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Dominating the Disease: A Transnational Feminist Perspective of U.S. Health Coloniality

Abstract

HIV has been a pandemic since the 1980s with 70 million people infected since the beginning, about 35 million people have died of complications resulting from HIV, and an estimated 36.9 million people living with HIV in 2017 (WHO, "HIV and AIDS"). Many organizations around the world have tried to tackle this issue, however most of these organizations are based in the West or have Western organizations holding the majority of power and control. People in these organizations have the intention of ending the spread of HIV, but they also sometimes spread Western ideology.

This work brings together communication scholarship from cultural studies, feminism, rhetoric, and health. Using a transnational feminist rhetorical analysis this project proposes an approach to analyzing international campaigns with a critical perspective to reveal the messages that sustain a Western male hierarchy across the world in the guise of health. This project explores the notion of coloniality in these transnational campaigns and how messages normalize the patriarchy and glorify the West. My framework centers on Chinese and African feminism and coloniality in order to focus on the local perspective in global interactions. Transnationalism and feminism are important issues for health communication that has been largely ignored, even though the savior power disposition that tends to run rhetorically through many health projects easily furthers hierarchies needed for coloniality.

To explore these issues, this project uses two case studies to show how this occurs not only in US relations with one country, but with many countries. The first case study is a transnational edutainment project between U.S. organizations, the South African ministry of education, using actors from many countries in Africa, and set in three different African countries. The second case study is a transnational campaign that the U.S. created for HIV prevention for pregnant women in China. Both studies show visual and narrative rhetoric that reinforce a (White) western male hierarchy.

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Presented to

the Faculty of Social Sciences

University of Denver

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

by

Jessica A. Johnson

June 2019

Advisor: Dr. Bernadette Calafell, PhD

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Abstract

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Keywords: Transnational, Rhetoric, Feminism, Health, Coloniality, HIV, AIDS, *Shuga*, pregnant women

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Table of Contents

Abstract.....	ii
Acknowledgements	iv
Table of Contents	v
Chapter 1: Rationale and Background For the fStudy.....	1
Rationale.....	2
Women and HIV Literature.....	4
The Status of Women with HIV Globally.....	7
The Status of Women in China with HIV.....	10
The Status of Women in Africa with HIV.....	23
The Status of Women in the U.S. with HIV.....	29
Chapter 2: Review of the literature	36
Coloniality	38
Coloniality and Africa.....	45
Coloniality and China.....	49
Coloniality and the US	51
Feminism	53
Transnational Feminism Overview	57
Feminism and Africa	62
Feminism and China.....	67
Feminism and the US	70
Transnational Feminist Concerns: Health and Sex	78
Chapter 3: Methodology.....	90
Critical Rhetoric	90
The Need for Critical Rhetoric to Turn Towards Transnational Method/Theories.....	93
Transnational Rhetoric (Critical Rhetorical) Methods for Health Communication Work	99
Transnational Feminist Rhetoric	110
Artifact of Study Justification	115
Overview and Impact of Shuga	115
Impact Beyond The Show	122
Overview and Impact of Chinese Campaigns	122
Chapter 4: Case Study Shuga	130
Production of Shuga: Local vs (Western) Agency Voices.....	134
Production of Shuga: Commercial/Capitalist Interests	139
Representation in Shuga: Christianity.....	152
Representation in Shuga: Family Structure.....	162

Representation in Shuga: Objectification of Women	170
Discussion.....	179
Chapter 5: Women and AIDS in China Exhibition Boards.....	183
Production of Exhibition Boards: Collaboration Aspects	184
Representation in Exhibition Boards: Sexuality.....	186
Representation in Exhibition Boards: Bodies.....	199
Representation in Exhibition Boards: Subtleties	211
Discussion.....	221
Chapter 6: Transnational Feminism and Health	224
Overall	224
Limitations.....	228
Future Directions	232
Works Cited.....	236

Chapter 1: Rationale and Background For the Study

This research study, “Dominating the Disease: A Transnational Perspective of U.S. Health Coloniality,” is a transnational feminist analysis of the ways HIV is discussed in health campaigns in several different countries. This study explores how issues of globalization and cultural imperialism affect health campaigns, with a specific focus on women’s health. This project focuses on transnational connections and policies to examine how health organizations in the U.S. (co)create campaigns in China for pregnant women with HIV and an edutainment program in Africa. This dissertation brings together and extends scholarship in Health Communication, Feminist Rhetoric, and Intercultural Communication. I contribute to this research by connecting the issue of health imperialism to transnational feminist rhetoric.

Health campaigns traditionally create messages in three main ways: developing a communication campaign with common-denominator messages relevant to most audiences; by developing a unified campaign with systematic variations in messages to increase relevance for different audience segments, retaining one fundamental message; or by developing distinctly different messages or interventions for each audience. (Freimuth and Crouse Quinn 2054)

The emphasis on how these campaigns are created for wide audiences with the goal being a unified campaign generally leads messages to become engrained with Western perspectives. I show through transnational feminist rhetoric how certain aspects of the

campaigns become universalized; thus, promoting the West in the guise of the global perspective.

I extend work by transnational feminist scholars (Mohanty; Shome; Grewal and Kaplan) by employing a rhetorical perspective to understand the persuasive nuances of discourse. I contribute to transnational feminist rhetoric (Hesford and Schell; B. Wang; McKinnon; Dingo), by focusing specifically on health. Health is a relatively new subject in rhetoric, and by bringing health into transnational feminist rhetoric, I can merge these areas of study to nuance both perspective. This study focuses on the research questions: 1. How can a transnational feminist rhetorical analysis help illuminate strategies of U.S. coloniality in media connected to U.S. and global health campaigns? 2. What can we scholars gain by bringing together transnational feminist rhetorical analysis with health communication? 3. How can these case studies illuminate a bigger issue of health coloniality by the U.S.?

I discuss the rationale for my study, background of my study for the status of women/people globally and in the countries of study, review of the literature on campaigns, transnational feminism, coloniality, and how it can be applied to health communication. Then I discuss my methodology of transnational feminist rhetoric in terms of justification, artifacts of study, and methods. I conclude with how I executed this study.

Rationale

I argue that the U.S. constructs sexual health campaigns and health statements that are U.S. centric and draw upon colonial frames, which greatly affect women in harmful

intersectional ways. We must account for how the U.S./West has influenced health communication all over the world. The U.S. has taken a “global unilateralism,” meaning its global involvement puts U.S. interests first (Kickbusch 132). Microeconomics, politics, and culture all play a role in health communication. The political and ideological influence of the U.S. must be understood in order to stop this health imperialism. Scholars have shown that culturally incongruent health advertisements cause viewers to not engage with the health messages as much (Rogers, Singhai, and Thombre; Chitnis, Thombre, Rogers, Singhal, and Sengupta). Even from a health perspective it is better to be aware of these differences to make more effective health ads.

To contextualize this study, I provide background information regarding HIV in the United States, China, Africa, and address some general global trends. This background information focuses mostly on current HIV statistics and how policies have changed over time. This background information provides statistics and a history of the disease. These discussions lay the groundwork for the necessity of Health Communication to take more culturally nuanced perspectives.

I chose campaigns in China because even with less than 0.1% of the population having HIV, that is half a million people (Avert, “HIV and AIDS in China”). It is a country of great interest to health researchers since even a small increase in the transmission of an infection (such as HIV) in a country as large as China can affect the world (Gayle and Hill). Media, such as *Shuga*, attempt to prevent these increases in disease transmission. The show *Shuga* is growing as an international hit (MTV Staying Alive Foundation), and is therefore a prominent object of study. *Shuga* is an award-

winning TV series that has aired on eighty-seven broadcasters worldwide, with 500 million potential viewers (MTV Staying Alive Foundation). MTV's Staying Alive Foundation, is the world's largest HIV mass media awareness and prevention campaign (MTV Staying Alive Foundation). The foundation provides funds for young leaders who run innovative grassroots HIV prevention projects around the world. The website highlights that there are viewers in Nigeria, Uganda, Ghana, Kenya, US, Australia, Canada, South Africa, UK, Zimbabwe, Iceland, Zambia, and Qatar.

My hope is that those creating sexual health dialogues will see this work. I urge creators and researchers to take a critical transnational perspective. The U.S. is engaging in colonial and imperialist strategies through health campaigns and that should be acknowledged and corrected. Both of the governments providing and receiving aid collaborate in controlling women's bodies through these campaigns and for different reasons. Using transnational feminist strategies will allow people to recognize the global issues of sexual health and how they are communicated.

Women and HIV Literature

Women are a newer group for HIV research, because the focus has primarily been towards gay men. In HIV discussions women are largely missing from the campaigns both in visual depictions and audience focus. Arva et al. made a national call for targeted health communication strategies for African American women since HIV disproportionately affects them, yet most strategies are focused on men or not targeted to specific populations of women most affected by HIV. Michelle Ross, London's Dean Street Clinic co-founder discusses the invisibility of (trans)women and transmen in

campaigns by saying, “It reaffirms that people are invisible and therefore you don’t count. If you’re already a stigmatized community, it reinforces it” (Mullin). People from historically marginalized groups can face intersectional oppression based on factors such as gender, sex, race, sexuality, and class.

Mullin explores why all people except for biological men are absent from HIV prevention campaigns. UK-specific data on transgender people does not exist. This is similar in campaigns as well, as women, transwomen, transmen, and non-binary people are not shown. Even with women globally making up half the number of people living with HIV they are left behind in the responses to HIV. UK campaigns mention women in relation to childbearing and transmitting HIV to the fetus. Women are automatically assumed to be cisgender and heterosexual when they are part of the conversation, which leaves women who have sex with women, bisexuals, and trans* individuals unrepresented. Women, such as HIV activist and trustee Sophie Strachan, who campaign for the involvement of women living with HIV in research, policy, and healthcare say they often feel secondary in HIV/AIDS prevention in campaigns not featuring women (Mullin). Namaste et al. found that there were major gaps for HIV and STI prevention materials for bisexual women in Canada and this lack prevented bisexual women from having access to knowledge about prevention. The invisibility of these individuals means they may feel secondary or do not act on information because campaigns are not geared towards them.

Women are often absent or are portrayed as not having the agency to make decisions about sexual acts, prevention, or treatment in campaigns. With health messages

in areas like Tanzania, photographs mostly feature men and focus on them stakeholders (Kothari). Ammina Kothari found that in an analysis of photographs from Tanzanian newspapers on the HIV and AIDS epidemic, visuals feature only government officials, international donors, and heterosexual men helping end the HIV and AIDS epidemic. This leads to the exclusion of women, gay men and the elderly. This exclusionary representation is a theme that occurs in many settings, both locally and transnationally, and takes away the agency of women.

When talking about these representations of exclusion we must focus transnationally, while being attuned to how traditions play a role in how each nation instills male centered literary traditions for HIV/AIDS discourse. Traditionally in Zimbabwe males tend to exclude women in the genre of fighting the threat of HIV/AIDS. (Gambahaya). The male centered traditions tend to use images of dwarfishness and morbidity in relation to the effects of HIV/AIDS. Men would not discuss motherhood, or perhaps even find it a threat to family and human survival (Gambahaya). The few women who created campaigns have a family perspective that includes men and motherhood as vital to the fight against the disease (Gambahaya). Without women equally in the discussion, women and motherhood get left out of the conversation of HIV/AIDS or are presented as promiscuous spreaders of disease. The exclusion of women leaves out their needs in campaigns and further subjugates them. This is yet another detriment of not involving a feminist perspective in that it hurts campaigns locally, and is continues as a theme in transnational campaigns that then spread this harm on a larger scale.

It is clear that women are absent from campaigns in general, or as stakeholders, but it is not enough for researchers to simply acknowledge this inequality. The next step is to show how this may affect women persuasively and move from local themes to transnational ones. The absence of women and centering of males in the conversation is seen across cultures, and transnational feminism can show how this discourse happens so future health campaigns can prevent these harmful tactics.

The Status of Women with HIV Globally

Globally, the statistics for women with HIV are alarming and demand focus. According to UN Women, The UN entity working for the empowerment of women, in 2015 there were 17.8 million women living with HIV, which is approximately 51% of all adults with HIV. Young women and girls 15-24 years old are affected the most at 60% of all young people with HIV. The demographics change for different countries (UN Women). HIV remains one the leading cause of death among women of reproductive age (Avert, "Women and Girls, HIV and AIDS"). There are many reasons globally causing women to contract HIV.

For women living with HIV there are factors of retention and seeking of medical care. The CDC found that 2013, 84% of women with HIV were linked to medical care, but only 55% of women retained their medical care (CDC). The CDC describes certain challenges to reaching women. For example, women may be unaware of their male partner's risk factors for HIV, even though the receptive partner of vaginal or anal sex is more at risk for contracting HIV than their partner. Globally, women tend to not

understand the risks specific to women and even when they do the medical care may be hard to retain.

Women who have been sexually abused also have a higher prevalence of risk taking behaviors that expose them to HIV, such as engaging in sex for drugs, having multiple partners, or having sex without a condom, than those who are not survivors of abuse. Additionally, experiencing violence increases the risk for women to acquire HIV (UN Women). In areas such as South Africa, if a woman experiences intimate partner violence they are 50% more likely to acquire HIV than those who have not (Avert, “Women and Girls, HIV and AIDS”). Some cultures also expect women to remain faithful to their partner despite intimate partner violence and unprotected extramarital sex. According to UNAIDS, “In 2012, 37% of women living with HIV worldwide were thought to have been physically assaulted” (Avert, “Global HIV/AIDS Overview”). These numbers of physical abuse go up when the woman is engaged in sex work. UN Women discuss that the factors that fuel HIV are sex work and injection drug use, which can be driven by the disregard for sex workers by men. Sexual assault or physical abuse are major factors that lead to the pandemic of HIV for women

Women are at risk for HIV through a number of other factors, such as uneven partnerships in regards to power in relationships. Researchers link large age differences between partners to HIV risk (Avert, “Women and Girls, HIV and AIDS”). Lack of education also increases a woman’s HIV risk (Avert, “Women and Girls, HIV and AIDS”). Women’s lack of access to property and inheritance rights can be a critical risk factor for contracting HIV. Legal norms can also affect women’s risk for acquiring HIV,

such as lack of women's rights (right to divorce, inherit property, enter contracts, sue/testify in court, consent to medical treatment, or open a bank account).

Discriminatory criminalization laws linked to HIV also can disproportionately affect women (UN Women). These can be laws that criminalize women for engaging in sex work, but not the men. Uneven sexual relationships cause women to be more vulnerable for contracting HIV because they have less agency over their own bodies.

Working with state and local partners, the CDC and other organizations created prevention approaches to identify and implement interventions for the geographic areas and populations most affected by HIV. Globally, only 3 in 10 girls and young women age 15-24 years have comprehensive and accurate knowledge of HIV (UN Women). Global coverage of antiretroviral therapy has reached 17 million people globally (UN Women). Governments increasingly recognize the importance of gender equity in HIV response, but only 57% of countries have a budget for gender equity in HIV response (UN Women). The World Health Organization (WHO) develops global norms and standards for STI treatment and prevention. Health strategies work largely comes from the "Global health sector strategy on sexually transmitted infections, 2016-2021, for helping with HIV and other sexually transmitted infections" (WHO). In general, this results in universalization of strategies, which leaves out local specifics that cause women to be at risk for HIV.

These organizations frame women as a major target of interest for HIV prevention and the issue is different in the U.S. than it is globally. Organizations found the reasons for HIV contraction and continuous treatment may vary based on local particularities.

That is why I am interested in how campaigns visually represent women in HIV prevention campaigns that transverse the world. Many health and communication scholars examine how gender is a contributing factor that warrants different approaches in campaigns, but tends to leave out cultural aspects. This discussion shows how there are global causes for women to be affected by HIV, but we must also focus on the local ways HIV affects women in order to understand the national aspects of prevention and transmission.

The Status of Women in China with HIV

With China having 501,000 people infected with HIV the breakdown of demographics is startling (Avert, “HIV and AIDS in China”). Only approximately 295,398 adults in China are on antiretroviral treatment. Certain people in the population and regions are affected more than others. Young people, men who have sex with men, and injection drug users are key groups of concern. Joan Kaufman found during a China case study of UNFPA that, “Even while there is some uncertainty about the dynamics of the sexually transmitted epidemic, it is clear that the percentage of women is increasing, from 19.4 percent in 2000 to 35% in 2008” (Kaufman 14). Women are only separated as a group of interest when they are expectant mothers, due to transmission risk during birth. According to the CDC “approximately 8,500 women living with HIV give birth annually” (CDC, “HIV Among Pregnant Women, Infants, and Children”). The number of mother to child transmissions are largely unknown because of the lack of maternity testing, systems to reach married youth seeking abortions, and HIV prevention service integration with the Ministry of Health’s Maternal and Child Health Services system and

Family Planning system (Kaufman 15). China, while originally dealing with national neglect, reacted to these growing numbers and lack of resources, has engaged in several HIV prevention campaign strategies over time.

Blood transfusions were a major factor for the spread of HIV in China and the government has made great strides to change after the national shame that came from contaminated blood due to lack of government standards (Avert, “HIV and AIDS in China”). In the early 1980s AIDS cases were found in visitors from overseas, hemophiliacs, blood donors, and transfusion patients. The government prohibited certain blood collection methods and imports to combat this. The government also admitted to faulty blood collection methods on their part, but did not compensate the people who were infected due to its mistake.

Then the government created harsh anti-sex work and drug laws to curtail risky behavior. In the mid-1990s prevention efforts expanded to include condom distribution and needle exchange programs. China also began surveillance efforts across the country in 1995 to start collecting data on those who were HIV positive, but this data is not shared readily with the global community. Some of the most popular are the “Four Free and One Care” and China CARES program, which includes free blood tests for those with HIV to monitor viral loads, free education for orphans of parents with AIDS, and free consultation, tests, and antiretroviral therapy for pregnant women (Te Kan). However, antivirals for pregnant women are not adequate and some pregnant women are unaware of HIV antenatal health services. The inadequacies the country was facing forced it to expand HIV efforts to global aid.

The Chinese government also has reached out to the global community to help with their HIV epidemic. Chinese public officials have studied in other countries to find out how they are dealing with the epidemic. WHO, UN, World Bank, and universities have done workshops in China to increase understanding of the disease (Medwiser). This is an overview of areas of focus of HIV prevention today, but there are many other prevention efforts and failures that took place over the years. Overall, the government has made many actions in order to combat their HIV problem generally without much focus to specific populations such as women.

Researchers found women are more vulnerable to HIV infection in China than men. The gap between men and women's HIV infection rates has narrowed (Renswick). Women have faced higher rates of HIV transmission than men. For example, in 1990 women contracted HIV at a rate of 9 to 1, in 2000 the rate was 4 to 1, and 2003 the rate was 3 to 1. (Renswick). According to Turman, the eight components that make women more vulnerable to HIV/AIDS are biological, social and cultural, violence against women, laws, education, poverty, knowledge, skills, migration, stigma, and discrimination. Lin et al. found that since China is a male-dominant society, these eight risk factors apply in a lot of ways. Women are less educated than men in China and there is a large income gap, which impacts their ability to find information on HIV and discuss HIV with their partners. Many women who become sex workers lack education, which makes them more vulnerable to HIV because they engage in risky sex and do not have education on protection. Many women also live in rural areas, while men migrate from rural to urban areas for jobs. During this time men may have multiple sex partners and

transmit diseases to wives. Female drug users engage in more commercial sex than men and have less authority to request condoms. Intimate partner violence and sexual assault in China were rated high and results in women being put at risk for HIV through sexual assault, failing to report status, or get treatment out of fear of violence. Laws actively discriminate against women with HIV status. Out of the 407 laws and regulations related to HIV/AIDS, only 9% mentioned women's rights. Policy makers even confused or conflated women's rights with children's rights (Lin, et. al.). Discrimination against women as sex workers or with HIV is so high that they do not report status as much (Lin, et. al.). Most of these risk factors for HIV relate to women having less access than men.

Women and children with HIV are greatly impacted by stigma, which impacts their family planning choices and medical care. People Living with HIV (PLHIV) tend to face stigma in China according to the China Stigma Index Study. Five year longitudinal studies found discrimination in employment, education, and healthcare. "Of 2,096 PLHIV surveyed, 41.7 percent report having faced some type of HIV-related discrimination. 12.1 percent of respondents had been refused medical care. 21 (2.2 percent) of 962 who responded had been pressured into undergoing sterilization by a healthcare professional" ("United Nations Development Programme" 68). Another study found that 40% of women were not given any other option other than sterilization (UNAIDS). Even married or women in relationships reported being pressured by medical/family planning staff to terminate the pregnancy (11.9% of women) ("United Nations Development Programme"). Some women who wanted to have the babies were also pressured by husbands and in-laws to terminate the pregnancy or they would

abandon them (UNAIDS). UNAIDS found that “In all, 22% of pregnancies were medically terminated, of which nearly two thirds occurred specifically because of the mother’s HIV status” (UNAIDS 56). Children born to parents with HIV, even when negative themselves were forced to leave school (9.1 percent reported) ("United Nations Development Programme"). The stigma affecting women and children is impactful; therefore, efforts had to be made to help these key populations.

Current efforts to offer services to prevent new HIV infections among children to women from key populations have also remained insufficient, inadequate, and donor-driven (UNAIDS 53). China’s prevention of mother-to-child transmission (PMTCT) has become a critical concern of the national HIV response. The PMTCT programs are still ineffective in some areas due to the shortage of antiretrovirals, and lack of knowledge of HIV antenatal health services (Avert, “Women and Girls, HIV and AIDS”). The government began to invest more in prevention of mother-to-child transmission of AIDS, Syphilis, and Hepatitis B. Funds increased to RMB1.41 billion. These changes focused on training, development of programs, and promotions of services. The National Health and Family Planning Commission of the People’s Republic of China found that, “This has resulted in a reduction in HIV-infected newborns from 7.4% in 2001 to 6.1% in 2014” (15). The government and other organizations have worked together for years to reduce the rate of infection for women, but efforts still remain largely insufficient.

Some regions of China have found success in their HIV treatment and prevention efforts. Hezhou has had success from implementing PMTCT programs in 2003. Hezhou integrated four international PMTCT comprehensive strategies. These were:

preventing child bearing women from being infected with AIDS, AIDS-infected women avoiding unintended pregnancy, preventing mother-to-child vertical transmission and providing comprehensive care and support for AIDS-infected pregnant women and their families. (National Health and Family Planning Commission of the People's Republic of China 20)

The success of these programs is due to extensive publicity and social mobilization campaigns to improve people's awareness, and enhanced capacity of health staff to implement these services (National Health and Family Planning Commission of the People's Republic of China). This area has a change from nearly an average of 50 pregnant women having HIV each year in 2003 to having no case of HIV infection among mothers with AIDS who give birth to children with since 2009 (National Health and Family Planning Commission of the People's Republic of China, 2015). These HIV efforts have been a success in this specific region, and yet are still affected by national policies.

National family planning policies and laws in China are also closely related to HIV efforts. The One Child Policy in China was a policy from 1979-2009, which mandated that a majority of couples could only have one child as a way of controlling the population. Population control was a mostly economic move and the policy was exempted for couples that were in a higher class. Joan Kaufman states that:

China has emerged as a major economic power in the last decades, at least in part because of the significant development goals it has achieved by reducing fertility and population growth, which in turn decreased infant and maternal mortality and increased life expectancy, women's employment, education, and literacy. (4)

However, the benefits of the One Child Policy for women remain mostly for those in a higher class. Rural women remain woefully behind urban woman in education, health

equity, and access (Kaufman 4). The policy has also had unintended consequences for China as a whole. The effects of the One Child Policy have remained even as it has been removed.

Even when the One Child Policy was removed, fertility desires shifted as a result and affected sex trends. Joan Kaufman confirms this expressing “A number of recent surveys document that fertility desires are low and unlikely to change even if the policy is lifted—in urban areas and the developed coastal regions, only children who marry only children are allowed to have two children but few choose to do so” (8). In a small percentage of the population, such as poorer rural areas in interior China, border areas, and places with large amounts of minorities, there is still a desire for male offspring (Kaufman 9). Even while the government convinced most citizens of the value of the policy for population control, many citizens found it an intrusion to their family and life decisions (Kaufman 13). The reduced desire to have more than one child or children in general long term has changed the contraceptive preferences and therefore risk for HIV.

The policy and program has led to people having contraceptive preferences that provide no HIV protection. In China there is a prevalence of “90 percent of married couples using modern contraception, mainly intrauterine devices (IUDs) and sterilization” (Kaufman 14). However, China’s unmarried youth have not accessed contraceptive services as much. There are high rates of abortion among unmarried youths. Kaufman tells us that overall abortion rates increased from 6% to 9% in 2001 mostly due unmarried women with a few married women choosing abortion due to

contraceptive failure or sex selective practices. This offers no HIV protection, and also causes a lack of international support for family planning care at times.

International support for family planning care is diminished when abortion is used, but China faces intense scrutiny since abortion is one of the primary methods of birth control. According to Wanli, for many young women, abortion is their primary form of birth control. More than 13 million abortions are performed in China every year, a figure experts say is a vast underestimation, as it does not include non-surgical abortions or those carried out in unlicensed clinics (Wanli). Some rely on abortion due to lack of basic sex education (Wanli). International donors organizations and others become concerned with abortion discussions in health, and this concern grows when abortion is promoted or forced on women.

Family planning for abortions is largely done through campaigns that sometimes also promote or limit options for HIV prevention. Advertisements promoting abortions as easy medical procedures make it seem like stress-free birth control (Wanli). These advertisements normalize the abortion procedure and reduce the amount of health messages related to pregnancy campaigns and can encourage abortions as a primary birth control method (Griffiths, Fang, and B. Wang).

Despite completing the intended task of reducing their population, the One Child Policy and abortion norms had an unintended effect of causing a negative response in international health funding. China's population policy and embrace of abortion have caused organizations like UNFPA to maintain a level of distance, partially because they are funded heavily from the US. UNFPA's role in China is often driven by domestic U.S.

politics. The Chinese government has recently allowed for evaluations of the One Child Policy effects by the UNFPA and the reports have been mostly positive. The government now allowing evaluations has been seen as moderating the harm of the policy. However, there is still pressure overall for China to change their population policy. The UNFPA created a trusted relationship with the Chinese government, which allows for this direct discussion and pressure for change (Kaufman 5). This means that due to China's One Child Policy and pro-abortion campaign rhetoric much of the international community is not involved in the health care system in China and pressures it to change before it will help.

The government oversees many organizations in China; therefore, it has a great amount of influence on the relationship between organizations in China and outside agencies. The blood donation scandal in China that led to a HIV epidemic caused secrecy between the Chinese government and outside organizations. In the 1980s there was a ban on imported blood products, so blood and plasma sites were established in China to keep up with this new need. However, in the early 1990s, the Chinese government relied on negligent blood donation practices to quickly fill the need. Most blood and plasma donation sites operated illegally by buying blood from people in rural areas. They collected the blood, removed the plasma, and then injected the remaining blood back into the donors. In 2005 it is estimated that 10% of infections were due to these practices (Avert, "HIV and AIDS in China"). Since then China has made a conscientious effort to prevent these harmful practices. In 2008 most blood stations in China decided to only allow voluntary unpaid donors, and in 2010 the government announced all blood

products were screened for HIV (Avert, “HIV and AIDS in China”). In 2014 the government provided 1 billion Yuan to improve blood donation services (Avert, “HIV and AIDS in China”). In 2015, HIV detection blood stations in China used updated medical tools to detect HIV in blood after 22 days of infection and the next year practices improved again to detect HIV in blood after just 11 days of infection (Avert, “HIV and AIDS in China”). The government has made serious efforts to correct these mistakes, but the initial embarrassment because of this faulty blood program has an impact on government’s openness to non-governmental help with HIV prevention. Originally the government worried that discussing their HIV crisis publicly would cause outside agencies not to invest in Chinese organizations (Gittings). Today, numbers of people with HIV in China are still underestimated because the government does not want to probe deeply into provincial scandals such as prostitution, drug use, and contaminated blood (Gittings)

The need for governmental control created barriers to HIV prevention in collaboration with non-governmental or outside agencies. HIV and AIDS activism in China is not widely celebrated as it is in other countries. While significant progress has been made in tackling the HIV and AIDS epidemic, many voices in the community are still suppressed, including HIV and AIDS activists and nongovernmental organizations (NGOs) (Amon). The Chinese government is hesitantly working with the majority of human rights groups and NGOs working in China, which limits their capacity profoundly. Harassment, detention, and censorship are just some of the challenges HIV and AIDS activist groups have faced in the past (Amon). While the government may not

desire to work with the international community or activists to prevent HIV, growing needs and laws have created some collaborations.

International laws mandated that the Chinese government engage in some collaboration with outside organizations. China has the right to associate or leave groups voluntarily, as part of international law and China's own constitution (Human Rights Watch). However, China signed the International Covenant on Civil and Political Rights (ICCPR) and under that the right to freedom of association may be restricted when "necessary in a democratic society in the interests of national security or public safety, public order, the protection of public health or morals or the protection of the rights and freedoms of others" (Human Rights Watch 49). The U.N. HIV/AIDS and Human Rights International Guidelines specify that community consultation is critical for strong AIDS policies; therefore, China must collaborate with other groups to a certain extent because HIV is a public health issue that needs protection. Human Rights Watch goes on to state, "NGOs are one way to channel community opinion into policy design" (Human Rights Watch 49). The government listens to NGOs about HIV policy design, but does not have to share information with NGOs, and while these laws of association are in place many are frequently denied. Laws make it so China has to listen to outside organizations suggestions, but they do not have to implement them.

China has implemented some international projects and consulted international organizations in more recent years. In 2014, China implemented nine major international AIDS response cooperative projects. The UNAIDS and WHO created projects that supported the development of China's HIV responses, such as national policies, technical

guides, epidemic estimation, and patient death analysis. In July 2014, AIDS experts discussed the epidemic in China at an international symposium on AIDS response. UNFPA projects focused on combining HIV prevention efforts with sex and reproductive services to create comprehensive peer and outreach interventions focused on childbearing groups, age 15-49. Efforts also focused on high-risk groups in the border cities of China and Mongolia. UNICEF projects assisted in the collection of AIDS response information, policy development, advocacy, prevention efforts for mother-to-child transmission, and treatment and care for children with HIV/AIDS in some regions (National Health and Family Planning Commission of the People's Republic of China 22-23). China-US AIDS projects focus on "people living with HIV, low-grade female sex workers, men who have sex with men, drug users and minorities and supporting national response activities in the fields of policy development and implementation and innovative method and technique exchange" (National Health and Family Planning Commission of the People's Republic of China 23). The China-Merck AIDS projects center on improving the coverage and quality of antiretroviral treatment. Despite the scope of these projects, this is still inadequate compared to other countries' international support efforts.

The National Health and Family Planning Commission of the People's Republic of China even identifies where they need to increase their international cooperation.

In the future efforts of AIDS response, China will still need to value and strengthen international cooperation, lay particular emphasis on technical cooperation and exchange, continue to conduct the research on new techniques and methods and share China's response experience with the international community so as to promote the fulfillment of the global strategic goal of prevention and control. (National Health and Family Planning Commission of the People's Republic of China 22-23)

AIDS response organizations assert that countries should view their health issues as issues of communal global health. Reporting and exchanging information becomes a vital part of this process. Therefore, China has pressure for international cooperation for health initiatives in the country.

International organizations are already involved in health projects and other strategies in China for HIV/AIDS prevention, and one can ascertain from these public statements of global pressure that these global efforts will continue to grow. Therefore, it is important to consider the impact of international organizations on Chinese Women. When international organizations collaborate with other countries their cultural identifications and ideologies may become ingrained in the campaigns, which can affect Chinese women and they may lack understanding of the nuances that cause Chinese women to contract HIV, rather than just women in general. Campaigns transfer messages about more than HIV, they may also involve ideas of motherhood or the hierarchy of women.

The current state of Chinese women with HIV leaves more to be desired. While some progress has been made in Hezhou, other regions have not been as successful. The progress in Hezhou is an anomaly in China. Chinese family planning policies and campaigns have influenced HIV prevention efforts. Governmental policies and history influence the current HIV prevention work and how outside organizations influence that work. Appeals to the value of motherhood in the U.S. instead of Chinese family values influences the effectiveness of campaigns. Transnational feminist rhetorical methods

expose how the interplay of Chinese and U.S. American ideologies represents women in these campaigns.

The Status of Women in Africa with HIV

In this section I focus on the status of women in Africa, mostly Kenya and South Africa since those are the countries in Africa most shown in the television series I am analyzing and they are currently in an HIV crisis. There are 1.5 million people, 5.9% of the population, in Kenya with HIV (Avert, “HIV and AIDS in Kenya”). Kenya has the fourth-largest HIV epidemic in the world (Avert, “HIV and AIDS in Kenya”). In 1984, the first case hit Kenya, and by the mid-1990s it was one of the major causes of mortality (Avert, “HIV and AIDS in Kenya”). In 1996, HIV had a prevalence rate as high of 10.5% (Avert, “HIV and AIDS in Kenya”). The key populations affected are children, young people, adults, women, and men. Thus, the government focuses on the population as a whole, with minor projects concentrating on key populations (Avert, “HIV and AIDS in Kenya”). While Kenya has a high HIV rate, so do other parts of Eastern and Southern Africa.

In East and Southern Africa there are an estimated 19.4 million people with HIV, which is a 7% adult HIV prevalence (“HIV and AIDS in East and Southern Africa Regional Overview,” 2018). Most of the research on Eastern and Southern Africa includes the countries of South Africa, Mozambique, Kenya, Zambia, Tanzania, Uganda, Zimbabwe, Malawi, and Ethiopia. These areas are important to health researchers because Eastern and Southern Africa are regions with the largest number of people living

with HIV, and because the number of people living with HIV is increasing. Some groups in these regions are more affected than others.

Some of the groups at greatest risk of contracting HIV are young, men who have sex with men, trans people, sex workers, prisoners, and injection drug users (Avert “HIV and AIDS in East and Southern Africa Regional Overview”). Women are slightly more affected by HIV than men, accounting for 56% of adults living with HIV in the region. Young women have double the rate of infection as young men, and in some countries that disparity is even higher. In Eastern and Southern Africa “young women (aged 15-24 years) accounted for 26% of new HIV infections in 2016, despite making up just 10% of the population” (Avert, “HIV and AIDS in East and Southern Africa Regional Overview”). While there are laws and cultural traditions that vary between Eastern and Southern African countries, there are a number of shared cultural, structural, and legal aspects that contribute to HIV risk and barriers to prevention, many of which can particularly affect women.

Women in East and Southern Africa also sometimes enter voluntarily or forcibly into uneven power relationship, which puts them at risk for contracting HIV. One reason is young women engage in sexual relationships with older men at higher rates than in other countries, which leaves them at risk for HIV (Avert, “HIV and AIDS in East and Southern Africa Regional Overview”). According to studies in Zimbabwe and Uganda, young women who marry partners more than 16 years older than them were three times as likely to contract HIV than those who marry partners less than 16 years older (Avert, “HIV and AIDS in East and Southern Africa Regional Overview”). Girls who marry as

children are also more common in these regions, account for 37% of girls in Eastern and Southern Africa (Avert, “HIV and AIDS in East and Southern Africa Regional Overview”). This leads to higher risk of HIV as they rarely have the ability to assert their wishes for safer sex practices and often describe their first sexual encounter as forced (Avert, “HIV and AIDS in East and Southern Africa Regional Overview”). Young women also face more risk of physical and sexual abuse from their spouse than women from other age groups, and are 50% more likely to contract HIV than those free from such violence (Avert, “HIV and AIDS in East and Southern Africa Regional Overview”). In general, young people have a low level of condom use because the region imposes age-restrictions for buying condoms; therefore, young people often do not use them. A study found this affects women more, as 29% of young women used condoms compared to the 44% of young men used condoms during the last sexual encounter (Avert, “HIV and AIDS in East and Southern Africa Regional Overview”). Uneven relationships like these often cause higher rates of HIV due to lack of agency, but discrimination for women who have HIV is also high.

Kenyan women are disproportionately affected by HIV and face discrimination in education, employment, healthcare, and culturally. Women have a 7.6% HIV prevalence rate, while men have a 5.6% HIV prevalence rate (Avert, “HIV and AIDS in Kenya”). Kenyan women have lower levels of education than their male peers. Men also often dominate relationships. By the age of 18, 33% of girls in Kenya have been raped (Avert, “HIV and AIDS in Kenya”). Cultural norms allow men to have multiple partners,

and there are more transmissions from sero-discordant couples (Avert, “HIV and AIDS in Kenya”). Another cultural factor that requires more in depth discussion is sex work.

Engaging in sex work also puts women at high risk of contracting HIV, with some regions having a majority of sex workers having HIV. An estimated 29.3% of all female sex workers have HIV (Avert, “HIV and AIDS in Kenya”), and 72% of sex workers in Lesotho have HIV (“HIV and AIDS in East and Southern Africa Regional Overview,” 2018). Women also engage in sex work in East and Southern Africa at higher percentages than men with 90% of all sex workers being women (Avert, “HIV and AIDS in East and Southern Africa Regional Overview”). Sex workers do not tend to use condoms for a variety of reasons including lack of access, lack of awareness of the importance, police confiscating condoms, physical or sexual abuse or harassment of sex workers who carry condoms, or police threatening arrest based on possession of condoms (Avert, “HIV and AIDS in East and Southern Africa Regional Overview”). Discrimination and risk deter sex workers from getting the help they need.

Sexuality is controlled in general with discriminatory practices. Although stigma is reducing in Kenya for people with HIV in general, there is still high stigma and discrimination for vulnerable populations. Some key populations that face discrimination in Kenya are lesbian, gay, bisexual, and transgender people (Avert, “HIV and AIDS in Kenya”). Some of these groups even face discrimination from the police. In 2014, vigilantes or police arrested or assaulted 44% of female sex workers, 24% of men who have sex with men, and 57% of people who inject drugs (Avert, “HIV and AIDS in Kenya”). Unfortunately, the government also engages in repressive laws against drug use,

sex work, and same sex relations (Avert, “HIV and AIDS in East and Southern Africa Regional Overview”). The risk of discrimination and violence tends not to be something the government focuses on, but they try to prevent unjust treatment in sexual relationships through other initiatives.

Governments in Africa are trying to prevent HIV transmission and risks by creating empowerment for girls. In 2013, the Ministers of Health and Education from countries across regions in Eastern and Southern Africa led programs to help reduce HIV that included “keeping girls in school, comprehensive sex education, comprehensive sexuality education, girl-friendly sexual and reproductive health services, eliminating gender-based violence and genital mutilation, and economic and political empowerment” (Avert, “HIV and AIDS in East and Southern Africa Regional Overview”). Many regions, such as Malawi, Zimbabwe, and Ethiopia, are trying to combat child marriage to create more empowering relationships for girls (Avert, “HIV and AIDS in East and Southern Africa Regional Overview”). There are specific efforts to reach pregnant women to prevent mother to child transmission. The government now uses research that shows how to specifically look at the impact on women and girls in high incidence areas.

The Kenyan government also engages in overall efforts that help women as a general part of the population and those engaging in sex with men. The Kenyan government has been working with the National AIDS Control Council to coordinate responses in Kenya. In 2015, the government declared that they would make efforts to increase prevention that mixes behavioral, medical, and structural interventions. In 2016, they issued pre-exposure prophylaxis (PrEP) to prevent people from getting the virus.

Condom distribution and voluntary male circumcision and pressed onto men in these areas. While teaching about HIV and sexual health remains controversial due to fear of encouraging young people to have sex, it is increasing (Avert, “HIV and AIDS in Kenya”). The government also collaborates while still having some restrictions with civil society organizations (CSOs) to reduce HIV and AIDS in the region.

The global response to HIV and AIDS in Eastern and Southern Africa is greatly impacted by and changed due to CSOs/External funding. Many countries rely on external funding for a majority of their HIV response, with eight countries in Africa dependent on donors for 80% of their HIV funding response (Avert, “HIV and AIDS in East and Southern Africa Regional Overview”). Kenya and Zimbabwe have 70% of their HIV response coming externally (Avert, “HIV and AIDS in East and Southern Africa Regional Overview”). South Africa is an exception with 80% of their HIV response coming from domestic resources (Avert, “HIV and AIDS in East and Southern Africa Regional Overview”). Over time CSOs were set up to respond to the HIV epidemic and play a critical role in the region response today. Locally led groups and international donors have provided funding for these projects. These funds have been reduced due to the 2008 global economic recession. In 2017 the U.S. also reduced funds by reintroducing the Mexico City policy, which cuts funds to any overseas organization involved in abortion. This likely caused many other CSOs to reduce their funds to the region as well. In recent years, national and regional support for CSOs has been growing. UNAIDS is encouraging several governments to increase interest in understanding the role of CSOs in addressing HIV. Overall, the global response, and particularly the U.S.

response, has been crucial for work in reducing HIV and AIDS in East and Southern Africa (Avert, “HIV and AIDS in East and Southern Africa Regional Overview”). There has been and is a growing interest from the international community to collaborate with countries in Africa.

The future plans for reducing HIV and AIDS in Eastern and Southern Africa largely rely on sustained collaborations with the domestic government and international community. UNAIDS created targets for the regions to increase diagnosis and viral suppression. There is also a push for girls and young women to be at the center of the regional response. When discussing what methods should be used to incorporate women and girls into the conversation Avert advises “This means meaningfully addressing gender inequality and inequity, tackling harmful traditional practices such as child marriage, and increasing educational opportunities” (“HIV and AIDS in East and Southern Africa Regional Overview”). Addressing these inequalities requires resources. UNAIDS pushes for collaborations between civil society organizations and local communities to increase access and decide on allocation of limited resources (Avert, “HIV and AIDS in East and Southern Africa Regional Overview”). Collaborations between African countries and the U.S. and other Western countries will continue or increase over time and become important to examine. While there are collaborations with the US, the U.S. also has an HIV epidemic.

The Status of Women in the U.S. with HIV

The United States of America also has an HIV epidemic. Overall there are 1.2 million people living in the U.S. with HIV, which is a 0.4%-0.9% prevalence (CDC,

“HIV in the US: At a Glance”). In the U.S. the key populations affected by HIV are men who have sex with men and African Americans (CDC, “HIV in the US: At a Glance”). The key driver of HIV in the U.S. is unprotected sexual contact (CDC, “HIV in the US: At a Glance”). Condom use is also falling in the U.S. despite availability (CDC, “HIV in the US: At a Glance”). Recently, increasing opioid misuse undoes the advancement made on reducing HIV among drug users by increasing the prevalence of HIV (Avert, “HIV and AIDS in the United States of America (USA)”). Stigma and poor adherence to HIV treatment are big barriers in HIV reduction, particularly among young people (Avert, “HIV and AIDS in the United States of America (USA)”). While transmission is a focus and prevalence of HIV is important, this epidemic affects some groups more than others.

Some groups in the U.S. are more affected by HIV than others, and some HIV prevention campaigns focus on certain groups even when the prevalence rate is fairly low. Young people, men who have sex with men, and people of color are major groups affected by HIV. Young people are an interest group because it is during youth that most people contract HIV (Avert, “HIV and AIDS in The United States of America (USA)”). HIV also affects youth for numerous other reasons.

Young people in the U.S. are also a key demographic, as they account for one in five new HIV infections and 80% of those currently diagnosed with HIV are people aged 20-24 (Avert, “HIV and AIDS in the United States of America (USA)”). Young people have low testing rates and tend to use antiretroviral treatment less regularly or not at all. Of young men diagnosed with HIV, 55% were African American, 24% were Hispanic/Latino, and 16% were White (Avert, “HIV and AIDS in the United States of

America (USA)”). People of color have significantly higher rates of HIV than White Americans due to a variety of risk factors.

African Americans in the U.S. are more affected by HIV than any other ethnic group with an estimated 44% of people with HIV being African American despite making up only 12% of the population (Avert, “HIV and AIDS in the United States of America (USA)”). Factors that drive these populations having higher risks of HIV include discrimination, stigma, poverty, and lack of access to care. African Americans are less likely to access antiretroviral treatment than Hispanic/Latina/o/x or White people (Avert, “HIV and AIDS in the United States of America (USA)”). Due to the connection of African American and Africa, the U.S. may choose to donate HIV resources to Africa out of acknowledgement of the racial issues causing high numbers in the US.

Women are a major group affected by HIV, and they are concentrated on for HIV prevention campaigns due to many factors such as the risk of transmission to children. According to the CDC 1 in 4 people living with HIV in the United States are women. Sexually Transmitted Infections (STIs) affect 9 million women each year in the United States (Office on Women’s Health). Women are also more at risk of contracting STIs than men are during unprotected vaginal sex (Office on Women’s Health). Looking intersectionally with race and gender there are higher prevalence rates for some women than others. The Centers for Disease Control and Prevention found

Black/African American and Hispanic/Latina women are disproportionately affected by HIV, compared with women of other races/ethnicities. Of total estimated number of women living with diagnosed HIV at the end of 2013, 61% (137,504) were African American, 17% (39,177) were white, and 17% (38,664) were Hispanic/Latinas. (Centers for Disease Control and Prevention)

Mother to child transmission of HIV continues to decline, except for among African American women to their infants (Avert, “HIV and AIDS in the United States of America (USA)”). These groups face specific barriers to HIV testing and treatment, but there are also general barriers that affect them.

Some barriers to HIV testing and treatment specific to the U.S. include HIV related stigma, socially conservative communities, and low HIV risk perception. Despite the CDC funding condom distribution in health departments for high-risk groups, there is a decline of condom use among young men aged 18-24, especially those who have sex with men. HIV and sex education also varies substantially throughout the country, with people receiving untimely or ineffective sex education. Abstinence only education is associated with increasing HIV rates amongst adolescence. Despite that knowledge, abstinence only education continues mainly due to conservative support, which varies based on the conservative nature of the state and/or president. US. President Obama reduced funding for abstinence only sex education, but funding for abstinence only education rose again since the Trump presidency in 2016 (Avert, “HIV and AIDS in the United States of America (USA)”). Another barrier to HIV work is the increase in political conservatism with Trump prohibiting CDC officials from using seven terms in official documents, including “evidence based,” “fetus,” and “transgender” (Avert, “HIV and AIDS in the United States of America (USA)”). Socially conservative presidents or governments affect abstinence only education as well as other HIV prevention programs.

The U.S. government has many programs to support HIV testing and treatment. Many private and public insurance companies cover HIV testing, which expanded in

2012 to include at home HIV testing. The federal agencies and other organizations work to reduce the rate of mother to child transmission by developing a framework to guide organizations and recommending HIV testing as part of routine prenatal care. The government allows for state implemented needle and syringe programs and opioid substitution therapy for people who use drugs, but being these programs vary by state and this causes inconsistency in treatment for drug addiction across the country. There is also support of health departments in the U.S. implementing PREP. The Affordable Care Act (ACA) also allowed for more people to afford Antiretroviral treatment in the US, but President Trump has recently taken actions to reduce the coverage of the ACA (Avert, “HIV and AIDS in the United States of America (USA)”). The U.S. president dictates a lot of the support for these government health programs; therefore, HIV prevention and treatment policies and strategies change over time.

Some of the most severe changes have been made between the Obama and Trump presidency. In 2010, President Obama created the first National HIV/AIDS Strategy for the US. In 2015, the plan was updated to run until 2020 and included four aims: “reducing new HIV infections, increasing access to care and improving health outcomes for people living with HIV, reducing HIV-related disparities and health inequities and achieving a coordinated national response to the epidemic” (Avert, “HIV and AIDS in the United States of America (USA)”). Throughout 2017 the Trump administration has allowed for the Director of National AIDS Policy position to remain vacant. All members of the President’s Advisory Council on HIV/AIDS (PACHA), either resigned or had been fired by the end of 2017, and as of February 2018 no new members have been recruited.

The lack of support and committees during the Trump presidency has caused unrest for the HIV community. The president has a great deal of control over the strategies and funding for HIV prevention and support in the country, while the implementation of these strategies and campaign creation are left to the civic society.

Civic society's role in the U.S. has changed over time in HIV prevention efforts and support for those affected. In the 1980s there was political activism for HIV response mostly concentrated in the gay communities in the U.S. and other industrialized Western nations. In the late 1980s and 1990s, as antiretroviral treatment became more available, the grassroots activism decreased. In the 1990s more activism focused on HIV prevention and treatment programs for those most affected by HIV. As a reaction to President Trump's reduction of sexual and reproductive rights and rights of the LGBTQIA community, their activism has resurged (Avert, "HIV and AIDS in the United States of America (USA)"). The civil society and government often work together or combat each other, which creates a larger relationship with the global community.

The U.S. has a major impact on HIV prevention and treatment as the greatest funder of HIV global response. Funding has increased generally in the years due to reactions to populations growing with HIV domestically and internationally. International donors also have concentrated their efforts to low and middle income economy nations, which means the U.S. gives internationally more than it receives. This may change based on President Trump's lack of support for HIV prevention and treatment efforts. In 2018, President Trump proposed a total budget of \$32 billion domestically and globally, which cuts HIV response by \$1.2 billion. President Trump's proposed budget for 2019 to reduce

global HIV programs by \$1 billion. Both are unlikely to be accepted by Congress (Avert, “HIV and AIDS in the United States of America (USA)”). Funding from the U.S. may be changing in the future and has a major impact on the global prevention and treatment of HIV.

Currently HIV affects some populations in the U.S. at a high rate, while the overall rate remains low. Unless complex economic, socioeconomic, discrimination, and stigma issues are addressed, HIV will continue to affect some groups in the U.S. more than others. While there are efforts to reduce the global response to HIV, overall the U.S. is still one of the number one contributors to global HIV efforts. For this reason, hierarchies that cause domestic barriers to HIV treatment must be investigated so they are not repeated in their global efforts.

There is a need to focus globally on the HIV pandemic, specifically how it affects women. Each country has specific factors that cause people, particularly women, to be at risk for HIV. By addressing transnational interactions, one can account for the global connections of the HIV pandemic. In my next chapter I examine the colonial formations in China, Africa, and the U.S. to determine in which ways we could improve HIV efforts that are collaborations between the U.S. and other countries. In each section I discuss how these colonial formations affect women. Then I explain how I understand feminism and how each country discusses feminism. Finally, I suggest the goals and viewpoints of taking a transnational perspective, with sections discussing transnational feminism, transnational feminism and health/sexuality, and transnational feminism and coloniality.

Chapter 2: Review of the literature

The study of health edutainment and health campaigns typically focuses on the effectiveness of these communication activities and what unintended effects there were on the public through quantitative research. As more transnational campaigns focus on women's health, research needs to broaden to include the examination of the effects of health promotions on coloniality, feminism, and transnationalism. That starts with understanding the process of a transnational feminist perspective.

Understanding coloniality is epistemologically imperative for understanding transnational studies. To unpack how coloniality functions, it is crucial to understand the background of coloniality in each region. The edutainment program I examine targets many countries in Africa through a collaboration with U.S. organizations, so I examine the effects of coloniality that are generalizable to the continent of Africa. The other artifact I examine is spread through a collaboration with the U.S. and China. Coloniality in China functions differently, since China has never been a fully colonized nation, besides the British rule of Hong Kong. Since these artifacts are collaborations with the US, we must examine the U.S. interactions with coloniality. Coloniality in the U.S. includes how a colonized nation became and today acts as a colonizing nation. Foregrounding feminism through an intersectional/colonialism lens highlights the effects

on women and how colonial rhetoric enhances the patriarchy. Following David Rubin, I employ transnational feminism with intersectional sets of understandings, tools, and practices that “draw from other and are aligned with other traditions of feminist praxis (including postcolonial, women-of-color, Indigenous, materialist, queer, and poststructuralist feminisms)” (Rubin 51). This raises the concerns of the unequal power relations that Inderpal Grewal and Caren Kaplan argue feminism needs to attend to as “there is no such thing as a feminism free of asymmetrical power relations,” transnational feminisms “involve forms of alliance, subversion and complexity within which asymmetries and inequalities can be critiqued” (“Postcolonial Studies and Transnational Feminist Practices” 4). These critiques follow through with the call from Nancy Hartsock, who asserts that feminism as a general term tends to be Eurocentric, situating feminism from a White perspective, and therefore ignores issues of coloniality or even reinforces them by using authors who promoted colonialism. By framing this study through transnational feminist perspective, it automatically includes a coloniality framework.

Lastly, transnational feminism connects coloniality and feminism to see how the modern global powers interact to reinforce and create power dispositions around nations that affect people across the world. Transnational collaborations control over sexuality and gender globally impacts social life through issues of health. Each country has a different relationship to these global connects and how they affect bodies in their nation. Therefore, I start with an overview of coloniality and how it is nationally situated.

Coloniality

Colonialism is the precursor to coloniality. Lorenzo Veracini defines colonialism with the statement:

Colonialism is primarily defined by exogenous domination.¹ It thus has two fundamental and necessary components: an original displacement and unequal relations. Colonisers move to a new setting and establish their ascendancy. This is why not all movements across space and not all types of domination are ‘colonial.’ (Veracini 1)

Colonialism as exogenous domination in which there is a displacement and unequal relations between national people and colonizers who make their superiority apparent. The colonized people never achieve equality and often are put in a dependent or indebted relationship to the colonizer. Colonialism then is internalized within a nation in order to control the people. Tuck and Yang discuss the internal colonization for modes of control that occurs with strategies such as “segregation, divestment, surveillance, and criminalization” (5). Internal colonization acts to “ensure the ascendancy of a nation and its white elite” (5). This internal colonization comes from outside Western forces that act in a modern imperialist way.

Michael Hardt and Antonio Negri discuss contemporary imperialism in their book *Empire*, in which they examine the “global exchanges of power.” Contemporary empires create overlapping and interconnected spheres of influence around states and multinational organizations. Transnational corporations lack meaningful borders, which allows their influence to spread with an in discriminant modern imperial march. The spread of transnational corporations becomes colonizing when they actively participate with empire and spread the imperial sphere of influence.

The spread of the imperial sphere is done in the guise of perpetuating peace, and contemporary empires justify force and centralized creation of norms (Hardt and Negri). Instead of one governmental figure or regime, the contemporary empire is a system that creates legitimacy in a centralized formation of values and authority (Hardt and Negri). The system produces a hierarchical relationship in which they intervene in the lives of citizens or nations under the guise of protection (Hardt and Negri). This constructs a homogenous global order, where societies all over the globe are controlled through moral/peaceful elements instead of war (Hardt and Negri). Contemporary empires generate networks to impose their own model of order and control within a singular framework (Hardt and Negri). The reach of the contemporary empire is also economic imperialism, which is normalized by the West and global imperial influencers and is a colonial tool to create power inequity (Hardt and Negri).

Although contemporary imperialism is executed through “peaceful” control, it does not fully unpack modern colonial practices. Hardt and Negri attempt to dehistoricize colonialism and imperialism, which erases why certain nations hold the most power for influencing coloniality today. Alfred and Contassel describe the “shapeshifting colonialism,” which is ideological control instead of the creation of specific structures. As colonialism becomes more removed from actions of war to ideology, there is an ideological shift to change to coloniality. Christianity has long been a colonializing force across the world and Christian homogenization is important for a conversion of cultural identity to colonial rule. These Christian forces remain in forms of coloniality in implicit

ways that were once explicit in colonialism. The differences between colonialism and coloniality become more about the explicit versus covert ways of control.

The differences between coloniality and colonialism are subtle, but important. Colonialism is based on the political reign of one nation over another, while coloniality focuses on the cultural and power dynamics that resulted from long term colonialism (Maldonado-Torres). Nelson Maldonado-Torres describes the difference between coloniality and colonialism by defining colonialism as a “political and economic relation in which the sovereignty of a nation or a people rests on the power of another nation, which makes such a nation an empire” (“Coloniality of Being” 243). Coloniality is defined as “long-standing patterns of power that emerged as a result of colonialism, but that define culture, labor, intersubjective relations, and knowledge production well beyond the strict limitations of colonial administrations” (243). Coloniality thus expands from colonialism to an ideological practice that remains to dominate nations and peoples. Anibal Quijano asserts that coloniality is the “most general form of domination in the world today” (170). Leonardo E. Figueroa Helland and Tim Lindgren discuss coloniality in terms of world-systems, eco-feminism, decolonialism, and post-humanism. Their definition of coloniality describes the forms of control.

By “coloniality” we refer to the complex and multidimensional legacy of divisive, exploitative, stratifying and hierarchical *forms of power* (e.g., Eurocentric/Western-centric hegemony), *forms of knowledge* (e.g., technoscientific instrumental rationality), *forms of (inter)subjectivity* (e.g., possessive individualism), forms of human (e.g., racism, classism, heteropatriarchalism, etc.), and forms of human dominion over land and mastery of “nature” (e.g., anthropocentric property/dominion/sovereignty) that have become entrenched and continue to be reproduced throughout the world as an ongoing consequence of colonization. (432)

The forms of power, knowledge, subjectivity, and declaration of the human are all integral to understanding how collaborative health campaigns are situated in the world. Each of these formed through Eurocentric/Western modernity in order to oppress people through systems of power. While it is not always clear if coloniality is ever unintentional, because in some ways the echo of power once overtly exercised can become permanently warping to the culture/society.

Eurocentric/Western modernity creates and sustains oppression. Grosfoguel characterized Eurocentric/Western modernity as “‘Western-centric/Christian-centric, capitalist/patriarchal, heteronormative, modern/colonial world system’ denies the epistemic diversity of the world and pretends to be mono-epistemic” (Grosfoguel, “Introduction to Colonial Thought”). Modern and colonial become connected in the statement to show the connection of this global inequalities formed by the modernization from the West in the Euro-Western ideal form. The Western male ideal becomes the system for modernizing other nations. The world system has structural and ideological components that powerfully promote coloniality through a hegemonic standard of civilisation. The expansion of modernity and thought is one way that coloniality is spread ideologically. Walter D. Mignolo discussed how modern/colonial trajectories are spread through nation building and national ideology. Darrrel Wanzer-Serrano rejects this “European modernity” and its universal aspirations. This can be counteracted by rhetorical specificity. Quijano states that modernity was colonial from its point of

departure, known by the global impact of modernization, which had the most direct impact in Europe.

The forceful promotion of coloniality means that certain cultures are rhetorically silenced. Coloniality is a rhetorical construct of homogeneity that scholars such as Darrel Allan Wanzer acknowledge and push against. Nelson Maldonado-Torres encourages rhetoricians to “listen to what is being silenced” (653), and revisit plural, localized knowledges, which researchers often treat as insignificant. This means bringing in local knowledge to understand local problems, such as health epidemics in a nation. Maldonado Torres asserts that it is so pervasive that “as modern subjects we breath coloniality all the time and everyday” (243). Globalization advances Euro-North American-centric modernity because it creates a seductive European ideal for colonized people to aspire to by “developing” their culture into a universal cultural model (Ndlovu-Gatsheni 486). Sabelo Ndlovu-Gatsheni asserts that “globalization is, today, still driven by coloniality on a world-scale” (293) The normalization and dislocation of colonial forces means there has to be even more attention to the local histories and colonial traditions that take place.

Mignolo and Calafell both discuss a way to counteract colonial Eurocentric thought masquerading as universal is to engage specific marginalized discourses. Part of this means locating the colonial impacts in specific regions and engaging in raising awareness of colonial power pervading the world. Mignolo suggests that colonialism is part of the global design that becomes entangled in local histories, so researchers must raise awareness of the history and current entanglement. Ndlovu-Gatsheni echoes this

call and pushes researchers from imperialist countries to undertake deimperialization by examining their imperialist histories and the impact of those histories on the world.

Sabelo Ndlovu-Gatsheni submits, “This is because the domains of culture, the psyche, mind, language, aesthetics, religion, and many others have remained colonized” (Ndlovu-Gatsheni 485). Calafell discusses looking intersectionally in order to show how colonial projects specifically affect multiple marginalized identities, such as women of color. Research must include the feminist perspective in each of these countries.

Murray Hofmeyr discussed how the prime time for Christian missionaries in Southern Africa coincided with the prime time for colonialism. Missionary activity took place in two phases; the first phase was largely connected directly to the African slave trade and the second phase opened up Southern Africa for the West and Christianity today (Hofmeyr). The conceptions of categories of religion emerged on colonial frontiers, and Africa is the most significant frontier for Christian religious conceptualization (Hofmeyr). Christian missionaries operate on a violent based human science for local control, which states that if people were absent of religion then they were savage animals and therefore do not have rights to life or land (Hofmeyr).

Christian religion was also used to justify capitalist exploitations of Africans (Hofmeyr). Christians justified exploitations of resources, such as exchanging gold and ivory for beads, by saying Africans had a lack of industry and fetishism due to lack of religion (Hofmeyr). Africans were also pressured to join the colonial economy of cheap labor by missionaries asserting that Africans needed to be useful members of society through a gospel of work (Hofmeyr).

The Othering or denial of the indigenous knowledge/ways of being was also a tactic by Christian missionaries (Hofmeyr). First, Christian missionaries claimed to discover African indigenous religions in a way that depended on colonial notions of conquest and domination (Hofmeyr). Once indigenous knowledge/ways of being were deemed a religion then the power struggle could emerge between the Christian religion and Indigenous one (Hofmeyr). The religion discovered could then be the religion denied (Hofmeyr). This cognitive control of conflating indigenous knowledge/ways of being with an inferior religion incorporates colonial control (Hofmeyr).

Basic human rights in Africa are conflated with religious rights, which are also conceived as the right to be regarded as a human (Hofmeyr). Religion is melded into every area of African life with this definition (Hofmeyr). Therefore, changing religious norms leads to the collapse of cultural norms and identities in way akin to cultural genocide (Hofmeyr). The history of Christianity in Africa is a history of dispossession (Hofmeyr). Decolonization means the missionaries must move towards more religious tolerance, self-reflection, and self-criticism (Hofmeyr).

Hofmeyr conducted an analysis of statements from Africans about Christianity and found that some say that Christian missionaries should not have the ultimate word. When discussing the relationships between culture and religion on African people Hofmeyr agrees with Tinyiko S. Miluluke and states that “neither traditional culture nor missionary Christianity offers final solutions for the real-life problems of drought, adultery, infertility, hypocrisy, death, violence, and gender” (Hofmeyr 1062). There should not be a total rejection of Christianity or local culture, but rather “re-definitions,

inter and intra-cultural negotiations and religious trading” (Hofmeyr 1062). My analysis does not fully state that Christianity leads to oppression, because it can be a source of resistance or strength for some. But the history and denial of religion must be accounted for in discourse. Other religions, lack of religion, or traditional culture alone will not end gender, health, or colonial inequality. Reflection and criticism here is meant to acknowledge one aspect that dominates global colonial discourse.

Some organizations involved in transnational health work are Christian missions or follow the same ideology of Christian missionaries. Therefore, in order to analyze and reflect on the transnational coloniality one must reflect on the Christian push. The denial of other religions in transnational rhetoric and promotion of Christianity should be perceived as a form of coloniality. These practices suppress African culture and promote a Westernized version of Christianity in order to dominate resources and systems.

Coloniality and Africa

First, I begin with discussing how coloniality in Africa functions today. European/Western modernity has continued to envelope Africa since the 15th century (Ndlovu-Gatsheni 486). Colonial modernity is still informed by imperatives of capital and needs of White Westerners. When African leaders replace colonial rulers, they often continue to uphold the Eurocentric systems, according to Ndlovu-Gatsheni (486).

Prominent African scholar Ali A. Mazrui discusses six long-term impacts of colonialism on Africa: 1. “Colonialism and capitalism forcibly incorporated Africa into the world economy, beginning with the slave trade...African labor contributed immensely to the economic rise of a Euro-North American-centric trans-Atlantic commerce”

(Ndlovu-Gatsheni 485-486). During the trans-Atlantic slave trade Africans were dehumanized and thought of as property instead of people. Slavery therefore integrated the people of Africa into a capitalist system that forever created unequal economic abilities for those in Africa to the West.

Africa was also given limited power as it was changed into countries and states with subjugated voices in world affairs. Sabelo Ndlovu-Gatseni explains, “Africa has been excluded from the sovereign state system and only the fragmented and weak African ‘postcolonial’ states were admitted into the lowest echelons of the Euro-North American-dominated state system of the world” (486). This can be understood as the post-1945 United Nations decolonization normative order that accommodated Africans to the modern system of discussing world order, war, and markets and thus entering African into conversations of proxy hot wars and current market dependency created by others with no held responsibility.

English also became the “universal” language in a world system that Africans are forced to learn, as well as other European languages if they want to engage in world affairs. As Sabelo Ndlovu-Gatsheni says, “Africa was incorporated into a Euro-North American-centric world culture and European languages” (486). World organizations tend to speak on countries in Africa using a European or Western language to engage with health and other issues, rather than switching to local dialects and contexts.

The United Nations and other organizations created international laws that everyone has to abide by in order to be part of the international trade system and other world organizations. Representatives making these laws tend to be from

European/Western locations; therefore, the laws are made under those ideals. This becomes another concern that Sabelo Ndlovu-Gatseni voices; “Africa was incorporated into a heavily Euro-North American-centric world of international law” (486). Trade, war, and health become topics of international concern; therefore, laws are made internationally to “protect” all people, but slant towards favoring Western nations.

Modernity is another way Africa was put into an international colonial system that favors the West. Sabelo Ndlovu-Gatseni states, “Africa was incorporated into modern technological age including being ‘swallowed by the global system of dissemination of information” (486). Surveillance is a major part of this dissemination of information. Health information, as well as nuclear and economic tabs, is kept on each region of the world.

Lastly, the religious normalization of Christianity is prominent in Africa. This is displayed under the guise of health. Sabelo Ndlovu-Gatseni adds, “Africa was dragged into a Euro-North American centric moral order dominated by Christian thought” (486). According to Jean Comaroff and John Comaroff, there are cultural implications of the mission and relations to manifest political process. Protestant evangelism in Africa is problematic in the interplay of power and meaning. Missionaries in Africa vary based on the local communities, but the general nature of a mission agency in the colonial process can be somewhat generalized in two interrelated dimensions that Comaroff and Comaroff state:

One is the capacity to act in the domain normally defined as ‘the political,’ the arena of concrete, institutionalized power relations. The other is the ability to exert power over the common-sense meanings and routine activities diffused in

the everyday world. Both dimensions are simultaneously material and symbolic, and the relationship between 'religion' and 'politics' plays itself out in each. (2)

The missionaries' influence in early colonial interactions hold true today. This extension today follows what Comaroff and Comaroff consider a subtle colonization by the missionary of indigenous modes of perception and practice. Early Catholic evangelism relied on collective ritual and dramatic spectacle, often having local people perform in depictions of their own subjection. Spreading Christianity was one of the original reasons for the colonization of nations during imperialist wars, and today it remains through flows of media and the constructions of laws (Ndlovu-Gatsheni).

Christianity, according to Comaroff and Comaroff, created a division between chiefship and Christianity. In order to restore authority to God, missionaries drove a division between religion and those who already claimed power and legitimacy status. Comaroff and Comaroff contend, "The intrusion of Christianity, in other words, attacked the real basis of the office: its exclusive dominion over the political process, and, with it, every sphere of social life" (5). The chiefs would then become one of two authorities. The church also remained political, just as many in the royal court (Comaroff and Comaroff). The relevance today is that God becomes the authority over decisions for everyday life and the political leaders remain Christian.

Women were also greatly affected by the Christian influence because there became a division between authority and women (Comaroff and Comaroff). Women were then forced by a division of labor in which the "women's labor and reproductive power subsidized the male construction of the social community" (Comaroff and

Comaroff 11). Women were dependent on men due to their cultivation possibilities, which created inequality and dependency (Comaroff and Comaroff). The material labor of women and moral responsibilities became interdependent duties of women; thus, establishing hierarchies in the relationships (Comaroff and Comaroff). Material objects and human subjects were not definitively set apart (Comaroff and Comaroff). Thus material goods and beings become set in processes of reciprocal relationships between the two (Comaroff and Comaroff). Today, the uneven relationship continues with men exchanging goods for women's bodies and time.

Comaroff and Comaroff also suggest that the colonial influence of Christianity was always connected to aid. The first Evangelists in South Africa claimed that they did not know the perception of their messages, but chiefs took temporal advantages in the presence of the mission and requested goods and aid. Missionaries, who called this the unenlightened greed of the savage, only yielded to the demands as a hope that it would prepare for the more sacred task of spreading the enlightenment (Comaroff and Comaroff 3). These underlying missions and perceptions may still influence aid work today in Africa.

Coloniality and China

Aside from the Japanese colonization of Northern China and British colonization of Hong Kong, China as a whole was not a colonized nation. Therefore, coloniality there works through capitalism and cultural imperialism, rather than the brute force of colonialism. Modernity in East Asia is one facet of colonial domination. Coloniality does not merely reside in European colonized spaces, but in the multiple relationships and

scalar dynamics that follow in the wake of European culture. China developed into the world capitalist system due to the internal underdevelopment and external subjugation that overhauled the socialist modernity of China. In order to become economically powerful, their values changed to individualistic “self-interest, market forces, and technical skills” (Ling 10). The internal development also came from forces by surrounding areas.

While many presume internationalization means Westernization thanks to the Eurocentrism in globalizations, it also describes the spread of Chinese internationalization and Asian regional hegemony. China created hybridity by entering into a global market, which “demonstrates a reciprocity to local-global interaction whereas fragmentation and reflexivity indicate a one-way impact from the global to the local” (Ling 3). This hegemonic process fragments the sense of national identity. Instead of a counter-hegemonic process where “we” overthrow the imperialist “they,” “... they recognize that both 'we' and 'they' have been mutually reconstructed over four centuries of imperialist interaction” (Ling 8). Asian corporatism captures the nature of institutionalized exchange. Mimicking developmental experiences of Japan, Singapore, South Korea, and Taiwan during the industrial growth phase and European growth with corporatism, China began to institutionalize private interest groups into national decision-making to converge public and private interests.

The national identity shifted to incorporating more Western values due to the demand for hybridity of the world economy. This Asian corporatism creates a hybrid state that integrates coloniality. Developmental changes due to this are “collectivized

individualism,” which takes the notion of “collective” away from family to individuals and corporations.

This Asian corporatism creates a hybrid state that integrates coloniality. The developmental changes that happen due to this are “collectivized individualism”, which takes collective away from family to individuals and corporations (Ling). “Utilitarian personalism” allows for economic individuals to take on personalized utilitarian logic that is “hierarchically structured, historically-conditioned, family- or clan-based personal connections (guanxi)” (Ling 14). “Patria economicus” changes social collectivity from ideological purity to state-society relations. Lastly, “state-mobilized learning” invokes economic development as a way of keeping up with the industrialized West and modernization (Ling 14).

Coloniality and the US

The colonization of the Americas exemplifies external colonization in which nations such as Spain, Britain, France, the Netherlands, and Portugal used the military to dominate natural resources, including indigenous people. Maldonado-Torres situates coloniality’s birth in the European conquest of the Americas, because not only was it the most widespread, but the combination of religious and capitalist oppression led to the rapid spread of European culture across two continents. Christianity as a mode of oppression became integral to colonial systems of oppression.

Christian conversion is a colonial tool that is still used today. Christianity becomes so engrained into cultural identity that it often goes unnoticed.

Christian missionaries, who had come to America in the earliest phases of invasion, espoused a set of spiritual goals which colored but ultimately lent themselves to the more material ends of their countrymen. From the birth of European interest in the New World, religious men had ensured that the public goals of exploration and colonization included a prominent place for the conversion of the natives to Christianity. But the Christianity envisioned was not a disembodied spiritual construct but a distinct cultural product of Western Europe. Conversion was tantamount to complete transformation of cultural identity. (Axtell 42)

The U.S. utilized colonial discourses by expressing the need to control and “help” colonized people in the New World. Today, politicians and prominent figures use this tool not through direct conversion, but rather through restrictive laws and cultural norms that uphold Christian values. An example of this can be seen with restrictive abortion rights, gay marriage laws, and national observations of Christian holidays only. These same figures influence international law through the United Nations, as they hold the majority of the seats.

Because of this Ndlovu-Gatsheni states that, “global coloniality cannot be separated from Euro-North American-centric modernity” (486). Modernity today becomes part of the economic progress and guises a form of liberation. Domestic debates on U.S. foreign policy converges on “issues of imperialism, race, colonization, and economic progress” (283). Colonialism is the racist ideology that originally called for civilizing people through moral intervention and war, has now proliferated in the form of coloniality using the tactic of the savior complex. The U.S. gains authority over other nations by “liberating” them. This is done “based on the belief that Americans were a chosen people to bring progress and modernization to ‘inferior races’” (Rodrigues 288).

The U.S. continues to try to liberate civilizations with U.S. democratic ideals based in a history of White European superiority.

Coloniality, whether in Africa, China or through the US, constructs strong power divisions in societies by intersectionally shaping notions of nationality, gender, race, class, and sexuality to justify why people can be oppressed. How this affects bodies differently based on nationality, gender, race, sexuality, citizenship, and sex show how colonial practices intertwine to gain control. Mimi Sheller states “race, ethnicity, gender, and sexuality are bodily practices of differentiation that surface at the intersections of multiple forms of state ordering, moral regulation, self-discipline, and the systems of governance that endorse and make possible regimes of free citizenship” (22). The bodily practices of control extend to sexual and erotic agency in which gender, racial, and sexual inequalities uphold the colonial norms. Control over erotic agency becomes a feminist issue that intertwines with coloniality.

Feminism

According to bell hooks, Feminism is the movement to end women’s oppression (*Feminist Theory*). She goes onto say, “Feminist thinking teaches us all, especially, how to love justice and freedom in ways that foster and affirm life” (hooks, *Feminism is for Everybody* 71). Specifically, feminism can be understood as Judith Butler puts it as a broad set of ideologies and movements that focus on achieving social, economic, and political equality for women. While bell hooks and Judith Butler are both inclusive to many impacts of identity on feminism, many people who use feminism generally are critiqued for being White feminists. White feminism is a subcategory of feminism that

prioritizes the advocacy and oppression of White, heterosexual, and cisgender women and simultaneously is inattentive to White privilege (Oxnevad).

Feminism has had a major impact on Communication Studies in the past and present, and has a history with White feminism. Michela Ardizzoni discussed the impact of feminist studies as an indispensable tool for analysis of lived communicative experiences. Feminism in its general use and practice, however, has not resisted or addressed issues of racism or colonialism and thus only brought justice to a colonized version of woman. In 1998 there was still a push by Arizzoni for Communication Studies to be more diverse and comprehensive in its' feminist work as she states:

the incorporation of class, race, and ethnicity issues in the analysis of women's status; and the attention paid to cross-cultural and international comparative studies-all these features can be said to embody the political dimension that characterizes (or, at least, should characterize) feminist communication scholarship. (303)

Intersectional feminism is a feminism first coined by Kimberle Crenshaw that seeks to bring justice to all. Rooted in legal studies and Critical Race Theory, Crenshaw named that intersectional feminism is about addressing multiple identity oppressions together such as racism and sexism. Over time intersectional feminism has expanded on intersectional feminism from issues of racism and sexism to include other identity oppressions. Intersectional feminism now includes race, gender, sexuality, class, nationality, religion, and language. Devon Carbado, Kimberle Crenshaw, Vickie Mays, and Barbara Tomlinson discussed how intersectionality has moved "across time, disciplines, issues, and geographic and national boundaries" (303). Intersectionality transitioned outside of just having a U.S. focus, to addressing global history and power.

Intersectionality moves as a work-in-progress, with the major push for continuous solidarity building.

Intersectional feminism supports all women and builds solidarity by identifying how being a woman intersects with our other identities including race, class, sexuality, ability, etc. Intersectional feminism is used to critique and change “systemic violence through the positioning of those historically pushed to social, political, economic, sexual, and racial margins” (The Santa Cruz Feminist Of Color Collective 33). Allyship involves listening to others stories and helping validate experiences, promote goals, and prevent oppression even when you do not experience it yourself. In order to involve all and be more intersectional to experiences not experienced by the majority, feminism must focus on experiences of all. This shows how intersectional feminism is integral for allyship and coalition building.

One aspect of intersectional feminism that is growing is moving away from Western Feminism and integrating in Third World Feminism. Third World Feminism and Western Feminism have been seen as separate. Western feminism tended to look at liberal feminist perspectives, which focus on women breaking gender roles in the household, earning an education, and entering the workforce. Western feminism is not representative of global female experiences. Western centrism tended to be ethnocentric towards White bodies (Mohanty). Mohanty argues that feminism should embrace solidarity, rather than relying on unity, because unity detracts the differences between struggles of oppression. Collaborations between nations attempt to unify national ideas, but nations should work in solidarity to create a project that promotes ideas that are

locally competent in the country in which the project will be presented. Collaborations also should acknowledge and promote ideas for projects that originate from the country it will be presented in and give credit to people for their original ideas, while realizing that collaborations mean that ideas shift and grow with varying relationships.

Western feminism is not the original feminism; therefore, Third World Feminism should not be thought of as reacting to gaps in Western Feminism or in service to Western feminism; “Instead, it provides a position from which to argue for a comparative, relational feminist praxis that is transnational in its response to and engagement with global processes of colonization” (Alexander and Mohanty xx). Relational processes become less about hierarchies of what practice is best and more about serving the community and looking at how these work together to do so. Jacqui Alexander and Chandra Talpade Mohanty say, “It is transnational feminism, not global sisterhood (defined as a ‘center/periphery’ or ‘first-world/third-world’ model), that the collection points toward” (Alexander and Mohanty xxix). The binaries or the universalism created do not serve transnational feminisms.

The creators of knowledge, through campaigns, media, etc. are the ones that decide what becomes universal. Creators of information that is widespread tend to come from Western countries. Feminism gets crafted from these Western countries as universal ideologies, but in practice universal means Western. Janet Conway writes, “Third world feminists accused Western feminists of projecting monolithic understandings of women’s oppression based on their own culturally specific but putatively universal

experience” (209). Western ideologies can obscure the cultural/contextual experiences that oppress women in other countries or of different backgrounds.

Cultural norms surrounding sexuality can be violently oppressive towards women, and feminism works to dismantle them. The sexual empowerment of women is often seen as a threat to heteropatriarchal domination; however, when nonwhite bodies are sexually empowered, then notions of sexual control are exponentially heightened in order to reassert colonial/racial control. María Lugones “utilizes women of color feminist thought to critique the universalism of knowledge-formations and to theorize an intersectional and intersubjective, decolonial analysis” (24). Universalism tends to leave out voices of women of color and situate the White ideal. Therefore, one must look at feminism from the standpoint of Third World Feminism and African feminism in order to understand issues and artifacts that influence those locations.

The decolonization of Western Feminism and integration of more Third World Feminism made way for Transnational Feminism. While interactions between nations have always existed, the analysis and critique of power structures that come from these interactions using a feminist lens is what makes it Transnational Feminism. An overview of Transnational Feminism explains the push for this addition from intersectional and Third World perspectives.

Transnational Feminism Overview

Transnational feminism was first used by Grewal and Kaplan in “Scattered Hegemonies: Postmodernity and Transnational Feminist Practices.” In the 1990s and 2000s, transnational feminism was an emerging theory in feminism to critique the

varying levels of oppression of women globally. bell hooks was one feminist who first publicly critiqued these practices of domination even amongst women in the U.S. stating, “As long as women are using class or race power to dominate other women, feminist sisterhood cannot be fully realized” (16). Power relations of women engaging in collaborative activism must be equal, and counter-hegemonic. Feminist transnationalism is not just a strategic response to hegemonic globalizations, but a value and end in itself (Dufour 10). In order to collaborate, women must realize and embrace intersectional differences in order to not attempt a universal or hegemonic feminism. Intersectional feminism is vital for transnational feminism.

One must acknowledge individual differences, using intersectionality, and the colonial history of places in order to be fully aware of power struggles that may exist in transnational collaborations. Transnational feminism is an intersectional set of understandings, tools, and practices that can do the following:

- (a) Attend to radicalized, classed, masculinized, and heteronormative logics and practices of globalization and capitalist patriarchies, and the multiple ways in which they (re) structure colonial and neocolonial relations of domination and subordination; (b) grapple with the complex and contradictory ways in which these processes both inform and are shaped by a range of subjectivities and understandings of individual and collective agency; and (c) interweave critiques, actions, and self-reflexivity so as to resist a priori predictions of what might constitute feminist politics in a given place and time. (Nagar and Lock Swarr 5)

Interactions between places, typically nations, involve a history and present inequities.

These include dominant groups within a nation that continue to promote that domination and nations that have a history of dominance through colonialism, which affect the agency of the people and nation. Analyses of artifacts should involve self-reflections

throughout in order to create awareness and critique these practices of domination. The practices that are critiqued are collaborations between places that promote Euro-White, heterosexual, male, cis-gender, straight, colonial male agenda at the subordination of not only women, but anyone who does not fit that standard.

Transnational feminism is an action based activist movement, not just a piece of the feminist paradigm. Transnational feminism is concerned with how coloniality and capitalism affect people across nations, races, genders, classes, and sexualities (Alexander and Mohanty). This moves away from feminist universalism that becomes situated the White Eurocentric ideal. Transnational feminism is a theory, practice, and praxis. I take a communication studies approach of transnational feminism, which focuses on how feminist rhetoric can be showcased or used to change artifacts that publicly affect people's norms. Transnational feminist rhetoric will be further explored in Chapter 3 to explain how artifacts are used to in the adherence to or transformation of norms.

Transnational feminist scholars take up geographies and spatiality theories. Janet Conway declares, "The transnational is never without geography nor geographically innocent" (224). Every locale is constituted by processes and practices occurring at multiple scales (Conway 224). Space and place have been reimagined from being static to notions of place as a process (Massey). Nations are no longer geographically bound, but instead based on forces and conditions beyond a singular place (Conway 212). Place and geographies are important, but are no longer conceptualized as static in transnational feminist studies. The dislocation of coloniality means the impact on women cannot be

located as emerging from one singular physical place, but instead is embedded in histories of power, capitalism, national discourses, and current actions and artifacts

Transnational feminism looks at how the history of capital, power, national discourses, and global interconnectivities affect the lives of oppressed peoples. Border studies work and postcolonial studies enhance understanding of transnational feminism (Hesford and Schell). Wendy Hesford and Eileen Schell state, “*Transnationality* refers to movements of people, goods, and ideas across national borders and, like the term *borderland*, it is often used to highlight forms of cultural hybridity and intertextuality” (463). The interconnections between places become important when discussing the transfer, change, and subjugation of ideas such as sexual health. Transnational feminism reacts to and rejects terms like “international” and “global” feminism. “International” puts an emphasis on nation-states as distinct entities. “Global” speaks to liberal feminist theories that don’t take into account race, class, culture, colonialist, and imperialist histories (Chavez). Scholars should focus on critical engagement with transgeographical concepts such as displacement, transculturation, and translocality (Lugo-Ortiz, Warrior, Radhakrishnan, Rodriguez, and Sanders 806). The relationships are then seen through these current and historic relationships. Each of these relationships then looks at the relations of power globally and colonially.

Transnational feminism goes a step beyond intersectional feminism to look at the global and colonial power structures that affect women. Transnational feminism leaves behind the dichotomy of “the local” and “the global” in order to speak to the interplay of

countries and colonial forces (Grewal and Kaplan; Tsing). According to Hesford and Schell, transnational feminism can attend to:

1. Questioning the ways in which the nation-state and Western rhetorical tradition(s) are still the originary units of analysis, and 2. Addressing a larger understanding of transnational connectivities that condition practices of rhetoric across and within the borders of the nation-state. (Hesford and Schell 464)

It is important to understand transnational feminism through an activism lens. Alexander and Mohanty discuss how to use transnational feminist theory to foreground feminist activist projects in global contexts. Women's groups used cross-country collaborations in these feminist activist projects. Critics push back at Western feminism for assuming all women have the same experiences and leaving out oppression and privilege of race, gender, sexual orientation, citizenship, etc. Manisha Desai describes transnational feminism as all scales of activism around the world for all cross-border organizations (Desai). Liberalism is often used as a rhetorical trope to "save" a third-world woman; thus, leading to problem with activism across organizations.

Transnational feminists tend to oppose wars, such the War in Afghanistan, that are meant to "liberate" women because they do not work with the women in these places to find out what they need and what ways they would like to do this work. Also, there is a criticism that often liberation comes through how Western women view liberation, such as through not having the hijab, while many women in Afghanistan find it liberating to wear the hijab (Collins, Falcon, Lodhia, and Talcott). It is important for transnational feminists not to push their outside country's ideals onto the country they are seeking to

work with. Instead, transnational feminist value all narratives as they help scholars understand the representation of the transnational.

Feminism and Africa

It is important to first situate feminism in the specific location in order to discuss the transnational relationships of that location with other nations. African feminism has a history that spread from Africa to other nations. Zerai, Perez, and C. Wang express a need to expand endarkened transnational feminist praxis work that comes from African, Africana, and Black feminist scholars. In order to track the relevant feminist debates and questions raised in the African context with an emphasis on African women and the state of African-Western feminist relations, Philomina Okeke built a database (Okeke). African feminists critiqued feminist scholarship in the 1970s and fought to include imperialist relations with the West as part of the conversation (Okeke). Okeke critiques “the paternalistic streak that mediates African/Africanist intellectual relations intellectual between indigenous and white feminist scholars” (227). The reaction from the imperialist West to feminism in Africa caused a discussion of coloniality.

When collaborating with the West, there are often times when African women are included in the discussion physically or topically, but not heard or allowed to express their own viewpoints. A lot of projects examining colonialism/coloniality leave out the voices of women. African feminists argue "speaker's location and mode of speaking are crucial to being heard" (Okeke 33). Irele examines the growing presence of African stories and cinema in the global marketplace and relationship between African writers and the West. While more voices from Africa are included, a lot of times they become

homogenized by sharing stories from dominant/colonized parts of Africa or ones that originate from more dominate languages.

Voices in Africa are also diverse due to long reigns of coloniality and many languages. African imagination is understood through a multitude of creative works that arises from historical circumstances. African scholars and theorists of African descent in the diaspora state that there is a debt to the African tradition of orature in modern creative works (Irele). There is cultural complexity of creative works due to the hundreds of languages in Africa. However, a lot of the cultural complexity of women's ideas is lost by homogenizing African ideas into one language.

Msafropolitan identifies seven key issues in African feminist thought. African feminisms are more accurate to describe a movement rather than African feminist thought because there are multiple issues and ideologies behind each feminism, but there are some underlying issues that most reflect upon while respecting differences.

Patriarchy is an issue that Africa, much like other continents in the world, deals with, as explained by Msafropolitan,

African feminists pay attention to the ways that patriarchy – that is, the psychological and political system that values the male higher than the female – uses law, tradition, force, ritual, customs, education, language, labour (etc.) to keep women governed by men in both public and private life. (1)

Each of these works systematically and socially as forms of control. While it is an overarching concern of all feminisms, it is important to note that there is no hierarchy of concerns.

Going beyond male dominance only, racial hierarchy is another concern that specifically affects African women's lives (Msafropolitan). Unequal power relations colonially led to traditional roles, and conditions have made Africans dependent on their colonizers. African feminists seek to create a new language that allows men and women to progress from racialized trauma. However, imperialist/colonial trauma affects women and men in different ways (Msafropolitan). Colonial traditions had drastic setbacks for women, as well as other traditions in Africa.

African feminists also make some critiques about traditions. However, "It's quite unpopular to criticize African traditions, or to point out that African history is marked by male dominance which African women have always resisted" (Msafropolitan 3).

Traditions include patriarchal polygamy, household customs, marriage customs, production methods, sexual freedom, widow abuse, genital cutting, witch-hunting, and women's lack of access to property and power. Rather than get rid of tradition completely, African feminists wish to leave intact the legacy of knowledge, spirituality, and cultural memory by adapting traditions to changing times and equity. Each of these traditions can be ways to control women as well as underdevelopment in education and infrastructures to help women.

Msafropolitan also discusses the issues of underdevelopment as another African feminist point of reflection. The West has created many injustices that leave many women unable to create a just world for themselves. Coloniality from the West has had a huge influence in creating a situation in which the needs of the citizens cannot be met naturally in Africa.

African feminist thought honours that poverty in Africa and wealth in the west are structurally linked. The west's continued injustice towards Africa through military intervention, resource exploitation, NGO propaganda, unjustifiable debt and trade practices, and other neo/colonial practices of the power hungry has devastating effects on African states ability to cope with such factors as HIV/Aids, women's sexual & maternal health and infrastructure development. (Msafropolitan 4)

This causes a poverty of resources and income that affect women more than men in underdeveloped countries. African feminism works to create social institutions and people who resist foreign hegemony over all African people (Msafropolitan).

Underdevelopment as structurally continuing inequality for women is also linked to capitalism today. Capitalist pursuits in Africa thus create more instability and internal underdevelopment. The internal underdevelopment causes a lack of conscious development by not having the resource of education. Lack of education has led to the claims that gender equality and homosexuality are sinful (Msafropolitan). Sexuality then becomes a feminist issue of inequality that involves all people.

For African feminists sexuality is about the control over the manifestations of women's sexuality of all sorts, including queer sexuality (Msafropolitan). African feminists challenge rigid heterosexist norms, unlink sexual dominance from sexual pleasure, address the psychological and physical suffering that women deal with from violations, repair the wounds on women's bodies from a history of oppression and national struggle, and encourage the fundamental right of ownership over one's body (Msafropolitan). Control over women's sexuality is an issue not just locally, but globally.

Transnational feminism, or global feminism, is what African feminists sometimes point to as a need; "Women's movements need to collaborate with each other as we are

also co-dependent in an increasingly interconnected world” (Msafropolitan 5).

Collaborations are necessary because there are relationships that can help or need help in order to rectify the colonial past that hurts women around the world. Msafropolitan discussed how African feminists engaged in relationships with women in order to help unmask and fix the universal understanding of feminism.

In the 20th century, African feminists were largely engaged in eliminating the arrogance and imperialism that had been imported through white-western feminism into African women’s narratives, but in the past decade or so the focus has been on ways to work together despite differences and especially to strengthen ties with Latin American and Asian feminist struggles. (5)

Even as theories and practices are not always in unison, there needs to be an awareness of the worldwide fight for equality. Feminists move away from seeking unity to seeking solidarity in order to include the diverse identities and experiences of women while still advocating for women to come together. One way to push this solidarity is through thoughts and fights for love.

Lastly, love is a transformative act for many African feminists and a concern when it is not put into activist work (Msafropolitan). Love is an art that is symbolically represented, instead of stated, by creating new intellectual traditions that decolonize and depatricalize minds. Ideas of “love and justice are complementary to the revolution of change” (Msafropolitan 6). The focus is on healing, reconciliation, and language transforming society. Love is important to activism when it is collaborative because it is meant to change relationships for the better and not just create a different system of domination.

Each of these concerns of African feminism should be taken into account for a transnational feminist perspective of artifacts concerning countries in Africa. Overall, these concerns involve listening to the concerns of African women when collaborating. Some of these concerns are patriarchy, race, tradition, underdevelopment, sexuality, global collaborations, and love. Each of these concerns mean examining situations involving African countries on their terms, which include a concern for the history of unequal relationships between men and the West.

Feminism and China

Chinese feminism started with Asian feminism. Asian activists originally rejected the term feminism, because of its Western ties, and therefore understood it as individualistic, anti-male, anti-children, and anti-family (Roces). Instead they used the word feminology (Roces). As Asian women migrated, they found a need for local and global organization. Due to diversity in Asia, there is no quintessential Asian Woman or Asian feminism, which led to national feminism.

In China the first wave of feminism, starting in the early 20th century, was the most radical. The first wave of feminism, like U.S. feminism, began with women's suffrage, though the progression of women's movements in Asia is less linear. Britain's rule over Hong Kong started in 1842 and established control over the Chinese community and hampered feminism. Local elites tended to enjoy freedom from a certain amount of colonial interference, but then ignored issues that affected the livelihood of women, children, the elderly, and working class (Lim 146). Initiatives generally focused on

maternal needs and welfare rather than gender equality and women's rights in a marriage (Lim). These were internal moves for feminism that were influenced by the globe.

Asian feminism emerged from feminisms across the globe, and is inherently transnational. Mina Roces discussed how Asian feminism became transnational through interactions with the West,

Indeed, because Asian feminist theories developed partly as a re-thinking of the applicability of Western feminism in local contexts, it might be possible to argue that Asian feminisms were transnationally produced. (6)

Asian feminists challenged and modified international feminist theories and organized across national borders. They also adopted more of a historical perspective to survey, analyze, and interpret current women's issues. In order to be culturally sound with transnational projects, the focus tends to be women's movements in action, with some push to track how these activist movements engage other institutions such as religion, activities, and ideologies that are indigenous to particular Asian countries (Roces). With transnational collaboration also come some issues of modernization.

The beginnings of China's feminism involved political discussions. Chinese feminists emphasized that women and men were combating issues of inequality together (Edwards). Since women did not hold political office, women often lobbied men to speak on their behalf at legislature meetings. However, Chinese women were not afraid to display public demonstrations at rallies, marches, and protests that included breaking parliament windows as well as creative events, such as creating public theatrical dramas (Edwards). Along with public demonstrations, Chinese feminists also discussed issues of sexual health.

Feminists in China lobbied for women's sexual health and the right to choose because they were subjugated to draconian population policies (eg. The one-child policy and sterilization policies). Activists fought for access to contraception and against sex-selective abortion and female infanticide (Edwards). Activists often discussed how sex tourism, largely from U.S. American servicemen, and poverty was driving women to sex work. They worked to dismantle the "Oriental" narrative that presented Asian women as exotic, submissive, and available for sex. Roces explains:

Asia not only had to debunk their local culture's grand narratives of the feminine, they also had to destroy images perpetuated by foreigners (including colonial and imperial powers both Asian and Euro-American) who could not get beyond the sexualized image of the 'Asian woman.' (Roces 8)

The submissive Asian woman stereotype also leads to the normalization of sexual violence (Roces). Mackie openly discusses the issue of human rights and militarized sexual violence that relates to this issue. Feminism combatted sexual violence and subservience and also promoted embracing women's own sexual power.

Because of the cultural taboo, sexuality issues did not gain traction until the 1990s. Sexual pleasure, up until then, was restricted from women. *The Vagina Monologues* sparked a globally minded, more risqué, and more confrontational Chinese feminism (Roces). The ideas of women owning their own bodies and having sexual pleasure for themselves became more of a movement in the subsequent years.

Overall, Chinese feminism focuses on rejecting stereotypes of a submissive Asian woman or negating Asian culture in order to fit into White feminisms (Roces). Asian feminists wanted to resist an absence of culture in feminism. Women's equal rights in

political affairs and marital ones became of interest. Asian feminism has tended to be transnational from the start, due to collaborations with other nations and resisting White ideals, and being faced with the transnational struggle of the growing capitalist colonial modernity that has come with modernization. Another point to note when discussing feminism in China, is that researchers should address issues of the one-child policy rather than avoid the topic as is common in the West. Lastly, the current movement in China is about embracing women's own sexual pleasure and combatting global sex tourism and view of the submissive Asian woman.

Feminism and the US

Feminism in the U.S. encompasses movements and ideologies aimed at gaining equality between men and women and are chronologically divided into first-wave, second-wave, third-wave, and fourth-wave feminism.

First-wave was defined by a push for laws in order to gain the right to vote, known as women's suffrage. In the 1840s, women attended a convention to discuss the state of gender, leading to the Declaration of Sentiments, mimicking the Declaration of Independence (Bisignani). In 1920, the Nineteenth Amendment granted white women the right to vote (Bisignani). Suffragettes accomplished their goal of gaining women's right to vote and it was decades before the next issue sparked the second wave of feminism.

Second-wave feminism began in the early 1960s, and was started by *The Feminine Mystique* and an ideological shift away from the nuclear family ideal. The movement gained attention with the Civil Rights Movement and had victories that included legalized abortion, birth control, and affirmative action for women. Some

feminists were split on issues of sexuality and pornography, which ushered in the era of third-wave feminism (Leidholdt and Raymond).

During the mid to late sixties there were minority groups that formed separate movements with the engagement of the Civil Rights Movement, such as the Young Lords and Black Panther Party (University of Michigan, "History of Chicana Feminism"). The Chicano Movement, started by Cesar Chavez and Dolores Huerta, organized grape strikes, non-violent protests, hunger strikes, and marches mostly focused on agricultural workers rights (University of Michigan, "History of Chicana Feminism"). The Alianza Federal de Mercedes focused on rural and land-related issues during this time. The Crusade for Justice focused on getting people, mostly students, to embrace their culture. La Raza Unida attempted to "institutionalize Chicano students into national political terms on a nation wide basis" (University of Michigan, "History of Chicana Feminism"). All of these movements involved civil rights that helped women, but while general civil engagement ignited the discourse, the official Chicana Feminist Movement started in 1969 and paralleled the Chicano Movement (University of Michigan, "History of Chicana Feminism").

At a Denver Youth Conference discussing the role of women in movements, women made the statement "It was the consensus of the group that the Chicana woman does not want to be liberated." From there women began to organize the Chicana Feminist Movement, and by 1971 they had formed conferences and caucuses, such as Mujeres Por La Raza Conference. In 1973, the *Chicana Feminist Journal* started to explore sexism and racism facing Chicanas at the time (University of Michigan, "History

of Chicana Feminism”). While there is no one definition of Chicana Feminist, one definition is “Chicana Feminisms constitute a political standard that confronts and undermines patriarchy as it cross-cuts forms of disempowerment and silence such as racism, homophobia, class inequality, and nationalism” (Gabriela Arredondo 2).

The intersection of race and sex caused Chicana women to feel they could not completely rely on the Chicano Movement or Women’s Liberation Movement because it caused them to choose between being seen as a woman or Chicana (University of Michigan, “History of Chicana Feminism”). Some Chicano even thought of them as traitors being “anti-family, anti-cultural, and anti-man” (University of Michigan, “History of Chicana Feminism”). Chicanos also said that they should focus on race first before sex, and called people in the Chicana Feminist Movement *mujer mala* (Bad Women) and that Chicanas were fighting for Anglo problems (University of Michigan, “History of Chicana Feminism”). Chicanas pushed back against the Chicano movement for never discussing issues of abortion or reproductive rights (University of Michigan, “History of Chicana Feminism”).

The Chicana Movement countered these arguments by discussing how indigenous women were strong and independent equals before the colonization by Spain (University of Michigan, “History of Chicana Feminism”). Chicanas also resisted focusing on the family roles, stating, “the need to remake the family in struggle against Anglo domination” (University of Michigan, “History of Chicana Feminism”). The Chicana Movement also resisted the White feminist push for focusing on gender first, and always included issues of race and class (University of Michigan, “History of Chicana

Feminism”). They also critiqued the Anglo movement stating, “Anglo feminists felt superior not only in race but in class and often undermined and disregarded the ideology of different minority feminist movement” (University of Michigan, “History of Chicana Feminism”). These clashes between White feminism and Chicana feminism continue today.

The Black Feminist Movement coincided with the Black Liberation Movement and Women’s Movement, for similar reasons to the Chicana Movement. Black women often felt that they were forced to choose between race and gender, and thus the movement focuses on issues of racist, sexist, and classist discrimination (Thistle). While the formation of discussions of oppressions was ignited for some time, the movement was marked in 1973 with the founding of the National Black Feminist Organization in New York (Thistle).

Much like the Chicana movement found that the Chicano movement did not address issues of women, Black Women’s Movement had similar concerns with the Black Liberation Movement having rhetoric that sexualized race.

Freedom was equated with manhood and the freedom of blacks with the redemption of black masculinity. Take, for example, the assumption that racism is more harmful to black men than it is to black women because the real tragedy of racism is the loss of manhood; this assumption illustrates both an acceptance of masculinity defined within the context of patriarchy as well as a disregard for the human need for integrity and liberty felt by both men and women. (Thistle)

Black men also were interested in controlling Black women’s sexuality (Thistle). One issue raised in the 1960s by bell hooks was how Black men often protested against inter-racial relationships between White men and Black women, but not their own inter-racial

relationships (Thistle). Also, Eldridge Cleaver and Amiri Baraka were major leaders of the Black Liberation movement who made sexist comments that were widely accepted, such as there is natural gender inequality and sexist remarks, as well as Cleaver raping Black women to practice for raping White women to reclaim power (Thistle). Not only in public discourse, but in everyday actions women were oppressed through strict gender roles and made secondary to men (Thistle).

In the 1960s Black women were excluded from the mainstream (white) feminist movement, with actions such as not being welcomed at conference unless the issues specifically addressed Black or Third World Women (Thistle). Black women were treated as tokens, criticized, or challenged and, even more commonly, their experiences were ignored (Thistle).

Thus, in the 1970s few Black woman even wanted to use the word feminist, and those who did were met with myths. There were also myths about Black women such as:

1. The Black woman is already liberated.
 2. Racism is the primary (or only) oppression Black women have to confront.
 3. Feminism is nothing but man-hating.
 4. Women's issues are narrow, apolitical concerns. People of color need to deal with the 'larger struggle.'
 5. Those feminists are nothing but Lesbians.
- (Smith)

The goals of the movement were to counteract these myths and acknowledge that women of all classes, races, nationalities, and ethnicities are sexually oppressed (Smith).

Alice Walker coined the term "Womanist" to react to the resistance to feminist for Black Woman (Thistle). Womanist referred to the willful behavior of feminists of color, women who love women (sexually or not), commitment to the survival of men and woman, and appreciation of all aspects of womanhood (Thistle). This is seen as a related

field of feminism. The Combahee River Collective Statement sets forth the political definition:

The most general statement of our politics at the present time would be that we are actively committed to struggling against racial, sexual, heterosexual, and class oppression, and see as our particular task the development of integrated analysis and practice based upon the fact that the major systems of oppression are interlocking. (Thistle)

To respond to this call requires a multi-focused and strategic action. This was needed for Black and Third World women. Organizations and events in the 1970s and 1980s started to address these (Thistle). Actions continue today with the Women's Movement calling for more intersectionality and a criticism of White women who voted for Trump, who is openly racist and sexist

Third-wave feminism began in the 1990s and was started by U.S. American feminists Rebecca Walker and Shannon Liss as multiracial, multicultural, and multi-issue. Third-wave feminists also sought to question gender, gender roles, womanhood, beauty, and sexuality. Celebrity men and women started publicly speaking about feminism (Brunell). The celebrity status of feminism did not gain as much attention until the fourth wave of feminism.

Fourth-wave feminism is the resurgence of interest and activism using social media as a platform. This focus is on opposition to sexual and gender violence. Technology has defined this wave. Public faces of celebrity abuse include Bill Cosby, Harvey Weinstein (Cochrane), Kevin Spacey, Johnny Depp, Louis CK and President Trump. This wave expanded and redefined the previous things feminists fought for, such as gender equality, pay equality, birth control, gender roles, sexuality violence, and

intersectionality to note how celebrity status of class does not allow people to escape from the issues of feminism and how technology allows people to openly and quickly discuss current issues as they arise. One of the major issues of importance as racial tensions rise again in current times is how White feminism does not serve all people.

White feminism in the U.S. has many negatives as it leaves out or minimizes voices of women of color in feminist movements and issues of how race affects women differently. Intersectionality, a term coined by Kimberle Crenshaw, explores the connected nature of the social classifications of race, class, and gender, which overlap to create disadvantages. The Women of Color Institute for Radical Research and Action collaborated on the transformation of feminist politics and focused on social action and revolutionary praxis (Alexander and Mohanty xiii). A U.S. academy group came together to study feminism through a series of geographical, political, and intellectual dislocations to discuss the anticolonial struggle and how the conceptualization of nation-state that continues in everyday life.

Women of color in the U.S. discuss how racism is enacted in everyday life today as well as the colonial history of global racism. Jacqui Alexander and Chandra Talpade Mohanty propose, “Psychic residue of different colonialisms made it necessary for decolonization” (xiv). Neocolonialism is an issue of concern within transnational feminism because First World feminists perform forms of oppression on Third World Women in the form of liberal feminist ideals without taking into account local histories or culture (Conway). Through personal experiences of racism, women of color in the U.S.

contributed to the understanding of the local and global manifestations of power and what transnational feminism could look like.

Many disciplines were already discussing transnational issues before feminism took on the issues in the US. According to Lugo-Ortiz, Warrior, Radhakrishnan, Rodriguez, and Sanders, “African American studies has incorporated the practice of transnationalism into its core mission since the beginning of the twentieth century” (812). Marable discusses how the field of African American studies has linked scholarship and progressive social change historically. The field of African American studies discusses the African-diaspora or Pan-African perspective, which situates this study in the “histories, cultures, and struggles for freedom and equality exist within and across, between and beyond, nation-states” (Lugo-Ortiz, Warrior, Radhakrishnan, Rodriguez, and Sanders 812). Whenever scholars, such as W.E.B. DuBois and Carter G. Woodson, make the connection between the African slave trade, slavery in the Americas, and European colonization in Africa, they are discussing transnational enterprises and evoking transnational responses. Concepts such as negritude could be seen as early transnational approaches to blackness. Black feminists, like Audre Lorde, Angela Davis, Beverly Guy-Sheftall, and Kimberle Crenshaw, also discuss how racism, class exploitation and patriarchy intersect in oppressing Black women around the world, making it a transnational feminist outlook and critique (Lugo-Ortiz, Warrior, Radhakrishnan, Rodriguez, and Sanders). Intersectionality and transnationalism worked together for African American studies in the U.S. and eventually into wider studies of feminism.

Transnational Feminist Concerns: Health and Sex

Transnational health initiatives are often enacted through expansions of modernity and are a way of enacting colonial control in the guise of saving people. These artifacts reinforce power structures embedded in the savior complex. Domestic health is no longer contained in a singular country; there is interdependence between domestic and global health (Ali and Narayan). Coloniality is the “darker side’ of modernity and “needs to be unmasked because it exists as an embedded logic that enforces control, domination, and exploitation disguised in the language of salvation, progress, modernization, and being good for everyone” (Ndlovu-Gatsheni 487). The colonial matrixes of power condition Africans to yearn for and admire Europe and the U.S., countries that produced this asymmetrical world order. Health initiatives in countries with less power than the ones in collaboration tend to feel more of the indebtedness that perpetuates coloniality.

The United States tends to create health initiatives with other countries that involve artifacts that not only form health messages disregarding transnational histories, but also disqualifies the knowledge and mode of education of the population they are trying to serve because they are on the low end of the colonial hierarchy. Spivak discusses how the voice and act to represent themselves becomes diminished by the way U.S. based health campaigns creators’ focus on universal designs. These universal design models for health initiatives push agendas such as democracy.

Health is utilized in the service of repressive national and international state practices, much like democracy (Alexander and Mohanty). Sexual health is not the same in all places and by leaving out the racialized, gendered, and heterosexualized relations

we are creating a hegemonic system of health. In order to move away from the myth of the “universal citizen,” a transnational analysis foregrounding the racialized, gendered, and heterosexualized relations of rule typified under hegemonic democracy is an important tool (Alexander and Mohanty, xxx). Hegemonic systems thrive on the universal depictions of those affected.

A universalized health campaign is an oversimplified one. Stacy Pigg discusses the problem of universal health design by asserting that it privileges scientific discourse over local experiences (“Languages of Sex and AIDS in Nepal: Notes on the Social Production of Incom-mensurability”). AIDS is an example of a disease that has been universalized to the point of losing the perspective of the people with the disease. “This discourse treats AIDS as ‘a terrible human tragedy that demands care and compassion’ (Treichler 317) even as it narrows the field of what care and compassion might look like on the ground” (Butt 425-426). The way the world medically and socially discusses and treats people with HIV becomes universalized, which takes away from people’s experiences.

It is important to note how even government agencies can perpetuate universalism or dominate cultural ideologies. Researchers have shown how governments disseminate HIV/AIDS education with messages that reinforce or resist cultural values. Goh examined how the news coverage of the Singapore government blamed gay people for the rise of HIV/AIDS cases by suggesting that they were promiscuous and acting in ways contrary to the country’s traditional values. A transnational rhetorical model attunes to the government interactions and how they control and reinforce power dynamics that

affect marginalized groups. Government agencies endorse spreading cultural ideologies (even when foreign) through collaborations with health edutainment programs.

Entertainment education (EE), also known as edutainment, involves “prosocial messages that are embedded into popular entertainment content” (Moyer-Guse 408) with the main purpose of EE programs being to combine both commercial and social interests to bring about social change. One of the critiques of edutainment, however, has been that it often takes a “production-centered approach,” meaning governments and corporations put commercial interests over social interests (Singhal and Brown 29). The majority of edutainment has taken place outside of the US, though it is not devoid of US/colonial influence.

One of the colonial influences of edutainment projects is the focus on bringing development of the underdeveloped world by means of modernization through a Western construction of development. Western values and ideologies drive the universalization and essentialism of edutainment in international health (Dutta 222). These values are hidden in hegemonic campaign design and development, such as strategic choices, channel selections, and content materials. These initiatives are hidden even more by the entertainment value of media.

Edutainment is influential in many ways beyond just spreading health information. Moyer-Guse states, “Some have speculated that entertainment-education may offer a more effective way to influence attitudes and behavior than traditional persuasive messages by arousing less resistance to the persuasive messages contained within a narrative” (408). EE operates differently in every country and can have a

profound influence on those exposed to it. Grace Huang et al. express how the government has influence over how easily people in the community accept messages. Grace Huang et al. state, “Furthermore, the media in many of the countries where EE has succeeded is government owned and operated” (Huang et al. 1). These government agencies also work with other organizations. Hollywood, Health, and Society (HH&S) works to help create health related storylines on popular shows with scriptwriters and health professionals in the United States. Globally, these health initiatives are constructed by many organizations and have a huge impact on society. Grace Huang et al. express, “Heightening the awareness of U.S. audiences to these global health issues is critical for both humanitarian and practical purposes” (4). Government, humanitarian, and practical purposes in character and storyline identification become important when thinking about transnational influences of norms pushed with health messages.

Edutainment programs function as another way men control women in both public and private life through norms. Media, in the guise of health education, reinforces laws, traditions, customs, and languages to perpetuate patriarchal power hierarchies. Transnational and intersectional rhetoric in media and communication studies enhance understanding of the edutainment programs. Raka Shome argues that it is important to realize the connections between inequality in the construction of edutainment programs.

Recognizing that the media constitutes a central site upon and through which global inequities are being staged today, scholars have begun paying attention to various media phenomena in order to examine the new gendered imaginations that are being articulated in globalization and how they reproduce many of the earlier colonial logics of colonialism *and* enact new one. (257)

While creating an edutainment program to solve an issue, creators may establish or reinforce other issues, such as inequalities that occur through globalism. Global flows of media enable imaginations of the transnational that get into representational politics, globalization, and “third world” women (Shome). Viewers engage in social cognition in order to understand the world and therefore gain or reinforce the understanding pushed by the creators.

Social cognitive theory has been applied to edutainment programs because in addition to direct learning, people also learn through others modeling behaviors. Character who viewers identify with can act as models in ways that motivate people to learn “knowledge, values, cognitive skills, and new styles of behavior” (Bandura 78). A viewer can learn positive or negative behaviors by watching a character they identify with be punished for bad behaviors and rewarded for good behaviors. Entertainment education dramas involve storylines with positive, negative, and transitional role models to influence audiences into performing positive behaviors by getting audiences to relate to characters (Singhal, Cody, Rogers, and Sabido). The rhetorical dimensions of edutainment are important. Theorists looking at edutainment programs state that we need to look at the “rhetorical, play, and affective aspects of E-E” (Singhal and Rogers 117). Communication research has tended to focus on evaluations of the effects of edutainment programs, and have argued that “entertainment-education is not a theory of communication, but rather a strategy used to disseminate ideas to bring about behavioral and social change” (Singhal and Rogers 117). A rhetorical perspective allows researchers

to see the strategic practices in the shows that attempt to cause behavioral and social change.

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Narrative involvement is defined as when audience members become involved in the storyline, characters, and/or show help the effectiveness of these programs. The narrative involvement can take place in many ways in edutainment programs, such as through character “identification, wishful identification, parasocial interaction (PSI), similarity, liking, and transportation” (Moyer-Guse 408). Moyer-Guse suggests, “Identification refers to an emotional and cognitive process whereby a viewer takes on the role of a character in a narrative” (410), which increases acceptance of values and beliefs in programs and reduces counterarguing. Audience members are likely to mimic the behaviors of characters they identify with (Bandura). When an audience member identifies with a character they temporarily forget their own reality and empathize, cognitively take on the perspective of the character, internalize the character’s motivational aspirations, and have a loss of self-awareness. The spread of these

edutainment programs also spreads identification though mimicking or wishful identification.

Wishful identification is when a viewer wants to emulate the character and holds them in admiration (Moyer-Guse). Similarity, homophily, is often a prerequisite to identification and simply means that the viewer must perceive that they share some common attributes (eg. Physical, demographic, beliefs, personality, or values). PSI is the pseudo-relationship that forms between the character and viewer (Moyer-Guse). A viewer may also engage “liking,” which refers to evaluating a character positively and having some hypothetical desire to be friends with them (Moyer-Guse). Transportation is when a viewer can be so engrossed in a storyline they are transported into the lives of the characters in show and find ones that they identify with either with likeness, desire, or a pseudo-relationship. Transportation reduces counterarguing story points because they are swept up in the narrative (Moyer-Guse). The more compelling the storyline, the more the viewer takes on that perspective. Youth are more likely to emulate what a character does rather than listen to familial influences, especially if the storylines are relatable. The telenovela effect is a worldwide phenomenon (CQ Roll Call). This can have long term or short-term effects on an audience.

There is a difference between short-term and long-term effects for messaging.

Georgia Arnold, of MTV Staying Alive Foundation, says:

Well, I think it's really important that we're putting across safe sex messages so the first thing in terms of changing behavior, the first thing that you have to do is change attitudes. That's actually quite short- term, quite simple to do. So we can get people to think more positively about living with HIV. We can get people to call up phone lines. Long term behavior change that we hope to be able to see and

we're working with the World Bank's Development Impact Team, is that people go and get tested. Is that people do actually use condoms. So those are the long-term things that we want to have people do. (CQ Roll Call)

Data that suggests that the biggest effect on long term recall and impact of information and ideas is not after you watch a show, but after you talk about a show (CQ Roll Call).

One of the biggest ways of creating social impact from the media is by finding a way to take the conversation off the screen.

One way of eliciting people to have conversations off the screen is to take a participatory approach to edutainment. The participatory approach emphasizes dialogue and community involvement (Dutta 225). Participatory communication usually emphasizes the community making decisions, but this can still feed into the Western agenda because this strategy still sells the agenda of the campaign designer. Dutta suggests, "Participatory communication becomes a tool for involving the community in achieving the vision of the donor and implementing agencies" (226). However, while the goal it is to incorporate local voices, the ones who participate tend to be the elites and national governments and they tend to only be involved in the implementation of the programs instead of setting the agenda. This causes voices to be further marginalized by not truly being included. Dutta echoes this by stating "an interrogation of the rhetoric of participation from a subaltern perspective demonstrates the co-option and further marginalization of subaltern voices achieved through such participatory E-E programs" (227). The locals become used as disseminators of the message rather than agenda setters. This seems to be a popular technique in places such as Africa and other third world locations.

Edutainment is designed and implemented mainly in Southern and East Africa with some in West Africa. South Africa was the first African country to offer purposive edutainment interventions and is thus one of the most researched countries for edutainment in the continent. In the early 1970s, the primary focus of edutainment was on family planning, but has shifted to concentrate on HIV and AIDS. Some edutainment programs in Africa have used HIV and AIDS discussions to unpack other health and developing issues, such as gender equity, female genital cutting, youth activism, poverty, domestic violence, and family structures. Govender suggests, “HIV and AIDS in many cases remained the central focus on EE interventions, but it was in most cases integrated into a wider storyline of social issues” (16). The surrounding storyline of edutainment programs for HIV and AIDS is developed around other societal issues in Africa. Govender continues to state what is important for Africans by saying, “The notion of subject, culture and social change are key attributes for addressing EE from an African perspective” (Govender 27). Understanding of cultural nuance must be addressed in order for the programs to ring true in African society.

Control of money in the form of funding is also important when thinking about health initiatives, especially in Africa or other third-world nations. Funding for entertaining health initiative programs mostly goes to HIV and AIDS for purposive edutainment. Govender argues “This can leave several important development and social concerns in countries either unaddressed or insufficiently funded” (17). Purposive edutainment is funded through International Aid, philanthropies, and foundations. Grassroots organizations address community challenges, but lack the resources to be fully

aware of the strategic processes of edutainment and lack the mediums of more funded programs. As in much of Sub-Saharan Africa, HIV-prevention efforts targeting Kenyan youth and young adults have frequently made use of mass media such as television and radio (Govender). The most common forms of Entertainment Education in South Africa have been television and radio dramas with a significant portion of those focused on HIV prevention (Brown, Kiruswa, and Fraser). Health edutainment is created for Africa and other third world places through media heavily influenced by the US.

Taking a critical approach to edutainment as Dutta does, one must see the problems that occur with the U.S. creating edutainment for the third world and move beyond the positives only. There needs to be a move away from looking just at the effectiveness of these programs and more into the ideologies and values embedded in these programs. Dutta writes,

E-E campaigns are particularly suitable for this critique because they are implemented by Western interventionists in Third World spaces, reflecting the power differential in access to the discursive space between the West and the Third World and circulating the voices of the West in the formulation of the problems for the Third World. (221)

Dutta continues by suggesting one needs to interrogate the motives of the West, since health altruism cannot be the only motivation due to the strategic alienation of subaltern voices. There are particular ways subaltern voices are excluded by dominant discourses in edutainment. Subaltern voices get placed outside of the realm of “universal” knowledge. Dutta states that researchers should examine the ideologies/worldviews that historically dominate nations push onto forced subjugated nations. Third world actors

often lose their agency as the dominant agencies with more money make the theoretical and practical decisions of what should happen in the edutainment programs.

Dutta also states that we must look at the objectives of funding agencies for edutainment. Subaltern spaces are easily accessed through edutainment shows, which allows for the agenda of transnational hegemony to be achieved (Dutta). Historically, USAID has sponsored many edutainment programs. Locating the objectives of USAID provides a conceptual framework for locating the covert purpose of edutainment programs in subaltern spaces. USAID states that need for humanitarian aid and development goals come from threats to national security.

However, beyond the creation of a strategically secure environment for the United States, one of the core goals of the USAID is to support the project of transnational capitalism by opening up Third World spaces to foreign investment and the transnational capitalist economy. (Dutta 223)

The goal of USAID is to create an open market for the U.S. for goods, services, travel, study, exchanges, and business in general. Edutainment serves as a channel for capitalism. Dutta warns, “The goals of E-E programs then are located within the broader goals of USAID to create strategically secure environments and to exploit subaltern spaces to secure profits for the transnational hegemony” (223). While Singhal and Rogers believe that these commercial interests do not necessarily lead to sacrificing social interest, Dutta believes the transnational elite that are served by edutainment programs subsume the social interests of the subaltern; “E-E programs become the tools for colonialism of a different kind that focuses on creating markets for multinationals” (Dutta 224). Transnational capitalism pushes out forms of production that supports the subaltern

class. Local programs cannot compete with the glamor of well-produced shows created by outside organizations; therefore, it dominates the health edutainment market.

Transnational health and sexuality are controlled by a primarily U.S. market. This is primarily done through universal design models of health. As HIV and AIDS have become pandemics, sexual health is one of the main areas of health control that also involves control over individual sexual habits. The government and other corporations are involved in this global design. Not only does the global spread of ideas created by these entities push safer sex practices, but it also pushes norms and cultural ideals. One of the most influential ways it can do this is through edutainment programs as well as campaigns. Edutainment programs have a long history of Western power and exploitation of the third-world. This causes a transnational concern of ideas of exploitation through coloniality. An additional concern with any sexual health issue is how women are affected differently. Therefore, I use transnational feminism to examine this health issue. In the next chapter, I discuss how transnational feminist rhetoric can be used as a methodology to examine two health artifacts.

Chapter 3: Methodology

Critical Rhetoric

My approach to critical rhetoric is to focus on the method of rhetorical criticism as a way of understanding and appreciating how we can know the world through artifacts.

By improving understanding and appreciation, the critic can offer new, and potentially exciting, ways for others to see the world. Through understanding we also produce knowledge about human communication; in theory, this should help us to better govern our interactions with others. (Kuypers 22)

By focusing on health communication through rhetorical methods I hope to help us better understand health materials as communicating in a new way. I argue that we can understand health differently by using transnational feminist rhetoric methods. These methods can help critical rhetorical studies in general.

My study explores how STI and HIV prevention campaigns created or produced by the United States with other countries engage in a form of coloniality that has transnational feminist implications. Using the method of transnational feminist rhetoric helps me understand the issues of globalization in these artifacts. This is spreading values from the West to other countries. The spreading of values through the media, I argue, is a form of U.S. health imperialism. While feminism makes it so I focus on how women are

affected in these campaigns, I take an intersectional viewpoint that is embedded in transnational feminist rhetoric. The women are not being evaluated based on their gender portrayals in the media, but also with intersecting identities of race, class, sexual orientation, and ability. I show how these global collaborations influence discourses of health in other countries, but also how the U.S. understands health in other countries. I argue that portrayals of other countries are embedded in colonial values with intersectional oppressions of identities.

I examine an educational entertainment show, *Shuga*, created in collaboration between U.S. based, MTV Staying Alive, Positive Action, MTV Base, Children's Investment Fund Foundation, Marie Stopes International, Bill and Melinda Gates Foundation, Linkages, PEPFAR, USAID, and Basic Education Republic of South Africa (MTV Staying Alive Foundation). This show is a soap opera that spreads the message about responsible sexual behavior and tolerance. It aired in forty different African countries and then, after gaining popularity, spread to seventy television stations. I will focus on its impact on Kenya and the US. I focus on this country because the Kenyan government was involved as a partnership. The casts tend to be Kenyan and scenes are set in Kenya until the later seasons (Avert, "MTV Shuga Viewers Twice As Likely To Test For HIV"). I use transnational feminist rhetoric to show the impact on Kenyan women and U.S. American women who view this show. I focus on the intersectional identity aspects of these women and how they are viewed transnationally.

The last artifacts I examine are HIV campaigns created by the U.S., which are targeted at pregnant women in China. I show how these campaigns are examples of

transnational feminist rhetoric that focus on issues of motherhood, abortion, family planning, pro-choice, and global HIV prevention funding. All of these aspects have transnational discourses surrounding these issues. Focusing on policies and discourses surrounding the campaigns gives me a transnational perspective. Also, examining the images and text can show how the U.S. is using health media to engage in imperialism of Western values in China. For example, the use of fair skin in the images of light skinned Chinese women show how whiteness is engrained as normative in these health campaigns. Heteronormativity and traditional gender roles can become an issue when the protection of the child is solely the responsibility of the mother. When another person is featured outside of the mother it is a man. The silhouette also functions in particular image discourses for motherhood in America that do not translate in China. The transnational implication is an important one to frame.

I am studying multiple countries and different mediums to show how transnational feminist rhetoric shows the enactments of power functioning in similar or desperate ways depending on historical and current dynamics. The mediums are different to show what possible rhetoric can appear in newspaper or online articles (print text), campaigns (print and visual), and educational entertainment (television). I do not wish to do a linear construction of these transnational interactions or mediums because that goes against the transnational feminist method. By showing the similarities and differences in these artifacts scholars can understand how transnational feminist rhetoric can be used to analyze many aspects of health campaigns.

The Need for Critical Rhetoric to Turn Towards Transnational Method/Theories

Criticism functions in a different way than analysis alone. Robert Ivie specifically builds on this assertion by stating, “Criticism, as a specific performance of general rhetorical knowledge, yields a form of scholarship that obtains social relevance by strategically reconstructing the interpretive design of civic discourse in order to diminish, bolster, or redirect its significance” (1). As rhetoricians, we should be aware of what discourse we are making significant. Wiedemann and Meyen critique communication research as unconsciously spreading a U.S. paradigm. The significance of the object is what is important because I am redirecting the significance from the effective or ineffective means of persuading people to engage in certain health practices to issues of transnational importance.

As a basis we should start with what is critical rhetorical criticism. Rhetorical analysis in general is about defining, classifying, analyzing, interpreting, and evaluating one or more rhetorical artifacts). The goal of the rhetor is to show the manifest or latent meanings of an object of study. Campbell and Burkholder state the main kinds of rhetorical criticism are descriptive analysis, historical/contextual analysis, critical perspectives, and evaluative criticism. Transnational methodology would be a turn towards an evaluation using the critical perspective with the historical/contextual perspective.

Rhetoric started by focusing on speeches, which makes it language centered. Campbell and Burkholder use rhetoric to refer to “persuasive discourses, written and oral, encounter face-to-face or through the electronic or print media, that seek to affect

attitudes and actions” (3). Over time, rhetoric has incorporated more visual elements into research, especially in critical rhetoric. This is important for both rhetoric and transnational methods. Transnational rhetoric tends to focus on many elements that go into messages, such as surrounding texts and images. I plan on analyzing the visual and language elements into my methodology.

Visual rhetoric as a critical perspective towards to advocacy of human rights must take a transnational method. Visual rhetoric has only had a short relevance to human rights discourse and can best be understood within the context of a transnational movement towards women’s human rights (Hesford and Kozol 1). There are complex dynamics of visibility. U.S. culture can be established through visual images of Otherness. Hesford and Kozol show this through images of Gula in *National Geographic*. Wendy Hesford and Wendy Kozol assert, “The camera’s gaze secures Gula within the patriarchal relations of Afghan culture as well as Western cultures” (5). If this analysis was done just as critical rhetoric it might focus on simply gender or race. It may even be intersectional, but visual rhetoric does not typically account for the ways issues of patriarchy are read in cultures outside the U.S. and with the relations of globalization in mind. Women’s human rights rhetoric must not simply discuss visual rhetorical aspects without transnational standpoints.

One major focus using this method is to get at the values of a group (Campbell and Burkholder). Campbell and Burkholder state, “Rhetorical discourse concerns the values that individuals and societies should adopt, the implications of those values, and the means or policies should enact to express or attain those values” (4). In this project, I

look at the values that health media persuade people to believe, actions they should take based on those beliefs, and what persuasive tools they use to persuade people to engage with those beliefs and actions. Dale Sullivan continues this assertion by stating, “Criticism is the process of evaluation, i.e., the process of locating an object of criticism within a value system, but most critics agree that evaluation is dependent upon description and interpretation” (341). The description and interpretations of the objects are inherently value laden and I must locate what value I want to expose of an object.

Language and images shift in meaning and have different material effects across specific locations. There are impacts and effects of a rhetorical action in a transnational context. The critical methodology of doing transnational praxis and theory is to analyze situations that may have very different effects (Alexander and Mohanty xx). Dingo states “globalization has had uneven material consequences throughout and within different regions of the world” (11). Transnational methods account for how the material meaning shift and effect different people and places. The meaning and effects can be related to values, history, ideologies, larger social, political, and cultural forces.

The values are connected to sociopolitical power. Klumpp and Hollihan noted that this way of analyzing text is to “move beyond its emphasis on structure and design of the text and expose the strategies through which rhetoric transforms the material events of the world into sociopolitical power” (90). The sociopolitical power resides not just in the value of certain health identities/practices, but also through those in power constructing this rhetoric other means of dominance come to be in the world.

The moral imperative demands that the critic recognize that a society remakes its values in responding to problems and opportunities through rhetorical choice. The critic studies the rhetorical moment as a point in time when the appearance of the novel places a premise of the social order at risk; the response to the moment can reinforce the values and motivational approval of the society or contribute to the process of change in the society. (Klumpp and Hollihan 90)

These reside in a particular point in time and society. Rhetorical moments reveal the social order throughout time, including what is valued, approved of, and disapproved of in society. Rhetors must be aware of what values are being remade. It is important to move critical rhetoric to understanding how dominant cultures create artifacts to impose values from their countries onto others. Transnational methods explain how this is done through cultural imperialism. Matti Sharmela also explains, “Cultural imperialism is the economic, technological and cultural hegemony of the industrialized nations, which determines the direction of both economic and social process, defines cultural values, and standardizes the civilization and cultural environment of the world” (13). Oppression through cultural imperialism comes from the more powerful civilization (politically or otherwise) promoting or imposing cultural hegemony to standardize civilizations throughout the world based on their values (Said). Transnational methods highlight the ways in which these countries impose their values, so critical rhetoric can be expanded by understanding how cultural imperialism influences societies reinforcement of values.

A rhetorical criticism is supposed to reveal the ideologies of humankind with the objective of understanding humanity itself (Black). To get at these ideologies one must look at artifacts in a multitude of ways. Rhetorical histories are one basis for doing critical work that I start with for examining dominant ideologies. “Ideologies emerge

from historical events and therefore are evident only in historical view” (Cloud 392). But this history must always be contextual.

Rhetorical history can be critical at times. It is natural for rhetorical history to expand to transnational methods. Rhetorical history is an analysis of how artifacts utilize persuasive messages over time or within a particular context. Zarefsky argues that by examining historical records, a rhetorician can reengage the discussion from the past through the lens of current actions and beliefs. By expanding to transnational methods, a rhetor can locate the current artifact in how it has been understood historically through global exchanges. Tumolo stated the “historical perspective is a narrative that serves varying, at time conflicting, purposeful ends. In this paradigm, the value of history hinges on its usefulness to think through contemporary problems in more expansive ways” (61). The contemporary problem of campaigns not resonating with certain audience when they are created, or even co-created, by other cultures can be read through transnational feminist histories to expand upon why this happens.

Johnson examined ideographs and the relationship between the geographical and historical. Johnson uses a materialist criticism of geographical orientation to historical modes of thought. The particular context establishes the meaning of an ideograph by referring to its history. I plan on showing the relationship of geographical orientation and history through transnational feminist rhetoric, which orients the history of particular geographies as they relate to global discourses. Janet Conway states the importance of location with the statement, “The transnational is never without geography nor geographically innocent” (224). Dingo convincingly argued that terms can be analyzed

across transnational geographies to great new ideologies. This extension into transnational work constructs geographies outside of the boundedness of the U.S and accounts for more complex histories.

Rhetorical criticism should consider the larger social, political, and cultural forces that inform specific instances of rhetorical practice (Black). Edwin Black proclaims, “The critic can, in short, assess all the differences a rhetorical discourse has made and will make, and how the differences are made and why” (Black 74). While this is a mission in rhetoric, often the social, political, and cultural forces seem reside in the U.S. and do not account for global forces (Shome). Context is extremely important to rhetorically crafted messages, so it follows that messages crafted in the U.S. without thoughtful integration of the other culture would not allow for a persuasive message. Yet, there seems to be little accountability from the U.S. about the responsibility of creating rhetorical messages that do not reinforce problematic power dynamics.

Critical rhetorical criticism must be done in order to find justice for groups. Criticism has an ethical purpose in its method. Rhetorical criticism must work towards justice by revealing the rhetorical constructions of oppression. Foss describes how rhetorical critics analyze text to discover the rhetorical construction of oppression. The role of the critic is to discover that the “dominant ideology revealed in an artifact suppresses the voices of important interests or groups seeks to explicate the role of communication in creating and sustaining the suppression and to give voice to those interests” (Foss 295-296). While transnational and critical rhetoric are aligned with the mission that we should reveal the construction of oppression that prevents justice, the

transnational method states that U.S. ideology could not guide what justice is across borders. Meanings of rights can present differently. For instance, transnational Islamic feminist work to formulate, understand, and transform the legal and cultural meaning of “human rights” to advocate for social justice that meets the needs of religious Muslim women. This helps Muslim women not be trapped by Western conventions in rights discourse, but instead transform it for themselves. Transnational feminism using this method works “not only across national boundaries but also across cultural and social boundaries” (Hesford and Kozol 26). Justice looks different for different groups depending on the country and the history of globalization in that country; therefore, one must use transnational methods to understand how to accomplish justice for those groups.

Transnational Rhetoric (Critical Rhetorical) Methods for Health Communication Work

Health communication was first studied in Communication Studies in a 1975 International Communication Association interest group, but health and communication were connected before then (Frimuth and Crouse Quinn). Health in communication is mainly researched for the development of effective health messages, dissemination of health messages over media, and the building of interpersonal relationships in health communities. Interpersonal communication research has been the major way of approaching Health Communication. Health communication is also always tied to science, which at times can seem oppositional or completing with rhetoric. But rhetoric and science must not be seen as oppositional or competing for sexual health research. Richard Cherwitz and James Hikins state, “We defend a theory of argument which retains

for both science and rhetoric important roles in the process of knowledge acquisition” (380). By rhetorically researching a health issue, I am expanding, not competing with, the acquisition of knowledge on this subject. Rhetoric and science work together to lend a broader understanding of the transmission of STDs.

Overall, the emphasis has been on effectiveness of the communication around health (Stacks and Salwen). I suggest that part of what makes a health campaign effective could be the cultural impact and that can be understood and transformed using transnational rhetoric. Mohan Dutta states that offering the culture-centered approach as a framework is important for understanding disparities in health care. I expand this to arguing that a transnational approach is important for health. Research also examines persuasive dimensions of influence such as physical, economic, psychological, moral, and social (Stacks and Salwen 497). These are all rhetorical dimensions of influence that can be examined in the artifacts of the campaigns. Transnational influences can show how this is informed globally and has global impacts. Feminism focuses the impact to that of women. Researchers should also look at how health communication has a transnational feminist rhetoric impact.

Transnational competence is important for creators of health message and practitioners, because it means having awareness of the impact in the country the campaign is designed for and the relationships formed between the countries creating the message. Transnational competence is an issue in health that was taken up in relation to health care practitioners (Koehn). There is an increasing need in the health care industry in general to be more aware of transnational issues, yet there is not as much focus overall

of the transnational issues in the campaigns. This is a gap in the health care research. Rhetoricians give a way to look at transnational issues through transnational rhetoric.

Social and cultural context are important when examining health communication. Health Communication campaign researchers tend to focus on these through audience analysis such as demographics and values (Beato and Telfer). I would like to keep the emphasis on values and demographics, but go beyond simply naming them to discussing how values change or are reinforced through these campaigns. Demographics are important for transnational feminist rhetoric as a starting place, but we must show how these demographics operate in a global context. In order to show the cultural context, I move away from universalizing the issue in the campaigns and put them into a locational ideology that accounts for the colonial forces.

The study of health communication has focused on the influence of a population's knowledge, attitudes, and behaviors through awareness of health threats and practices (Kreps et al.). Campaign analysis usually examines specific outcomes and/or effects on specific groups. Health campaigns typically deploy a set of communication media, (e.g., announcements, pamphlets, or videos during a specific period) (Noar). Much of this research conducted is quantitative. Health communication research tends to examine if these sets of communication activities led to the desired effects of the campaign and what unintended effects the campaigns may have had on the public. Public health research, while outside of communication, is another field that has widely covered the topic of STD prevention campaigns. Most of the research is sortable into categories of exposure and identification, social norming, and stigma.

Haslam et al. explained that consumers of health campaigns sometimes believe they are not the target for the message; thus, reacting against the health-related messages.

African Americans and American Indians who were exposed to messages about dieting that they saw as emanating from White middle-class sources came to see health-related behavior as non-normative for their group (as if to say “health is not a thing we do”) and expressed less desire and intention to pursue healthy lifestyles. (Haslam 10)

Haslam et al. found that when people do not identify with messages, they disassociate themselves from the issue and believe they are not at risk because the characters portrayed are not part of their group. This could be the case, but a transnational perspective would also examine how histories of slavery and colonialism often discourage oppressed peoples, such as African Americans and American Indians, from identifying with the campaign’s message since it is formed by the oppressors.

Campaigns can also reinforce ideas of marginalization and isolation (Cho and Solomon). Social norming is the social cohesion of groups in media campaigns. By portraying what is healthy and unhealthy in campaigns “social norming can render individuals to shame and isolation” (Cho and Solmon 305). These mass messages reinforce marginalization, and clearly define who does and does not fit in, even if they don’t mean to. Transnational feminism can also go into media effects of health by showing how social norming is a political mechanism for reinforcing the ideologies of one group and attempting to assert them onto another group. Shame and isolation of groups can also be explored through the transnational feminist lens as a technique used to silence women in particular places.

Transnational feminist rhetoric can also forefront the issue of how the government is involved with spreading stigma. Goh examined how the news coverage of the Singapore government blamed homosexuals for the rise of HIV/AIDS cases. The Singaporean government framed homosexuals as promiscuous and contrary to the country's traditional values. The author uses Foucault's repressive hypothesis to examine this, but governmentality can be expanded by transnational rhetoric to emphasize more of the political aspects. Governmentality is the way the state exercises social control over the body of citizens, biopolitical control, through forms of disciplinary institutions and legitimizing forms of knowledge. The discourses people learn become internalized so they govern themselves (Foucault). Governmentality can be used a critical rhetorical method for showing governmental control over marginalized bodies by legitimizing health knowledge embedded with other politics in the media. The way these articles were constructed by the government can be used to show government or other authorities collaborate in governmentality. Governmentality can be used in a transnational way because there are global reinforcements for these constructions of marginalized groups, such as women and gay men, being constructed as the promiscuous people spreading HIV/AIDS. Even in this article, Goh discusses how international media named Singapore as Asia's new "pink" capital and how the government reacted to this. Transnational rhetoric can name this interaction between international media and government-controlled media in the country.

Transnational rhetoric can also show how HIV/AIDS becomes constructed as a foreigner's disease. Li et al. examined how media messages affected Chinese people's

attitudinal and behavioral changes. The more they were exposed to media the more participants in their study believed that people with HIV/AIDS were gay men and foreigners. Using transnational rhetoric, one can examine how these ideas get constructed. Believing that HIV/AIDS comes from globalization makes it a transnational issue, and those persuasive techniques should be examined since they show up in other HIV/AIDS campaigns as well, without an overt mention to how this happens. I will examine if this is a common trope in transnational health media.

Using international coverage to understand how HIV/AIDS and other STIs are constructed across the globe can help us understand the shifting global ideologies and also how histories of global policies impact a place's understanding of health campaigns. Nilanjana Bardhan ("Transnational AIDS-HIV news narratives: A critical exploration of overarching frames") looked at transnational AIDS and HIV news narratives and found that most coverage assumes mostly Western cultural perspectives. Bardhan discussed that there is a lessening globally of AIDS as a moral tale. News over time has also shifted away from the biomedical discourse and socioeconomic. Public policy, and human rights themes have gained ground. Prevention and education are gaining attention in the news. It is projected, according to Nilanjana Bardhan, that AIDS/HIV will continue to have media attention around the world and thus be treated as a "globally interrelated phenomenon [and] receive peripheral treatment" (283). Human rights pertain to everyone, but tend to have specific benefits and focus on underrepresented groups, such as women, minority races, and gay people. The shift in news coverage is going global and so should our study of it.

Conditions in the countries most affected by HIV/AIDS get little coverage in the United States (Bardhan, “Transnational AIDS-HIV News Narratives: A Critical Exploration of Overarching Frames”; “Domestic and international coverage of AIDS/HIV”). The silence of the U.S. on international health issues around HIV/AIDS also affects global discourse on this health issue. It is important to note the transnational impact of how coverage of HIV/AIDS in other countries is or is not covered in the US. I focus on the collaborations between the U.S. and other countries in creating HIV/AIDS and STI campaigns and how this impacts both areas through a transnational feminist understanding. The rhetorical aspects are important to this understanding because looking intersectionally at the histories of globalization, which includes policies, will show the possible impacts to those exposed to these campaigns. Studying the US’s contribution is important because of the hierarchy of things produced in or by the US. Bardhan emphasizes, “The Western-based wire services occupy positions of power at the apex of the global news hierarchy” (“Transnational AIDS-HIV” 293). Therefore, transnational news information usually focuses on the United States in framework or orientation.

News representations for transnational studies should be studied in a similar way to other forms of media. News representations are never free from cultural/contextual influences. Bardhan states, “An examination of global news representations of AIDS–HIV needs to address contextual factors such as transnational news flow politics, economics, structures and other pertinent news-shaping forces” (“Transnational AIDS–HIV” 293). In the news, these contextual frameworks can often be made more apparent

by the other stories in the newspaper/online news outlet. The news coverage of the show, *Shuga*, supports the transnational claims of the impact and ideology of the show.

The U.S. also tends to develop news and other media focused on conflict and crisis in lesser-developed countries instead of triumphs (Riffe and Shaw; Weaver and Wilhoit). These studies were done using content analysis. The five transnational wires show Sub-Saharan Africa the most on their agenda and thus position Africa as the locus of the pandemic (Bardhan, “Transnational AIDS-HIV” 303). I am interested in how this works with HIV/AIDS discourse as a transnational persuasive tool. Does the U.S. also formulate other countries as in crises while not showing the crisis as coming from the US? Are the only global depictions of health diseases ones of crises?

Policies and media have an interdependent relationship. Health policies are never just an insular issue or decision. Media and policy interact in a transnational way (Bardhan, “Transnational AIDS-HIV”).

The media identification and definition of public problems work not only on mass audiences. Policy makers are very attentive to news coverage...The media’s construction of AIDS thus influences not merely how we as individuals will react but also how we as a society and as a polity will respond. (Colby and Cook 219)

Transnational wire services cover transnational issues such as HIV/AIDS and are likely to make a collective impression on the “international information elite” (Read 14). The international information elite are a catalyst in the policy-making at local, regional, and global levels in a multilayered way (O’Heffernan). Bardhan links HIV/AIDS and transnational journalism as both dependent variables. Bardhan’s study was a content analysis, so it showed that there are themes across these transnational wire services but

she did not analyze how these themes operate rhetorically. I focus on the policies surrounding health media in all forms.

Entertainment education (EE) is defined as “the intentional placement of educational content in entertainment messages” (Singhal and Rogers “A Theoretical Agenda” 117). These are designed or co-produced with support from local governments and/or health agencies and delivered in different mediums (Singhal and Rogers “Entertainment-Education”). Researchers of mass media state that audience members are likely to mimic the behaviors of characters they identify with (Singhal and Rogers; Bandura). Huang et al. continue this discussion on government affiliation with edutainment by stating, “Furthermore, the media in many of the countries where EE has succeeded is government owned and operated” (Huang et al. 1). The U.S. has a harder time breaking into the market and thus usually has health storylines integrated into already established storylines. Hollywood, Health, and Society (HH&S) works to help create health related storylines on popular shows with scriptwriters and health professionals in the United States. Huang, et al. proclaim, “Heightening the awareness of U.S. audiences to these global health issues is critical for both humanitarian and practical purposes” (4). Terms like “the local” and “the global” commonly used to discuss impacts on places become less distinct due to globalization (Grewal and Kaplan; Tsing). There is interdependence between domestic and global health (Ali and Narayan).

Media imperialism through a transnational feminist rhetorical analysis of the campaigns can be used to fill in a gap with the impact for health communication. U.S. American television not only has global reach, but also dominates the media market. U.S.

health-based shows, such as *ER* and *House*, have huge followings in other countries. (Huang et al.). The effects of American shows on audiences in other countries are rarely examined. Huang, et al. examines the transnational impact of these shows on Global Health Awareness.

Huang, et al. looks at the transnational impact of U.S. produced media on populations outside of the US. Huang et al. simply define the transnational process as “those that are anchored in one or more countries but cross into a different country” (3-4). Transnationalism is distinct from global processes because global is decentered from specific nations (Basch and Szanton-Blanc; Kearney). Huang et al. expand on the process stating, “The transnational process tends to be fluid and difficult to track, especially with respect to media” (4). Through transnational media produced in the US, viewers in countries outside of the U.S. may be aware of events and experiences in other countries and how people in their country are depicted in other countries (Fong). The United Nations and other organizations have been urged to produce more EE.

Huang, et al. focus on the impact of U.S. produced EE programs on U.S. audiences, with respect to global issues, and the impact of U.S. produced global health storylines on global television audiences (4). The literature review showed that no scholars referenced EE’s impact on global health policy in any context. They also found a lack of studies on the impact of global health topics portrayed in the US. Out of 409 health storylines, only nine contained global health storylines. There is a lack of research on the impact of U.S. produced television audiences (Huang et al.).

Racial and cultural barriers are always blurred in transnational studies, but the cause of the blurring should be examined. U.S. created shows have been not only watched in other countries, but also have an influence on redefining cultural and racial barriers (Katz and Lieves; Havens; Gray). I argue that the health messages in all forms either define or blur racial barriers. Issues of representation of other cultures, such as simply changing skin color to make the campaign “universal,” or only showing light-skinned representations of mothers in Chinese campaigns for pregnant women with HIV, have material effects on changing the cultural and racial barriers for health communication. Transnational health media should look at race and cultural aspects that are challenged or reinforced in their visual and textual representations.

I examine some of the religious impacts on sexual health. Religion is transnational, yet it may be practiced differently in every culture. Creators of messages hear voices of religious leaders and followers. Huang et al. found “Religious and political leaders often decry the negative impact that U.S. entertainment imports are having on their population” (14). This can impact how governments and other creators of sexual health messages represent their messages in the media. The religious implications, extensions, and backlash are often under-examined in rhetorical studies of sexual health. Using an intersectional background when studying these campaigns, I plan to look at how the dominant religious identities are represented in transnational campaigns along with the other aspects.

I explore what past scholars have called the future directions of Health Communication Research. One main direction is the effort Huang, et al. names as “an

obvious starting point for these efforts is to develop research that examines the effects of global health storylines on viewers both in the U.S. and elsewhere, keeping in mind the link between an educated public and the priorities of its elected representatives” (16). This call comes up in my representation of the show *Shuga*. Both impact studies will show the impact of the U.S. and other countries (China and Kenya) co-constructing health messages in other countries.

The impact of culturally relevant or disparate messages shows the importance of examining these transnational constructions. The relevance of information impacts how much the audience retains. When looking at the impact of U.S. based influence on other countries some scholars found while viewers had increased knowledge of health messages, they found the information was more relevant to those in the U.S. (Arendt). Some information was so far from the cultural reality of places the viewers were not receptive or trusting of the sexual health messages (Rogers, Singhai, and Thombre; Chitnis, Thombre, Rogers, Singhal, and Sengupta). Galavotti suggested that behavioral interventions to prevent HIV/AIDS are most effective when they provide personalized models of desired behaviors linked to social and cultural narratives. Transnational feminist rhetoric can show the tools of creating social and cultural narratives across borders, evaluate existing health campaign, and help craft more effective campaigns, thereby saving lives.

Transnational Feminist Rhetoric

Wiedemann and Meyen critique communication research as unconsciously spreading a U.S. paradigm. Wiedemann and Meyen suggest that the outreach for more

non-U.S. scholars in top positions did not change the power structures of the field. The communication field and research traditions are still U.S. centered. Craig Calhoun alleges, “Communication research is ‘heterogeneous’ in the ‘organizational and curricular models it has produced for itself’” (1481). There are pressures to de-Westernize the field.

Raka Shome makes a case for the importance of transnational perspectives in feminist communication scholarship. One major critique is that U.S. based Communication Studies is extremely U.S. centered and never mentions the tense, and often violent, relations between the U.S. and other worlds. The global theories of gender in Communication Studies also continuously reinforce the binaries of national/international. This fails to recognize the gendered violence of the in-between slash. By affirming binaries instead of fluidity, people fail to recognize the nuance that distinctions assert (Shome 256). Transnational feminism might be characterized as an interdisciplinary analytic (Hesford and Schell 467).

Media studies in communication have started to focus on transnational feminism.

Raka Shome proclaims:

Recognizing that the media constitutes a central site upon and through which global inequities are being staged today, scholars have begun paying attention to various media phenomena in order to examine the new gendered imaginations that are being articulated in globalization and how they reproduce many of the earlier colonial logics of colonialism *and* enact new one. (257)

Global flows of media enable imaginations of the transnational that get into representational politics, globalization, and “third world” women (Shome).

Culture in communication studies has the downfall of sometimes being portrayed as static and singular. Transnational feminism combats that by looking at international

policymaking and transnational organizing. Transnational communication looks at the analysis across cultural boundaries (Hesford and Schell). Cultural studies can be U.S. centric, so transnational studies within communication expands beyond the boundaries of the states and reconceptualizes the effects of globalization within the U.S.

Wendy Hesford calls for rhetoric and composition to turn towards global matters. Rhetoric and composition is one way of understanding transnational feminism in communication. Hesford and Schell discuss the special issue of rhetoric claiming:

This special issue on feminist rhetoric and transnationalism challenges the disciplinary defining of rhetoric and composition around U.S. centric narratives of nation, nationalism, and citizenship, including its focus on feminist and women's rhetorics only within the borders of the United States or Western Europe, and explores its potential complicity in reproducing institutional hierarchies. (463)

Rhetorics shift in meaning and have different material effects across specific locations. There are impacts and effects of a rhetorical action in a transnational context. Dingo states "globalization has had uneven material consequences throughout and within different regions of the world" (11). The material aspects are what are examined.

Alexander and Mohanty argue that feminists, especially Third World Feminists, should pay attention to histories of colonization.

1. A way of thinking about women in similar context across the world, in different geographical spaces, rather than women across the world;
2. An understanding of a set of unequal relationships among and between people, rather than as a set of traits embodied in all non-U.S. citizens (particularly because U.S. citizenship continues to be premised within a white, Eurocentric, masculinist, heterosexist regime); and
3. A consideration of the term international in relation to an analysis of economic, political, and ideological processes that would therefore require

taking critical antiracist, anticapitalist positions that would make feminist solidarity work possible. (xix)

This transforms what was known as “international” to “transnational.” The methodological practice will be illuminating organizational practices and writings of Third-World women through a case-study approach.

Praxis is another way of thinking about using feminist theory. Jacqui Alexander and Chandra Talpade Mohanty state:

To talk about feminist praxis in global context would involve shifting the unit of analysis from local, regional, and national culture to relations and processes across cultures. Grounding analysis in particular, local feminist praxis is necessary, but we also need to understand the local in relation to larger, cross-national processes. (xix)

U.S. ideology could not guide what justice is across borders. Relativism would be removed in favor of critical applications of feminist praxis in global contexts.

Decolonization or postcolonization have been used to describe this praxis.

Praxis and theory are not dichotomies. When thinking of a situation, a transnational feminist scholar must consider the collective praxis and particular kinds of theorizing. The critical methodology of undertaking this praxis and theory are used to analyze situations that may have very different effects (Alexander and Mohanty xx).

Rhetoric scholars have studied comparative rhetorics, contrastive rhetoric, and intercultural rhetorics. Comparison may be good for showing the effects of trope, argument, and narratives in different cultures, but it tends to lead to the deficit model of non-western cultures. It also may not account for the interstate/country relations.

Contrastive rhetoric is like comparative rhetoric, but compares and facilitates writing in a

different language. All of these areas can be useful for transnational feminism if they attend to:

1. Questioning the ways in which the nation-state Western rhetorical tradition(s) are still the originary units of analysis, and 2. Addressing a larger understanding of transnational connectivities that condition practices of rhetoric across and within the borders of the nation-state. (Hesford and Schell 464)

Within comparative rhetoric there are ways of using transnational theory. Hum and Lyon suggest that a comparative historical approach that attends to texts in cultural contexts fosters a dialogue that engages critics to examine rhetoric in a nuanced way (162). The dialogical is the aspect of communication that differs from transnational feminism in other studies.

The structure is explored using rhetoric. Visual and textual elements are explored in issues such as how human rights are produced and constructed (Hesford).

Most transnational feminist debates on knowledge production have tended to focus on the epistemological realm- that is, they have focused on questions of how we know. One of the dominant trends in this epistemological understanding of transnational feminist knowledge production has been the feminist concern with strategies of representation and the dominant categories of thought in order to consider the power effects of knowledge. (Fernandes 116)

New materialist approaches to visual rhetoric can be used for circulation studies such as Laurie Gries work. Iconographic tracking can be used as a method to describe how images flow, transform, and contribute to collective life across contexts using transnational theories to discuss the scales of circulation and consequences.

Bo Wang developed an approach that links the cultural specificities of particular non-Western rhetorics with larger geopolitical forces and networks. Wang examined “practices in comparative rhetoric over the past three decades and suggests that the field

conceive new perspectives to engage with transnational spaces, hybrid identities, and subjectivities grounded in differences related to gender, race, class, and culture” (226). This explores the implications of contemporary theories for comparative work. Wang focused on what material helps practitioners rethink history, identity, and the nature of theoretical investigation in the communication field. These materials created a space for non-Western rhetorics in the twenty-first century.

Artifact of Study Justification

Overview and Impact of *Shuga*

The MTV show *Shuga* first aired in November 2009 as an HIV edutainment program set in Kenya. *Shuga* was also developed into a radio show, which expanded its global reach. The radio show started in six countries: Cameroon, Democratic Republic of Congo, Kenya, Lesotho, South Africa, and Tanzania (Targeted News Service). The radio show is also streamed on MTV online and can be accessed worldwide through 65 different broadcasters. *Shuga*'s African and global impact indicates its importance as a case study. The goal of the show was to “lift the lid on the reckless sex lives and loves of young Kenyans and their partners” (PR Newswire). In particular, the aim was to encourage youth to modify sexual behavior before or as they are beginning sexual activity. *Shuga* follows the relationships/sex lives of “cool” Kenyan students and intertwines their stories (PR Newswire). Initiatives of the show complemented the public-private partnership PEPFAR has with the HIV-free generation, which targets the youth population to eliminate HIV. This connection between initiatives in the show and public-private partnerships is part of the transnational connection as well as evidence of the

commercialization of health edutainment. The commercialization is a concern for transnational feminist rhetoricians that calls for the elucidation of the capitalist aspects of health edutainment programs.

Shuga is a soap opera about people with HIV in relationships. These are designed or co-produced with support from local governments and/or health agencies and delivered in different mediums (Singhal and Rogers). The emphasizes that the storyline message design and production are created by and credited to the agencies instead of local people.

Shuga qualifies as edutainment because it pushes for healthy messages while trying to entertain the audience and get them involved in the storylines, characters, and show. For example, one of the ways they do this is with questions embedded in the show that people can text or answer online. Edutainment often involves public engagement, and *Shuga* is no different. Public engagement is important because audiences “engage, identify and involve themselves strongly with the stories told in radio and television drama and when this is explored strategically, it may well contain the potential to articulate debate around difficult-to-talk-about issues such as HIV” (Tuftte 168). The goal of edutainment programs, such as *Shuga*, are to elicit positive informational and behavioral changes in audiences.

The public-private partnership has an immense impact on the show. *Shuga* was shown at the International AIDS Conference in Washington D.C. (Targeted News Service), and earned awards and nominations from around the world. In 2016, the U.S. Department of State and the Secretary’s Office, the University of Virginia Darden School

of Business Institute for Business in Society, and Concordia Today announced that *Shuga* was one of the finalists for the 2016 P3 Impact Award, which recognizes model public-private partnerships (P3s) from around the world (HT Media, ““Department of State, UVA Darden School, and Concordia Announce Finalist for 2016 P3 Impact World”). The public-private partnerships were primarily MTV and other primarily U.S. based health organizations.¹ *Shuga* first aired on MTV Base, but was filmed in Nairobi. *Shuga* started as part of a pioneering multimedia campaign called MTV Staying Alive Ignite. Primarily Staying Alive, PEPFAR, and UNICEF provided funding for the drama series.

Shuga has made a huge impact on youth in Africa according to statistics for the change in HIV stigma and reach of the show. *Shuga* was first launched in Kenya and Zambia. *Shuga* and *Tribes*, another MTV drama series, together have reached 96% of youth in the top 50 HIV/AIDS impacted countries (PR Newswire). The impact on the target demographic is measurable, in fact “over 80% of those who saw *Shuga* believed it changed their thinking about multiple concurrent partners, HIV testing and stigma associated with HIV” (PR Newswire). Research has primarily been done with the first season of the show, which aired in 2009. The first season was seen by 60% of Kenyan youth and they rated it appealing and realistic (Borzekowski). Actor Nick Mutuma, who played Leo in *Shuga* Seasons 1-5, talks about the impact on *Shuga*. In Season 4, “Episode 7: Inside MTV *Shuga*” he says:

¹ MTV Staying Alive, Positive Action, MTV Base, Children’s Investment Fund Foundation, Marie Stopes International, Bill and Melinda Gates Foundation, Linkages, PEPFAR, USAID, and Basic Education Republic of South Africa (MTV Staying Alive Foundation).

Shuga is no longer a show. It's more of an African phenomenon. I don't think there has ever been a show that brings together the whole continent quite like this. We have South African, West Africa, East Africa all in one show. All about young people. Young people are the future. What more can I say.

While these are the regions represented in the show, this is not all of Africa, and most research has been in Southern Africa.

Shuga was the first show to have a broadcasting company commission a multi-country study of a program's impact, which reinforces the transnational goals of the show's partners. The Johns Hopkins Institute, based in the US, found that young people understand the messages conveyed in *Shuga* and talk about HIV issues after seeing the show. They believe the storylines are realistic and viewers are more likely to develop more positive attitudes and behavioral intentions around HIV and AIDS (PR Newswire). The research focused on the biggest impacts of the first two seasons of the show. A study found that many youth had seen *Shuga* throughout the world: 60% in Kenya, 8% in Trinidad and Tobago, and 4% in Zambia (PR Newswire). Viewers also knew the main issues of the show and could identify the lessons (PR Newswire). Nairobi youth (70%) who viewed *Shuga* and its accompanying campaign talked about the characters and messages with other. Kenyan viewers (90%) and Zambian viewers (50-60%) believed *Shuga* had an impact on their thinking. Kenyan viewers said that the show impacted their ideas of multiple partners (84%), HIV testing (85%), and living with HIV (87%) (PR Newswire). Kenyan viewers also stated they were more likely to get an HIV test due to watching the show (PR Newswire). Bill Roedy, Chairman and Chief Executive of MTV Networks International commended research for showing the effectiveness of the

programs, specifically *Shuga* and *Tribes*, at influencing young people to change behaviors that relate to HIV. The Chairman and Chief Executive of MTV Networks International continues, “These results make us determined and completely committed to continuing our campaigns globally” (PR Newswire). This shows the desired and actual impact of the show globally.

The World Bank also conducted a controlled trial that measured data prior to and six months after watching *Shuga* about attitudes towards HIV/AIDS and safe sex among 18-25 year-olds in Southwest Nigeria. This study was funded by the Bill and Melinda Gates Foundation and the Impact Evaluation to Development Impact (i2i), a World Bank fund supported by UK's Department for International Development (DFID). The Principle Investigator and Economist from The World Bank Development Impact Evaluation (DIME), Victor Orozco, stated findings from the World Bank study stating:

The experimental evaluation shows that MTV *Shuga* directly improved knowledge, attitudes and behaviours related to HIV/AIDS. The effects in several key outcomes were substantial and given the show's global reach and low broadcast costs, it can potentially alter attitudes and behaviours of millions of individuals at low marginal costs. (SyndiGate Media Inc., “YouthMonth: Soapie cleans up attitude to HIV/Aids”).

Financial cost/gain being a primary measure of positive impacts already signifies the commercial interests of the television show. The evaluation of the show confirms the global impact on changes in knowledge, attitudes, and behaviors.

Despite the measurable positive impact of the show, there has been some controversy because the sexual themes were seen as too explicit for some of the members of the community, especially the older ones. Seasons one and two were filmed in Kenya

with Kenyan actors, and it was designed with the goals of promoting condom use, single versus multiple sexual partners, and destigmatization of HIV (Booker, Miller, and Ngunjiri). Community members and writers had concerns about the show early on saying, “the program almost immediately generated controversy due to its extensive sexual themes and relatively explicit portrayal of sexual issues” (Booker, Miller, and Ngunjiri, 2007). Popular press writers wondered if the scandalous content would overpower safer sex messages, which was expressed from mostly older generations (Booker, Miller, and Ngunjiri). Scenes include men and women explicitly describing how good sex feels and sensually describing bodies. This reaction already demonstrates how the show may not be congruent for the experiences of some community members in Africa, especially the older generation who is not the target audience.

The target audience of the show is youth, age 10-24 around the world (Booker, Miller, and Ngunjiri). When talking about *Shuga*, partners in the show discuss its impact. Eric Goosby, United States President’s Emergency Plan for AIDS Relief (PEPFAR) representative says, "PEPFAR, through the Partnership for an HIV-Free Generation, is pleased to partner with MTV, UNICEF and the Bill & Melinda Gates Foundation to develop compelling media with technically sound messages that clearly resonate with young people worldwide" (PR Newswire). Goosby goes on to say that they will be building on this evidence whenever they are developing media with partnerships. Jimmy Kolker, Chief of HIV and AIDS for UNICEF, also stated that while more knowledge is important, the most important aspect for preventing new HIV infections is changes in behaviors and attitude. He goes on to say adolescents find information in *Shuga* realistic

and relevant for their own lives and behaviors, which is the key to its success (PR Newswire). The more realistic or wishful the edutainment program's characters or storylines are the more effective it is in changing behaviors and attitudes. So, while the show's reason for targeting a very specific audience is made explicit by its public-private partnerships, this ultimately leaves out many generations who hold more traditional African values.

Those involved in the show's creation have an interest in the young audience. Bill Roedy, Chairman and Chief Executive of MTV Networks International, made the case for high impact prevention initiatives for youth because infection outpaces treatment. He claims young people are leading the HIV prevention revolution (PR Newswire). The partnership with the HIV-Free Generation also points to how the show is directed at youth since the main engagement and storylines for prevention are directed at youth. The Partnership for an HIV-Free Generation is a PEPFAR supported public-private partnership, which targets youth aged 10-24 through technology to accelerate HIV/AIDS awareness programs by promoting links to economic opportunities, skills, and empowering people to make healthy choices (PR Newswire). MTV's and the PEPFAR's partnership is one big reason the program specifically showcases youth. While some older characters are featured, the youth are the ones taking care of the older characters and the primary focus of the show. This is important because youth are also more likely to embrace coloniality and modernity.

Impact Beyond The Show

This analysis looks at some of the transnational wire services, such as newspaper articles that discuss the edutainment program. By examining how newspapers discuss the show, people can understand the global conversations around the edutainment program. Transnational wire services cover transnational issues such as HIV/AIDS and are likely to make a collective impression on the “international information elite” (Read 14). The international information elite are a catalyst in the policy-making at local, regional, and global levels in a multilayered way (O’Heffernan). Bardhan conducted a content analysis of transnational newspapers and found themes in articles about HIV and AIDS, but not how the discussion could impact transnational ways of conceptualizing and understanding issues around the disease. This analysis focuses on how the show itself tried to be a multi-model functioning show and the transnational newspapers help us understand how this show functions in a transnational way.

Overview and Impact of Chinese Campaigns

Sexual health in China mostly focuses on abortion, which can be seen from the feminist standpoint or the health advertisement viewpoint. However, HIV and AIDS goes widely underreported in the nation and to the international community. One must also look intersectionally at identities and stigma related to them that lead to higher risk. There are medical, social, and economic trends that lead to women have more unprotected sex. Celeste Watkins-Hays states, “People are differently exposed to HIV on the basis of their social locations in ways that mirror exposure and vulnerability to damaging structures of inequality, requiring approaches that account for the epidemic’s

intersectional inequalities” (442). Due to notions of preserving face and cultural shame with HIV and AIDS, much of the information is unshared. This means that the information is also not as stratified as it is in other countries, with specific information about groups like pregnant women.

Sexual taboos are changing somewhat in China. A survey by Renmin University shows that more than half of all respondents think premarital sex is acceptable (Will). The government policy and more traditional viewpoints are deeply rooted in Chinese attitudes towards contraception and birth control. Younger generations are rapidly changing in their worldviews and sexual habits. The policies based on older worldviews have left a shortage of free state services for millions (Will 2). A 2003 report by China Family Planning Association showed that in most provinces 60-70% of respondents engaged in premarital sex (Will 4). Rachel Will discusses a study in the *Journal of Adolescent Health* found that “63.6% of urban nonmigrants reported unprotected intercourse compared to 83.1% of rural to urban migrants in Shanghai. Though lack of access to free contraceptives is high for both groups, urban migrants face significantly higher barriers” (5). Poor sexual education is often due to limited resources and frequent migration causing inconsistent students, which leads to increased risk of unprotected sex.

China has one of the highest rates of contraceptive use in the world for women who are married or in a union at 84.6%, compared to 78.9% in the U.S. and 54.3% in Japan (Will). Rachel Will exclaims, “The high figures owe much to China’s vast network of family planning centers and other government initiatives in local communities that followed the implementation of the One Child policy in 1979” (2). However, this does

not hold true for unmarried or younger populations in China. “Many young people don’t use contraception at all and that is reflected in high abortion rates for youth,” Dr. Kaufman says (Will 4). This leads to many young people contracting Sexually Transmitted Infections (STIs).

Contraceptive use is still geared more towards population control than rather than STI, HIV, or AIDS prevention. Will explains:

20 years ago if you went to the rural villages, you could see the slogans on the wall that read, ‘if you have one child, IUD please, if you have two children, sterilization please,’ describes Kaining Zhang, a research physician at the Yunnan Health and Development Research Association. ‘There is still a very strong influence [from that] policy.’ (2)

The emphasis is on permanent methods of control instead of birth control, and methods that include STI prevention, such as condoms.

Contraception is still geared towards mostly married women and emphasizes permanent means of birth control. Birth control options are available at retail stores, while urban and rural areas have free birth control methods at family planning service stations. The preference toward long-term methods of birth control methods contributes to the gap between the younger generations of Chinese. The majority of services are intended for married couples, leaving young, single individuals without free state coverage (Will 3). The lack of coverage for family planning means that there is less access to information about family planning for unmarried young people. They are not covered by the family planning program because they are not married, so they fall through the cracks in terms of sex education and contraceptive access, says Joan Kaufman, distinguished scientist at the Schneider Institutes for Health Policy at Brandeis

University. “They can certainly purchase birth control at drug stores, but it is harder for them access services from China’s free family planning program” (Will 3). Therefore, women often use abortions instead of condoms.

Condoms are considered to be temporary contraception; therefore, they are used in low frequency in China. Only 8.5% of married couples use condoms. Adolescents are less likely to choose non-permanent contraceptive methods. Adolescents show lack of knowledge of these methods or inaccessibility. Sales of emergency contraception grew by 8% in 2011 and is in a steady growth according to Euromonitor (Will 3).

Abortion remains a highly contentious issue in the world. China’s youth experiences a high abortion rate, which is directly linked to inadequate services and education. Will found that, “In 2009, Chinese health officials reported that 13 million abortions are performed in China annually. Of the total, 62% were among women between 20 and 29 years old, while most were single” (4). In order to target Chinese students and youth, the Beijing Modern Women’s Hospital offers a government subsidized “Safe and Easy A+” discount abortion package for RMB 880 (US \$130) (Will 4). The emphasis on abortions and lack of information on condoms makes it so talk about HIV and pregnancy are uncommon.

The PMTCT program was developed in recent years. HIV infections in newborns have been reduced from 7.4% in 2001 to 6.7% in 2013 (Avert, “HIV and AIDS in China”). There is still a low availability for antiretroviral medicines for pregnant women (Avert, “HIV and AIDS in China”). In Guangdong province the objective failed purely from the shortage of antiviral drugs with 60.2% receiving antiretroviral drugs and only

48.2% receiving them during pregnancy (Avert, “HIV and AIDS in China”). Many pregnant women were unaware or lacked knowledge of HIV antiretroviral antenatal health services (Avert, “HIV and AIDS in China” 6). Treatment for pregnant mothers is just over 60% (Avert, “HIV and AIDS in China” 7).

There have been several HIV events around the country. The article “HIV and AIDS in China” states there are several programs to reach out to young people in China. Some programs include the Youth Red Ribbon, which provides education to young people (Avert, “HIV and AIDS in China” 6). Another campaign is China’s ‘100 universities going into 1000 enterprises, which educates university students through HIV prevention programs who then educate workers in different organizations and businesses about HIV and AIDS prevention (Avert, “HIV and AIDS in China” 6). That campaign boosts success of educating over 300,000 workers (Avert, “HIV and AIDS in China” 6).

There have been some shortfalls in China’s work for HIV prevention. According to the World Health Organization, “By its own admission the central government has an uphill struggle to translate its message into action at local level” (WHO, “China’s Pragmatic Approach to AIDS” 5). There is a lot of variability across the country due to its vast size (WHO, “China’s Pragmatic Approach to AIDS” 5). Rahnstorm states “despite impressive steps forward, the response to HIV/AIDS is still in its infancy in China” (WHO, “China’s Pragmatic Approach to AIDS” 5).

Pregnant women with HIV have become a group of concern for activists, such as feminists, because they face the possible hardship of being historically underrepresented with a vulnerable medical condition. Pregnant women are a group targeted by medical

and research communities to figure out how to eliminate mother-to-child transmission (Watkins-Hays). When confronting HIV and AIDS services, activism, and public policy there must be a synergy.

HIV and AIDS activism has not been widely celebrated or encouraged in China compared to other countries. The voices of HIV and AIDS activists and NGOs have been suppressed. The government is cautious regarding human rights groups and non-governmental organizations. Activists have faced harassment, detention, and censorship. In 2007, *the Guardian* reported that people with HIV were put on house arrest to prevent them from sharing the reality of living with HIV in China to Chinese officials (Avert, “HIV and AIDS in China” 7). Furthermore, Chinese women tend to be discouraged from working with U.S. women’s rights groups due to the lack of translation of values.

Because of the transnational concern for HIV and AIDS, the U.S. has created campaigns for other countries. These often are “universal campaigns” or “translated campaigns.” China participated in 276 international cooperation projects focused on HIV/AIDS prevention and control between 1988 and 2009 (Sun et al). Each of the projects has played an important role in complementing the national fight against HIV and AIDS in China. The William J Clinton Presidential Foundation Health Access Initiative (CHAI) extended pediatric treatment to China and other foundations, such as Merck Foundation, supported prevention and treatment (Sun et. al).

Print mediums for China have been growing, but that growth is reaching a plateau. In a survey, Li Li, Zunyou Wu, Chunqing lin, Jihui Guan, Mmary Jane Rotheram-Borus, Yao Lu, and NIMH Collaborative HIV/STD Prevention Trial Group

found that 18% of the population got their information from posters and 54.8% from publications, and the rest received their information from other sources. Most of the information on HIV tends to focus on general news rather than knowledge or stigma reduction. Li Li, Zunyou Wu, Chunqing Lin, Jihui Guan, Mary Jane Rotheram-Borus, Yao Lu, and NIMH Collaborative HIV/STD Prevention Trial Group found that “Information may be outdated or inaccurate as it is mostly delivered by secondary sources such as government agencies and domestic or international news agencies, instead of HIV/AIDS researchers or medical professionals” (427). This medium becomes an important artifact to look at due to the potential impact.

These campaigns came from the Hong Kong AIDS Foundation, which was established in 1991 as a reaction to the public’s poor understanding of AIDS and those living with HIV and AIDS. People came from different parts of society to help prevent the spread of HIV and AIDS in Hong Kong. Hong Kong AIDS Foundation worked with local communities with forces under the Advisory Council on AIDS, partnerships with NGOs, and business corporations and public bodies. Hong Kong AIDS Foundation also collaborated with mainland China, which they called their “counterparts across the border.” Workers offer participants to learn and share with one another. This project was also a collaboration with the Chinese Association of STD/AIDS prevention and set up a Collaborating Centre in Beijing in 2007. Hong Kong AIDS Foundation also have international and regional collaboration since 1996. Hong Kong AIDS Foundation participate in symposiums at international and regional HIV/AIDS symposiums. Lastly,

Hong Kong AIDS Foundation work with organizations such as UNAIDS, Global fund, WHO and AIDS Society for Asia and the Pacific.

Chapter 4: Case Study *Shuga*

In this chapter, I explore transnational rhetoric in the MTV show *Shuga* to demonstrate how US, White, patriarchal, and capitalist ideologies influence health edutainment programs. The show takes place in three different African countries and shares the stories of people living with HIV. However, the collaboration with U.S. organizations to produce the show unfortunately embeds a worldview that privileges Whiteness. Drawing upon feminist, postcolonial, and critical race studies. I show that U.S. organizations are contributing to the spread of racial, gender, linguistic, class, religious, and nationality privileges under the guise of helping people. It is important to note that the locational context of the show, which takes place in a majority non-White country, is intricately tied to U.S. power. My purpose is to reveal how U.S. power operates in the show by making visible the gender and racial politics of US-led coloniality.

I focused on the case study of *Shuga* to demonstrate how the show reinforces both colonial ideologies and the complexities of transnationalism under the guise of health initiatives in one of the most widely viewed and critically acclaimed health edutainment programs. I concentrate on the interplay between countries in Africa, UK, and U.S. because of relations of coloniality and as they are the major places that influence the

show. *Shuga* aired in seventy African countries and has become an international hit, including in the US. *Shuga* was set in Kenya, Nigeria, and South Africa, and the cast members are primarily from these countries (Avert, “MTV Shuga Viewers Twice As Likely To Test For HIV”). Yet most of the agencies contributing to the show are from the US. I track how transnationally, countries in Africa and the West limit the possibilities for non-western women of color through the show.

I use transnational feminist rhetoric in a way that brings together the concerns of African feminism through the understanding of coloniality today. This rhetorical analysis investigates the global imperial designs and colonial matrices of power as they manifest in this show and seeks to highlight the liberation of colonized peoples from global coloniality, which includes ways of thinking, knowing, and doing (Ndlovu-Gatsheni). This is part of a movement that comes from struggles against the slave trade, imperialism, colonialism, apartheid, neo-colonialism, and underdevelopment as constitutive negative elements of Euro-North American-centric modernity (Ndlovu-Gatsheni 485). Historically, edutainment programs in Africa have not been culturally nuanced, often pushing Western ideology, and reinforcing Western hierarchy. I use *Shuga* as a transnational rhetorical artifact to demonstrate how health media is embedded with Western colonial scripts invested in certain commercial interests, knowledge, values, cognitive skills, and behaviors that particularly affect women around the world, specifically in Africa.

Methodologically, I analyze five seasons of *Shuga* as a transnational HIV edutainment program, examining storylines, phrases, and characters that mirror imperial

reassertions of White, male privilege. To conduct this analysis, I first watched the five seasons of *Shuga* in its entirety. The show increased in episodes over time and storylines and it was important to understand the arc of the series before conducting any analysis. Season 1 consisted of three episodes, each around twenty-four minutes long. Season 2 consisted of six episodes, each around twenty-two minutes long. Season 3 consisted of eight episodes, each around twenty-one minutes long. Season 4 consisted of eight episodes, each around twenty-one minutes long. Lastly, Season 5 consisted of twelve episodes, each around twenty-two minutes long.

After my initial viewing of the series 1-5, I then wrote a deep description of each episode with dialogue, background, and character descriptions. This detailed analysis was 120 pages of raw notes. I read Transnational and African Feminist research to acknowledge the concerns from those scholars. I then searched my notes for themes that showcased themes of power relationships that Transnational and African Feminist assert as concerns.

In this chapter, I provide an overview of the show's transnational and African Feminist impact by looking at the production and representational aspects of the show. I discuss the influence of production and representation in the show. To focus on the issues of production, I examine the local and Western agency voices, and then expose the commercial and capitalist interests creating the content for the show. Further, to look at the representational impact of the show I examine elements of Christianity, Family Structure, and the Objectification of women's bodies. I conclude with pointing out how

all of these elements reinforce coloniality transnationally in a health edutainment program.

First, I will begin by going over the production side of these campaigns. This is because the production of these campaigns is part of how the show is constructed as a transnational project. There are two main themes under the production side of these campaigns, Local versus Western Agency Voices and Commercial/Capitalist interests. Local Versus Western Agency Voices is understood through the decisions that go into making the show *Shuga* and how the decisions allow for more or less true transnational collaborations. The issues that arise in this section tend to be Western agencies speaking more or using more Western frameworks for creating the show. The Commercial/Capitalist Interests discusses how the show is still centered on drawing a profit as well as disseminating a health message. The reasons for the transnational collaborations may sway more heavily towards profit than necessary and this tends to be for Western profit.

Next, I will go over the aspects within the show that become issues of representational importance due to the themes and transnational viewers. There are four themes within the show that hold importance, Christianity, Family Structure, and Objectification of Women. These are issues that are the most prominent in the show that should incorporate more diverse perspectives in order to reach more viewers and spread more equality. Christianity examined as the Christian only influences and ideology throughout the series that excludes the viewers of the show and hold troublesome Christian colonialism in the transnational project. Family Structure is another theme that

needs more focus for the creators and the viewers of the show because it reinforces the power dynamics of male domination and female subordination and victimhood. The last representational aspect is the Objectification of Women also is explored because unlike family structures, which are more subtle forms of demeaning women's agency, this is how women's bodies are discussed in dehumanizing ways and as things to be bought. Finally, I end with a discussion of what these themes mean together for this transnational partnership.

Production of *Shuga*: Local vs (Western) Agency Voices

A transnational rhetorical analysis of *Shuga* begins by paying attention to the production of the show and what agencies or people speak, which are taken seriously, and which are tokenized. Philomina argues that collaborative projects between White and African female scholars end up with African women's stories being appropriated as raw data that creates systematic analysis by White scholars (Philomina). Appropriating raw data from African women's stories may be integrating their stories but pushing agency agendas or not giving credit to the women who shared their stories. Tiyaambe Zeleza and other scholars also speak to the tokenism and covert exclusions that occur in these collaborations between White and African scholars.

This rhetorical analysis will also shed light upon the policies or actions that resulted from airing this edutainment program. Policies and the media interact in promotional campaigns and have an interdependent relationship. Moreover, health policies are never insular issues or decisions; media and policy interact in a transnational

way (Bardhan, “Transnational AIDS-HIV news narratives: A critical exploration of overarching frames”). Additionally, Colby and Cook argue:

The media identification and definition of public problems work not only on mass audiences. Policy makers are very attentive to news coverage ... The media’s construction of AIDS thus influences not merely how we as individuals will react but also how we as a society and as a policy will respond. (219)

Therefore, this health program investigation reveals the influence on people and the government.

By pointing out how an agency of a government in Africa, the Department of Basic Education: Republic of South Africa, and agencies in the U.S. government, U.S. president’s Emergency Plan for AIDS Relief (PEPFAR) and US, interact while sponsoring *Shuga*, I demonstrate how these institutions of power and other authorities collaborate to control specific groups. In doing so, I discuss the ways in which the South African and U.S. American governments’ collaboration in presenting this program clearly show how they are creating global reinforcements for these constructions of marginalized groups, such as women with HIV. Transnational feminist rhetoric methodologies show how nations connect through government and other agency sponsorships, setting, casting, and viewership to persuade people to accept White, male supremacy as normal.

In this section I discuss how the creation of *Shuga* involves agencies pushing their own agenda, ignoring some local voices, and using local voices as tokens or disseminators of their own agenda. I will start by discussing what ways they use local people for dissemination only, the local and creator voices in the room, radio versus television decision, use of language, and who gets credit.

The locals in the countries in Africa get some voice in the project, but it tends to be in dissemination of the show's message only. Executive Director and Founder of MTV Staying Alive Foundation, Georgia Arnold, says they are working with Elton John's AIDS Foundation for peer education to take *Shuga* into the community through conversations led by youth in the country. Across five states in Nigeria, 120 highly trained youth led group sessions in universities and community centers in which they had people viewed and discussed *Shuga*. They led conversations about the messages and relatability of the characters. Elton John's AIDS Foundation and MTV's Staying Alive Foundation represent agencies training locals to disseminate their own agenda with little of their local input. Instead of locals having input in the transnational project in larger scales, they become a tool instead of creator of the messages. Even with the conversations or messages they spread, the locals did not get to create the discussions or diverge from the script of what to say to others. In transnational projects, there needs to be more openness for locals to state their viewpoints instead of being used for realism or message senders to reach the wider community viewership.

A behind the scenes episode of *Shuga* showed whose voice matters in the writing of the show. MTV's *Shuga* Season 4, "Episode 7: *Inside MTV Shuga*," has a scene where writers discuss the process of creating the show. The African women in the writer's group speak less about the domestic violence storylines than the MTV white women representatives. The stories from community members get collected as data that become included in broad storylines of the show, which represents some of the ways stories from Africans can be integrated well, tokenized, or used only when not against the agency's

interests. There is a balance between incorporating stories from the community in appropriate and non-tokenized ways and getting the “ahh” factor for audiences with storylines that will surprise audiences and create variety between seasons. While this may initially seem like producers need and should entertain and push best practices, it is a mask for correcting the culture to become more Westernized. The balance leans towards the U.S. based public-private partnership’s commercial interests in the writing, which reinforces the trouble of White scholars using African stories.

Shuga originated as a television show with local voices at the forefront, which then became integrated into background or asides of the main storyline, resulting in losing the local voices. The radio show version of *Shuga* effectively integrated local voices. The radio show follows four young people, ages 15-24, and their choices, challenges, and triumphs in a world where HIV and AIDS is a present threat (Targeted News Service). Experts from the local countries, national and global partners, and young people explore these topics in depth in 25-minute pre-recorded shows following each of the 12 episodes (Targeted News Service). The show is available in English, French, and Swahili. The *Shuga* radio storyline and content was written and created by 30 young people from Cameroon, DR Congo, Kenya, Tanzania, Lesotho, and South Africa in a special workshop created by Question Media and supported by MTV and UNICEF (Targeted News Service). While the radio show did a good job integrating local voices, when it was incorporated into the TV show in later season it was mostly for commercial reasons and in a condensed way that lost a lot of the local influences.

Shuga attends to some of the issues of cultural complexity by interweaving languages from Africa along with English, but the most dominant language in the show is always English. According to IMDb, “The script of *Shuga* was written in English only. The actors were then encouraged to ‘Kenyanize’ the dialogue by mixing it with some Swahili and the local slang known as Sheng, a reflection of how the urban youth speak in Nairobi.” So, while the mode of the show and radio program speaks to the historical orature of the culture and integrates some local African languages, it also reflects coloniality by having English be the most dominant language and the base language that African languages in the show simply add to for authenticity. The characters in the show sometimes speak another language; however, the show integrates subtitles in English every time until decreasing the frequency of subtitles in later seasons. English speakers carry privilege, which elite Africans use, and which reinforces coloniality of the English language in general. The use of language in the show potentially reinforces the U.S. hierarchy and coloniality.

The globalization of this show has an impact on how the contributors discuss it. MTV executives attribute more success to U.S. financial contributors than to the actors or country specific contributors, which highlights the inherent colonization of African contributions. The Chairman and Chief Executive of MTV Networks International, Bill Roedy says, “We are deeply grateful to our partners UNICEF, PEPFAR, the Bill & Melinda Gates Foundation and Johns Hopkins for joining us in this effort” (PR Newswire). His statement erases the South African government’s contribution, as well as the people in Nairobi contributing to the efforts of the show on the ground and who

shared their stories for the show. Douglas Michels, CEO, President, and Director of Orasure technologies Inc. also mentions to the Bill and Melinda Gates Foundation for being an incredible partner for enabling the HIV self-testing in 50 countries throughout Africa and Asia in an affordable way. At the end of the day it is about helping people with or affected by HIV as Douglas calls the “our fellow citizens around the world” (CR Roll Call). The U.S. contributors get more credit for their work and push more of their agenda in the show. The commercial and capitalist interests of these U.S. contributors are discussed in the next section.

Production of *Shuga*: Commercial/Capitalist Interests

One of the important factors for transnational projects is during the production stage of a project the collaborators must be attentive to the commercial interests of the organizations and people. Africa has been a site of capitalist conquest since the colonies first enslaved the African people (Novick 1). Capitalism first started as “a particular form of class society and of exploitation of nature and of humanity within nature” (Novick 1). Colonialism today involves transnational manifestations of concentrated economic power between the U.S. and Africa (Novick 3). Novick calls on people to recognize the patriarchal norms of this colonial capitalism today that is “based on the subordination of multiple cultures, languages, and ways of life by a single dominant class claiming to speak for the ‘nation’ and the ‘national interests’” (Novick 3). I will show how during the production of this show capitalist interests of those in the U.S. are continuing to dominant the creation of the show in order to maintain their colonial hierarchy.

In this edutainment program I start by first identifying the partners who created the program. *Shuga* is a transnational collaboration with most of the organizations based in the U.S. or UK. This impacts how the show is framed through a lens of commercial and governmental interests. The partners involved in the show are MTV Staying Alive, Positive Action, MTV Base, Children's Investment Fund Foundation, Marie Stopes International, Basic Education: Department Basic Education: Republic of South Africa, USAID from the American People, PEPFAR: U.S. President's Emergency Plan for AIDS Relief, Linkages, and the Bill and Melinda Gates Foundation (MTV Staying Alive Foundation). These public-private partnerships show the commercial and capitalist interests of *Shuga*, and a quick overview will show how most are primarily located in the US. I will get more into Who is Involved, Focus on Vulnerable Communities, Organization Base, Technological Promotion, Local Government Influence, Commercial Goals of Reach, The Private Sector, and Entertainment Industry.

It is important to note who gets advertised or showcased as being involved with this transnational project. The ones who get promoted the most are the ones who have the widest impact around the world; therefore the promotion of who is involved becomes more about the mostly Western agencies. The website starts by saying that partners contribute widely to helping people around the world with health issues. UNICEF operates in over 150 countries and territories to help with many health issues and is funded by individuals, businesses, foundations, and governments (PR Newswire). PEPFAR is the U.S. Government initiative to support partner nations around the world in responding to HIV/AIDS and "is the largest commitment by any nation to combat a

single disease internationally in history” (PR Newswire). PEPFAR has one of the biggest impacts on HIV treatment and prevention in terms of the amount of life-saving antiretroviral treatment shared and is the largest component of the U.S. President’s Global Health Initiative. The coverage of who is involved in this transnational project has basically eliminated the local influences and collaborations.

It is important to also note how the show’s transnational collaborators frame whom they are trying to help out as the goal of producing this show. For more of the Western collaborators of *Shuga* they frame the goal is to help vulnerable communities. This means that the framing of the show is to see the people in these countries as vulnerable, which can hinder how much agency or victimhood the characters are framed. Some organizations state their overall goal is to help vulnerable communities, such as people in developing countries, women, and children. The Bill and Melinda Gates foundation website states that they work towards empowering people out of poverty, focusing on mainly women and girls and people in developing countries. PEPFAR also aims to improve the health of women, newborns, and children specifically. This is important because some organizations are focusing on historically vulnerable communities while spreading some damaging ideology.

It is important in transnational projects to note where the base of the project is because that becomes the epicenter of thought. Most of the partner organizations are currently located or originally based in Western countries. The origin of companies also matters because it usually sets up the base ideology of the organization. The MTV Staying Alive organization is based in London, UK (MTV International). MTV Base

started in the United Kingdom and Ireland and expanded to South Africa (INTL Viacom International Inc.), which also shows how the MTV ideology comes from primarily White/Western countries. Marie Stopes International is based in London, UK and is an international non-governmental organization providing contraception and safe abortion services in 37 countries around the world (Marie Stopes International). The Children's Investment Fund Foundation is based in London with offices in Nairobi and New Delhi (Children's Investment Fund Foundation). USAID is based in Washington DC (USAID). PEPFAR is the U.S. President's Emergency Plan For AIDS Relief. LINKAGES is the U.S. Agency for international developments for the Continuum of HIV Services for Key populations affected by HIV project and is a cooperative agreement with PEPFAR (FHI360). The Bill and Melinda Gates Foundation is based in the US. The only one based in South Africa is the Department Basic Education Republic of South Africa (Department of Basic Education). This exposes how the majority of contributors are from the West or based in Western countries and also has governmental ties.

The technological focus of acclaim and promotion is an issue in transnational projects because the voices and actions of people get ignored, while the interests lies with the spreading of messages and technology to make this spread as cheaply and widely as possible. Western-based organizations also promote technologies that either consume the market, create dependency, and/or promote modernity. The websites explicitly makes a statement of thanks to the Gates Foundation for making technology more available from Heather Watts, MD and Director of HIV Prevention Program Quality Team and the office of the Global AIDS Coordinator in the U.S. Department of State. This thanks

suggests that it is very important to engage civic society to work on demand creation, the knowledge base, and everything else. The partnership is beneficial, but it is important to integrate civil society writ large. While there is a call for local integration, the influence in acclaim and direct involvement is minor.

Some partnerships also push modernity through advocating for advanced technology to be integrated into the show. Orasure Technologies is now partnering with *Shuga* to try to integrate self-testing into the show. Other U.S. organizations also push for integrations of advances in HIV testing. These technologies promote good products, but also create a dependency of African's on U.S. organizations for their testing kits. The private sector emphasizes the positive aspects of their technology saying it will uncrowd public sector facilities, but before that can become a reality health organizations need to focus on fixing the necessities communicated by the public sector. These necessities are getting critical care to people in need and expanding referral networks through simple technologies like cellphones. This is all while calling the people consumers. Also, promoting modernization is a colonialist tool to further discriminate against the current standards people have in a country.

Health care systems around the world are pushing for new technology in HIV treatment/diagnosis. When thinking transnationally, the feasibility of introducing these new technologies into countries that cannot sustain this and who profits from home tests, is an issue. African feminists note modernization in underdeveloped countries furthers inequality that particularly affects women (Msafropolitan). *Shuga*, now having the new partner of Ovasure, is no longer considering the audience and local impact, but the

commercial investment. The focus on these systems may not be right for the local spaces, but become promoted due to the transnational commercial technology investment and influence of producers of the show.

In transnational projects it is also important to note if the government has an investment that maybe hindering or enlightening for collaborations. Governmental influence and acclaim becomes important when working across borders and agencies. The laws and control by the government may change the project for better or worse. The only African partnership mentioned is a division of the South African government. The South Africa's Ministry of Basic Education was also one of the biggest donors for *Shuga*, Season 5. Angie Motshekga, the South African Minister of Basic Education, says, "HIV prevention is not only a challenge for the health system, but also for the education, economic, social and cultural systems of our society. HIV has the potential to undermine our efforts to achieve improved quality basic education" (SyndiGate Media Inc., "YouthMonth: Soapie cleans up attitude to HIV/Aids"). Thus, the government sector of basic education becomes involved in health issues such as HIV. Media becomes integral to the South African education system as the show emerged and is promoted by the South African government as part of its HIV Prevention and Sexuality Education Programme" (SyndiGate Media Inc., "YouthMonth: Soapie cleans up attitude to HIV/Aids"). Health edutainment involving sexuality becomes an important aspect for basic education. Therefore, *Shuga* reinforces education and media interests in a semi-government controlled format.

Partners detail complexities of how companies collaborate with partners, which entails making the connections with leaders of countries and governments agencies to advocate for the organization's agenda. Douglas Michels, President and Director of Orature Technologies Inc., says:

We have to work with the governments for convincing them via our partners in the field to adopt these new technologies, to convince the global firms and PEPFAR to scale it up and these are country-driven model. So we need to talk with the country for the country coming back and asking for that support. Working with civil society and communities, super important when it comes to generate the physical space for the countries for paying for the response themselves and not rely excessively in the global community, but also putting pressure on the national programs for adopting these new technologies and this innovations. (Fair Disclosure Wire 8)

This is important to note because OraSure is saying that they are mostly targeting governments, PEPFAR, civil society, and communities, which brings together "global community" and local community. Despite saying they are bringing together these communities, the main goal is actually to push for their product/new technologies.

Communities, companies, and governments have to work together to ensure funding by promoting their products. While there are still critical parts of the world with high rates of infection such as Eastern South Africa, Jeffrey Klausner, Professor of Medicine and Public Health at UCLA, emphasizes that they have to continue to voice the success of programs and return on investment so PEPFAR does not cut funding. Then continues this saying PEPFAR and other funders help continue to stabilize countries. This includes having Congressional representative and leaders in Washington understand the value in these efforts (Fair Disclosure Wire). Government agencies become integral

to funding, which means organizations promote representatives in office and have direct contact with major government employees.

Companies must manage their own agenda, programs, and country representatives often in disregard for local voices. There is more of a push for locals to be involved in international relations, but this is met with some resistance with some of the private sector, such as The President and CEO of Population Services International stating that they bring a lot of innovation and strategic properties because they have been involved in social marketing for global health for almost 50 years. Longevity of experience and marketing strategies are treated as being more important than local experiences. Organizational representatives at the meeting continue by suggesting that without the private response the global response would have less traction, horsepower, and be overall less effective.

The President and CEO of Population Services International also says HIV contexts tend to function differently than other areas of global health. When speaking about prevention they don't speak in terms of patients, they speak in terms of consumers. "I mean, the challenge of HIV prevention is fundamentally about consumer behaviors, right. And that is not a white coat, lab coat sort of context" (Fair Disclosure Wire 8). The agenda and locals are put into capitalist terms of consumers rather than valuable for changing HIV discourse. This capitalist agenda becomes even more apparent in the goals of the companies involved in *Shuga*. Karl Hoffmann, CEO and President of Population Services International, states that they are using this show as a healthy marketplace for advertising HIV self-testing so they can learn strategically how to do this well for the

future of global health spaces. Hofmann even says he wishes they could create a monopoly, but unfortunately consumers like options.

Shuga's projects always involve financial considerations, such as investors talking about returns on investments. The UNICEF Deputy Executive Director, Geeta Rao Gupta said, "Shuga, an initiative that combines media with a partnership for service delivery, is an example of how to work with partners and young people to reach key audiences and maximize the return on investments for HIV prevention" (Targeted News Service). There are other aspects of *Shuga* that are embedded in the show, such as elements of Christian normativity.

An issue that comes with transnational projects is how much profit with dissemination the investors get. In order to make money a lot of campaigns lean more towards mass dissemination, which forces a certain amount of universalism in the production and choices within the project. This universalism then becomes Westernization in order to have the widest reach. Even though these organizations are situated in specific countries, they have transnational reach and goals. The MTV Staying Alive website boasts about the groundbreaking production with a global audience and that the rights are cleared and cost-free, which enables a global reach (PR Newswire). The cost is discussed in an explicit way to show the commercial focus of MTV producers. It is important to also break down the text on the public website because the goal of MTV Staying Alive is never to produce localized programs, but programs that can be shown worldwide and also conceptualizes the viewers as a global audience rather

than a target group as health practitioners tend to term those receiving messages. The number of viewers becomes important as media numbers.

It is important to note how audience members are perceived by the producers and organizations involved in the show. Elizabeth Spelman discussed White solipsism as the tendency to "think, and speak as if whiteness describes the world" (116). It follows that the term "global audience" usually signifies that it is actually speaking to a White audience to reach the most amounts of viewers and those in control. MTV Staying Alive is a multimedia global HIV and AIDS prevention campaigns that empowers young people to protect themselves from infection. MTV Networks are seen globally in "578 million households, in 162 countries and 33 languages via 166 locally programmed and operated TV channels and more than 350 digital media properties" (PR Newswire). Thus, MTV Staying Alive is a major contributor and has major global reach.

There are also private collaborators with most transnational collaborations. For the show, *Shuga*, private commercial investors also reach out to producers to insert their products. This private commercial interests allows the show to run financially, but also means generating product placement over what is necessarily the most important issues of health in the show. When talking about the elements of global health OraSure CEO, Douglas Michels says there are three pivotal elements: Being ready to take risks, working with a partnership, and integrating in the role of the private sector. The only donors they acknowledge as being very supportive partners in taking risks (willing to sometimes lose money) are the U.K., Brazil, and Gates. This is important because individuals in the U.S.

are listed alongside countries, thus elevating people through their connection to the U.S. to national level of importance that others are not given.

This transnational project is also working in the entertainment industry and so the Western and local industries also become major players in the amount of drama and cinematic attributes of the show. The production of the show consists of attempts to elevate the African film industry while working in the Hollywood/MTV industry. The media has a global reach and global impact on the commercial interests of reaching a wider audience. When looking at Africa's progression in the film industry, Syndigate stated that it has come time for Africa to make a mark on international drama (Syndigate, "MIPCOM: It's Africa's Time in Film"). Alex Okosi, executive vice president and managing director of Viacom International Media Networks Africa, and managing director of BET International, discussed the next generation of African drama. Okosi was asked, "Do you think we're at the point where African content can start travelling around the world as completed shows or formats?" To which Okosi replied that while most shows created in Africa are local he thinks creating diverse content is key. Okosi suggests content carries across the continent through the technique of combining pro-social, pop culture, and music in the show. He specifically states that MTV *Shuga* is a great investment in the production and film industry of Africa. Okosi links it to the VIMN African mission, which moves beyond the economic impact to the focus on empowering the audience. But even when recognizing that this is part of the African mission, Okosi still states that they want to expand MTV *Shuga* to Egypt and India, incorporating their similar social issues and making claims that this format and storyline resonates globally

(SyndiGate Media Inc., “MIPCOM: It’s Africa’s Time in Film”). Discussion of the Nigerian series reaching beyond Africa has increasingly grown. Nigerian shows have prominence in Africa, but *Shuga* is one of the few that reaches the West. This engagement of African actors or film from the West tends to instantly mark the show as Western and creates a hierarchy where Western people are the epitome of fame.

Alex Okosi stated that while Nollywood, Nigerian Film Industry, is popular in Africa it has not yet gained the global acclaim of Hollywood. While there is an increasing desire for more local content, customization, authenticity, and quality, you are not always able to do that and meet the requests of the audience. An article discussing Africa’s time in film stated, “The more content that travels across the continent, the more a concerted approach is required” (SyndiGate Media Inc., “MIPCOM: It’s Africa’s Time in Film”). This speaks to some of what happens with transnational edutainment shows in general. The focus should be on who they cater to and how the approach changes from a localized approach to a more global one. Okosi states that they have to balance international shows with locally commissioned programs and have local and international stars in their broadcast platform. Countries want content in local language that resonates with them culturally, but the continent of Africa is so rich in social and cultural diversity that they cannot always speak to each of the local markets. So they approached this in two ways: music/pop culture and pro-social issues that they deem relevant across the continent. Stories relate to youth through diverse characters through cross-country casting and diverse characters that have appeal in a country and across the region (SyndiGate Media

Inc., “MIPCOM: It’s Africa’s Time in Film”). While Nollywood unites Africa, the Western/Hollywood shows and movies are still held as a pillar of success.

While this is a television show, this also has music that is heard around the globe due to this transnational project. The music and music industry has importance because the integration involves a lot of strategy and investment. Music in *Shuga* is an important aspect in connecting audiences around the continent of Africa and promoting MTV’s agenda of selling music. The MTV African Music Awards (MAMA) has grown in impact as it has taken African culture and continental conversations/collaborations to a global audience. Africa is reimagined and can provide opportunity for artists to break through internationally (SyndiGate Media Inc., “MIPCOM: It’s Africa’s Time in Film”). MTV has a big presence in Africa in this way and music is integrated heavily into the show. Music is used to reach young people, but also has financial incentives to promote artists in the show to global audiences.

The production aspects of this show clearly make this a transnational project that has uneven power dimensions that hinder it from being effective at reaching the key populations. The viewers of the show are not able to have their voices heard from the beginning of the production of the show. Also, in a health-messaging program the viewers of health messages should be presented as people and potential patients. Instead, the viewers are conceptualized in the production of the show as consumers through the capitalist standpoint of the production. Overall, the production aspects of these campaigns causes some transnational rhetorical issues that affect women in harmful

ways. Next, I will cover three problematic representational aspects of *Shuga*: Christianity, Family Structure, and Objectification of Women.

Representation in *Shuga*: Christianity

While viewing *Shuga* a few themes stood out that have a past and current colonial connections. One theme that stands out in the show is Christianity, which was used to invade places and bring salvation to the people who were currently living in those locations. These practices of Christian normalization and promotion suppress other African religions and ensure Western domination through religion. The specific context of the Christian influences is important. The series 1-5 of *Shuga* takes place over three countries, Kenya, Nigeria, and South Africa. Early Christianity (Protestant Evangelism) coloniality can be seen as manifesting in most locations in Africa, but the specific locations have particular power and meaning and had various structures in local communities (Comaroff and Comaroff 1). Each of these places has a different colonial influence of Christianity that is a concern today.

Seasons 1 and 2 of *Shuga* were set in Kenya. Christianity in Kenya has played an important role in the colonial and postcolonial state (Droz and Maupeu). Also, for the past two decades the African response to Christianity has been studied as part of social movements (Ethe). “Churches participate in the construction of both ethnic and socio-economic identity” (Droz and Maupeu 79-80). The first missionary churches in Kenya were British and were mostly shaped by the Evangelical Movement, which shaped many of the ideas and beliefs (Ethe). Evangelicals were considered Anglo-Catholic (Ethe). The British disguised their nationalism during the struggle for Kenya’s political independence

as a way to save the heathens, which was defined as people engaging in polygamy, drinking, and having sex outside of marriage (Ethe). The public today tends to exclude other religious movements because this can alter politics (Droz and Maupeu). Christianity and democratization in Kenya continue to have a tumultuous relationship (Droz and Maupeu).

Seasons 3-4: *Shuga Naija*, take place in Nigeria, mostly Lagos. Religion in Nigeria has been a place of politics for God that has historical and current conflicts. Contrary to some assumptions of modernization and secularization, there is still a lot of prominent influence of religion in Nigeria (Onapajo). Nigeria is a diverse country and there has been an increase in invoking religion in political discourse (Onapajo). Islam and Christianity are the two most dominant religions in Nigeria (Onapajo). When discussing the history of colonization and Christianity in Nigeria Onapajo states:

Given the colonial ‘civilization’ agenda and the resultant demonization and paganization of the historical African traditional gods, the essence of the traditional religions were systematically exterminated in the religio-cultural life of the Nigerian peoples after their contact with colonialism. (44)

Islam predated Christianity and European colonization in Nigeria (Onapajo). Northern Nigeria even holds significance to Islam in Africa (Onapajo). The return of formally enslaved Africans from Brazil and Sierra-Leone in the 19th century boosted Islam in Nigeria, especially Lagos (where this season is primarily located) (Onapajo). Islam was accepted by the people most displaced and fit well into African ways of life, such as polygamy (Onapajo). Protests political parties of Muslims are also mostly in Lagos today (Onapajo). There are many Christians in the Middle-Belt of Nigeria who are dissatisfied

with perceived Muslim rule and continue to protests (Onapajo). There is a charged atmosphere following several bombings and political intrigues since 2011 between Christians and Muslims in Nigeria (Onapajo). The prominence of Christianity and exclusion of Muslims in this series during this season is in effect the show choosing the side of Christianity in this contested location.

Season 5: Shuga Down South is set in South Africa. In South Africa the Christian early influence can be seen as spreading Western capitalist culture (Comaroff and Comaroff). According to Comaroff and Comaroff, “Christian evangelists were intimately involved in the colonial process in southern Africa” (1). The missions were able to introduce a new world view, but could not deliver the world to go with it; thus, the people revolted (Comaroff and Comaroff). In South Africa, the discovery that Christian missionaries only prepared them for a New Jerusalem, but could not deliver them into New Babylon has elicited many protests for the people (Comaroff and Comaroff). The use of the term orthodox Protestantism is only used people the people of South Africa to invert of parody them (Comaroff and Comaroff). The politics of the missions remained among the Tswana, who are an ethnic group native to Southern Africa (Comaroff and Comaroff).

The constant representation of Christianity and lack of other religious representations in the entire show is a prominent feature that must be analyzed to show the colonial influence. The convergence of Christian groups formulating the show and Christian storylines present in the show ensure a religious backdrop. Christian normativity is seen throughout the show based in who they chose as a writer and director,

characters discussing God, background of the church, and normalizing of everyday Christian activities.

The creation of the show is seen in “Behind the Scenes of *Shuga*,” promotions in the newspapers, and as a way of understanding the storylines created by the director and writer. In 2013, Biyi Bandele became a writer and director for *Shuga* and brought certain Western Christian values into the show. Bandele is a UK-based Nigerian writer whose family belonged to the Yoruba ethnic group, and endured some racial antipathy from his neighbors (Issitt). This influences the show to some degree for how much it caters to Christian values. Bandele is also known for his works focusing on African and British subjects. There are no discussions of the Muslim faith in the show, even though Houssain Kettini estimates 41% of the population in Africa will be Muslim by 2020. One-third of the World Muslim population resides in this continent (Kettini). The absence of this faith is a way of normalizing Christianity and pushing Western ideals as Islam is seen as Eastern or other by the West. Thus, it seems that coloniality has pushed Christianity as the prominent religion.

Throughout the show the characters uphold Christian values and their main identities center around being Christian. In the first episode of *Shuga*, the show is set up to introduce characters with their names and likes and dislikes as visual pop-ups, which tend to be “innocent” or “deviant” attributes. For example, one of the main characters, Leo, has his list of likes and dislikes displayed. His likes are church and Virginia, and dislikes are shallowness and lying. Not only is the statement directly mentioning the church, but the dislikes also reinforce stated Christian values. Throughout the Christian

bible lying is declared a sin (Kubik). The ninth commandment is “Thou shalt not bear false witness against thy neighbor” (Kubik). Satan is also declared the father of lies. Another proverb reads, “Lying lips are an abomination to the Lord, but those who deal truthfully are His *delight*” (Kubik). Therefore, even Leo’s dislike for lying is rooted in his Christian upbringing. Male characters such as Leo and Angelo represent men upholding Christian standards in the first few seasons of the show.

One of Leo’s Christian traits is treating religious leaders as authorities for knowledge. The pastor is continuously involved in people’s everyday lives, including advice for sexual matters. In Season 1, “Episode 2”, Leo also talks to his pastor to get advice on sex after being with a girl and finding out she has had sex with some other guys he knows. He is afraid he has HIV and tells his pastor, “I let my erection determine my direction.” God is typically used as a guide to determine your direction in life. When Leo is discussing this with a pastor the audience equates this to lines in sermons in church discussing sex and controlling your bodily urges so God can give you a higher purpose. This was a trait of colonial Christian ministries delegitimizing individual’s knowledge in order to dominate with religious knowledge.

Angelo exemplifies his Christian values through references to God as the authority in his life for guiding decisions. Some episodes have overt Christian concerns as the overall storyline that reinforce the goodness of choosing God. In Season 2, “Episode 6” Angelo prepares to give up his dream and the episode starts with a voiceover of him saying, “When one door closes, God opens another right?...Wrong. So I went to pick a fight with the big guy himself.” This voiceover acts as an overlay for the episode

being about Angelo questioning his faith during hard times and then coming around and finding God. The first scene with Kipepeo and Angelo features Kipepeo praying to God while Angelo looks distraught. Angelo begins to pray after they are able to eat, not knowing that Kipepeo had sex with a man just to afford the food. After Angelo finds out what she is doing he convinces her not to continue down this road of prostitution. The episode ends with images from the show and Angelo saying, “We have the power to make our own heaven and we have the power to make our own hell. The choice is yours.” This leaves the recap of the season with a Christian message of heaven and hell. The storyline reinforces that even if a person questions faith they will ultimately find God in the end. The normalcy of suffering and praying for help is a Christian trope used in coloniality to distract from the real reason they have no resources and insert they need to have more God in their lives.

Even the names of these two men normalize Christianity and sublimate other African religions/traditions. Creators gave many characters Christian names instead of using traditionally Muslim ones, which has the effect, whether intentional or not of reinforcing the Christian aspects of the characters and Christian normalcy. Some of the names are Angelo, which is derived from Angel. Leo is Latin for “lion” and was a name of many early Christian saints and several popes (Babycenter.com). Leo is also a strong Christian character; he refers to God and his pastor in making many of his decisions early on. These two men stand out in the first two seasons as men who are the most religious. Coloniality involves sublimation of other religions in order for Christianity to dominate in multiple ways. While these men reinforce Christian normativity with their names and

basic character traits, the Christian standards tend to fall mostly on women with the need for innocence.

Women are often made to uphold the ideal Christian standards of virginity or are showcased as those who went away from God's path. Innocent girls/women, virgins are praised throughout the show even though there is not a huge dismissal of girls/women who are not framed this way. Throughout the show, they are referred to as pure girls or innocent. This is directly related to an innocence versus sinner dichotomy in Christianity. This Christian standard of innocence only applies to the women in the show since the guys are generally teased about being innocent. For example, in Season 1, "Episode 3", Ayira is talking to her friend about Felix, and the only advice the friend gives is that it is not a good idea to be with him because the pastor says it is just about sex for Felix. Sex is deemed wrong for women, while normal for men in this sequence. The pastor has not attempted to stop Felix, while expressing his knowledge of his actions but suggests that the woman, Ayira, uphold more virgin values in a relationship.

In Season 1, "Episode 1", Sindi is introduced as "The Virgin" who likes her friends and dislike irresponsible behavior. Her character reinforces the patriarchal Christian hierarchy that women should be virgins, much like the Virgin Mary is upheld as the ideal woman in the bible she is upheld as highly responsible. Sindi has no drama in the show and leaves pamphlets of information on HIV with her promiscuous friends, such as Violet. Violet is introduced as liking sugar daddies. Ayira also jokingly calls Sindi "the best" while Ayira calls Violet "the worst" when she is leaving the house. These messages take place within a two-minute conversation amongst the women, therefore reinforcing

the virgin/whore dichotomy prominent in Christian messages. Sindi also says she does not like to lie when asked Ayira asks her to cover for her cheating on her boyfriend with a married man. Therefore she upholds of Christian ideals as well, the virgin is the most pious woman. Women's sexual bodies are controlled in a Christian ideal way that men's bodies are not.

One of the ways Christianity operates is to infiltrate everyday human life/basic rights to existence. Traditions of gathering change from what was deemed animalistic of gathering in villages to unite to gathering in church to unite together with God. The church is one of the primary backdrops of *Shuga*. The very first episode even has a group of teens singing and dancing in a church with a glowing cross in the background. The background is dark with the viewer is unable to see most of the characters, but you do see the glowing cross. The background of the church becomes integral to the storylines. Church comes up again in Season 5, "Episode 2", when Khensani is in church flirting with a married man, Mr. Linel. The pastor is giving a sermon stating love is between people in a marriage and involves two imperfect people coming together and not giving up on each other. The older married man sends a text to Khensani saying "nice Sunday dress" to which she replies with "too long?" Then sends a picture of her dress pulled up revealing her panties. Later, the man gets her pregnant and pressures her to have an abortion. You can see the hypocrisy of church in this season and how men and women just go to church without upholding Christian standards. The church and everyday Christian actions are integral to the show.

Season 2 continues integrating Christianity with normal everyday customs. After her uncle raped her, Baby follows the normal customs and gets together with her family for dinner and her stepfather leads them in prayer before the meal thanking God for the wonderful family, beautiful wife, lovely daughter, the uncle who is living with them, and the food before them. Meanwhile the uncle is moving his bare foot between Baby's legs while smiling at her as she sits quietly by her mother and stepfather whose eyes are closed praising God. This shows the hypocrisy of those not living up to the Christian standards, but also reifies the normality of Christian prayer and intertwines family values and Christian values. Like most Christians (audiences and characters) there is a conundrum of trying to hold oneself in the image of God while failing as a mortal being. The failure of this character does not damage the Christian aspect, by continuing with strong Christian themes after this it reinforces that even through failures by yourself or others, the goal is to continue the pursuit of a Christian life.

Also, throughout Season 5 in South Africa, Khensani's family is seen praying, reinforcing why she keeps the pregnancy and relationship secret. Her basic human right to be seen as an autonomous human being capable of directing her life path is suppressed for God. She assumed their position on pre-marital sex and hides her pregnancy to avoid retribution from her family and God. When she can no longer deny her partner's disinterest in the baby, she seeks an illegal back alley abortion, and she almost dies. The fear of not upholding the image of God is so strong that it almost kills her.

These storylines also push the Christian rules against abortion by having the only two characters that seek abortion becoming severely ill. Milaika also seeks an abortion

during her storyline on the show and becomes seriously ill while taking abortion medication. While this points to the dangers of non-medical abortions, it also implies negative implications from having abortions in general as there are no positive depictions of abortion. Strict Christians believe that abortions in general are wrong and this helps to reinforce that. While the traditions in the culture might allow for abortion, the Christian values do not; therefore, are reinforced in the show as a dominant trope.

The music also integrates Christianity into the show to strengthen the normalcy of Christianity in everyday life and during times of difficulty. Christian music is heard throughout the series no matter what location the show takes place. One of the main characters, Violet, is singing a song “Window” by Out of Eden while reading a Magazine called *AfricanWoman* in Season 1 “Episode 4”. Her singing, along with the visual imagery connect African womanhood to Christian spirituality. In Season 3 there is less direct mention of God, but the songs continue. In Season 3, “Episode 4” the final song lyrics state, “When you’re down on your knees and you want recompense. Darling the only one follows your call. Even the darkest road can guide you home. So take heart. Take heart.” The opening or last songs in the show stand out the most and these being religious make the overall message seem religious. When going through hard times in life the characters turn to God in many ways, singing is one of them. This reinforces that God will save a person from their troubles. This is a colonial trope that normalizes oppression and hard times, and how one must just seek Christianity more.

It is also common for characters to thank and praise God/Jesus when good things happen rather than Allah, even when in Nigeria in Seasons 3-4 . Sophie and Ekene get

tested for HIV in Season 3 and when they find out they are negative they thank God and Jesus. When talking about someone getting AIDS, family members in Season 4, “Episode 1” say “God forbid!” Throughout the series nobody loses faith based on what happens to them, even when one questions God in the short term. Overall, people thank God for good things and when bad things do not happen they thank God, and never blame God when things do go bad, which reinforces the positivity of Christianity. Again, a colonial structure asserts that Christianity is the savior of persecution in life. The admiration of Christianity is seen in these myriads of ways and mainly comes up in families. The family structure is also an important issue in this series.

Representation in *Shuga*: Family Structure

During this transnational project they also frame the normal family structure in a problematic way. Family structure is already an important concern for African feminists (Oyewemi). Oyeronke Oyewumi writes about how the African traditional family conceptualization conflicts with feminist persuades at times. She states “the rhetoric of family values has been useful in legitimizing oppression as well as in mounting oppositional movements against” (1093). She goes onto say that many anthropologist have used woman as a synonym for wife and husband as a synonym for man (Oyewemi). However, depending on roles women can thought of as husbands (Oyewemi). This is changing more and more because of the coloniality of taking one’s spouses name, that practice of becoming a wife to become a mother (Oyewemi). Oyewemi explains:

Across Africa, the category generally translated as wife is not gender specific but symbolizes relations of subordination between any two people. Consequently, in

the African conceptual scheme it is difficult to conflate woman and wife and articulate it as one category. (1096)

Therefore, mother is the more affectionate name to be called. In the show the family structure issues are Man as Head of the House, Men Can Do No Wrong, Father's Control Over Women's Bodies, and Limited Agency/Sexual Assault/Abuse.

The family structure reinforces male supremacy even in the household by always making the man the head of the house. Even when characters push back against these traditions, this ultimately reinforces what the traditions in the family are in the world. Female characters often face situations that push them to break from the traditional family structure. The women in the family also tend to refer to the father/husband as the head of the household even when they are absent. The older women/mothers have all been monogamous to their husbands, even as the husbands are portrayed as cheaters or having multiple partners. Large age differences between men and women are also normalized in the series.

For example, the very first episode starts with a lot of discussion about how the main character, Ayira, has a father who is absent because he is with another woman. While she is upset with her father, Ayira has sex with multiple men who have children and one who is still married. Ayira is seen leaving a car and kissing an older man. When asked by her friends who the man with the fancy car she was with is, she says, "My uncle." They ask why she is keeping it a secret, and her other friend states that he is a married man with five kids. Even when women criticize their fathers for cheating on their mothers, they still engage in affairs with married men. Thus, reinforcing the norms of

men being unfaithful with minimal critique. There is no connection for these characters to criticize men always cheating on their wives, only consoling individual women and being angry with specific men they know.

Men can also abandon their families and move on with other women. In Season 1, Ariya complains that her mom is sick and her father does nothing to take care of her. In Season 4 a major storyline is that Solomon gets Princess pregnant and has contacted Solomon numerous times. Even though he has money, her father does not even contact her or financially support her. Solomon is held accountable for these actions and in fact people look down upon Princess for being naïve for thinking he would support his family in any way. Men are not held responsible for the family and that duty of care most often goes to the woman.

However even when absent, men are often normalized as being able to make decisions in women's lives as their fathers. In Season 2, Violet gets an opportunity to write for *Swag Magazine* about having sex with HIV. Before she accepts the job she goes to her family to tell them about her status and the job offer. While the mother is supportive, her father is absent. When she goes to her parent's home to share the news, her mother is there waiting to eat dinner and talk to Violet. When she asks where her father is, her mother simply replies, "You know him." The next scene cuts to him in the classroom after everyone is gone. This implies that the father throws himself into work as a professor even when expected to spend time with the family, while the mother is at home waiting.

Families in general assert a lot of control over women, even as adults. In Season 4, Femi and Sheila tell her parents they are getting married and they casually joke that it is good that they are getting married with all this risk of HIV. The family says they would go to a bridge and jump if they got HIV and warn not to bring AIDS into their house. Shelia shares with Femi her disappointment in her family's reaction because of their connection, stating she always treated her family's thoughts and stories as her own. This shows the importance of the family voice on women.

Because of their reaction, Shelia and Femi do not share Femi's HIV status, and when her family eventually finds out they attempt to pay someone to reveal his status to publicly to shame him. Sheila again goes to her family and says they have a magnetic relationship and tries to explain it what this means. The family quickly responds that it is wrong and her dad says he forbids her from marrying this boy. Sheila responds by saying that she is not a child. Then her mom says "God forbid. What has this boy done to turn you against us?" Then she turns to the other members of the family and says, "You people should help me!" Sheila and Femi then choose to reveal his status and their relationship publicly on their own terms as a way to circumvent her parent's attempts after efforts to persuade her brother failed. This shows how much the family controls women and treats them as children forever. The control over women does not just happen in families, but as they are continually objectified by everyone in the show. In a transnational project, the normalization of male supremacy has to change and this can start with have diverse heads of the house or no heads of households.

The men in the show continually display a primary and often sole focus on their own needs and are never perceived as doing anything wrong. When Violet discloses to her dad that she is HIV positive, her father worries about how this will affect him and his career rather than tending to his daughter's needs. He says that she must not take the job (that will require her discussing her sex life) or tell anyone her status. Violet's father focuses on how her status will affect how others perceive him. He states that parents will not trust him when his own daughter acts no better than a common street prostitute. Violet strongly considers not taking the job, saying all her life she wanted to make her dad proud. When a guy, Skola, tells her that he is just being selfish, Violet responds with how dare you judge him? This shows her complete devotion to her father, even when he shows little interest in her. The authority of the man is reinforced by the devotion of his female children, which reinforces women's submission to men.

Violet upholds her devotion to her father to the point of making poor decisions that affect the safety of her and others. This is displayed most directly in Season 2, "Episode 2" when Violet has unprotected sex with a guy and considers not telling him because the guy, Winston, knows her family and she doesn't want to lose her dad. Skola tells her she could go to jail and Winston can still prevent getting HIV by taking post exposure prophylactics (PEP). Violet still considers not saying anything. The guy convinces her to take the job. When Violet tells her dad she is taking the job, he replies by stating she is being selfish and the family will not bear her shame. Even when her mother was trying to calm him down she had no say about whether Violet could stay in the house. Violet states that even as a girl she would try so hard and never felt good

enough. She asks him why she was never good enough. All he replies is, “I have spoken, you are no longer welcome here.” The first two episodes of Season 2 detail how much she tried to please her father, desired his love, and felt abandoned by him, while never speaking to how she felt about her mother. Even though Violet ultimately resisted her father’s desires to keep her status a secret and turn down a job, the storyline reinforced that it is the norm for the man to make such requests and it takes a strong person to resist this. The little explanation or desire to talk about a major issue reinforces that the father wanted complete devotion from his daughter even when it may harm others. The woman is an adult, yet she is treated as a child. The infantilization of women is a feminist concern that family structures such as this reinforce.

In the family structure the fathers continue to have control over their daughters. Even when a father is engaging in inappropriate sexual behavior, he will control his daughter so she will not engage in the same behaviors. Bikiya and Weki are dancing innocently together and Solomon breaks them up, saying to stay away from his daughter. Solomon is at the club starting a new sexual relationship with Princess, yet he has complete control over who hangs out with his daughter. Weki’s mom, who owns the club, gets upset at Weki for not getting Bikiya to okay the club visit with her dad. This reinforces that other people, even women, think, that a man should have complete control over his daughter. While Bikiya is not ultimately punished (because she threatened to expose her dad for cheating), she is still held accountable by having to leave then and being told to go home on a regular basis.

Women, even sexually active women, are always connected to their father in a way that infantilizes them. When Virginia is introduced with the text on the screen it says: nickname is “Daddy’s Girl.” Her likes are “Leo!!!!!!” and dislikes is “Being the new girl on campus.” No character is described as a mama’s boy/girl, and this also perpetuates the fact that men are the highlight for women and girls in sexual and familial roles. The men are seen as role models and having intimate connections with their daughters. This control over the women in the household should be taken up as an issue in order to meet some of the needs African feminist bring up rather than being ignored.

Women in the show constantly are given limited agency, sexually assaulted, and abused. This becomes an issue within the family structure that when in a relationship the women are always subordinate. Large age differences between men and women in relationships are also normalized and used to infantilize women. Ayira is with a man, Felix, who has a daughter, Violet, her same age. In Season 1, “Episode 3”, Violet says to be careful because her father has had a lot of young girls. This uneven power of a much older man is perpetuated as normal even on this show when it is resisted. The character is seen as doing something extra instead of normalizing equal power structures. The uneven power dynamic among men and women in romantic and familial relationships is a pattern among the social paradigms represented in the show. The woman is dependent on the man in the relationships and at many times treats him as a father, which is why the term sugar daddy is so connected to this relationship type.

The show also normalizes that some people will not believe women are sexually assaulted and will even sexually shame them, even at a young age. For example, in

Season 2 Baby is a young girl who has to constantly avoid her uncle's sexual advances. When she tells her mom that her uncle looks at her funny the mom responds that she will not have her spreading lies. Baby is eventually raped by her uncle. Her mother still insists on telling Violet to be careful of the lies she is spreading and shames Baby for dressing provocatively. Violet takes her to the hospital and tells her mom that the uncle violated her. Women not being believed for risk of sexual assault and rape by family members, which is an issue in families. Also, the only ones who can help these young women are their fathers or other men in authority positions.

Women in the family are not as admired as the men in the show for their efforts to help other women in the family. Even after Violet takes her to the hospital and tells her mom that the uncle violated her, Baby's mother does not believe Violet. Baby also does not look at Violet as her savior. This can be seen in opposition to how the father is respected in the episode. Throughout the episode Baby admires her father, shown by her keeping a picture of him and trying to visit him in the nightclub even knowing that he abandoned her. When Baby and Violet finally convince Baby's father that Baby needs him to save her from her uncle and it does not matter that he and the mother are not together, her father returns to be the savior that takes Baby away from that home. Uplifting music plays as Baby's father takes her away from the home and the storyline ends. The juxtaposition of both of these genders doing something to save this character and the reactions to that show the privileging of males in the family structure.

Domestic/relationship abuse also is a topic in Season 3 and Season 4, but even when constructed as a bad thing that should be stopped, it is still normalized until one

episode breaks up the relationship. Nii shows classic domestic abuse traits by controlling Malaika's time, friendships, and career, and by resorting to physical violence when he cannot control her. He is able to control his next partner by exploiting their age difference and taking over a "parent" role by assuming financial control over her school. Her parents feel hopeless for providing for their daughter because of their lower class status. Class and age are conflated to create a hierarchy of men in control in relationships. These issues are larger issues that are only somewhat addressed in the show. When doing a transnational collaboration then these issues should be addressed on small and large scales of the issues in a way that is localized to African feminine ideals.

Representation in *Shuga*: Objectification of Women

European colonizers of Africa rhetorically eroticized the people in Africa by objectifying them (Holmes). Even the conquest of the land was inextricably linked to the descriptions of women in order to push a patriarchal narrative of imperialism; the need to be conquered by men (Holmes). The colonizers described places as "virgin land" and Columbus described the world as being like a woman's breast (Holmes). This rhetoric of feminization and sexualization that dehumanize the act of colonization has immense effects on African Women, who continue to be sexually exploited today due this rhetoric (Holmes). This colonial rhetoric creates the perception that Black people are hyper-sexualized and uncivilized and continues the dehumanization and sexual exploitation practices today (Holmes). Today, the objectification of Black women can be understood through popular media that compare the shapes of Black women's bodies to objects such

as onions (Holmes). It is important to note the historical implications of this fetishization of Black women's bodies (Holmes). Holmes states:

Black women have and continue to be sexually sought after for their assumed hyper-sexualized body and behavior, which has been essentialized throughout history by the oppressor. Racial fetishization continues this pattern of cultural and racial essentializing in efforts to control black female bodies and sexuality. Racial fetishization is an extension and reproduction of white supremacist colonial racism. (8)

The practice of objectification and fetishization of African women's bodies is historically embedded in taking away African women's agency (Holmes). This continues to foster problematic rape culture and violence against African and Black women (Holmes).

Furthermore, Akeia Benard argues that, "hypersexualized and degrading images of women of color in media contradict the World Health Organization's current definition of sexual health and sexual rights" (1). *Shuga* unfortunately continues to use objectifying language and normalizes storylines that objectify the African women in the show.

Women are objectified throughout the show, turning their bodies into commodities and capitalist tools. Women are continually shown to only have worth through sex and sexual appeal. In order to reach their dreams, survive, and have relationships they must be able to give their bodies to men. Some aspects of commodification come from men proving their manliness by talking about women in particular ways and are about how women "sell themselves" in multiple ways. The two areas under this theme are dehumanizing descriptions and commodifying their bodies.

Men often talk about women using dehumanizing descriptions that focus only on their bodies and them as sexual objects meant for their pleasure. The men continue to

commodify women in the show by betting or bragging about hooking up with many women to prove their manliness, reducing women to numbers or possessions one acquires in a night. In the first episode the guys talk about who can get the most women and even make it into a bet; “Let’s see in one weekend who can get the most ass.” The three men encourage another guy to engage in the same behavior saying, “Who is going to shock absorb the most girls in one night.” The action is not about having sex with the women even for pleasure, it is simply about the most numbers. In order to prove their manhood, men treat women as commodities they collect to increase their manliness. Season 2 reinforces this theme when Femi brags how easy it is to get a girl into bed with few nice words and a drink. Then to prove his point, he tries his theory on a nameless woman. The fact that the audience never learns her name reinforces the dehumanization and commodification of this woman. Men use women to prove their manliness and reduce them to their looks.

While talking about other people men in the show often described other men by traits they possess, but when describing women the men often compared women to objects. In Season 2, “Episode 4” Leo cheats on his girlfriend Dala with Miss B’have. On a radio show, Leo compares cheating to when you are driving in your car and someone pulls up beside you in a car that is shiny and new and all of a sudden your car no longer gives you that feeling. Even in the metaphor the guy with the car is still someone, while women are replaced by cars. Later Leo describes having sex with Miss B’have with Femi, who replies, “Sometimes a man needs to chop chop (shop) around to appreciate home cooking.” Men compare women to cars, cooking, and other things. These

descriptions may be how men talk about women, but it should not be normalized in the show. There is never a point of calling these actions out. The acceptance makes it seem like a natural way of talking, but this can easily be addressed in the show as a transnational feminist action or transforming everyday language that can be seen in many different countries.

Another issue that comes up in the show is how women and men both commodify women's bodies. Women choose to sell themselves and talk about it in a casual way, some by discussing their bodies as assets that can be marketed and some by becoming what the show calls *blessees*. One episode shows a woman knowingly "selling herself" for a job she desires. Ayira is interviewing for an advertising agency in Season 1, "Episode 1". Everyone is making pitches to a group of men and they only have 15 seconds. One girl lists her grades, one guy raps, and then one girl compares herself to a hat. Ayira says nothing, has the lights turned down, plays music, and silently seductively looks at each man. Felix, a man textually introduced then as "The Man in Charge," asks Ayira, "Young lady, what was that?" First she replies, "Using the first rule of advertising, show don't tell. I just gave you 15 seconds to see the real me." The older man seems disgusted and says, "What were you trying to sell... (shrugs) sex?" The young man disagrees, "She showed passion, courage, and ambition. You made me want you and that's what advertising is all about." To which the older man asserts, "You may be able to charm the young David here, but I am not that predictable." Ayira argues that, "sex sells, cars, lotions, cell phones, toothpaste, why can't I use it to sell me." The older man responds, "because young lady advertising agencies generally look for a mind, not body."

The women in the room laugh, while the other executive looks away, and Ayira looks down embarrassed. Women reinforce the shaming embracing sexuality, and the man's words, while some men in the room embrace her selling herself. Not only is she saying she is selling herself, but these men are bidding on her worth. This recreates a powerful visual of modern day slave/master coloniality. This also shows the divide between how older and younger generations understand selling sex. Ayira later has sex with Felix in order to get the good job, adding to this pseudo prostitution creating her sexuality into a commodity.

The commodification of women is also reinforced in the blesser/blessee relationship, which is also a reoccurring theme in the series. A blessee is a woman (usually multiple) who enters into relationships where an older man, blesser, takes care of them and gives them material goods in exchange for a sexual relationship. Nii, is a blesser who pays for one girl's education, while other men in the show give gifts that reassert capitalism by simply giving material goods such as shoes, dresses, cell phones. The blesser then asserts complete control, with Solomon choosing to knowingly have sex without a condom with multiple blessees simply replacing one with another when confronted with the fact that he should wear a condom. He cuts her off simply for questioning him. The men have no consequences and complete control of the women's bodies. The only choice these women can make to regain their agency is to leave men, but the never have equal agency to men in the show.

Being rural or lower class makes women especially vulnerable to entering blesser/blessee relationships. Kipepeo comes from a rural town and after being reminded

that she doesn't belong due to her dress and general lack of money, a man provides a phone and water for her. He calls the next day and asks why she didn't call. She gives an excuse and then meets with him only for him to immediately start to put his hand on her thighs. When she gently pushes his hand off her he says, "I don't know how it works where you are from, but here in Nairobi it is a two way street." A phone and water become basic needs for survival. Because of her rural background and lower class status she is vulnerable when he insists she owe him sex. Kipepeo and Angelo are starving and neither have enough money for food. In order to pursue her dream of being a singer and survive in the city, Kipepeo goes back to him and lets him know she understands how things work. Kipepeo continues to try to help support Angelo, her family, and her career. She has sex with Femi in order for him to give Angelo his job back and get help with her demo. Angelo says he gets the pressure to help out her family, but they won't want the money if they knew how she was getting it. The woman is highly vulnerable and has limited agency over her own body, it is always put in relation to other people such as her family or men with money. The Kipepeo storyline also accentuates that money is what gives someone power and that takes place in a modern city. This encourages Westernization in the privileging of Johannesburg as the big city, when it is one of the places with the most colonial influence. Johannesburg is known for being more international. Kipepeo's situation is conflated with outsiders coming into a modern city and not being able to handle it.

The abuse of power continues when Kipepeo and others in the show become less able to even protect her body from risk, as her blesser thinks he simply spends money on

her for the risk of HIV. He buys her shoes and dinner, and then when he puts his hand between her legs, she takes out a condom. He insists that she can trust him because of his presents, but Kipepeo insists he wear a condom. He thought he not only deserved to have sex with her for buying things, but also willingly exposes her to risk. The blesser/blessee relationship continually conflates money with increasing control and affects those who are the most vulnerable. The theme of being able to not wear a condom when having sex in exchange for goods continues in Season 3. Sophie takes Solomon's watch stating that he didn't wear a condom last night and throughout the episode Solomon continuously refuses to wear a condom, even without her knowledge. Solomon doesn't tell anyone he is HIV positive, but his wealth allows him to continue to have unprotected sex with women and buy them things for putting them at risk. When Sophie confronts Solomon about having HIV and unprotected sex he offers to take her to Dubai. When she refuses and declares that she will no longer have sex with him without a condom and that it will cost him extra he purposefully has sex with her sister, Princess, to get back at her. Princess becomes the next person he can have sex with for material good and her body is used in a revenge plot simply for turning him down. Risk to women's bodies becomes commercialized in negotiations of material goods.

Tsholo is also in a blesser/blessee relationship with Sol. Tsholo is vulnerable because she is constantly left alone by her father who has to work. In order to gain and maintain control over Tsholo, Sol blackmails her with a sex video he took after drugging her with alcohol. Sol shares the video when Tsholo does not comply, and boys and men on the street watch it and state that she is a slut. After her father sees it, she runs into the

street and is killed by a car. People slut shame her even after death. During the church service for Tsholo in Season 5, “Episode 11” “Name and Shame” shows images of messages; “Tsholo died cos she couldn’t say no #blesser #slut” “Opened her legs for a phone #trash #ho” “He bought her #blesser #tsholo #sad” The women in these relationships are slut shamed and told that they should not be so materialistic. While some women tried to tell their friends not be in a relationship, no man was held accountable until they did a protest in the end of the fifth season.

Another strategy for gaining power in the blesser/blessee relationship is to choose someone much younger. Season 4 also has the blesser/blessee theme when Mary, a young student, starts dating Nii, her teacher. After he finds out her parents cannot afford to send her to school and he agrees to finance her tuition. While her parents are skeptical of his intentions when he starts paying for her schooling, they push their worries to the side for the good of their daughter. Mary’s mother voices her apprehension more so than Mary’s father, but he gives the okay. Again, this reaffirms the points earlier that a man as a father or lover has control over women. This continues to reinforce the family structure and patriarchy. Later in the season, Nii beats Mary with his belt for not complying with his request for sex after all he has done for her. Bongsi, Mary’s friend, eventually tells Mary’s mother, who is apprehensive about pressing charges until they go to the hospital and a male doctor strongly urges her to. Nii is arrested and the storyline ends there. Nii was able to assert control over Mary due to abusing the hierarchies of power he possess: older/younger, teacher/student, rich/poor, male/female all create an uneven power

structure for the relationship. The blesser/blessee is always a power-structured relationship that only those in power or those who gain power can stop.

The season ultimately ends with Bongzi, Zolani, and Ipeleng leading a campaign against blesser, thus combining people to gain power. With pink tape on their lips they hold signs reading “stop it” and “Sugar daddy must fall!!!#,” while Khensani shares that she cannot have children because of the abuse from Mr. Linel. The crowd repeats “Name and Shame!” Sol and Mr. Linel are arrested in the scenes following this protest. This is the final redemption of the commodification of women’s bodies, especially girls. Nobody in authority has any idea what was going on until this protest happened. This shows the power in the collective, but most women cannot experience this without a support system. Simply saying no or talking to friends was never enough in the show, only through social action could there be change. In part this is because men and boys joined the cause. The hashtags and technology in this episode also point to the modernization of the series. The show continues to integrate modernization and U.S. celebrities into the show in order to keep up with the youthful and growing audience.

This issue is of major importance because while it is addressed, there is more than can be done for the wide issues for why women are selling their bodies. The inequality of the women is what causes them to feel forced to sell their bodies or market themselves as objects. The shows display the negative side of being a blessee, but not enough strong women who never objectify themselves are portrayed in the show. In order to create an empowering transnational representation of women, the women in the show must not just escape from victimhood or get out of the unequal relationship with men that commodity

them, the project must have a redemptive display of these women or strong women on their own.

Discussion

The show *Shuga* shows the coloniality in a health program through African feminist concerns. I use transnational feminist analysis to see the consequences of power differences in production through Local vs. Western voices and Commercial/Capitalist interests. I also show the influence of transnational representations of Christianity, Family Structure, and the Objectification of Women. Each of these have specific consequences to women based in the power structures of colonial systems alive today.

The local and Western voices point to how African women are just used to show that they had them in the room or as disseminators for the messages. The primary language is always English, which centers the West. The wider the reach, such as the television program, the more Americanized it becomes with pressure to speak English over local languages. This reinforces a colonial language in Africa by normalizing it and using it as the base. The use of English is also due to the commercial and capitalist interests.

Commercial and capital interests are especially present in the storylines and discussions of the making of the show. Involvement of MTV and other organizations emphasizes that the show is primarily targeting youth and speaks to the ideology of youth, who are more susceptible to modernization. MTV's focus on the music industry is a reason so much of the show has music, which further shows the commercial influence of the show and well as the transnational connections of the show's music connecting

across nations. This U.S. government and South African government's involvement in the process demonstrates how governments interconnect for health campaigns. Bill and Melinda Gates also get praise for the show over many of the other contributors. Lastly, Orasure's commercial investments in the show will increase the influence of technology. This can have detrimental effects if countries exposed to the show cannot self-sustain the technology and has to rely on outside agencies/US agencies to sustain the new systems. Those from Africa go underrepresented and unappreciated in the show overall. The majority Western influences of the show influences the show to integrate Western technology, praise Western organizations over African ones, and integrate Western organization agendas into the program.

Christian normativity is an important aspect of African coloniality in the show. In Kenya, Nigeria, and South Africa Christianity has impacts on colonial political power that last today. Starting with the writer and director being influenced towards Christianity all of his life and the obvious omission out other religions due to teasing during his upbringing. The setting for a lot of the show is in church, school, or the clubs. The clubs are perfect for increasing the music influence. The school setting reinforces the youth setting. Christianity is reinforced in the church, music, names, innocence themes, discussions with pastors, thanking God for good things, and direct faith questioning storylines. These Christian norms reinforce Western Christianity and create standards for women to be innocent and the Christian praise goes to men.

The family structures also maintain the male supremacy with praise going towards them, despite any bad behaviors. Men are the head of the household and usually

having sex with multiple women while married while the women remain ignorant or knowing and faithful. Domestic abuse and sexual assault are also storylines that, while resisted, ultimately reinforce that this is a common problem. Lastly, families control children, especially women, even as adults. This transnationally affects women who watch the show for what is normalized and what can be resisted.

Men also objectify women throughout the show in a way that continues the coloniality dehumanization of African women. In order for women to get ahead they often have to flirt or sleep with powerful men in charge. Women are also often reduced to their physical features or compared to inanimate objects. Men also use women to prove their manliness to each other. The blesser/blessee relationship also continues to reinforce how women's bodies are for sale for material goods and if they put themselves at risk for HIV they even think it should correlate to more money. Women are especially vulnerable if they are poor or move from a poor country and are trying to assimilate to another country.

Coloniality is about reinforcing colonial power, with an investment in retaining the power of Western countries. In the show, *Shuga*, this is established by creating a transnationally viewed program that appears to have local power but really just gives pseudo-power to the locals. While it is an amazing program due to the positive impact raising HIV awareness, the colonial impact is dangerous. Western agencies and White people in the room take up the most space in the creation of the show. There are capitalist interests from Western, public-private partners pushing their agenda for the show to have more of their products and praises only Western organizations over the locals in the show

or who help the show. In the show they engrain a lot of Christian normativity, which is a colonial trope of spreading God. The family structure reinforces men in charge and therefore reinforces the patriarchy transnationally. The patriarchy continues to gain power in the show by objectifying women. Viewers not only see this transnationally, but also men have always enforced patriarchy as a colonial trait. In the next chapter, I will discuss how Western colonial patriarchy takes place transnationally in the guise of health in China.

Chapter 5: Women and AIDS in China Exhibition Boards

In this chapter I analyze a Women and AIDS exhibition board created by the Red Ribbon Campaign in 2014 as teaching aids for people in China. The exhibition boards includes twelve posters (height 59cm, width 41cm) text and visuals. These posters were designed as series of HIV educational posters directed at women. Posters in this series cover a variety of issues, such as information for testing, pregnancy, injection drug use, misconceptions of HIV, and resources. Due to the transnational construction and ability of transnational viewership this exhibition board series it an important transnational object. The primary implementation in China makes this also an important artifact to understand in the context of China and within the relational history of China and the West.

Methodologically, I had a process in order to conduct a transnational rhetorical feminist analysis of this object. After examining the poster boards as a series and understanding the message as a whole campaign, I went through and wrote a description of each board and initial analysis. After writing on each board, I then searched for issues of power raised by transnational scholars and Chinese feminist. I found several themes emerged that could be consolidated into three major categories of sexuality, bodies, and subtleties. Under sexuality I focused on heteronormativity and queer annihilation. The

category of bodies produced subcategories of sexualization, thinness, dismemberment, and Whiteness. Lastly, there was a category of subtleties that includes background images, language, and missing aspects of Chinese culture.

Each of these has a feminist and transnational aspect. The categories in general have visual and textual implications on women, as well as Western dominant ideals. While some aspects can be seen as prominent in multiple cultures, it is important to note the dominant origins and collaborators who sign off on these representations. With collaborations there should be accountability and representational articulation that promotes agency and inclusion for all people exposed to the campaign. Since this is a campaign that is shown in China, it should be representational and include all members in that society (especially the target audience of women). Unfortunately, I will discuss some areas of exclusion, misrepresentation, and counter cultural aspects in this campaign.

Production of Exhibition Boards: Collaboration Aspects

In any production of a campaign it is important to note the partnerships, mission statement, and objectives. These are important because they are the base of the project that can set the context for equal or unequal power when constructing ideas. This campaign production analysis is unlike the previous chapter because poster campaigns detail less of the construction than television shows “behind the scenes.” The production information of the poster campaigns was gathered from the primary website that hosts the poster series.

This is a collaboration between the Chinese Department of Health and UNAIDS Collaborating Centre for technical support. The collaboration center works at “building

networks to facilitate communication with counterparts in the Mainland and overseas” and “development of joint and collaborating programmes for sharing of experiences and exchanging ideas” (Red Ribbon Centre, “UNAIDS Collaborating Centre for Technical Support”). The Red Ribbon Centre is an “HIV/AIDS education, resource, and research center that was established by the Department of Health, under the sponsorship of the AIDS Trust Fund, Hong Kong” (Red Ribbon Centre, “Who are we”). The last governor of Hong Kong, Christopher Patten, opened it in 1997. Then in 1998 the Red Ribbon Centre was designated the UNAIDS Collaborating Centre for Technical Support to facilitate and enhance the community response to HIV/AIDS.

The Red Ribbon Centre Management Advisory Committee is comprised of “community leaders, representatives of AIDS and main stream NGOs, and professionals who are responsible for advising on HIV/AIDS prevention and health promotion activities” to serve the community” (Red Ribbon Centre, “Who are we”). This shows that the collaboration extends between community members and organizations. At the top of each Red Ribbon Centre website page it says “Department of Health” and “Government of the Hong Kong Special Administrative Region.” It is important to note that on the posters themselves, the bottom of each of them states “Department of Health,” “Centre for Health Protection,” “Red Ribbon Centre,” and “[http: www.rrc.gov.hk](http://www.rrc.gov.hk).” Each of these collaborative stamps are slightly different from each other and make a difference for which collaborations are hidden and which are displayed.

The mission and objectives of this center are meant to serve the community.

When looking at the objectives two of the four objectives of the Red Ribbon Centre are collaboration:

1. To promote community participation in HIV/AIDS education and research
2. To facilitate the development of social, behavioural and epidemiological research on HIV/AIDS in Hong Kong and the neighbouring regions
3. To enhance the development of quality HIV/AIDS education programmes
4. To provide an avenue for local and international collaboration in the fight against HIV/AIDS. (Red Ribbon Centre, "Who are we")

This is important to note because the objectives reveal the motivation for cross-cultural collaboration and becomes a transnational project. The production of these campaigns should be an equal transnational collaboration, but by the noted partnerships, mission statement, and objectives one can already note the construction of Western ideology and colonized locations. To begin with the uneven focus means the partnership will inevitably construct campaigns with a more Western dominant voice.

Representation in Exhibition Boards: Sexuality

Sexuality in China is a contextual element that can influence the effectiveness of these campaigns. While spreading messages of HIV prevention and care, the campaigns also spread messages of control of sexuality and further ideas of male domination as the norm in society. Sexuality is an important issue in transnational representations because:

Sexuality as related to tourism, migration, identity formation, and economic labor flows, though it is intrinsic to analyses of globalization, often remains unaddressed in these accounts. (Puar 2)

The emergence of Western sexual control in China has become a growing issue (Altman).

The representation of sexual norms can be understood as an issue for HIV researchers

and public service advocates to understand as a contextually important. When collaborating across cultures creators of campaigns should note the creation of sexual norms based on the presence and absence of sexual representations. In these campaigns in China, it is important to note the sexual norms created by Western perspectives in these visual and textual representations.

My attempt is to formulate two aspects of sexuality that often go unnoted in collaborations across countries, heteronormativity and queer annihilation, as well as male domination. Each of these aspects in transcultural campaigns prevents women from experiencing their identities with full representation and agency. In multiple representations in this series the full expansiveness of women's sexuality is hindered in collaboration through erasure and sublimation.

One issue that is present in this campaign series is heteronormativity and queer annihilation. Alex Mueller states that health care can be improved with increased sexual minority visibility. There is a lack of representation of queerness in healthcare and this invisibility can take a few forms according to Mueller who states:

I argue that 'invisibility' actually encompasses two distinct, though related, concepts: queer symbolic annihilation as the reason for the exclusion of queer identities in health professions education and, by consequence, in healthcare; and queer (un)intelligibility as the consequence of this systemic erasure. (14)

This annihilation of queerness extends to all genders. Queer theory can help show the impact of this erasure in health care. The miss or underrepresentation of queer women makes their bodies (un)intelligible or acts (un)intelligible in a system meant to treat bodies.

Symbolic Annihilation is described as the inequality of media representation of groups that are marginalized in society (Tuchman). This representation includes omission, trivialization, and condemnation. Queer invisibility in the media is one aspect of this symbolic annihilation (Gross; Landau). Due to this bias the representations currently in media are majority White, middle-aged, middle class, and heterosexual (Gross). Müller extends this idea to show that this representation also happens in healthcare practices. Martínez also emphasizes that the while analyzing media people should take a queer starting point for recognizing the positions of marginalized subjectivities. Martínez elaborates on what Toni Morrison says that language should be radically generative or constrictive. This expands to representations as well. The versions of queer representation can expand and help create an outlet for people or restrict the identity and normalcy of populations.

Mayer et al. discussed how queer people have particular health care needs that require different communication when discussing sexually transmitted infections and HIV infection. They state, “Many of the first people to respond to the HIV/AIDS epidemic were lesbians, bisexuals, and transgender persons who helped their HIV-infected peers” (Mayer et al. 989) and yet recognition of LGBT issues is insufficiently understood. Women who have sex with other women need to be able to discuss sexual practices with health care providers and assess their risk for infections. Queer people are more likely to face barriers for appropriate healthcare.

Carmen Logie also discusses how people in the sexual minority deal with issues transnationally. Carmen Logie states, “Across the globe, stigma and discrimination

heighten the vulnerability of sexual minorities to inequitable health outcomes” (1244). This continues to be a grand challenge globally (Logie). The health care system deals with sexual orientation can have a lot to do with the patriarchy and heteronormativity (Müeller). Müeller describes heteronormative as:

The pervasive socio-cultural-political bias that privileges and normalizes opposite-sex relationships and desires. It is based on the premise of a gender binary, and justifies the sociopolitical- historical marginalization of non-heteronormative people and identities, leading to homo- and trans-phobia, and heterosexism, the discrimination against non-heterosexual people and relationships. (25)

This external and internalized homophobia causes the underrepresentation in society. This creates multiple areas of stigma when dealing with health issues, such as HIV. Many patients therefore do not disclose their sexual orientation and do not get the care that they need (Durso and Meyer). There is little education for patients or healthcare providers on queer patients (Röndahl). Depending on the culture there may be conservative societal attitudes that manifest in queer people being excluded, discriminated against, and violence in daily lives and healthcare (Müeller).

Müeller suggests a queer approach to healthcare to challenge normative assumptions and practices as queer invisibility has not been carefully interrogated in the healthcare context. Warner states that in societies where opposite-sex relationships are the only ones represented as normal, queer people are often marginalized and excluded. In China, the government also still sometimes uses electric shock therapy for homosexuals, which the United Nations and Amnesty International still refuse to call a human rights issue (Warner). Chinese and U.S. ideas of homophobia are both related to

population control in different ways that should be analyzed (Warner).

Heterosexualization is a fundamental imperative for modern colonialism (Warner).

Warner states, “the task of building an international lesbian and gay culture or politics depends on a great deal of comparative work, and must continually be regulated by critical comparison” (11). This normalization of heterosexuality should be challenged.

Adrienne Rich states that this normativity recreates the gender binary. She states that there is a bias towards compulsory heterosexuality. Women having sex with women are seen on “a scale from deviant or abhorrent, or simply rendered invisible” (Rich 632).

Judith Butler states that gender and desires are naturalized in a grid of cultural intelligibility.

Dennis Altman’s “Global Gaze/Global Gays addresses “the emergence of a western-style politicized homosexuality in Asia”(417). Altman states that most of the people who identify as queer in Asia also identify with the global community and are conceived through a modern and western-style of queerness. He stresses that globalization is the spread of Western models of homosexuality. A person cannot be represented as being Asian and queer in this system because once they have a representation of queerness they become universalized or Westernized in their representation of queerness.

Lisa Rofel challenges Altman’s idea of the Westernized Asian gay representation stating:

To move toward a study of transcultural practices, we need to emphasize the complexity of cultural production in the interactions of the West and non-West-with attention, that is, to transcultural practices and representations. (456)

Rofel discusses the differences between “Chinese gay man’s desires for cultural belonging in China and transcultural gay identifications” (457). Chinese social and colonial practices and histories with other nations cause transcultural practices that cause current performative and representational practices.

The Chinese government, under socialism, deemed homoerotic sex antisocialist. When associations with socialism changed, then they changed homosexual sex into a crime against social nature (Rofel). Government officials have invoked public morality to occasionally close bars, arrest people, and shut down publications (Rofel). The state also has provisions against anything that may threaten its interests (Rofel). Rofel suspects that some women have more social power to renounce heteronormative activities like getting married and having children because the pressure is put more on men in Chinese society. Men who have sex with men state that they sometimes feel pressure to still marry and have children with women (Rofel).

There are also divisions between mainland China and Hong Kong in terms of queerness. Rofel states:

In Hong Kong, a British colony until recently, gay white expatriates and Chinese gay men and lesbians have created distinct communities that mirror this colonial division (along lines of race, language, and culture). Chinese gay men from Hong Kong bring this split subjectivity with them to Beijing. (464)

In Hong Kong there are more separations between Chinese and foreign ways of producing a queer culture. Rofel states that just like Ah Zhuang believes there is a relationship that queerness in China has that relates to family and nation that is not mutually exclusive to Western culture, but still distinct. Hong Kong and Chinese men

may have gay identities in relation to the transnational flow of culture. Global gayness makes assumptions about similitude of identity, homogeneity of values, and identity development that fails to capture the complexity of gay life in China (Rofel). Rofel states that, “What gay identity ends up looking like in any one place in the world today is not a foregone conclusion; certainly it is not a straightforward matter of joining the global gay human race” (470).

Queer scholars should be making contributions to the discussions of human rights and representations around the world. This transnational mode of queerness should be studied. As Jack Halberstam argues:

Much of the most exciting work in this new moment of queer studies refuses to see sexuality as a singular mode of inquiry and instead makes sexuality a central category of analysis in the study of racialization, transnationalism and globalization. (361)

Gender and queerness are negotiated through locations and translocating identities.

Globalization influences how queerness is articulated and representations are circulated.

The cultural representations of queerness need to be recognized. The representations should also be thought of as conceptualization and absences.

While coming up with a universalized representation of queerness is not what I desire, I find that queer annihilation and heteronormativity in all places is something that should be avoided as well. Even in Rofel’s articulation of queerness in China there is no mention of bisexuality and little attention to women’s queer sexuality. The majority of discussions on queer sexuality are from men’s positionality. This leaves out the

experiences of lesbian and bi-sexual women as a whole and HIV may also affect those women.

According to Avert “HIV and AIDS in China,” HIV prevalence among queer populations has been rising in China. While homosexual sex was decriminalized in 1997 and removed as a mental disorder in 2001, there is still stigma and discrimination that causes people to hide their sexual identity. As with most places, HIV prevention efforts focus on men who have sex with men (MSM) for the queer population rather than women who have sex with (MSM) or bi-sexual women.

Women get erased from queer conversations all around the world; thus, lacking representation in health campaigns. Men who have sex with men and women are also missing in conversations in China in general and in campaigns. While lesbian and gay communities in mainland China have emerged rapidly in the 21st century, there is still a lot of absence of representation. “Queer Women in Urban China” builds on Asian studies and Queer China studies to discuss the norms to offer overlooked Chinese sexual and gender non-normativity. There tends to be a unidirectional reading of non-Western cultural transformations towards Western models (Engebretsen). The relationships between globalization and changing norms should be nuanced to notice that they may work together, but the changes may be complex (Engebretsen). Attitudes and representations of queerness have changed in some respects she states:

From being a condition associated with mental illness, gender dysphoria, sexual perversion, and Western (read as un-Chinese) sentiments, homosexuality is increasingly being redefined as a personal quality, urban lifestyle choice, and a key indexer of progressive modernity. (Engebretsen 14)

She continues that the attention given to gay men was not awarded to women and lesbianism remains to a certain degree socially invisible and sidelined (Engebretsen). During the “post-imperial modern period” (1911-1949) women’s sexuality was regulated and controlled in the name of modernizing the nation (Engebretsen). Lesbianism and attraction to women was feared since it may insight women not to marry (Engebretsen). Later during the reform era (post-1978) officials reports on homosexuality started to mention women, but explained it as due to male abuse, gender inversion, or compensatory sex and the media sensationalized, scandalized, and made presented negative representations of female to female sexuality (Hershatter, 2007). The country became increasingly tolerant of sexuality since the modern era (mid-1990s) due to growing attention to homosexuality forced by the “HIV/AIDS crisis and the presence of internationally funded and operated public health programs in the country, which also tacitly support gay community groups” (Engebretsen 16). Lesbian and gay groups continue today to try to combat the dominant discourse on homosexuality and lesbian groups continue to grow in mainland China (Engebretsen).

While there is an overall improved status and empowerment for girls and women, there are still embedded social and family norms in society for women (Engebretsen). There are new desires and opportunities that are growing for queer women in China that have to confront patriarchal conformist norms (Engebretsen). The broader gendered hierarchies continue to limit the possibilities for real change and differences (Engebretsen). Women in Shanghai still express intense pressure to conform to

hegemonic heterosexual norms and marriage (Kam, 2006 and Engebretsen). There is a global desire circulating that bumps up against Chinese culture at large (Engebretsen).

It may be simple, but my contribution to this field of study in this analysis is to state that in the twelve boards for this campaign the representations consists of several images of heterosexual sex and relationship or individual women, but never male to male sex, women who have sex with MSM, or bi-sexual female sex. There are six representations of male to female sex and nineteen images of her or parts of her body alone. Each of these is an opportunity to show either female-to-female relationships or male-to-male relationships. In no images are there men alone or in non-female relationships. There is no reference to queerness in any of the text. While the risk is low for female-to-female transmission of HIV, it is important to note the failure to show queerness for transmission that is higher for bisexual women and women who have sex with MSM. By not representing this the campaign alienates the queer audience and they may not seek or receive specialized health treatment that affects these populations. It renders them invisible.

Male dominance is an issue within Chinese society, as well as the rest of the world. Within these campaigns the representational aspects of male domination become apparent in many ways that can affect the ideological effectiveness for women in China.

When the question of male dominance came up in discussions, it was rarely responded to as if it was something distasteful and deserving of critique. Instead it was more likely to be minimized through humor or distancing, or rationalized through claims around individual choice on one hand and biological realities on the other. (Antevska and Gavey 616)

Antevska and Gavey asks how in a society that supposedly honors gender equality, how might constantly viewing male dominance and female submission affect people. It is through male privilege that people can view this material without having to care about any power imbalances (Antevska and Gavey). While some females may not like viewing male domination, it usually has to be extreme for women to note something about it (Antevska and Gavey). When some men reflected on it being normal they stated that women normally do not ask to be dominate or be in positions of dominance (Antevska and Gavey). They concluded that young men are “no to be typically offered any critical lens for questioning the sexist portrayals of women and supremacist portrayals of (hetero)sexual masculinity” (623). While these researcher were examining the effects of male domination in pornography, in sexual health campaigns this tends to hold true as well.

In China, even when translating this into the gay community the tops were perceived as masculine and bottoms were perceived as feminine in personality traits (Zheng, Ligun, et al). Men who prefer to be on top also tended to perceive images of men with more feminized faces as bottoms (Zheng, Ligun, et al). There is misogynist rhetoric that is often addressed to sexual bottoms with derogatory feminine terms (e.g. Bitch, pussy, and cunt) that does not get said to tops (Nguyen). Bersani states that when a person is a bottom they are taking on the feminine, which is an abdication of power. Tania Modleski studies post-feminism in popular culture and states that, “It is clear that powerlessness and masochism have different ideological valences for women than for gay men” (149).

Anthony Fung and Eric Ma studied the relationship between media use and gender stereotyping in Hong Kong, since Western liberal thoughts meet Chinese traditional and patriarchal norms. The researchers expected the Western cultural influence to change gender stereotypes of the public in Hong Kong, but instead exposure to media actually reinforced the female stereotypes (Fung and Ma). Women are often portrayed as subordinates, homeworkers, and sex object in the West and Hong Kong advertisements (Fung and Ma).

Abigail Fuller states that it is the intersections of gender, race-ethnicity, and social class in representations of women that cause a lack of social change. Fuller states, “The predominant stereotype of Asian women in popular culture is the exotic sex object who is submissive to men” (1). Images continually portray Asian as being sexually dominated (Fuller). When thinking about racial femininity, Asian women are constructed as hyperfeminine (Pyke and Johnson).

In this health campaign exhibition, the women in the posters are portrayed with the same amount of hyperfeminization and submissiveness. Some of the posters portray women and men having sex and each of these have the male in a dominant position. There are three portrayals of people having sex in two of the posters, which I will describe.

In one poster titled, “How is HIV transmitted?,” there are a series of three pictures; one with a women and man having sex, one with a woman receiving a needle, and one with a woman holding a crying baby. In order to focus on the male sexual dominance, I will describe the image and text associated with a couple having sex. The

image is on the top and has a cartoon man and woman having sex under a red comforter and blue sheets to show the contrast of the few exposed body parts in the image. A man with short black hair is on top of a woman with her arm grasping his head with lines around their head indicating that they are kissing. Their feet peek out of the top cover with his close together and hers spread out almost as wide as the bed with lines around her feet indicating she is moving. The text to the side of the image reads: "Sexual contact by having sex (vaginal, anal, or oral) with an HIV-infected person."

In the poster titled, "Will I become HIV infected?" there is a series of five pictures. These images depict unprotected sex, sexually transmitted infections, having sex under the influence of drugs or alcohol, sharing needles with somebody, and in the middle are a man and woman looking distraught and in contemplation. The image of unprotected sex involves again a bed in side profile that has pink sheets and a green and yellow cover. The man and women are cartoon silhouettes in a faded blue color. The man is again on top as the woman has her arm around him and they are kissing. There are lines above the upper part of his body and butt area to indicate he is moving. The man's hand is extended out to indicate stop or no and to the side of his hand is an anthropomorphized condom with x's over its eyes and a scared mouth with arms up in an arrest post. The man has clearly indicated that he is in control of whether or not they use a condom in the interaction and in control of the sexual act as well.

The image in this poster portrays having sex under the influence. There is a close up of a cartoon woman and a man having sex under pink sheets covering their bodies with only their faces, arms, and back exposed. The man is again on top of the woman in

this sexual act with his hands on the bed for leverage and the woman's arm around his in embrace. The man and woman both have rosy cheeks and swirls above their heads and in their eye to indicate that they are under the influence of drugs or alcohol. The man's mouth is agape as to indicate possibly orgasming as the woman has her mouth closed in a slight smile.

In all of these images the man is on top and in control of the penetration, as well as the use of condom, and has his pleasure centered. None of the images has the woman portrayed in control or even in ambiguous poses for domination. The Chinese woman is continually on the bottom in these posters. While these posters do not have to embrace the Kama Sutra, the images could differ to allow for more female agency in the sexual acts or decisions.

Representation in Exhibition Boards: Bodies

In visual representations of people it is important to accurately represent the people who will be viewing the campaign. In this case, the people in the campaign are Chinese women. It is important to construct these women's bodies in ways that are affirming to them and representationally diverse in order to encompass all viewers of the campaign. Accurate and diverse representation not only allows for the campaign to be effective based on identification, but also prevent harmful continuation of dominant Western ideology and resistance of messages in order to adhere to cultural norms. Ideologies about the female body are always constructed by mass representations of women. It is important to note that the women's bodies being constructed also have an element of Western control that is particularly based on the historical and present

relationship that the West has with China. It is also important to note from the Chinese feminist perspectives what ways they strive to also improve gender equality and representation of their own bodies. In this section, I attempt to note the harmful body norms being constructed and some ways these are currently being critiqued by Chinese feminist.

Venera Dimulescu writes, “the beauty norm is constructed as a socio-political instrument in order to preserve the old, patriarchal regulation of women’s bodies” (505). Women’s bodies tend to be the subject of the male gaze (Ponterotto). Doing a feminist analysis of visual material allows for a critique of how women’s bodies appear voyeuristic and objectified for male pleasure. There becomes a normalized “ideal” model of the female body in contemporary society (Ponterotto). While Ponterotto discusses how this is a main construct in Western culture, it can also be seen a spreading through globalization in particularized ways. Even when translated into other cultures the ideal remains the same European/American aesthetic, and as Ponterotto states “the canonical female body is first of all middle class, white and young, with fine facial features and unwrinkled skin, fit and well toned and especially slim” (135). The ways that I look at the female body construction in these health posters are through sexualization, thinness, dismemberment, and Whiteness.

Women get more sexually objectifying treatment in media representations than men (Fredrickson and Roberts). Tomi-Ann Roberts and Jennifer Y. Gettman agree by stating that while men and women both have ideal representations (men as muscular and women as thin and beautiful), “beyond these differing ideals, however, research shows

that the media more often sexually objectify women's bodies than men's" (17). Women are depicted in ways that emphasize their sexuality (Roberts and Gettman).

There are consequences for females being in a culture that sexually objectifies the female body (Fredrickson and Roberts). Objectification theory posits that girls and women who are sexually objectified internalize this and take on the observer's perspective as the primary view of their physical selves (Fredrickson and Roberts). Women that experience this have a variety of health risks that include depression, sexual dysfunction, and eating disorders (Fredrickson and Roberts).

Ellyn Kaschak states that the most ubiquitous way that women are sexualized is through the gaze of the female body. Laura Mulvey states that American culture elicits a sexually objectifying gaze by having visual media that spotlights bodies and body parts. Marie P. P. Root states that Asian women are often portrayed in sexual objectifying visual images that have them possessing more exotic or subservient sexuality.

Fredrickson and Roberts assert that this sexual objection does not effect all women in the same way. While most cultures have sexual objectification, "a combination of ethnicity, class, sexuality, age, and other physical and personal attributes create unique sets of expresses across women" (174). Ye Luo et al. say that the Chinese market opening to the West has resulted in new ideals of sexual attractiveness. Ye Luo et al. state that Western culture has influenced Chinese people and body image concerns, as Western values now apply in China. This includes having a smaller waist to chest ratio.

In the exhibition series the women all look the same, which is problematic. These representations seem to convey that they are different women because the posters show

different methods of transmission and situations. The women, however, only change in their clothing. By making the women simple copies, then the images represent the lack of diversity in the ideal representation.

The clothing the women where in the exhibition of posters varies, but mostly always exposes skin. In the first poster, “Women and AIDS” the woman is depicted in a picture with her husband in traditional wedding clothing wearing an ornate red and gold dress that is buttoned up to the neck with a red and gold headdress. The poster also contained a woman in a purple tank top with a red headband. The contrast can be seen from her wedding day to everyday life.

In the poster titled, “How is HIV transmitted” the woman is just seen underneath covers in a bed with only her feet showing, then in a skin forming green tank top revealing the enormity of her breasts and she still has a red headband. The image is cut off at her waist. The last image of the poster has a woman holding a baby in a long sleeve skin conforming shirt revealing her large chest and red headband. In this representation she is also cut off at the waist, but she is also covered with the baby being almost her same size.

In the poster titled, “Will I become HIV Infected?” the poster has four images of women. In two of the depictions she is naked underneath covers of a bed with sheets covering her body. In one picture she is in a yellow towel with it open in profile with her looking down at her naked body. In the biggest picture on the page, the man and woman are back to back. She is in black flats, a purple skin conforming long-sleeved mini-dress and a red headband. The man to the back of her is in a loose brown jacket and blue jeans

pants with brown shoes. The comparison between these two people reveals how much skin the woman is exposing while the man is completely covered up.

The poster titled, “How can I protect myself form HIV infection?” portrays a pregnant woman with only her body from her neck to ankle shown. She is in a pink short sleeved dress cut mid-thigh conforming to her body to show her round belly and big breasts. In the middle of the page a woman is in a pink tank top with a see-through long-sleeved cover-up and extremely short red shorts and pink socks and a red headband. Both woman remain with large breast, long legs revealed, and pink outfits.

The poster titled, “Can HIV be passed on to others through social contacts?” has a woman in a profile view with a green short-sleeved shirt that conforms to body and the image ends at the bottom of her large breasts. On the bottom of the page a woman appears to have just exercised and is in a pink tank top with a green towed wiping away sweat from only her forehead. Her body is cut off just below her slim waist. No other sweat appears on her body. The ideal female image is upheld as a perfect body.

In the poster titled, “What is Window Period?” the woman is looking out her window in a quarter cut purple and pink shirt and red headband and she has her arm out to reveal her hand forming the sign for three. The image cuts her off below her large chest. Again, a majority of the images have her portrayed as having a large chest and stopping there.

In the poster titled, “What are the benefits of getting HIV antibody test?” the woman is in a purple short sleeved shirt in side profile with large breasts and her body cut

off at her slim waist as she holds a baby boy that is almost as big as her. The woman has a waist that is almost as small as the baby.

In the poster titled, "Introduction to AIDS Resources" the woman appears in a midriff bearing pink tank top and blue jeans and her red headband. This again has her large breasts revealed in the clinging shirt. The other posters in the series have visuals of singular body parts, but no clothing.

The prominence of the skinny waist and large breasts are showcased in each of the clothing. The woman is always bearing a lot of skin, besides when she is presented in a marriage picture. The woman is young, thin, and busty in all of the images with no other representations allowed.

To examine the issue of thinness as the most prominent or ideal representation of women, is also to show the issue of anti-fatness. There is growing research on how the thin ideal is now a growing concern for feminist representations. Ponterotto states that, "It could be added also that in our contemporary times, another descriptor has been added, weight, with the normative condition as thinness and the deficit condition as non-thinness" (134). In all media contexts, the message is for women to be thin, and this must be fought (Kilbourne). There is a significant impact of media images on adolescents' body image due to the thin ideal continuously endorsed in the media. "Media images have a potentially indirect effect by forming an unrealistically thin ideal, as well as a potentially direct impact on body image disturbance" (Botta 23).

Western mainstream culture has conflated thin with beautiful and this has transcended from media and advertising to media discourse (Ponterotto). Discourse on

sex usually portrays thin women as the only ones that have sex and can be read as sexy (Ponterotto). Sexual health media then uses only thin women to enforce that the people in the visual representations are having sex.

The global impact of representations of the female “ideal” being thin is a growing concern around the world for eating disorders or body dimorphism. “Rising rates of body image and eating disturbances among girls and women in non-Western countries have been attributed, in part, to “Westernization” and exposure to media portrayals of an ultrathin feminine attractiveness ideal imported from the United States (U.S.), United Kingdom (U.K.), and European Union (E.U.) countries” (Jackson, Jiang, and Chen 175). Asian countries, specifically China, have adopted an ideal body type that is thinner than their actual figure when exposed to Western ideals and this has resulted in disordered eating (Davis and Katzman). Sing Lee and Antoinette M. Lee even state that the more modernized and globalized communities in China there seems to be at least a correlation to increases in thin ideals. They state that this poses a growing health challenge to Asian countries as a whole (Lee and Lee). Sing Lee, Tony Leung, Antoinette M. Lee, Hong Yu, and C.M. Leung state that Chinese women feel a desire to slim their stomach, thighs, waist, and hip, but not their breasts. Bin Xie states that most women in China are in the normal weight range and misperceive themselves as overweight and this not only leads to disordered eating, but other detrimental psychological influences including anxiety, depression, and perceived peer isolation.

In the background of all of these posters there are slim silhouettes faded in light pastel colors of green, orange, blue, and pink. The women’s bodies span the page with

room for four women side by side in different poses in a poster size of height 59cm and width 41cm, this use of space shows how tall and slim the women's figures are in this representation. The added short shirts and high heels in each of the representations shows off the slim figures and makes them even taller. Each of the women in the background strike a different pose of hands on hips, ballet leaping poses, dancing with one arm raised and the other below, and the last with arms by her side. All these women have enough space between them and in their arm and leg poses to distinctly show off how thin they are in representation. These images are the ones repeated in every poster, so they are salient reminders that women should be thin and the lack of other representation in the posters continues this thought.

Every figure has an anime style drawing, which is a Japanese style rather than Chinese. In each picture of the woman she has a slim body, big breasts, and a face that is in larger proportions than the rest of the body and comes to a point with big eyes and some have blush on them. The anime style drawing not only reinforces and misconceived Asian ideal from the creators, but also emphasizes the slimness of these figures. Even when pregnant the woman's body is slim, except for her stomach. Each of these representations continues this thin ideal around the world with harmful effects to the women in China.

Kacey D. Geening describes symbolic dismemberment as “dismemberment advertisements highlight one part of a woman's body while ignoring all the other parts of her body. Dismemberment ads portray women with missing appendages or substitute appendages” (1). The dismemberment promotes the idea of separate entities (Geening).

William J. Rudman and Akiko F. Hagiwara discuss how women are portrayed in health centered media in submissive positions to men, unnatural poses, have dismembered body parts, and focus on sexuality rather than wellness. Kacey D. Greening states, “The dismemberment of women, in addition to the objectification of women, have serious repercussions including, but not limited to, body shame, appearance anxiety, depression, sexual dysfunction, and eating disorders” (1). The dismemberment is equally as bad as objectification.

Sana Ali examined the objectified portrays of women and how this dismembering of women’s bodies causes women and young girls to think of themselves as body parts rather than as whole people. This focus on body parts also raises stereotypical perceptions of women in society, which contains women in gender roles and sexual objectification.

I find that while this dismemberment can create a woman as a sexual object, it can also change a woman from her identity as a whole person to that of “mother only.” Some scholars focus on how mother’s bodies are scrutinized, especially if they are gaining too much weight or how fast they lose it (O'Brien Hallstein). The woman has a bump and then is immediately told to bounce back to same or even better body (O'Brien Hallstein). There has been a change over time where women were once modest about their pregnancy, now focus on displaying their bump and it becomes the center of advertisements to display the baby bump (Dobscha). While these pregnancies may be featured more, the only visual displays are of White, sexy, and beautiful women (Dobscha). The woman can only have a baby bump and little excess fat on the rest of her

body (Dobscha). The bump is the focus, but with these still idealized versions of female bodies.

More work still needs to be done on how women's bodies are fragmented or dismembered during pregnancy. Jyotsna Gupta and Richters Agnihotri state that in a neo-liberal economic globalism women's bodies become fragmented and commodified under the gaze of Western medicine. Women's bodies are fragmented into parts and the women lose their own personhood and bodily integrity (Gupta and Agnihotri).

However, there has not been that much attention on how visual representations of pregnant women often cut off them as a whole person. The focus is on their pregnant belly or when holding a baby they are still dismembered to only being the parts necessary to hold a baby. This communicates that once a woman becomes a mother she is no longer fully human, she is only the parts necessary for creating and caring for babies. There are several displayed of pregnant bodies or women with bodies in these posters.

In the poster "How is HIV transmitted?" a woman with a slim figure in a green long sleeved shirt and perfectly put together hair in a red headband smiles while holding a crying baby who is in a purple onesie. The woman is cut off visually at the bottom of her shirt, while the baby is visually depicted with its complete body showing. Continually the baby gets a whole body while the woman's body gets fragmented.

In the poster, "How can I protect myself from HIV infection?" there is an image of a pregnant woman with large breasts and large stomach with one skinny arm grasping the bottom of her pregnant belly while the other has a tourniquet around her arm with a blood filled needle inserted by a hand. The frame of this picture cuts the woman off just

above her breasts to her ankle. The woman is dismembered for her head and feet and this adds to the dehumanizing of the woman. This could easily have her face and feet in the frame, but decided that it did not matter to make the woman whole.

The last poster that depicts a baby or pregnancy is called, “What are the benefits of getting HIV antibody test?” A woman is smiling in a short sleeved colored form fitting purple shirt, holding her baby who wears a blue onesie with arms spread and mouth agape. There are shield around her to depict being shielded from disease in British militarized colors or gold with red crosses and behind her are antiretroviral pills². The woman is again cut off at the small waist, while the baby remains whole and almost the same size as the woman. The objects and baby are almost the same size as her as a person, which depicts her in a distorted and dehumanized viewpoint where she never gets to be a whole person.

White privilege is produced and reproduced all over the world through international community relations (Lundström). Race and class privilege often intersect with the gender vulnerabilities of contemporary transnational relationships with the West (Lundström). Whitening of skin is a transnational pressure to fit into Western White

² The colonial influences of war and normalization are made through military images in campaigns. The gold shields with red crosses that closely resemble the Arms de Burghs by the woman and child. These arms are said to be part of the tradition to arm the mainland of the de Burghs in Ireland during the crusades to the Holy Land. Legend says that King Richard I of England dipped his finger in the blood of the fallen and traced a cross on the gold shield (Burke). This brings up the militaristic side of health, as well as the British reign. The shields in a health campaign much like militaristic reasons for shield are meant to protect those from harm, but this reinforces the harm of colonial legacies in China.

culture. Advertising Whiteness through skin Whiteness or proliferation of White images as favored there is a desire to emulate Whiteness and upper class White populations (Ayu Saraswati). Whiteness is not only racialized and nationalized, but it is also cosmopolitanness (Ayu Saraswati).

Marketing China wrote an article that discusses how Whiteness has been marketed in China. Being White is meant to distinguish a person from being a peasant because peasants historically did outside work and therefore tanned from the sun, so there is a classism involved with Whiteness (*Marketing China*). The article also discusses how Western countries brought Eugenicist ideology in the 19th century through the philosopher Kant in “Of the Different Human Races” which created three levels in society of White, Yellow, and Black in order of civilization (*Marketing China*). This combined classism and racism to create a value for White skin.

Malene Gram examined that values advertisements spread worldwide by doing a content analysis in western and Asian countries and found that advertisements generally spread values of White faces and White culture. Whiteness is also connected to general skin care associated with softness and anti-wrinkles; therefore, Whiteness is also connected to anti-aging (*Marketing China*). Large cosmetic and perfume companies have communicated Whiteness as a beauty ideal by using European models, primarily from Nordic countries and rarely from Asian countries (*Marketing China*). Multinational and local skin care companies in China promote skin-Whitening cosmetics to men and women and it is a fast growing market, with 71% of China’s skin-care market being Whitening (Xi). Whitening has been promoted by multiple campaigns and this health

campaign is not except from that and is tied to issues of eugenics, class, racism, and ageism.

The characters in these posters elicit a Whiteness preference as well as the other drawings throughout by having light skin. There is no color differentiation between the characters. In most of the designs the characters have rosy cheeks against pale skin. The color difference is in one poster when the characters are depicted having sex the cheeks change from a rosy hue to a bright red. Each of these reinforces that the only option is White.

Representation in Exhibition Boards: Subtleties

There are many subtleties for these campaigns. The background images usually have little to nothing to do with the ideas presented in the campaign. They add a realism that comes with the nuisance of anti-feminist coloniality. The background images tend to depict things like modernization and Western systems of time. The language should be noted as well in transnational campaigns. To reach the greatest amount of people the wording should speak to the regional understanding and phrasing and level of direct and indirectness. Lastly, there is an issue with what is missing in these campaign posters. While a lot could be desired, some of the major things missing that are prevalent in Chinese family planning posters are abortions and other family members than just the woman. I will discuss each of these in further detail below.

Modernization is a necessary part of colonialism. Cities in particular have played an importance role in the process of globalizations because they are the centers for

international information exchanges (Townsend). Kristopher K. Robinson and Edward

M. Crenshaw say:

we assume that (1) political and social globalization are epiphenomena of a more fundamental economic globalization, and/or (2) that globalization in most of its forms is simply a gussied-up Westernization process (essentially an acculturative or neocolonial social force). (83)

China has tried to control levels of urbanization in the 1960s and 1970s (Kasarda and Crenshaw). Urbanization also is in large ways due to migration and increases in global migration attract more urbanization (Kasarda and Crenshaw). Thus, by visually presenting only or urban or modernized landscapes and technology images are reinforcing the normalization of globalization.

The picture has a computer open with a bar graph steadily rising in deeper versions of orange, green, blue, and red. The red bar turns into an arrow going off the computer screen. This is to indicate the rise in cumulative people with HIV in China. The image being on a computer makes the setting seem like home, which also reifies class because there are a considerable number of people in China who do not own computers at home as it is considered a luxury good.

One poster has a calendar in light blue with the cityscape image in the background and the date of the 18th circled, which could indicate the minimum of three weeks you have to wait to find out about exposure to HIV. The cityscape shows the modernization of China, which is intertwining with coloniality. While Hong Kong is a modern place, the emphasis of the pictures in one's home being of the cityscape indicates a positive attitude

towards this modernization. John D. Kasarda and Edward M. Crenshaw state that there is a growing trend to push urbanization on Third World countries.

This campaign series attempts to mix in both the relational, independent, and medical aspects of the impact of HIV. Most campaigns focus on one aspect in a poster or even poster series. Many of the posters mix in the medical aspects or are dedicated completely to that. In poster 9, a woman is looking at a calendar at what seems to be her home. The text below the picture reads, "Performing HIV antibody test using a rapid test kit." Then three real images, which appear for the first time in this series. The first image has a woman with medium length nails having her finger pricked by a doctor wearing gloves. Text below states, "Finger prick for blood taking." The next image has the stick with the blood going into the testing kit, with the text below, "Put the loop (with blood) into the test kit." The last image is two test results side-by-side one with a positive test and the other with a negative result, and the simple text reads, "Test result." Lastly, the images go back to cartoon version below with an image of an arm with a needle sticking into it with a tourniquet around it leading up to a closed fist. The text to the left states, "Rapid test is only a screening test. Any positive rapid test result should be followed by confirmation test of venous blood conducted in a laboratory." It is textually heavy and medicalizes the result and shows the technology of the testing. These testing practices are available in more prominent medical labs for quick testing and thus ensure normalization of modernity.

In the poster titled, "Services offering HIV antibody test in Hong Kong," there are two main images that stand out from the background: an iPhone with a call out to the

AIDS Hotline of Department of Health and a cityscape with one building with a red cross on it. On the left side of the page are four text that read, “AIDS Hotline of the Department of Health 2780 2211” with more information below saying “Nurse counselor will make an appointment for you. The testing service is free, anonymous and confidential.” The next section reads, “Social Hygiene Clinic” with information below that stating “provides testing, treatment and counseling on sexually transmitted infections.” The third section reads “Community organizations” with “including Hong Kong AIDS Foundation (Tel: 2513 0513)” below. Lastly, a simple text saying “Private doctors.” The main thing these pictures and text do is reinforce modernization. The phone closely resembles the iPhone style with a gold colored rectangular phone with the round button on the bottom rather than the oblong button of an Android or other model phone deemed less expensive, therefore promoting class in the campaign. This not only asserts middle to upper class status, but also the modernity of technology used in health care. Underneath the cityscape also speaks to the fact that these organizations mostly reside in the city rather than the rural areas of China, rather than a hospital building alone that could have any location. The images subtly reinforce modernity and class.

The last picture of the series has the same character as the previous board, and the woman is now in a pink midriff sleeveless shirt and blue pants holding an iPhone and iPad. Above the phone is a list of Hotlines (No caller display), which is to ensure privacy. The list of AIDS Hotlines state the languages associated with each phone number.

Modernity is also a concern of Chinese feminist and is continued in this campaign by images of technology and cityscapes. Each of these leaves out the class issues that

come up when one contracts HIV and pushes modernization. Rural women are left out of the conversation as images become more technological. The Western pushes are subtle and can be changed in the future by changing or modifying the images.

The images immediately below are a calendar that says July 4 Friday and a clock that says 20:00. This is an interesting combination since July 4th is American Independence day and can be a subtle push for Western holidays. The calendar is a bit Westernized by being Gregorian without the lunisolar aspects. Most Chinese calendars are Lunisolar in order to determine important festivals (Time and Date, “The Chinese Calendar”). China resisted the Gregorian calendar until 1949 (Time and Date, “The Chinese Calendar”). The Gregorian calendar is today’s internationally accepted civil calendar and is known as the Western or Christian calendar, because it was named after Pope Gregory XIII. (Time and Date, “The Gregorian Calendar”).

The clock shows a more international standard by using the 24-hour clock time instead of the 12-hour close system more popular in English speaking nations (Time). Although some questioning the ways in which of East Asia now has clocks in the 12-hour format due to Westernization, this can be a way to resist that. The main system in the U.S. that uses the 24-hour format is the military (Time).

Throughout the campaigns there is a lot of text, which is not traditional for most Chinese campaigns. The poster titled, “How can I know if I am HIV infected” reads, “Most people with HIV do not appear sick, it is impossible to tell if a person has the virus just by looking at, or talking to, him or her. The only way to know is by an HIV antibody test.” The text below reads, “Antibodies are made in your blood when your body is

exposed to an infection. HIV antibody test, works by detecting antibodies, can diagnose whether a person has been infected. A positive test result shows that you are infected, while a negative result shown after the Window Period means you are not infected.” This image remains as White as the others and the text is a bit heavy for what most Chinese campaigns traditionally do since it is a context heavy place.

There are some issues where you can see that these campaigns are translated for English viewers, even when in inaccurate translations. The image in the front is a light blue cartoon blob figure that has CD4 on it with cracks and breaks. Surrounding it are cartoon images of light green circles with HIV written on them. A giant version of this image also shows the inside of the cell. The text reads, “AIDS (Acquired Immune Deficiency Syndrome) is caused by HIV (Human Immunodeficiency Virus).” At the bottom of the page is another text that reads, “HIV destroys our immune system mainly by attacking one important style of white blood cells, the CD4 Lymphocytes. As the disease progresses, immunity gradually falls, unusual infections and tumours develop and leading to deaths eventually.” Below that is the last text that reads, “Although there is yet no cure for AIDS, its progression can be controlled with appropriate treatment.”

This information is not specifically targeted to women with HIV. However, the grammar of this poster means that this was loosely translated to English from Chinese. Moves towards rapid translation result in poor language. It is also unclear why these posters are in English besides defaulting to the language of coloniality in transnational campaigns. The complete cartoon version of this also makes it so it can be universalized easier.

In the poster titled, “What is Window Period?” the prominent image in front of the background this time is a woman in a purple and pink mid-length sleeved shirt and a shawl looking sadly out a window with a calendar in the background and the hand signal for three that resembles an “ok” symbol in the U.S. and a thought bubble above her head that says 3 months. The text below the image says, “Window period is the period between the moment a person get infected with HIV and when the antibody test shows a positive result. The window period of HIV antibody test is 3 months. During that period, an infected person can transmit the virus to other people even though his/her HIV antibody test remains negative.” The calendar has both the word July and the Chinese symbols for July on it, indicating the international range of this campaign. The grammar again with this text mistakes showing the quick translation and again the priority of men in front of women.

In the poster titled, “HIV antibody test,” the top of the page starts with the text, “A conventional HIV test (blood taken from vein) takes around 1 week for the result, whereas rapid test (finger prick) only requires 20 minutes. Rapid test is therefore particularly useful in some point-of-care setting, e.g. for testing late-presenting pregnant women for emergency labour.” This text uses the British spelling of words like labor, indicating a specific Western influence.

The language issues continue in the poster titled, “Introduction to AIDS Resources,” with information for AIDS Hotlines. The top is “Cantonese, English and Putonghua,” the next listing of languages are “Tagolog, Vietnamese and Thai,” followed by “Hindi, Indonesian, Nepali and Urdu.” Lastly, there is a list of languages associated

next to the Harm Reduction Hotline of “Cantonese, English and Putonghua.” Below is the list of websites, “The Virtual AIDS Office of Hong Kong,” “Red Ribbon Centre Website,” and “Harm Reduction Website.” All of these have a gov.hk web address. The ordering of these languages and languages chosen are important.

Due to the long history of China and its vast size, China has always had many regional dialects. Thus, there is no one common language to unite everyone. Mandarin gained progress after the Republic of China the National Language Commission in 1912 attempted to promote a national language. Mandarin was used in government and thus selected to be the national language. In 1949, the language was renamed from Mandarin to Putonghua. This language has become less common today (J. Wang).

While Putonghua is referred to as the modern form of Mandarin spoken most commonly, as of 2014 there are 30% of the population who do not speak Putonghua. People who do not speak Putongua are usually ethnic minorities, live in rural areas, and are typically older. People in Northern China are more likely to speak Putongua than people in the South (J. Wang).

Cantonese is what is widely spoken in Hong Kong, so it makes sense that the order is first for a Hong Kong based campaign. The second language being English also comes from colonial traditions. Since Hong Kong was a British colony from 1842-1997, which meant that English was the official government language until 1974 and Cantonese was the language of the citizens in Hong Kong (White). In 1997, when Hong Kong switched back to Chinese sovereignty, it was assured a certain amount of autonomy due to the 50 years of British rule. The system came known as “one country, two systems”

because Hong Kong had capitalism, free press, and common law judicial system.

Cantonese also contributes to the divide between the two parts of the country. Cantonese became intertwined with ideas of the Umbrella Movement that is subversive from the politics of Beijing. It is a fear that Cantonese will disappear as a language, but this will come down to social and economic pragmatism rather than politics (White).

The language of Cantonese is one that transferred to the U.S. the most by people who move, but Mandarin is learned mostly in the classrooms of America. Cantonese also modifies English words more than Mandarin does. Chinese international schools tend to teach Mandarin or English. Cantonese is also highly regarded in the South due to the Hong Kong entertainment industry (White). Both Putonghua/Mandarin and Cantonese have transnational roots, but English is purely a transnational imprint in China.

By having Cantonese and English first and second on the list of languages, the posters subtly convey the importance of the West on the country. It should also be noted that all of the posters are in English, although there are other versions. Although this language variety is good, the ordering matters for displays of preferences and elitism.

Language also became a major theme throughout of having an English series, and it is the only version, even though other campaigns come in a Chinese version. The last board of the series also shows the preference for Cantonese and English and then Mandarin and other languages after that. This reasserts the British rule in Hong Kong and spreads it to the rest of the countries exposed to the campaigns. The campaigns also are text heavy, which is counter to the high contextual style of China. The assertiveness and directness shows the dominance of the Western influence.

The issue of abortion is complex in China and international relationships. While in China abortion is a normal part of family planning or sexual health conversations, international campaigns do not generally discuss abortion. Due to the continually shifting financial constraints of the United States and other members of the United Nations, UNAIDS does not continually give financial support for campaigns that mention abortion as an option.

There is also a complex idea of abortion in China due to women being forced to have abortions during their pregnancy they find out they have HIV. Also, people with HIV in China are sometimes forcibly sterilized. It is difficult to note if having abortions as part of an option in HIV campaigns would further these practices or simply give a culturally accepted option for women.

Ideas of motherhood are particular in China due to the One Child Policy. It should be noted that while abortion is normalized as part of population control, the population control does not endorse homosexual sex (Warner). While talks about abortions are not included in this campaign, it is a major issue and concern for women in China and should be discussed. Western campaigns tend to avoid the issue of abortion out of fear of funding, which can be why it is not included here. Some women in China with HIV have been forced to undergo sterilization or abortion due to their medical status, yet there is nothing to condone this process or combat it. The collaboration negates the concern of abortion, sterilization, and female infanticide that concerns Chinese feminist and even shows the pictures of boy/indeterminate sex babies only.

Woman in China and the West are often still portrayed as being care providers in the family. Xiongya Gao discusses how women's roles in China have drastically changed, but there remains some nostalgia of traditional or old world thought of how women are confined to the home and take on the role as primary care provider. Women are divided into three roles in society: girl, wife, and mother (Gao).

Esther C.L Goh states how grandparents and parents jointly raise a single grandchild in multi-generational family context. Due to the one child policy and numerous other family planning options in China, there family structure usually consists of mothers, fathers, and grandparents (Goh). The parents and grandparents take on different roles in raising the child, but generally provide support and are present (Goh).

Even though it would be natural to depict women having multi-generational families, especially in a time of health need, there are not such depictions in any of the images of the women with a baby. The man is never with the child in any of the pictures of the baby and the woman is almost always alone. This reinforced the individualistic ideology of the U.S. that goes against the collectivist ideology of China.

Discussion

The collaboration during the construction of making this campaign has clearly caused some Western influences in the posters. Themes I discussed show the coloniality in the health program through the concerns raised by many other critical scholars. My attempt was to show the issues that affect women and showcase the Western influence visually and textually. I use transnational feminist analysis to see the consequences of

depicting sexuality, bodies, and subtleties in these campaigns. Each of these has specific consequences to women based on the power structures of colonial systems alive today.

The aspects of sexuality in a sexual health campaign should never be ignored. The posters displayed clear heteronormativity and queer annihilation. This is a problem in a transnational collaboration due to the absence of a key population there can be global consequences of not reaching these groups for this health issue and further silencing their voices. Male dominance is clearly displayed as well with sexual and non-sexual displays in the campaign posters and have the consequence on continuing ideas of inequality between the genders. Visuals in sexual health campaigns should be nuanced and strive for inclusion and equality of all.

Bodily displays become important visual connectors for viewers of campaigns, and these posters cause spectators to associate the only humans women worth noting are sexualized, thin, dismembered, and White. Diverse women should be shown in all media, including health campaigns. It is important to create whole complex women with various bodies of color, weight, and modesty. Women's bodies should not be sexualized for the male gaze. To empower women means to depict them as empowered bodies.

Many aspects of campaigns become subtleties that people deliberately put in to create realism and fill in the background, but I would argue that these also create norms in societies. Background images, language, and family planning were just some of the things that are subtle in these posters and create norms. Images in the background are inconspicuous ways of indoctrinating people to Western norms. Language forces someone to think in the voice of the dominant people. Even when a person is bi-lingual they

are always translating the expressions of others and made to feel othered. Translations can easily be done by creators to not force that burden and feelings of exclusion on people. Lastly, internationally family planning is a complex issue to discuss around the world due to politics and religious values. Absence of family planning discussions is a harmful effect of colonial international relationship influencing health. International relationships and religious views should not prevent people from learning things that could save their lives.

The harm of coloniality hurts all people and especially harms women. It is important to note that these aspects continue to appear in many health campaigns that involve transnational collaborations. While it is essential to have international support for a global crisis, it is important to understand the global aspirations of each country. Western agencies must recognize the harmful themes that they spread during these collaborations. Depicting women's sexuality and bodies in these ways causes immense disparities. The subtleties in these campaigns should not remain subtle going forward. If the Western patriarchy continues to spread ideas like this then the inequality around the world will continue to grow under the guise of helping others. In the next chapter, I will discuss the impact of this paper overall.

Chapter 6: Transnational Feminism and Health

Overall

As transnational interactions become more prominent in society, and more specifically in health studies, there needs to be more critical examinations of power relations and local histories. My contribution to the study of transnational health communication is that with these two case studies, I show that the U.S. spreads colonial messages in numerous ways and through multiple mediums. *Shuga* was an important transnational artifact to study based on the international collaborations, reach, and storylines. The Chinese poster series in collaboration with the Joint United Nations Programme depicts some similar concerns of Westernization of images and text. The integration of outside agencies in the fight against HIV and AIDS in China is important; therefore, it must be examined and critiqued for better constructions in the future. The transnational collaboration of this project was in the formulation rather than in its spreading or transmission; therefore, I looked at the visual and textual elements as intentional due to having approval from multiple nations. By tracing two campaigns, a rhetorical critic can admire the attempt at improving health in these collaborations, but bring awareness to how these collaborations reinforce power, specifically current and

historical power dynamics that affect people with historically oppressed intersecting identities.

I argue that there needs to be a move away from the universal, Health Belief Model, as a base for producing transnational health campaigns. Health Communication is hopefully moving towards a more culturally centered approach for constructing campaigns, no matter who is involved. It is important for Health Communication scholars to note the importance of critical rhetoric throughout the process from production to representation within campaigns. Critical rhetoric can show the ideological power embedded in the campaigns that could cause the health messages to be ineffective in causing change. When people in places feel a loss of agency they may resist the entire message. These rhetorical pushes for colonial domination may be the cause of resistance for many viewers of transnational health campaigns. By noting the harmful production and representations in these campaigns my attempt was for this to be a critical praxis that others could emulate in their own critiques when beginning to reconstruct projects. It is important to note the contextual histories and current climates in each location campaigns will be implemented to note why they may or may not work. My attempt was not to critique these projects from a Western history and ideology, but to take on the perspective of feminist from those locations. By noting the specific cultural rhetoric and colonial history of the campaigns, I hoped to take on the perspective of the colonized rather than the colonizer. The colonial resistance in this paper should allow for the first steps of liberation from these constructs.

There is a contradiction between the rhetoric of liberation and the reality of oppression in nations with colonial histories (Russell). Furthermore, there is a variety of textual forms in which the West produces knowledge about Third World or rural areas and cultures with a history of colonial control (Said). Health aid may initially seem like liberation, but the textual forms produced transnationally with collaborations from the West continue the colonial process.

As I examined the rhetoric in these health campaigns, I conducted an analysis that involves the continual cultural, political, economic, gender, and religious oppression experienced by colonized peoples. Coloniality addresses the present effects of colonizing nations. My hope is that this analysis acts to acknowledge, resist, and reconstruct the rhetoric in transnational health campaigns.

As Letty Russell also reflected, there is a need to connect the colonial aspects to feminist ones. Some of the issues addressed in this paper that Russell asserts are important are the issues of God, gold, and glory linked in the colonial White Euro-American expansion into nations (Russell). Gender is another important pillar that Letty Russell added to when thinking about coloniality. The forms of domination are also alive and well when thinking about transnational health. Letty Russell states:

Countries in Asia, Africa and Latin America may describe circumstances as postcolonial, but in reality the world looks very much neo-colonial as modern global capitalism and U.S. imperialism manage to control the life and death of people across the globe. (39)

This sentiment applies to many aspects of living for people in these countries today, but the “control of life and death” statement especially applies to health communication.

There are many reasons that collaborations tend to favor the U.S. perspective and the troublesome God, glory, gold, and gender aspects that get reaffirmed in colonial rhetoric is important to acknowledge and eliminate. China and Africa are two places that many think of as no longer colonized, but the colonial discourse continues to be transmitted through transnational health campaigns.

My intention was to show how these transnational collaborations involve similar, but not universalized, experiences of colonial oppression involving gender. Through this account I highlight the colonial forces that emerge during engagements between different nations that particularly affect women. While focusing on women in general, I also want to take an intersectional look at the impact of all of these colonial aspects and how they affect health.

Approaching this transnational feminist lens through praxis should act as a framework for health organizations to partake when creating transnational health messages. The juncture of theory and practice helps grapple with the questions of power and representation while remaining committed to radical critique and self-reflection as someone in a Western country. The commitment to rhetorical critique and analysis in this way follows a transnational feminist agenda by engaging post and decolonial issues.

This speaks to a wide range of issues not usually covered in transnational health collaborations. Conceptions of identities in campaigns should move past merely noticing if it resonates with the audience to noticing the hierarchies of power constructed and affirmed in the campaigns. Moving away from analysis of effectiveness to empowerment is something activists have been pushing in international health.

Solidarity with other women across nations is necessary to have a dialogue about the effects of colonialism on bodies rooted in separate cultures. In order to create this solidarity for women and with women, one must recognize the histories that occurred and take a transnational feminist perspective, which validates concerns feminists have in specific locations across the globe.

These colonial tropes hinder transnational collaborations and are something to be aware of for future health campaigns. Every endeavor that involves multiple nations involves power, and therefore must be attuned to power differences. For equality to exist for the people exposed to the health messages, there must be equality between nations creating these messages.

Limitations

There are some limitations with every study, and this is no exception. The rhetorical themes I point out in this analysis are present issues within Westernization, but the implementations or representations of the West in campaigns may change over time. Another limitation is that this study only focuses on two countries through two artifacts in order to discuss Westernization through health. In order to show a theme of the West dominating the HIV discourse with their colonial ideology I optimally would continue my analysis with more projects. This would allow researchers to see if the ideas I critique as part of a colonial discourse are present in many campaigns as they are in this analysis. So, the aspects I critique, while specific to these texts, should not be understood as the only markers of Western influence to look out for in campaigns.

I want to recognize that while I have been to parts of Africa and China, I am a Western scholar and this work has the limitations of a Western scholar writing on transnational issues. The Whiteness in the field of Communication Studies is apparent and my attempt is to include as many scholars from the regions I am discussing as possible. I may have missed cultural insights that come from a specific region, even despite thoughtful research and individual endeavors, there may still be aspects of the minority class voices that are not publicly accessible to me in the US. I also believe that as a White Western scholar it is my duty to critique a system that I am a part of and benefit from. I also want to recognize that my scholarship as a White Westerner may take away from the opportunity for scholars of color to get credit for critiques on similar projects. The recognition I receive as an apparent impartial scholar is unfair and something present in our discipline. I feel this is important work to write, and feel that my writing this, and naming myself as a transnational scholar is accepted with privilege.

There is always a possibility that, subconsciously, I am still not critiquing the scholarship as much as I could due to a lack of outsider standpoint on Western influence. I also attempt to acknowledge the positionality of my work as a White, cis-gender, bisexual, able-bodied, US, woman. However, I acknowledge that this work could be more intersectional in reflection. Therefore, I want to state that most of the campaigns picture visibly able bodied, cis-gender, and largely straight individuals. These areas of identity are so prominent as to render them almost invisible if not actively critiqued. I hope this is something that is taken up in future directions of similar projects.

I also want to state that I am a huge fan of the show *Shuga* and do not want this critique to be understood as saying that this show is doing more harm than good. I believe that in order to show how much you like something you must be open to a loving critique for improvement. I fully believe that the Western aspects are hard to avoid in a global world, but in order to not commit cultural genocide they should be avoided as much as possible. The impact of the show has been the reduction of unsafe sexual practices from viewers and I am thankful for that.

I also understand that these issues are complex because there is only so much a show or campaign can be localized when trying to save money or spread the campaign widely. The difficulty and limitations of this task should not be completely disregarded, but the effects of having a campaign universalized are impactful and therefore should be paramount. *Shuga* moves to many regions of Africa and therefore it should primarily be localized for what area the show is representing. Even as the messages broaden to include ideals from other regions of Africa, they should avoid including the melding of colonial messages in the program.

Another note is that *Shuga* continued onto its sixth season while I was writing this dissertation. The sixth season changes some aspects that I critique in Seasons 1-5. Some of these changes include: having some Muslim characters in the show, broad discussions of issues in society, and less valorization of the US. I do not see this as invalidating the critiques in the dissertation, but a point of praise that changes are already being incorporated into the program. This allows me to see how these critiques can be

implemented and in fact makes this project seem like an obtainable pursuit for transnational collaborations.

My hope is also that by putting two places in relation to the West, readers do not do a comparison between these places as if they are completely similar. Also, I hope that this reflection will not be limited to African and Asian nations, but also continue to places in Latin America and beyond. The colonialism of nations should also not be examined just in the terms of first-world and third-world. There is a change in global relations of power and the terminology tends to currently orient scholars to the West.

I also do not discuss how China also has a colonial relationship with Africa. Addissu Admas says that there has been an ever expanding and pervasive presence of China in Africa. While this could be thought of as two victims of Western colonialism trying to pull each other out of poverty or a more advanced third-world nation helping another, more people have come to think of China as a new colonizer of Africa (Admas). Most of these claims of Chinese colonization have come from the West, but have some merit from Africans (Admas). China continues to expand projects in Africa, immigration to Africa, and loans to Africa (Admas). This has created a system where Africa is indebted to China without a means of sustainability within Africa to pay China back, making African countries permanent dependents on China (Admas). While there is still a remnant of colonial power from Britain in China, there is now a colonial force of China expanding to other continents.

Therefore, it is problematic to put these two locations in the same critique of colonization without a more detailed account of their present and growing relationship.

The world may change from considering the West to be the biggest colonizer; therefore, discussions of Western colonization in this paper may need to be expanded. The present relationships may change the impact of colonial history.

This paper does not fully attend to intentionality of these campaigns, because this is not a rhetorical archive work, instead this is based on the themes and background of these nations and present visual and textual aspects of the campaigns with some added discourse from organizational meetings and newspapers. The impact of these campaign messages is also unknown. A transnational feminist rhetorical analysis does not focus on the effectiveness of spreading messages, but on the themes that present ideologies.

Future Directions

In the future, I suggest that transnational collaborations reflect more on the colonial history and current relations in order to create solidarity amongst countries. In order to change the HIV epidemic, organizations must first put aside the need to oppress in other ways. I also hope in the future to find more material for sexual health that explore more long-term sexually transmitted infections, such as HPV and herpes.

I will continue to advocate for a critical rhetorical perspective in Health Communication. I believe that Health Communication needs to take a more critical and culturally specific move in research and scholarship. The effectiveness of campaigns should not be only based on correct translations and simplified changed of darkening images, but should instead always note the power relations that have a colonial and present history from production to representation. My hope this by showcasing the deep analysis with careful methodology will allow Health Communication scholars to see the

rigor and merit in critical rhetorical work. Often people think critiques of power are not well researched and self-serving, but critical rhetorical work situates history and experiences. Methods of Health Communication could be improved by taking on this task.

I hope to conceptualize more ways in which to effectively construct campaigns through feminist collaborations. My expectation is that this is not just a deconstruction of a system that is not working. There should be aspirations to not only critique issues of Westernizing global discourse on HIV, but also an attempt to change this in the future. With specific critiques one may see how the aspects of social identity are broad and yet do not have to be abstract. Health Communication producers should always consult feminist from the cultural locals where they want to present their campaigns. I would advocate for scholars to go beyond White feminist movements and ideologies to contextualize their feminist ideals and representations in specific places.

The critiques are specific, but the point of this is not specifically about avoiding Western ideas altogether. The fix is to change the overall Western perspective when creating something that is not meant for the West. It is tempting to influence campaigns with our own ideals, but we must make sure that others are being heard. And when appropriate, such as when the collaborations are just meant for that other country, we must raise the local voice over the Western one.

Attending to the complications of collaborations, this project should act as a framework for examining collaborations during all parts of the process. This is not meant to be a final check though, but instead a framework to think about when choosing what

partners to collaborate with, what discussions to have during the process, and what materials to review before disseminating them onto the public. The production of the campaigns must begin with having equal representation in the construction of campaigns and agency affirming representations of women.

My ideal transnational health communication campaign would begin with having more equality between the nations from the beginning of the production of the campaign. The objectives throughout the campaigns should be to spread health and equality, and should not include capitalist or colonial interests. Throughout the process I believe each person should be acknowledged for their work, not just the people who give money for the campaign. Campaigns should be as locally centered as possible, which may mean keeping them small in nature. There should be more participation-based ideas from the locals rather than just fact checking in the end and more than just community buy in after it is made. Continuously there needs to be fact-checking and ideology checking with locals not invested in the project. Lastly, the dissemination of the campaign should be specifically targeted and well placed in the hands of the people and not replicated/merely translated for those outside of the community.

By combining issues of culture, rhetoric, feminism, and health I hope that scholars in all four areas begin to focus more on these transnational health collaborations. Struggles of power across the globe should be an issue for scholars seeking justice. In HIV prevention, the issues of coloniality and feminism must continue to be expanded upon. Women are an underrepresented group, while still being a largely affected

population. This needs to change in order for there to be not only a reduction of HIV, but also increase in gender equality.

My project emerges from a White Western perspective critiquing a system that I largely benefit from, and writing this dissertation means I benefit from engaging in this scholarship as well. In the future, I would like projects from non-Western nations to be elevated. There needs to be continued discourse on how transnational studies and the Communication field tend to promote Western scholars even with the acknowledgement of the global domination of the West.

Lastly, I hope that this project does not remain a dissertation and can be expanded to articles in order to be more widely distributed and accessible. The accessibility of work is key in work that we hope changes the norms in public discourse. I hope to reach scholars in the health field in order to extend my critique into practice. This will allow justice for people receiving these messages only if creators of messages read these critiques. We are connected in a global world and therefore must do global good to reconstruct a better world from the history of oppression.

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