CHAPTER NINE CONCLUSIONS, RECOMMENDATIONS AND FURTHER RESEARCH

Introduction

At the commencement of this research, I accepted the premise that there are several factors that directly or indirectly influence the HIV/AIDS lived experiences and how people make sense of the epidemic and PLHIV. Having accepted this, I created relationships and situations which might offer members of South African public schools the possibility of narrating and describing their HIV/AIDS lived experiences in interviews and discussions with me and each other. From the findings, I identified the defining experiences and perceptions as ‘conventional’ and ‘alternatives’. I also identified the systems by which these conventions and alternatives function together, as ‘hybridisation’ processes. I attempted to create scenarios and situations which would offer the participants opportunities for revealing these. The focus of my attention was on;

- Individual HIV/AIDS lived experiences
- The background events, practices, knowledge and beliefs which might highlight the individual’s lived experiences
- The background perceptions and circumstances which might stimulate the likelihood of cultural response to their HIV/AIDS lived experiences
- The respondents’ interactions, responses and non-verbal communication
I concluded that culture has immense influence in the HIV/AIDS lived experiences of the majority of the members of South African public schools in the following ways:

- Understanding of the epidemic and PLHIV
- Their treatment approaches
- Their methods of caring
- Their prevention strategies
- Beliefs and practices

I further concluded that:

- Gender constructs are embedded in the cultural discourse so as to impact HIV/AIDS lived experiences of individual members of these institutions
- Biomedical discourse is inadequate in providing detailed explanations for and interpretations of the HIV/AIDS lived experiences of these individuals
- There are alternative realms of ideas and practices that these people engage in making sense of and dealing with the epidemic and PLHIV
- Members of these educational institutions engage in a process of ‘hybridisation’ of the diverse discourses that are prevalent in HIV/AIDS related study in understanding and experiencing HIV/AIDS and PLHIV
- Most of these ‘alternative’ approaches are unconventional and may be seen as authentic or contrived. However, they provide these people
with other ways of mediating the epidemic than the biomedical discourse.

- The National Policy also created conflicts and complications in understanding and dealing with the epidemic through its linguistic constructions.

Although I drew these conclusions, my attempts to generalise findings were not successful. Diverse experiences and understandings in a society that is very diversified (such as exists in Gauteng where data was collected) in terms of culture and beliefs made it impossible. I am therefore forced to accept that the findings in this study may yield different or more consistent results if conducted in a society with the same or similar culture and belief systems.

Theoretical assumptions that inform the research were greatly challenged as I continued to explore these HIV/AIDS lived experiences and how people actually understood the disease and PLHIV. I realised that available ideas and existing metaphors are not adequate in projecting the lived experiences and various interpretations that plagued the research content: HIV/AIDS, culture, gender, and lived-experiences. When I analysed my data, I reacted to more than the few theories that touched on the subjects of my interest (see chapter 3). As well, I note during data collection that people react differently from the prescriptions of most of the theories that seemed to offer reasonable interpretations in some aspects. I concluded that there are immense complexities, complications and conflicts in interpreting how HIV/AIDS and PLHIV are experienced and
understood. Having adopted this position, I then concluded that no one approach or discourse could offer adequate interpretations to the HIV/AIDS and PLHIV lived experiences and understandings. Individuals make sense and deal with the epidemic and those infected not only through the biomedical paradigm but also following their cultural precedents. I therefore posit that the intricacies associated with HIV/AIDS brought about by lack of a cure would be said to have initiated the combinations of world views in dealing with and understanding the epidemic and PLHIV even among members of the education sector.

I explored the empirical elements of persistent cultural and gender themes in HIV/AIDS transmission and treatment debates vis-à-vis the personal epistemologies of the members of education workplaces that deal with HIV/AIDS and PLHIV. I focused on participants’ narratives, to study the identified social and cultural variables that shaped and nurtured the participants’ experiences which inform their practices and attitudes towards the disease and PLHIV.

I reviewed the empirical literature for HIV/AIDS culture and gender and the National HIV/AIDS Policy, with particular emphasis on the education workplace. Although there is a paucity of literature in this regard, some high quality evaluation designs informed the methodological strengths of some aspects of the data collection tools and analysis. For example, I borrowed the use of ‘rumours and gossip’ from an incredible study on HIV/AIDS by Stadler (2003). Most of the HIV/AIDS and culture literature offers exposure to the exacerbated impact of
culture in mediating HIV/AIDS especially with respect to gender construction. While I admit that this literature offers extensive insight on the topics, the external validity of these studies for HIV/AIDS lived experiences was difficult to ascertain.

On the HIV/AIDS programmes in the public schools, there is no evidence that cultural issues are considered in the curriculum. However, it is notable that cultural issues influence the transmission of the knowledge especially in the gender, sex and death related topics which chiefly characterise HIV/AIDS. The evidence for cultural effects on learners and other members of the education sector is inconclusive. This is because there is no study that directly examined the concepts of culture, gender, and HIV/AIDS lived experiences in South African public schools. Conclusions were drawn in this area based on the assumptions that members of these education sectors constitute part of the society where most of these studies were carried out. I mentioned earlier, in chapter 2 of this study, that it is very difficult to accept such conclusions as valid considering that most of the studies were conducted in the rural areas and with less educated people. This therefore suggested that if some of those studies were replicated in urban areas where diversity is high and levels of education are of a reasonable standard (such as in Gauteng), the study would yield different results.

Several carefully designed qualitative HIV/AIDS studies demonstrated the considerable effects of cultural influence in the education sector. One of the studies not done in South Africa highlighted that culture impacts not only on the
individuals’ HIV/AIDS lived experiences but also the ways HIV/AIDS related issues are dealt with in public schools in sub-Saharan Africa (Mirembe and Davis, 2001). My study indicated that because of the intrinsic presence of cultural beliefs and practices in the schools, many HIV/AIDS related programmes and taught curriculum were not effective. Most of these findings locate this deficiency in the gender-related restrictions induced by cultural perceptions of sex and death. Whether the combination of the impact of culture and gender on HIV/AIDS educational programmes in schools is sufficient to justify the schools’ inability to openly state how they are dealing with the epidemic and PLHIV (UNESCO/UNAIDS, 2000), there is evidence that the choice to ignore the cultural influence by education sectors does not exclude its presence. It is rather a choice not to deal with the challenges associated with these cultural influences.

The policy decision to allow independent autonomy for implementation guideline design may be based on the cultural diversity that characterises South Africa. Based on the literature on National Policy, there is substantial indirect evidence that there are other factors that may impact the HIV/AIDS implementations in public schools. However, the key question is whether other factors other than biomedical, legal and risk metaphors, would yield any better results in mediating between the HIV/AIDS lived experiences and the practices of the National Policy. On this matter, the literature presented very little evidence. Very few studies have been done on the experimental evaluations of alternative approaches to the National Policy-identified metaphors. Moreover, the study that measured the
impact of the National Policy often neglected to collect the additional data needed to obtain information on the influence of cultural beliefs and practices. The literature review on policy implications suggest that more systematic and detailed research is needed to find the most effective way to deal with cultural implications in the implementation of the National Policy in public schools, especially those with high cultural diversity.

My study advanced the existing knowledge in this field of research through the following arguments that proceeded from the findings. First, in this study, I posit that dealing with HIV/AIDS in education workplaces is not only complex and complicated but seems impossible because of the manner in which the members of the public school institutions experience the disease. In other words, the policy documents, the biomedical knowledge, their elitism, exposure and training in relation to the disease seem, perhaps, overshadowed by their cultural backgrounds, other world views and perceptions.

Second, from the findings of this study, I reveal that there are various ways members of the education workplaces in South African mediate HIV/AIDS, the PLHIV and those affected. Most of these strategies are based on individual experiences, personal belief systems, personal attitudes, biomedical exposure and the official policies for understanding and dealing with the disease, PLHIV and those affected. At this juncture, I must reiterate that not all the stakeholders share the same experiences but the extent to which their experiences differ is still
based on their various cultural beliefs and practices. Again, no one of them uses one world view to arbitrate the epidemic. They share the strategy of combining more than one world view to deal with the epidemic.

I note from the findings that HIV/AIDS lived experiences in public schools are generational. There is significant variation in the ways and manner in which the youths (learners) and educators understand and deal with the epidemic. While there is not much distinction in their understandings, their HIV/AIDS lived experiences are conspicuously different (see chapter 7). The conceptions of stigma also differ considerably. While the adults (educators and school governing board members) experience stigma in a more in-depth manner, the youths (possibly because they do not have a really good sense of death) demystified the HIV/AIDS related stigma.

Again, I suggest, based on my findings, that due to the complications, tensions and complexities associated with HIV/AIDS lived experiences, most members of the schools identified boundaries between those who claimed to be HIV/AIDS negative and those they assume to be positive. Identifying these boundaries means creating distinction-maintaining strategies to deal with the PLHIV in these public schools. I conclude therefore that most members of the public schools deal with PLHIV through symbolic boundary maintenance. I judged this boundary maintenance as a complication arising from their inability to deal with the
unknown especially when it touches constructs considered culturally as taboo such as death and sex.

This chapter is further presented in two major sections; section one deals with other contributions of this study to the HIV/AIDS related field of research. Section 2 provides recommendations.

**Research Contributions**

The contribution from this research to the knowledge in this area falls under three headings;

1. **Empirical**
2. **Theoretical and**
3. **Methodological.**

**Empirical Contributions**

The public schools' strategies for dealing with HIV/AIDS in many respects are based on the National Policy, implementation guidelines, educational programmes and taught curriculum. This study is straightforward in presenting people in education workplaces fairly and consistently, demonstrating that they are thoroughly familiar with the biomedical information available to them on HIV/AIDS. For the HIV/AIDS lived experiences and understandings, most participants, though claiming to conform more to biomedical discourse, do have other layers of understanding and practices that reveal their actual HIV/AIDS
lived experiences. People carried and enacted in their daily lives completely different approaches, depending on their various identities, positions and beliefs.

The challenge of the many actors trying to address the HIV/AIDS policy issues in the education workplaces will be to develop a deeper understanding of the context in which the key players (members of the public schools) experience the disease. This will assist in identifying and exploiting existing prospects in containing the epidemic for effective and efficient teaching and learning in the face of HIV/AIDS. Clearly, this study identified that the HIV/AIDS lived experiences of women in public schools are still tied to the gender violence against women. Men’s experiences are motivated by the indigenous traditions and other world views while the youths lived experiences could be described as based on generational and relative-to-age philosophies.

In summary, researchers will see biomedical discourse at the outer layer of how HIV/AIDS are expected to be dealt with. However, findings from this study indicate that what is underneath is beyond biomedical discourse. Two visible ways to characterise the empirical lived experience narratives became apparent;

1. The conventional biomedical: which is the initial response when you talk to the participants.

2. The interwoven or hybridisation process which incorporates the gender, indigenous, racial, religious and eschatological discourses.
These simply suggest that there are multiple ways people mediate HIV/AIDS in public schools. It also means that research surveys usually examine only the outer layer. For example, part of what dominates the contents of South Africa’s National Education Policy on HIV/AIDS is the biomedical and epidemiological treatment of the disease which is better understood by the medical practitioners. No study was able to discover that members of the education workplace mediate the epidemic using these alternative ways irrespective of the relatively good biomedical and legal HIV/AIDS knowledge they possess. Within the policy documents, there was no sense of how people live and experience the disease in the cultural and gender reflected sense. These underneath layers present serious ways to re-examine HIV/AIDS management for meaningful strategies for dealing with the epidemic in education workplaces.

**Theoretical Contributions**
The HIV/AIDS lived experiences of members of the public schools examined revealed that there are multiple worldviews or perspectives from which HIV/AIDS is understood and mediated. Most of these views arise as a result of their social and cultural backgrounds. The significance of engaging in a retrospective look at the participants’ background narratives in terms of their different personalities, cultures and experiences is summed in Hall’s (1988, p. 8) argument that;

*All groups require a narrative that recognises, that we all speak from a particular place, out of a particular experience, a particular culture, without*
being contained by that position … we need also to remember that the narratives we tell and retell on our classrooms are both reflective and constitutive of who we are and what we will become.

From the participants’ retrospective narratives and critiques of their personal, social ideologies established during childhood and interactions (nurture controversies), I note that cultural permutations are prevalent and in varying degrees in their HIV/AIDS and related lived experiences. Examples of these are the feelings of ‘I cannot get infected because I am circumcised and clean. I cannot get infected because I am careful. They got it because they are sleeping with sugar daddies and mummies’ by one of the respondents’. On the gender front, culture was visible in both the understanding and conception of the participants’ HIV/AIDS experiences. From their narratives, it was clear that living in a patriarchal society enforced its own sets of gendered experiences and understandings on the women.

Tracking the participants’ changing experiences with HIV/AIDS over time and space provided a background against which to conclude why, despite the training they have received, cultural influences ranked very high in their mediation and understanding of the disease against the biomedical knowledge available. The retrospective narratives to their background knowledge of the disease also provided a historical context against which to understand why and how the epidemic and PLHIV are treated as mystic, polluted and worthy of isolation. This
gaze could also explain the culture of secrecy and silence attached to the individual school member’s attitudes to the epidemic and those infected, thereby creating the implementation gaps noted in the analysis.

The exploration of the participants’ background and environmental cultural influences enhanced my understanding of congruous variables that framed individual experiences and attitudes to HIV/AIDS and PLHIV. This understanding helped me to clearly present an insight from an investigation of the participants’ reflections on cultural issues such as why the disease is more prevalent in some racial groups in South Africa? On this basis, I disagree with Eagleton (1991), who insinuates that there is no internal relation between particular socio-economic conditions and specific kinds of political, cultural or ideological positions. This is because the literature I reviewed presented evidence that socio-economic, political, cultural and ideological factors influence HIV/AIDS transmission and treatment. The disease was used to identify some of the economically disadvantaged South Africans. I could admit that these variables do not justify resisting modern treatment and favouring some cultural and faith-based treatment approach. However, I note from the data that these variables impact not only on the spread of the epidemic but also are strong factors in the transmission and spread of the epidemic especially to the youths and women.
Methodological Contributions

First, I present my use of the modified case study for data collection as unique and new in HIV/AIDS related research. I titled this a ‘modified case study’ because of the unique characteristics peculiar in the style of data collection (see chapter 4). This case study was modified to include some elements of ethnography together with the conventional case study research approach for more credible information collection. I recognised that the normal case study or the traditional ethnographic approach would not be able to collect rich and thick data considering the nuances and complexities involved in this complicated research. This modified case study, therefore, not only provided the opportunity to be discrete and focused but the ethnographic elements of it paved the way to collating and re-examining most of the data especially those data that highlighted the HIV/AIDS lived-experiences of these individuals.

This research also contributes methodologically to the researchers’ status debate that challenges the simplistic insider – outsider dichotomy visible in conventional qualitative literature. It therefore suggests that HIV/AIDS, culture and gender related research should consider the importance of the position in which the researcher is located during data collection. Everybody assumes that being an insider in any institution or organisation guarantees the researcher better and more trustworthy data. This was not the case for me in this study. I located myself in the following positions during the data collection exercises:

- Insider & outsider
• Friend & stranger
• Local & foreigner
• Black & woman

By positioning myself as an **insider** and **outsider** (described earlier in the methodology chapter as emic and epic), my positions shifted and exposed me to the complex challenge of constantly having to ‘read’ or ‘pre-empt’ the responses and attitudes of the research participants. Such reading or pre-empting arguably was used to inform and enrich my research experiences especially in the question design and probing exercises.

Before going into the field, I had already positioned myself within the education sector. ‘Positioning’, in this context, refers to my professional location which plays a significant role in my rationale for this study (see study’s rationale section in Chapter 1). I have been in the education sector for more than twenty five years and I have also risen to a senior management position so I share the complicated challenges of dealing with HIV/AIDS, PLHIV and maintaining quality teaching and learning in public schools. As I had a relatively good understanding of implementing policies at public schools, I was able to freely interact with the participants at that level without feeling out of place. Rapport was easily established with colleagues who helped me by introducing their friends in the same profession for interviews.
One indicator of acceptance as an insider by participants was that most of them called me ‘Sisi’ (Sister), ‘Colleague’, ‘Maam’ (mostly by the learners) and some attempted my name; ‘Uche’. Although I had never interacted with them before the research, after my introduction, they immediately accepted me as an HIV/AIDS solution seeker in the education sector which we all share as colleagues. This was translated into a situation where contacts were made to connect me to people who would willingly discuss the topic of the research. This was spear-headed by my key respondent. She said to one of her colleagues;

‘Uche is our colleague. She is doing her research in …. Please assist.
One day, when you will go for further education like her, it will be your turn to interview others’

However, my higher academic and professional status to some extent separated me from my identity as an insider. During the data collection, a participant told me that the payment for his beer is on me because after graduation, I will become bigger than most of them. To some extent, I traced a revelation of the dynamics of power inequalities between me and the participants (the educators). To minimise this dynamic, I always insisted (when such a case arose) on using the phrase that ‘lecturers are teachers’. Reluctantly, some accepted but maintained that ‘salaries will differ though’. Although I felt uneasy at the beginning of my research considering the factors that made me a ‘stranger’, I noted the professional loyalty which I never thought of at the onset.
My stronger methodological contribution came with the benefits that being ‘*local*’ as well as ‘*foreigner*’ yielded to the data collection procedure and the quality of data. Although a resident of South Africa, I am a Nigerian by origin. This shift in position introduced another identity for me as a researcher and this re-location did not appear to incur any loss of benefit to the study as was expected earlier (considering the recent xenophobic attacks in Johannesburg during the data collection period). I imagined that the in-between position strengthened the trust and confidence reposed in me by the participants. My key respondent and others commented that they would not have trusted an indigene with some very sensitive and complex information for fear of gossip, scandal and ultimately stigmatisation. Although some withdrew from the interview on the basis that they cannot freely discuss the topic due to cultural issues (already discussed in earlier chapters), others went very far in confiding in me. For example, though I was not interested in their HIV/AIDS status, one of them was open enough to say during the interview:

*I have never mentioned this to anyone here and will never; I am also sick.*

*You cannot tell anyone such here or you become the object of their gossip and they will start avoiding you in one way or another*

Some of them were very open and revealed some of the contrived ways they experience the disease especially relating to prevention and treatment without any feeling that they would be judged as ‘primitive’. As an outsider, I was treated
to tea and coffee as a real guest. This demonstrated the sense of human recognition extended to me which contradicted my initial expectation of rejection. Being a stranger was not always smooth sailing either. Although they eventually confided in me after being introduced by ‘networking’ (Educator A introduced me to colleagues and the colleagues would in turn introduce me to others) initially, most of them were doubtful of my being a student at the University of the Witwatersrand as I claimed. This group of participants insisted that they would only grant me interviews in my office at the University. That brought up the concepts of ‘doubt’ and ‘trust’ associated with the complexities of HIV/AIDS-related research and being a foreigner.

Though a stranger, I found myself unconsciously functioning as a friend. I was not treated as an intruder but most participants perceived me as a friend;

1. one they could confide in
2. an ear willing to listen to their long hidden secrets (a kind of solace)
3. their mouth piece
4. one who would convey their HIV/AIDS lived experiences, rather than the conventional HIV/AIDS research, without judging them

As a woman, I witnessed a vivid representation of the existing gender related power imbalance resident in most South African indigenous cultures especially when sex is being discussed. Being a Black woman at the same time was not all plain sailing when discussing with most African men. Professionally, I envisaged
that at the social level of these participants, certain behaviours would not be admissible but would be considered and treated as offensive and an abuse. But, some men believe that as a Black African woman, I may be conversant with and tolerant of some of the atrocious African cultural beliefs and practices that put women below their male counterparts. During the hunt for data, a male participant was able to defend his not wanting to discuss some HIV/AIDS-related issues with women and girls by showing me his ‘erection’. He claimed that looking at a beautiful African woman and discussing issues relating to sex prompt such. This act of suppression or intimidation made me understand that HIV/AIDS messages in the minds of even the educated are yet to be reflected in behavioural changes.

Although it was not very easy being a Black woman in collecting data for this study, however, it would have been impossible for a ‘White’ South African woman to collect some of the very sensitive data that informed the analysis of this research. This is because of very aggressive emotional racial comments filled with anger and bitterness towards the Whites from the apartheid legacy that is always referred to in South Africa. Most Black Africans identified with me as ‘brethren’ who shared the same racial and similar cultural experiences. This made them able to discuss even some of their hidden HIV/AIDS lived experiences with me. For most of them, following a comment from my key respondent, ‘their secrets are safe with me’. 
In conclusion to the ‘insider’ and ‘stranger’ discussion, like Duku (2007), the multi-layers and contingent nature of both personalities was neither hierarchical nor mutually exclusive. Both contributed in enhancing data collection during the research. I noted that being a ‘stranger’ played a stronger role than being an ‘insider’. HIV/AIDS, culture and gender related research obviously requires establishment of some degree of trusts between the researcher and the participants, doubts by both and sometimes participant’s dissatisfaction with the researcher. Being an indigene would have had a negative impact on the data collecting procedure and quality considering the culture of secrecy that characterised the way people deal with HIV/AIDS. While I admit that Duku’s experiences may have provided her with avenues of collecting good data, my various positions, as discussed, pushed me further and offered wider opportunities and strategies for more credible qualitative data especially in sensitive research areas such as mine.

Again, methodologically, I considered that the blending of individual perceptions, emotions and final texts may cause apprehension about the connection and reliability between the researcher-researched narratives and experiences. Perumal (2004) believes that the mechanics of manipulating the text should be reflected upon in-order to make clear the rationale for technical choices made during the writing process. In view of this, I reflected on the respondents’ reactions to elucidations of data I collected. The use of auto-reflection in the study is another way this study contributes to HIV/AIDS-related research in
workplaces. There is strong evidence that participating in the study impacted positively on the participants’ personal and/or professional lives. On this, respondents testify that being part of the study compelled them to examine the roles they have played in the fight against the epidemic, and made them able to see their lapses and also appreciate that the effects of culture in their dealing with the epidemic persist despite their denial. Considering that auto-reflection coalesces with the cognitive and affective dimensions of education, the Head Teacher 1, narrates that being part of the study: helped her rethink how HIV/AIDS is dealt with in the school. For Head Teacher 2: it gave him the opportunity to imagine how deep cultural influence is in experiencing the epidemic. For the key respondent: it assisted her in learning from other people’s experiences why they have not been able to achieve behaviour changes among themselves. Head Teacher 3: comments that being part of the study has helped her understand reasons for some behaviour that have challenged her dealing with the disease. For Head Teacher 4, it provided him with explanations for so many things that happen in his school, not only those regarding HIV/AIDS.

Most of the participants asked for permission to keep the copy of the analysis chapters they read. The key respondent says ‘In case I do not get the finished work, this is enough.’ Others were very enthused with the contents using corny expressions such as: ‘it was a very exciting moment for me to talk to someone who listened without judging me’, ‘I was thrilled to have opportunity to share my own views’, ‘I am fulfilled having seen my thoughts and beliefs written
down, I may not have the opportunity of writing it, thanks’. ‘It was really nice to be part of it. At least I get to understand my staff better’. ‘I am happy I was part of it. I would not have had the opportunity of learning all that I have learnt about my colleagues’ ways of treating themselves’. Such evidence of excitement by the respondents captured the affective dimension of the auto-reflection in the study. These comments are consistent with the criteria set out by Hammersley & Atkinson (1979) on value judgement in research.

Ideally, the methodological contributions of this study suggest that HIV/AIDS culture and gender related research should push beyond the conventional research methods in study design and data collection procedures and materials. The ethical dimension and empowerment of the participants in this research helped to recognise that to gather empirical and dependable data in HIV/AIDS, culture and gender related research, much more extended research protocols and researcher positioning are required. The ‘insider’ and ‘outsider’, friend and stranger, local and foreigner, Black and woman positions help me to identify with the participants and also assist in building unbiased relationships unique in collecting rich data for this study.

**Section 2 Further Research Recommendations**

HIV/AIDS is here to stay and for as long as there is no cure, culture and gender interplay will continue to influence the HIV/AIDS lived experiences of the public school members. This means that, until a cure is found, the education and other
workplaces will continue, to search for ways to mitigate the epidemic to help maintain efficiency in their different workplaces.

My interpretation of the empirical evidence reviewed in this study leads to some recommendations on the review of the National Policy. Cultural impact on HIV/AIDS lived experiences and understandings in South African public schools tend to be larger in schools where there is more diversity. This circumstance therefore argues for doing a reassessment of school strategies for dealing with HIV/AIDS related challenges before amending the National Policy. Such an evaluation would improve the targeting of the social realities resident in dealing with the epidemic in education sectors rather than a recycling of political symbolism. Also, public school administrators should be willing to recognise the cultural implications in dealing with the epidemic and those infected. They should therefore be willing to consider complementing their own approach with other alternative approaches, to be able to effectively deal with both the biomedical and these other ‘alternative’ HIV/AIDS lived experiences and understanding in unbiased ways. These research findings also suggest that HIV/AIDS lived experiences cannot be effectively dealt with in public education institutions if alternative approaches to the epidemic are ignored. Though much more evidence is needed, results from other sub-Saharan African countries (Mirembe and Davis, 2001) already suggest that culture is a contending force in implementing HIV/AIDS-related programmes in schools.
Against this background, I recommend the following further research;

1. Examine the HIV/AIDS related cultural approaches and trends within educational practice with the aim of informing policies.

2. Examine how education workplaces will engage cultural approaches in mediating HIV/AIDS in their workplaces?

3. Examine the impact of faith-based practices in mediating HIV/AIDS in independent schools in South Africa.

4. Examine the interplay of culture and gender in the HIV/AIDS lived experiences of members of the independent schools in South Africa.