offered a presentation, based on existing literature, on HIV-related stigma. The participants were then asked to each write a story about HIV- and AIDS-related stigma. They were given the prompt: "Write a script (narrative) of an experience of HIV-related stigma", and asked to draft their individual stories in the language of their choice—IsiZulu or English. They then shared their stories with each other in a story circle. A questions-and- answers session followed to help the learners establish the clarity of each story. Once this had been done, they edited their stories.

The next day, the participants, using digital voice recorders, recorded their stories with first-person voice-over narration. Thereafter, they worked individually to take photos and make drawings with which to illustrate their stories. They also downloaded visuals (photos and drawings) as needed from the Internet. The digital stories were then assembled by the participants themselves, using Moviemaker, to combine the images with the voice-over narration. The process enabled them to reflect on, discuss, and question their knowledge of HIV- and AIDS-related stigma in their community (see Mnisi, 2014). After the digital stories were completed, all 12 were saved on 1 DVD, and a copy of this was made for each participant.

The second phase took place at one of the schools. We all viewed the 12 digital stories, and followed this screening with a focus group discussion on questions to stimulate further engagement. These included: "What do these stories mean to you?"; "What are the common themes?"; and "How can the stories be used to respond to HIV-related stigma in your community?" Part of this discussion was based on thinking about how to get the stories to the community. At the end of each session the participants were asked to write a reflection on it.

Visual ethics

In the process of producing the digital stories the participants and I also navigated the challenges of visual ethics. While the participants were keen to tell and illustrate their stories I wanted them to represent these stories in a way that would do "least harm" and "most good" (Mitchell, 2011: 191). The issue of anonymity when one is working with the visual was considered and I had devised an ice-breaker activity to provide a solution. I asked the participants to draw an animal they liked and to offer reasons for their choices, saying how the chosen animals mirrored themselves and their own qualities. The participants, in a later discussion on naming and anonymity, opted to use their animal names as pseudonyms throughout the research process. Their drawings became their visual representations of themselves so no participant would be recognised. Among their choices were insects, rodents, reptiles, birds, and domestic animals which they then used to name their stories, e.g. Black Cat's story. This approach was particularly relevant since in Zulu culture, as in many other African ones, the use of animals as characters in traditional stories and folk tales has long been a way of passing on values.

Data analysis

The analysis of the digital stories was first done by the participants who explained their digital stories in an on-the-spot analysis. Along with these explanations, I transcribed the content of the digital stories and the focus group discussions, and analysed them, along with the participants' written reflections, in response to the question of how digital storytelling can enable secondary school learners in a school in a rural community to take action to address stigma. I used Tesch's (1990) descriptive analysis technique to identify units of meaning and to look for emerging categories and themes.

The digital stories

The 12 digital stories offered interesting insider knowledge of HIV- and AIDS-related stigma. For example, living with HIV and AIDS and the related stigma is a "hardship" and, as shown in the stories of Mosquito, Snail, Cat, Lion, and Giraffe, it is experienced in the family and at school; friends and members of the community stigmatise others. The stories of Bird, Giraffe, and Black Cat also indicated that young people are caught up in a vicious cycle of silent suffering since there are no trustworthy people with whom they can talk. The stories also raised the concern that what is thought of as culture is fuelling HIV- and AIDS-related stigma. Snail's story pointed to how the use of derogatory terms fuels this stigma as does the severe community criticism of early sexual debut as revealed in the stories of Ant, Bird, and Tortoise. Gossip, in which stigmatising statements are spread, features in Snail's story and in that of Parrot; these narrators talk about how this exacerbates the hardship experienced by young people.

Digital storytelling: Enabling learners to take charge of addressing stigma

The process involved in digital storytelling gave the participants insight into the phenomenon of HIV- and AIDS-related stigma through discussions on, and reflections about familiar stories from their own community. These discussions also enabled participants to raise other issues related to stigma that may not have been crystallised in their stories. Participants indicated in post-screening reflective writing pieces that HIV- and AIDS-related stigma is the main problem but that it is also linked to other stigmas that severely affect people.

> *Stigma that is related to HIV to my community is main problem and it leads to many things which could affect many individuals.... (Giraffe)*

An extract from a participant in a focus group discussion indicates that in spite of rape being condemned by society, it results in the stigmatisation of rape-survivors who, therefore, prefer to remain silent.

> *Like they don't choose to be raped but they are still stigmatised. That will lead to them being silent and contract HIV when they could have used treatment. (Ant)*

The learners are clearly aware of the interconnectedness of HIV and AIDS and gender-based violence and how these work together to exacerbate stigma.

> *I live in a community where the gays and lesbians are part of the community. There is something that some of the members of the community are against .... (Cat)*

The digital storytelling data shows that these learners do not consider themselves as powerless but as resilient: they de-stigmatise and re-define the realities of HIV and AIDS in a rural context with all its complexities. This is illustrated in the way the different participants, in a focus group discussion held after a session in which the stories were screened, alluded to being proud of who they are; of not being ashamed of their poverty; and of being able to ignore the gossiping about them. In so doing they point to the multi-faceted reality of the continuum of stigmatisation.

> *You... have to be proud of yourself even if you are poor.... Take care of yourself and forget about what other people are saying.... Whatever name they give to you as label, just ignore.... (Rat)*

As has been pointed out by Gubrium (2009), digital storytelling has the potential to influence resilience through the sense of ownership that story tellers have in being able to tell their own stories and in being able to reflect on the story with others. In this study, the resilience in the learners was striking as was the fact that they took pride in themselves and were hopeful and optimistic in living with the given realities of HIV- and AIDS-related stigma. The relationship of this to the process of addressing stigma is obvious. In a post-screen focus group discussion, Snail said:

> *...futhi uma ngabe usutholile ukuthi une HIV/AIDS ungazibulali, futhi ungaphuzi uphuzo oludakayo, yiba nesibindi, ubhekanenenkinga yakho. [...a person living*

> *with HIV does not have to commit suicide, or abuse drugs. Have courage and face the problem that is facing you.]*

According to Giraffe's digital story,

> *[m]ina ngiyakholelwa ekutheni uma ngabe bekukhuluma kabi bekuthuka bekusho nokuthi ngeke ube nempumelelo empilweni, ngiyakholwelwa ukuthi uma bekuthuka bakunika amandla okuthi uqhubekele phambili. [Even though people may wish that you do not succeed in life, I think that you should take it as a positive reinforcement.]*

Participants knew, as can be seen in the extracts below from the focus group discussion that followed a screening of the digital stories, that they could change HIV- and AIDS-related stigma in their school and community through education and, more specifically, through education on HIV.

> *…what I have learnt is that there are still some people who lack information on HIV, I mean people who don't understand HIV… we have to educate those who don't understand HIV. (Snail)*

> *HIV and stigma is a problem in our community, they stigmatise others and we must involve the community to stop stigma. (Mosquito)*

Through the digital storytelling process we can see how the agency of participants featured in ways that, as Gubrium (2009), points out, could not have taken place in the context of a rigid research agenda. A pre-structured interview schedule or questionnaire structured by the researcher would not have enabled participants to "produce something concrete and tangible out of their experiences" which could be used as "a 'forum' for advocacy on issues of concern" (Gubrium, 2009:189). My participants advocated for their use of their digital stories and the process of such storytelling to educate people to stop stigmatising others. We can see here how CPBR, in its creation of participatory space, along with its conveying of ownership, enabled their agency.

The participants felt that disclosure was a starting point for them, and that digital storytelling enabled them to talk about the challenge of disclosing. This is clear in the observations that were made in a focus group discussion after the digital stories had been screened.

> *…because things like this we find them mostly in our community, in our families because us black people we are so scared to come out and tell the truth…. (Bird)*

> *We have to know that HIV is like every disease that is out there…. (Parrot)*

It is debatable whether disclosure can normalise HIV as a disease since people still fear the negative consequences of disclosure (Kehler, 2013). In my study, the issue of disclosure uncovered a point of tension: the participants saw that there is a need for disclosure while at the same time there is fear of the response of the community to such public disclosure. Their foray into the issue of disclosure also opened up thinking about why disclosure is necessary, and whether it is to benefit the HIV positive person or to protect the community, as Kehler (2013) asks. The issue of disclosure remains a complex issue, and, even though the participants did not resolve it, the

digital storytelling enabled them to think about and discuss it. Here again we see how the creation of a CPBR participation space enabled the participating learners to address matters as intimately associated with stigma as disclosure.

During the discussions the participants showed that even though they were a small group it was within them to choose to be caring and supportive of people living with HIV and AIDS, and set an example by being non-judgmental. This, of course, is essential to any endeavour to eradicate stigmatisation, or, at least, to mitigate its effects given that the very process of stigmatisation is based on judging others. In a post-screening focus group discussion, a participant observed that

> *[t]he only thing we are supposed to do is to support them and give them hope about their lives.... (Giraffe)*

It is easy to suggest that people must be empathetic to those who are affected and infected by HIV, but it is clearly a process that needs to be worked on. The learners saw agency as residing in themselves if they were to work towards making the school, where children spend most of their time, a humane and supportive environment. They presented themselves as activists in initiating and sustaining such support.

The digital storytelling made the participants realise the importance of involving the community in getting insight into the different cultural and contextual meanings of HIV- and AIDS-related stigma and of its effects. These stories could be used to provide essential information, community-based and contextual, that could serve as the focus of an intervention into the practice of stigmatisation. This was crystallised in these participants' statements made in their written reflections after they had viewed the digital stories:

> *I think that South Africa, Africa or the whole continent must sit down and try to look at if all the people really understand what HIV is, especially to the people that are living in the rural areas because in rural areas they lack information about this virus. (Snail)*

> *When I listened to the stories I felt the need of the availability of information through people of rural areas.... (Mosquito)*

> *These stories we can use to educate people... they have messages good for our people. (Lion)*

> *I think the cellphone idea can work faster because we can do that any time. The other youth can add more and say more like we also doing in this project.... (Bird)*

> *We know about these technologies and a cellphone is used to set time to take ARVs and it can still be used even now for spreading the information.... (Parrot)*

> *...amongst us as young people, we could chat and send each other message with our phones on Facebook.... (Tortoise)*

Participants, in their reflections and discussions during the production of their stories, and after viewing each of the 12 stories, stood by the importance of community involvement in local responses to HIV- and AIDS-related stigma. They suggested that

this could be made possible through the use of digital storytelling, which brings the specific stories of the community to the fore. Although social environments cannot be changed to maximally support community involvement, researchers, along with participants, could work towards the possibility of involving the community (Campbell, Skovdal, Mupambireyi & Gregson, 2010), using digital spaces, as pointed out by the participants.

Digital storytelling: Creating a critical space for participation

Digital storytelling opened up a space in which participants could discuss local community issues that affect their lives; could learn from each other, and could reflect on their own future action, as these extracts from their reflective writing, following their viewing of the digital stories, show.

> *What was good was that we even used our own language for discussion and we spoke about things we all knew…. (Mosquito)*

> *HIV brought a lot of issues in our communities…A lot of things I have experienced in my life but did not take notice of and did not take action, but now I understand and I will try and do take notice of them in future. (Black Cat)*

> *When I listened to these stories I felt amazed because I never thought our minds would come with up with such a thing…. (Butterfly)*

We can see that the participants were interested in, and motivated by, their engagement with digital storytelling. Enabling participants to have maximum participation in a project shifts a "researcher-centric construction of the social world to that of the participants" (Clark, Prosser & Wiles, 2010: 14). These participating learners felt that the digital storytelling provided a social space in which they felt safe to discuss what Campbell et al. (2010) refer to as the often unspeakable topic of HIV and AIDS in their community. They affirm that digital storytelling engaged them not only in such a space but also in what we might call the "language of their generation" (Lowenthal, 2009: 298).

Digital storytelling: Enabling agency through the acquisition of multiple literacies

The young people, even though they are from a rural area, understood that technology and digital media could provide them with an appropriate means of communication with the members of their community. They were adamant that they could use their digital stories as a tool for stimulating discussion about HIV- and AIDS-related stigma, and that their community's cellphones could be seen as a significant mode of communication. This was confirmed by extracts from their post-screening reflective writings.

> *We can go visiting schools making young people aware, showing them these stories on HIV and AIDS…. What we can do is publishing it in newspapers, in the media, on radio and on TV…. (Snail)*

I am saying although not everyone has these [sophisticated] phones here we can use social networks like twitter, mix it, face books and send the stories and also discuss more....(Tortoise)

I think we can go to our community and target older people, schools and other young people through cellular phones.... (Rat)

While the suggestion of showing the stories in the public domain and sharing them via new media was not an integral part of the research, disseminating the stories is a valuable aspect of community-based participatory research. In spite of the perceived digital divide—the gap between those who have and those who do not have access to computers and the Internet, and end-user skills (Warschauer, 2004)—the participants were eager to show their digital stories and thus engage with their peers, family members, schools, and policy makers in addressing HIV- and AIDS-related stigma. The participants' agency in seeking to share their knowledge and their self-made artefacts with the community is consistent with CBPR's characteristic fostering of community owned and managed research (Schulz et al., 2003).

The discussion that the participants had on how they could take action to communicate the knowledge produced in their digital stories demonstrates a keen sense of the possibilities of present-day technology and mass media. As alluded to by Babalola, Fatusi & Anyanti (2009), media-based strategies to combat HIV- and AIDS-related stigma are useful and there is a need to intensify the use of such methods. The participants recognised the importance of communication through digital technologies as a way of engaging with and effectively addressing, for example, the unnecessary fears that people have about HIV. In this way, they stated, they could foster the acceptance of people affected by and infected with HIV. This would, in turn, help address the prevalence of stigmatisation and help to alleviate its results.

Central to enabling agency regarding the use of information technologies is the acquisition of multiple literacies, especially what Lowenthal (2009) refers to as digital literacies. In addition to the ability to write and read different kinds of texts, being able to communicate through Information and Communication Technology (ICT) is essential. These extracts from participants' reflective writing after they had viewed the digital stories confirm that creating digital stories enabled their acquisition of different kinds of literacy.

In this session we learnt so many things that we did not know.... (Bird)

I learnt so much in the process, I can use it in future, the recording of the voices, taking photographs and the computer, although I was using it for the first time. (Ant)

The technology used in the storytelling process is fairly complicated, yet the learners, who had not had prior access to this particular technology, fared very well in using it to create their stories. Digital storytelling, as we can see, provided them with a new set of skills such as using a computer, using specific software, and using the internet to help them think critically about the issue of HIV- and AIDS-related stigma so as to

craft their own digital stories, and gave them some idea of how these stories could be disseminated digitally.

Through the process of digital storytelling new stories were evoked. The participants referred to their digital stories as real accounts of what happens in their communities and said that they triggered memories of other stories that intersected with HIV- and AIDS-related stigma. After viewing the stories one participant noted in a piece of reflective writing that

> *[s]ome of the stories would remind you of other experiences you have but did not write a story about, but during reflection we were able to discuss at length...* (Black Cat)

Discussion

The use of digital storytelling in my study created a critical space for these secondary school learners' participation but also enabled them to consider how they might take charge of addressing stigma in their school and community. In other words, they were enabled to take action. Digital storytelling enabled participants to recognise the "embeddedness of stigma in collectively negotiated social representations and practices which are constructed, reconstructed, reproduced or challenged in the ongoing interactions of communities … on a day-to-day basis" (Campbell, Nair, Maimane & Nicholson, 2007: 413). This leads us to see that efforts to challenge and disrupt HIV-and AIDS-related stigma should build on how the secondary school learners and members of their communities talk about stigma, and on solutions they come up with since they are on the frontline, either perpetuating the stigma or suffering under its burden.

It seems to me that there are three critical points to be made about doing research on HIV-and AIDS-related stigma: the importance of research as intervention that aims to deepen an understanding of HIV- and AIDS-related stigma yet simultaneously enables the participants to address stigma; HIV- and AIDS-related stigma interventions must be more participatory in nature, ensuring that the voices of the participants inform the interventions; and the interventions must be culture sensitive.

I used symbolic interactionism to frame this work because I believe that communities would benefit from tapping into traditional methods such as storytelling to address issues of HIV-and AIDS-related stigma. The stories that were told around the fire in days long ago were used to educate and keep the community informed so the community might once again draw on the power of storytelling and use the digital stories from within the community itself to educate, inform, and promote change. These locally relevant digital stories told by the secondary school learners in the community can become a powerful way of addressing stigma in a real and relevant way within the same community (see bi-directional arrows, figure 1). The stories could be used to disrupt the way in which the participants and the community think about HIV and AIDS in particular, change the kind of language used to refer to

infected and affected people, and, in turn, change the meaning of HIV- and AIDS-related stigma. By way of replacement they could begin to construct new non-judgmental stories of affected and infected people, and, in this way, take action to eradicate the stigmatising practices that blight the lives of individuals as well as that of the community.
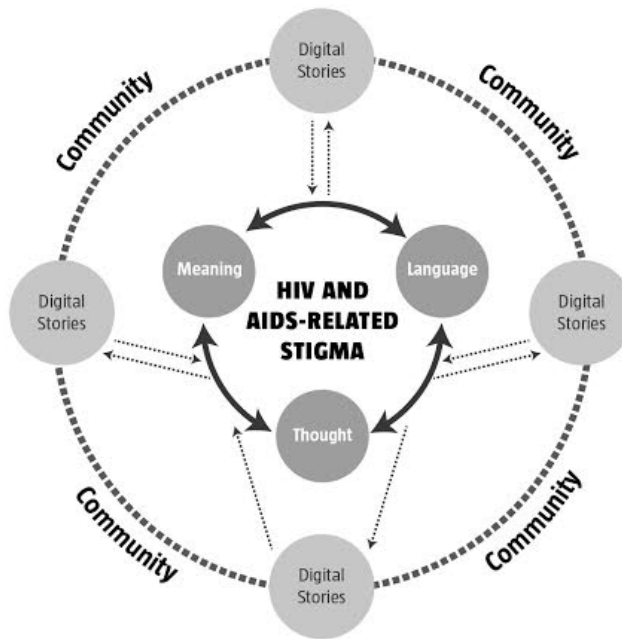

Figure 1. Symbolic interactionism framing digital storytelling in addressing HIV-and AIDS-related stigma in the community

In South Africa where the use of mobile media is central to the way information is communicated in both urban and rural areas, digital stories, as digital data, can be easily transferred through popular social networks, uploaded on YouTube and Facebook, Twitter, Hangouts, Instagram, BBM, and WhatsApp. The digital format of the stories allows for users to upload and share clips online via social media. The YouTube platform, for example, has more than 1 billion users, with people generating 'views' in 61 languages (Kohli & Gupta, 2014). Since half the YouTube views are on mobile technology devices like cellphones and tablets the potential sharing of participants' digital stories is increased regardless of the rural context of these learners.

Conclusion

In my account of how digital storytelling can give learners a participatory way into identifying and addressing HIV- and AIDS-related stigma as well as enabling them to take action against it. I have tried to give my research participants a voice on a

serious issue that affects them individually and also affects their community as a whole. The digital stories these learners offered came out of their real lives and they saw the possibilities of using these stories in digital spaces to encourage dialogue and reflection in their community with a view to taking action against stigmatisation. Perhaps, in their digital channelling of the richness of their experiences these learners, exploiting their newly acquired agency, will begin to replace these stories, in time, with new ones, in new language, with new meaning and new thought.

Acknowledgement

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Endnotes

1. This study draws on my unpublished PhD thesis (2014): Digital storytelling to explore HIV- and AIDS-related stigma with secondary school learners in a rural community in KwaZulu-Natal.

2 "Learning Together: Towards an integrated participatory approach to youth, gender and HIV/AIDS interventions in rural KwaZulu-Natal schools" (De Lange N et al., 2003).

3 Ethical clearance was sought from the university, and permission was obtained from all gatekeepers (KwaZulu-Natal Department of Education, school principals and parents) and assent was obtained from the learners.