CHAPTER ONE  INTRODUCTION

Since we can no longer deny that AIDS is a life-threatening illness that will involve millions of people and decimate large portions of our human population, it is our choice to grow and learn from it, to either help the people with this dreaded disease or to abandon them. It is our choice to live up to this ultimate challenge or to perish.  Kubler-Ross

Introduction

Human Immuno-deficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) has been a global concern for over two decades now. It has affected every sector of human development, and to date, no cure or vaccine has been discovered. The challenges of HIV/AIDS in education workplaces are enormous. In most of the studies carried out in educational institutions, the issues relating to HIV/AIDS seem to be the most dominant and in most need of urgent attention. The potential of the disease to sabotage global efforts in education probably accounts for the increase in HIV/AIDS-related research. Such researches deal not only with health issues but also with matters of the workplace and development. As the struggle to contain the infection continues, governments and institutions seek appropriate responses through research, policy formulation and implementation, and by designing educational programmes and media slogans. Scholars have asserted that the devastating effects of HIV/AIDS on the
society need urgent action from everyone involved. With regard to these, the ability to understand the lived experiences of members of the education workplace is essential in trying to understand the most appropriate means of dealing with the ever increasing rate of HIV/AIDS transmission and people living with HIV/AIDS (PLHIV).

Zulu, Bulawo & Zulu (2008), report that, globally, in 2007, there were an estimated 33 million [30 million–36 million] people living with HIV. Sub-Saharan Africa is home to 67% of all people living with HIV. Southern Africa continues to bear a disproportionate share of the global burden of HIV, with 35% of all HIV infections and 38% of all AIDS deaths in 2007 occurring in that sub-region. HIV data from antenatal clinics in South Africa suggest that the country’s epidemic might be stabilizing, but there is no evidence yet of major changes in HIV-related behaviour (Department of Health [South Africa], 2007). The estimated 5.7 million [4.9 million–6.6 million] South Africans living with HIV in 2007 make this the country with the largest HIV epidemic in the world (Zulu et al, 2008). In South Africa, total deaths (from all causes) increased by 87% between 1997 and 2005 (Statistics South Africa (SSA), 2005, 2006). During this period, death rates more than tripled for women aged 20–39, and more than doubled for males aged 30–44, with at least 40% of deaths believed to be attributable to HIV (Dorrington, Bourne, Bradshaw, Laubscher, & Timaeus, 2001; Bradshaw, Laubscher, Dorrington, Bourne, & Timaeus, 2004; Actuarial Society of South Africa, 2005; Medical Research Council, 2005; Anderson & Phillips, 2006).
Momberg (2008) further reports that the new AIDS statistics reveal that an additional 2 million South Africans were infected with HIV in 2007. The breakdown, according to statistics released by the Development Bank of South Africa (DBSA, 2008), indicates that of all the PLHIV, about 6.1 million are economically active people between the ages of 20 and 64, who contribute the most to the country’s economy. Momberg emphasises that what makes these statistics more alarming is that the data on which they are based are probably more reliable than that of the national Department of Health because they were collected at grass-root level and not based on estimates. UNAIDS/WHO (2008) reports that as many as 280 000 children under 15 years old were living with HIV in South Africa at the end of 2007.

Unfortunately, existing evaluations of interventions are concentrated on medical strategies or approaches rather than on how people live with and respond to the disease. Community education has only recently been engaged by both medical and government authorities (Ibid). Although HIV/AIDS education yielded some success, it did not curb the existence or transmission of the disease, especially among the youth (UNAIDS/WHO, 2008). Neither did training effect change in people’s behaviour (Ibid). Despite several intelligent policies drafted to combat the epidemic, implementation strategies have created several gaps that seem to have overtaken the efforts of both the government and world bodies to contain the epidemic. These implementation gaps could be a result of societal/stakeholders’ understandings, experiences and responses to the
epidemic. Although implementation strategies are not the primary focus of my research, the failure of the existing interventions to explore the HIV/AIDS lived experiences of those infected and affected is the motivation for this research. The members of the education workplaces under investigation in this study are expected to deal with challenges associated with pedagogy and other education related changes as well as the present HIV/AIDS challenges.

It is notable from the increasing numbers of people infected with HIV/AIDS that the strategies put in place by both the government and other concerned organisations are failing in the battle against the disease. The challenges faced by researchers trying to understand how these public school stakeholders (educators, principals, school governing board members and learners) understand, interpret and/or experience the disease individually and collectively are yet to be explored. Understanding these experiences may offer clues to the existing implementation gaps and explain why attempting to win the battle against the disease by the education sector remains a challenge. The initial working hypothesis of this study began with attempting to explore how culture and gender influence how public school managers make meaning of the epidemic. It later evolved into how the HIV/AIDS lived experiences of the members of education workplaces influence how they understand and deal with the epidemic.
Dealing with HIV/AIDS in education workplaces without understanding the lived experiences of the people (irrespective of the existing strategies in place) is futile. Green (2005) states that HIV prevention strategies are not as effective as government officials, academics and activists believe they are. It is believed by some researchers that education faces future collapse because of HIV/AIDS. Yet members of the education workplace are unable to pinpoint what they are doing to avert a situation where effective teaching and learning is threatened. This study posits that policies, implementation strategies, culture and gender constructs are significant in mediating HIV/AIDS in education workplaces (Amadi-Ihunwo, 2008).

Based on the above, this study focused on how individuals within South African public schools experience and make meaning of HIV/AIDS and PLHIV in their respective workplaces. I examined HIV/AIDS practices in selected public schools with respect to the influences of culture and gender. The research identified that the interventions to try and change attitudes, perceptions, beliefs and practices in South Africa’s public schools failed because of conflicting cultural beliefs and religious practices of those dealing with the disease in public schools.

This study focused on education workplaces for the following reasons: Public schools are the major cultural sites of HIV/AIDS information transmission and dissemination. Education workplaces are expected to act as an HIV/AIDS ‘vaccine’ until one is found. Many of the education workplace employees in South
Africa are educated; studying their lived experiences will act as a window that will provide major clues to South Africa’s experiences of the epidemic.

Considering the above, I explored the understanding, perceptions, beliefs and attitudes towards HIV/AIDS of the individual school members, with particular emphasis on their lived experiences. I focused on what informs their decisions and actions in dealing with the epidemic and PLHIV. The members of the education workplaces in this study comprised the schools’ various stakeholders, especially those in the decision making and implementation cadre. These are: the principals; teachers; members of the school governing board; and adult learners. Findings from the data collected were published in (Amadi-Ihunwo, 2008).

My Research in Perspective
Over the past two decades of HIV/AIDS disease, there has been a range of research perspectives concentrating on the health related concerns of the epidemic. Parker (2001) stated that like many other disciplines, anthropology failed to distinguish itself in its initial responses to the HIV/AIDS epidemic. Furthermore, anthropologists, especially in Africa, contributed only irregularly to such early research and mobilisation was on the basis of their own individual research initiatives and publications rather than as part of a formal or organised research response. This is evidenced in the paucity of ethnographic empirical research focusing on the management of HIV/AIDS in public schools. This does
not mean that there were no important and valuable contributions made by anthropologists to the study of HIV/AIDS (Bolognone 1986).

The dominant paradigm for the organisation and conduct of AIDS research in Sub-Saharan Africa has begun to be perceptible in the past decades. The paradigm that characterised the prevailing studies during this time had a mainly biomedical emphasis and a largely individualistic bias in relation to the ways in which the social sciences might contribute meaningfully to the development and implementation of an HIV/AIDS research agenda (Parker, 2001).

Much of the social sciences research activity that emerged in response to HIV/AIDS in Sub-Saharan Africa during the mid 80s to late 90s, and up to the present, focused on surveys of risk-related behaviours and on the knowledge, attitudes and beliefs about sexuality that are HIV risk associated. The aim of these studies was, in Parker’s terms, to collect quantifiable data on numbers of sexual partners, the frequency of different sexually transmitted diseases, and any number of other similar issues that were understood to contribute to the spread of HIV infection (Carballo, Cleland, Carael, & Albrecht, 1989; Cleland and Ferry, 1995). Thus, such studies could only pave the way for prevention policies and intervention programmes designed by government to reduce HIV-related risk behaviours.
The limitations of behavioural intervention based on information and reasoned persuasion as a stimulus for risk reduction became evident. In Sub-Saharan Africa, the emergence of cultural studies that have some traces of ethnographic characteristics began to emerge among researchers in Uganda and South Africa. By the late 1990s, it became clear that a far more complex and wider set of social, structural and cultural factors are likely to mediate HIV/AIDS risks in every population and that individual psychology cannot be expected to explain fully, let alone produce changes in sexual conduct, without taking these issues into account (Obbo 1988, Herdt & Boxer, 1991).

The 1990s witnessed a growing focus on the interpretation of cultural meanings as central to fuller appreciation of HIV/AIDS transmission. In South Africa then, ethnographic studies began to identify culture as key to understanding practices that impact on the high prevalence of HIV/AIDS. These studies viewed cultural/traditional practices as a problem contributing to transmission rather than examining possibilities that might exist for responding to cultural practices through the design of more culturally appropriate prevention programmes. A matter of paramount concern at this time was to examine and explicate what sexual practices mean to the persons involved, the significant contexts in which they take place, the social scripting of sexual encounters, and the diverse sexual cultures and subcultures that are present within different societies. The researchers sought to go beyond the identification of statistical
correlates aimed at explaining sexual risk behaviours and conceptions (Leclerc-Madlala, 2005; Karim, 2000; Parker, 2001).

The focus on sexuality in relation to HIV/AIDS shifted to the knowledge and what informed the knowledge on HIV/AIDS within the society i.e. the cultural setting within which behaviours take place and to the cultural symbols, meanings and rules that arranged it (Ashforth, 2001; Stadler, 2003; Naeme, 2004). It became evident that not just cultural, but also structural, racial, political and economic factors moulded beliefs and experiences. Emphasis was placed on the fact that racial and economic factors have played a key role in determining the shape and spread of the epidemic in South Africa. These studies also focused on the ways in which societies and communities structured the possibilities of sexual interactions between social actors with whom one may have sex, in what ways and under what circumstances.

Gender inequalities in sub-Saharan Africa were identified as the seeds of social and cultural rules and regulations placing specific limitations on the female’s potential for negotiation in sexual interactions. These rules and regulations conditioned the possibilities for the occurrence of sexual violence and the patterns of contraceptive used and sexual negotiation (Visser, Schoeman, & Perold, 2004; Naeme 2004). Consequently, the dynamics of gender power relations have become a major focus for recent research such as mine. Although most studies concentrated on reproductive health, some social anthropological
studies voiced concerns about gender relations especially among the rural women. This body of research has drawn attention to the need for structural changes aimed at highlighting, in a wider perspective, a focus on cultural influences. The findings of these studies channel the attentions of these researchers towards critically envisioning the search for effective mediation of HIV/AIDS and PLHIV towards cultural and religious practices. Similarly, it moves the focus from the usual biomedical constructs investigation to investigation of the lived experiences of the members in order to get clues for the way forward especially now that the existing strategies seem neither effective nor efficient.

**Rationale for the Study: My Personal Interest**

This topic was inspired by my previous research, which was entitled; ‘Determining management strategies against AIDS-related socialisation practices as self-development control of adolescents’ (Madu, 1991). During this study, it became clear to me that adolescents, more than other age groups, were exposed to HIV/AIDS because of their socialisation practices. I appreciated the fact that school management bodies had recognised new challenges and as a potential education manager I started getting concerned about the extent of these challenges.

Later, I moved to work in Uganda during an HIV/AIDS-critical era in that country. I was part of a public school management team which saw HIV/AIDS as a social crisis rather than a management issue. Much was left to the educators or
learners living with HIV/AIDS to take responsibility for and still function effectively and efficiently in teaching and learning. Since disclosing one’s HIV/AIDS status in Uganda was not perceived as problematic, we were privileged to know colleagues living with the disease. We buried a lot and some of us replaced the lost ones. I observed that most colleagues living with HIV/AIDS believed more strongly in their traditional medicine and therapy than in orthodox medical practices. In addition, I realised with concern that nothing changed in the sexual attitudes of male colleagues who had more than one sexual partner.

My interest grew more with the knowledge that thousands of Ugandans from the Rakai district, both educated and uneducated, died of what was then called “Ugandan slim”. Their deaths were reported to have been as a result of the traditional healers’ use of the same knife to give protective marks against ‘Ugandan slim’. In so doing, they transmitted the virus from one person to the other. I do not dispute the report by TASO (1999) and other world bodies (USAID, 2006) that proclaimed the decrease in the spread of the virus in Uganda but I maintain that the education sector did not seem to be doing enough to manage this new challenge to education. Although HIV/AIDS negatively affected all the education stakeholders, cultural practices such as visits to ‘witch doctors’, faith based practices and other related beliefs and practices made it possible for HIV/AIDS to be accepted within public education rather than being strategically dealt with.
When I arrived in South Africa, the story of Nkosi Johnson, along with the case of Lillian from a Soweto secondary school that was reported by 3rd Degree News (ETV, 2006), recalled the unsettled quest in me. I started wondering what goes on in the mind of the school manager that denies a child admission or victimises a teacher for her HIV/AIDS status. Why do such acts come from the one who is supposed to drive the HIV/AIDS ‘vaccine’ vehicle in the society? This is what prompted me to investigate the interplay of culture and gender in the HIV/AIDS lived experiences in public schools.

A former South African Minister of Health, Dr. Mantombazana Tshablala-Msimang, publicly embraced traditional medicine in opposition to anti-retroviral drugs for South Africans who are HIV/AIDS positive (Watson, 2006: 6). The strengths of traditional healers and doctors in South Africa encourage studies such as this that focus on finding out why ‘culture’ has such a stronghold. These perceptions evoked the following question: what is the impact of these beliefs and practices when dealing with HIV/AIDS?

Interestingly, while the literature seems to emphasise the high prevalence among women, most of my Ugandan colleagues who died were men. Dorrington, Bourne, Bradshaw, Laubsher, & Timaeus (2001) agree that of all the HIV/AIDS mortality cases, 76% are men while 67% are female. The literature caused me to rethink my views and ignited the search to understand how societal cultures make particular gender groups more vulnerable to HIV/AIDS. At this stage, I
must confess that my major concern and sympathy were with the men, who to me are not adequately researched by existing socio-anthropologists. But since gender encompasses both male and female, I considered the interests of both genders in the study to maintain a balance.

This research sought to deviate from the dominant anthropological research themes of HIV/AIDS transmission, vulnerabilities, care and prevention. It identified the lived experiences and practices of the members of public schools. This is with the intention of discovering a different approach to how HIV/AIDS related challenges and PLHIV could be effectively and efficiently dealt with to achieve education for all in South Africa’s public schools. The study also sought an understanding of the discourses that inform the national policy on HIV/AIDS for public schools. This was aimed at mediating the implementation gaps that exist in administrative styles of dealing with HIV/AIDS and PLHIV in public schools.

Research has shown that culture and gender roles are significant in understanding HIV/AIDS and PLHIV. The construct of gender is prominent in issues surrounding the perceptions, knowledge and attitudes of individuals towards the epidemic and PLHIV. In this study, while gender is embedded in culture, both are seen as vital in understanding the lived experiences of public school members. So far, no research has comprehensively explored the relationship between culture and gender in the lived experiences of these public
school members. This research sought to explore how culture and gender constructs mediate the lived experiences of South Africa’s public school members in dealing with HIV/AIDS in their workplace. By focusing on the interplay between culture and gender, the study advanced an understanding of how members of the South African public schools deal with HIV/AIDS in their everyday lives. Finally, the study analysed how the national HIV/AIDS policy accommodates or makes provisions for the influences of culture in the HIV/AIDS experiences of these school members.

**Statement of Research Problem**

HIV/AIDS has become an issue not only in the educational sector but also in all developmental areas. The extent to which it has affected individuals is not exaggerated any more. Medical research is still very far from identifying possible solutions to the problem. Much empirical research is yet to be done to establish how peoples’ cultural and religious beliefs and practices influence how they deal with HIV/AIDS and PLHIV in their various schools. More than a decade after the development of the national policy document (DoE, 1999) there are still reported increases in the deaths of educators and learners because of HIV/AIDS and the resulting stigmatisation of PLHIV.

Several strategies have been put in place by the government and other concerned organisations but none seem to provide effective measures to introduce modified practices towards HIV/AIDS and PLHIV in educational
institutions. The thesis of this study is that the lived experiences of the members of education workplaces are vital in understanding how they deal with HIV/AIDS and PLHIV. These experiences will also be pertinent in mediating the implementation gaps that exist in the national HIV/AIDS policy practices. Based on these, the problem this study focuses on therefore, is how culture and gender mediate the HIV/AIDS lived experiences of these public school stakeholders, regardless of the policies available to them. The study investigated these experiences mostly as lived by the individual and in the context of the school culture.

Research Questions
This section is divided into major and minor research questions to capture the interests of the study. The critical argument of this study is based on understanding the lived experiences of the members of education workplaces. The major research question that directs this exploration is: What are the dynamics of understanding the public school members’ HIV/AIDS lived experiences?

In examining the above major question, the study attempted to explore the following sub questions:

1. What informs the understanding and responses of the members of South African public schools on HIV/AIDS?
2. How do individuals in public schools deal with PLHIV and related challenges?

3. What are the factors influencing the HIV/AIDS lived experiences in public schools?

**Research Outline**

The thesis begins with providing the background information to why the study is interested in exploring the social drivers of HIV/AIDS in education workplaces. This background information offers insight into the scope of HIV/AIDS problems in Sub-Saharan Africa and South Africa in particular. It provides an understanding of the reasons for the failures of several interventions to change people’s attitudes, perceptions and practices. This section also emphasises that the study is focused on understanding the lived experiences of HIV/AIDS of the public school members in South African public schools. Reasons for concentrating the study on education workplaces were adequately provided. I attempted to place my study in the perspective of other related studies in the areas of HIV/AIDS, culture and gender but most importantly of those conducted in education and other workplaces. Finally, I presented the rationale behind the choice of exploring the lived experiences of the members of education institutions.

Having provided the background information to this study in the introductory section, it is pertinent in chapter one to examine what other researchers have
done in the areas of HIV/AIDS, culture and gender and what their findings are. These provide an understanding of the extent of knowledge available on these subjects. They also justify the need for attempting to divert my interests towards the lived experiences. Only empirical studies are concentrated on during this review. Attempts are made to avoid personal opinions as these may echo biases and conspiracies.

Since the lived experiences constitute the focus of this study in chapter three, I explore the theoretical concepts of culture, gender and their interplay to clarify the concepts used in this study. In chapter four the study then presents the methodological conceptions that aided the field work. This is done in two sections. First, I present the general mechanics of the study in the form of the data collection and production processes. Due to the complications and complexities associated with the study of HIV/AIDS and culture, I clearly state and describe the unique research method adopted for the study: a modified case study. I clarify why the study did not adopt the full ethnographical or purely case study approach but a combination of both to aid the collection of rich data. Thereafter, I describe and justify fully the research approach, the study design, the sample and the site selection processes, the instruments used in soliciting data: semi-structured interviews, focus group discussion using vignettes, informal conversation, rumours and gossip and documentary evidence. The discussion on data management includes the data transcription, organisation and categorisation.
In the second section of the chapter, I deal with the theoretical discussions of the content and discourse analysis used to analyse the data collected. Lastly, this section presents the process of respondent validation and credibility and states the ethical methodological challenges encountered during the research.

Part of this theoretical exploration includes the understanding of the official national discourses that govern the National HIV/AIDS policy for South Africa’s public schools which are expected to guide the implementation processes and practices of these public school members. Discourse analysis of the policy documents was done to locate the linguistic character of what informs, mitigates and directs the lived experiences of these public school members towards dealing with the HIV/AIDS-related challenges and PLHIV in their individual schools.

I divide the analysis of the data chapters (chapters five, seven and eight) into three sections: Context of schools, HIV/AIDS lived experiences of the public school members, and HIV/AIDS knowledge and perceptions by members of the South African public schools. These chapters are arranged in this thematic way to effectively unravel details of the research findings. I begin with presenting a vivid demonstration of how members of these public schools experience HIV/AIDS and PLHIV in their schools. The ‘context of school’ section vividly provides detailed descriptions of the schools and their host environments sampled for data collection.
The next analysis chapter presents the narratives that inform the discussions and analysis of the data. Several core events that took place during interviews, rumours and gossip and vignette-interviews are documented in their verbatim forms. These stories are presented in their original forms to give readers the feel (through my tone and mood and those of the interviewees) of how these individuals in public schools, experience HIV/AIDS and PLHIV. Chapter six presents the linguistic analysis of the official National Policy document used to mediate HIV/AIDS in South Africa’s public schools.

The thesis progresses with the analysis drawn discursively chiefly from the theories of Mary Douglas and Roeslach to respond to the major and minor research questions highlighted earlier. I divide this into two major sections to capture the public school members’ perceptions about HIV/AIDS and those living with the epidemic. Section one engages in a cross-analysis of culture in terms of ‘sacred’ and ‘dirt’, ‘dirt’ and ‘purity’, ‘dirt affirming’ and ‘dirt rejecting’ philosophy, and ‘purity’ and ‘danger’; to make meaning of the HIV/AIDS perceptions by the South African public school members. Using the respondent’s narratives and descriptions of HIV/AIDS and PLHIV, I thematically present the findings and analysis under the following subheadings: indigenous, religious, eschatological, racial and witchcraft. Finally, I narrate how gender constructs affected the experiences of these public school members.
A summary of the findings, and conclusions based on the research are provided and recommendations to individual public school members, policy makers and researchers are made.