CHAPTER SIX  OFFICIAL DISCOURSE ON HIV/AIDS IN THE SOUTH AFRICAN EDUCATION WORKPLACE

Introduction

The purpose of this chapter is to analyse the ways in which the official document in South Africa conceptualises the HIV/AIDS epidemic in the education workplace. The chapter commences with examining the key policy document; ‘National Policy on HIV and AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions.’ This document contains the accepted, approved and circulated policy guiding the management of HIV/AIDS in South African public schools. The document will hence be addressed as ‘National Policy’. The National Policy document was signed by Kader Asmal, the then Minister of Education, after consultation with the Council of Education Ministers. The government published the National Policy in August 1999 and this document should have been circulated to all public schools in the country. The five schools sampled for this study attest to this.

As this thesis does not presuppose a binary relationship between policy and practice, this chapter examines the official policy as a practice to investigate the tensions and contradictions inherent in the document, just as I have done with the discourses and practices in schools. It is not aimed at examining the gaps and practices as they exist in these public schools, but as practices that contain controversies and a lot of contradictions. The document has been seen as a
leading document and as a successive and positive step towards addressing HIV/AIDS in the South African public schools (Matthews et al. 2006, Simbayi et al 2005)

In this chapter, I uncover the prevalence of three dominant but discrete discourses within the National Policy. They are: biomedical, legal/human rights and risk discourses. The central argument is that a close analysis shows that the National HIV/AIDS Policy contains many elements that are contradictory.

**Theoretical Considerations**

I treat the policy document as a text to be analysed and interpreted. In other words, though I provide brief background information to the document, I am not merely describing the document, but analysing it as a practice on its own, and as a set of discourses that contain power. In this case, these discourses constitute power for the school system in dealing with PLHIV and the epidemic. Using the feminist analysis of biomedical discourse, I show how medical discourse is a contested, open-ended text, fraught with competing rhetoric and systems of meaning that are complicated. But while feminist theory utilised feminist intervention experiences and wisdom to mould their analysis, this chapter interacts with informants, educators, head teachers, learners as well as the school governing board members.
Background to the HIV/AIDS Policy Document

In 1992 the National AIDS Coordinating Committee of South Africa (NACOSA) was launched with a mandate to develop a national strategy on HIV/AIDS which Cabinet endorsed in 1994. The goals of this plan were to (a) prevent HIV transmission; (b) reduce the personal and social impact of HIV infection, and (c) mobilise and unify provincial, international and local resources. The South African National STD/HIV/AIDS Review was conducted in 1997 in respect of the goals outlined in the NACOSA plan. This review indicated the following strengths in the government’s responses to the epidemic:

- High level of commitment from the Department of Health (DoH)
- Collaboration initiated by the DoH at various levels to ensure an interdepartmental and inter-sectoral response;
- Highly motivated and active non-governmental organisations (NGOs) and community-based organisations (CBOs), albeit operating with limited resources;
- Adequate drug supply and accessibility for STD management in most clinics; and
- Improvements in TB services.

The development of South Africa’s strategic plan for HIV/AIDS was initiated by the Minister of Health, Dr. Manto Tshabalala-Msimang in July 1999 in response to President Mr. Thabo Mbeki’s challenge to all sectors of society to become actively involved in initiatives designed to address the HIV/AIDS epidemic. It
began with a meeting in July 1999 to review the current HIV/AIDS prevention, treatment, and care efforts in South Africa. The primary goals were to: reduce the number of new HIV infections (especially among the youth); and reduce the impact of HIV/AIDS on individuals, families and communities. The Strategic Plan was structured according to the following four areas: prevention; treatment, care and support; human and legal rights; and monitoring, research and surveillance. In addition, the youth were to be broadly targeted as a priority population group, especially for prevention efforts.

The South African government recognised that no single sector, ministry, department or organisation is by itself responsible for addressing the HIV epidemic. It was envisaged that all government departments, organisations and stakeholders would use the HIV/AIDS/STD Strategic Plan for South Africa as the basis to develop their own strategic and operational plans so that all the initiatives could be harmonised to maximise efficiency and effectiveness. Until late 1999, the Department of Education had no policy on HIV/AIDS. In August 1999, the Department’s ‘Corporate Plan, 2000-2004’ identified action on HIV/AIDS as one of its five priorities. Based on that, the Department of Education (1999, 2001) highlighted three objectives related to HIV/AIDS: (1) raising awareness about HIV/AIDS among educators and learners, (2) integrating HIV/AIDS into the curriculum, and (3) developing models for analyzing the impact of HIV/AIDS on the system. The DoE HIV/AIDS policy was entirely consistent with the priorities of the Department of Health’s strategic plan but it went further
to provide guidance on discrimination in schools and institutions, workplace advocacy and sensitization, and sports safety.

The making of the National HIV/AIDS policy for the public schools in South Africa could be described as a struggle for the achievement of a macro political symbolism to represent efforts by the government towards the global health crisis. It is a struggle to find a clear representation in these documents of any serious efforts towards breaking through the barriers of the existing stigma between the infected and those that claim not to be infected. The drastic move towards advocating a change in behaviour which would have resulted in a remarkable reduction in HIV/AIDS among the youth and educators is not included. Examining this National Policy, I note a demonstration of well intended but hasty efforts by contradictory personalities (such as; Dr Manto Tshabalala and President Thabo Mbeki) who were trying to maintain their local and international political domain rather than making efforts in the realms of policy implementation or practice.

Following the theoretical postulations of Jansen (2002), that every single case of education policy making demonstrates, in different ways, the preoccupation of the state with settling policy struggle, it is possible to critically examine the purposes of designing the national HIV/AIDS policy and the attempts to put them into practice to achieve fairness to all. I will start by first examining some unguarded comments and statements made by former President Thabo Mbeki
“Physicians have told me that the symptoms of all the non-AIDS diseases above are identical with the same diseases in AIDS patients. So why are these old diseases thought to be different in AIDS patients? Why is it necessary to propose that HIV causes these diseases when it is well known that all of these diseases can be caused by the conditions of poverty that are unfortunately common in Africa? (Rasnick, 2000).

This comment has been described by Asser (2000) in BBC News as ‘dissident and controversial’. It came at the period when the history of HIV/AIDS in South Africa was described as the most devastating in the world (Horton, 2000). The president’s non-engagement with HIV is an obvious omission which is puzzling when we recall that in the years just before South Africa’s democracy the threat of HIV was fully appreciated by the African National Congress (ANC). The ANC’s 1994 National Health Plan for South Africa, for example, recorded this: ‘forecasts to the year 2000 predict that there will be between 4 and 7 million HIV-positive cases, with about 60 per cent of total deaths due to AIDS, if HIV prevention and control measures remain unaddressed’ (Coombe, 2002, p. 1). Presently, this statistic has almost doubled.

Looking critically at this comment by Rasnick, Sheckels, (2004) notes that former South African President Thabo Mbeki’s rhetoric on HIV/AIDS has been severely criticized both in his nation and in “The West”. A close examination of this ‘rhetoric’ reveals not only how this rhetoric evolved rather quickly through very different phases but how the said rhetoric was arguably sincere, angry, and
shrewd. Mbeki had sincere questions to ask about the epidemic and, eventually, angry accusations to make. “The West” was, in the drama Mbeki created, the scapegoat. Irrespective of the strategy employed by the President, Makgoba, (2002) the Medical Research Council President, believed that history may judge the present South Africans harshly for collaborating in the greatest genocide of their time by the types of choices – political or scientific – they make in relation to this HIV/AIDS epidemic.

Unfortunately, these analyses of Mbeki’s official statements towards the epidemic reflect on South Africa’s HIV/AIDS policy orientations and intents. With such a leading controversial version of the disease, it was easy to understand the direction of political symbolism, of the policy documents. Vividly, the documents failed to state clearly the reasons and consequences of HIV/AIDS for educational practices and politics. Worse still, it was unable to give comprehensive programme information on the all-inclusive Life Skills or Life Orientation programme. I will therefore conclude like Jansen (2002) that the theory which informed the making of this policy resides in a forced marriage of two competing explanations: international political economy (the ways global economic and political changes influence policy choice) and institution theory (the process which defines how ‘fragile states’ position themselves to appear modern and gain broad legitimacy). My argument here is that the National HIV/AIDS policy makers recognised the concept of political symbolism which separates the pressing concern of behavioural change. However, the document attempted to cover the controversial and nonconformist stand of the leaders on the epidemic.
This policy document begins with a vivid account of the devastation caused by HIV/AIDS and the realisation by the education sector that it needed to act accordingly. It goes on to define the contexts of the epidemic. In the opening section of the National Policy, the following issues are defined and explicated. They include: AIDS, HIV, institution, sexual abuse, unfair discrimination, universal precautions, violence and window period. The premises under which the policy was designed were also clarified. The section indicated that the Director-General of Education and Heads of provincial Departments of Education are responsible for implementing the National Policy on HIV/AIDS and education; public schools are encouraged to develop their own policies on HIV/AIDS and finally, principals were responsible for implementing policy in their institutions, and governing bodies are expected to supplement budgetary allocations for health, safety and other equipment.

The Official Discourses of the National Policy Document

In this section, I engage three levels of analysis. First, I begin with the analyses of the three distinct discourses (system of thoughts or beliefs) in the National Policy. One is from medicine (biomedical), the other is from the legal/human rights (law) and finally the supposed management of risk discourses. The second level of this analysis attempts to engage nominalisation processes to differentiate and determine the framing of phrases. The third level is, involved engaging with the lexicon to identify the many different words used in the National Policy to
emphasize certain concepts and meanings used to express the right discourse in the document.

The first and dominant discourse in the National Policy is biomedical. South Africa’s National Education Policy documents place huge emphasis on the biomedical knowledge of HIV/AIDS. This is evident in the language, prescriptions, descriptions and concepts from which these policies were constructed. The focus of this segment is to demonstrate the certainty of the medical discourse in this policy document.

The National Policy document opens with a graphic medical introduction in the ‘Preamble’ section describing HIV/AIDS as: ‘...a communicable disease...’ This is followed by the use of other medical terms such as asymptomatic period, immune system, symptoms, and severe infections. HIV/AIDS in this document is presented as a medical condition. The language and construction of sentences around HIV/AIDS in the South African HIV/AIDS policy for education sectors is in conventional biomedical mode where the pandemic is described in the standard language of disease: cause, symptom, treatment, prevention, infection/infected, transmitted, precautions. This may be because the very nature of the epidemic can be said to be constructed through the discourses of medicine and science; after all, the name HIV/AIDS in part constructs the epidemic and helps make it intelligible. Treichler (1987) states that, this construction is ‘true’ or ‘real’ only in
certain specific ways – for example, in so far as it successfully guides research or facilitates clinical control over the illness.

Biomedical discourse is characterised with its overly mechanistic attributes. Proponents of this discourse believe that biomedical practitioners (which include doctors, nurses and other para-medicals) view the body as an object to be repaired. This view critics claim, results in a mind/body dualism and physical reductionism that overlooks psychological and social causes of illness (Willard, 2005). The metaphors that I have chosen for describing the various discourses around the HIV/AIDS National Policy are discussed below;

‘Conflation-of-Self with Disease’ Metaphor

In this section, I deconstruct the medical discourse in the text with the aim of using the nominalisation function as a linguistic resource to reveal the conflation of self with disease evident in the ‘Preamble’ section of the National education HIV/AIDS Policy. The term ‘nominalisation’ essentially refers to a process by which grammatical expressions of different categories are turned into nouns, nominal groups or noun phrases (Koptjevskaja-Tamm 1993, Comrie and Thompson 1990, Halliday, 1994, Janks, 2005).

The graphic biomedical expressions such as the ones located in the following sections of the preamble (pp. 3-4) suggest that the official document reinforces stigmatization through language usage;
In South Africa, HIV is spread mainly through sexual contact between men and women. In addition, around one third of babies born to HIV-infected women will be infected at birth or through breast-feeding. The risk of transmission of the virus from mother to baby is reduced by antiretroviral drugs.

Infection through contact with HIV-infected blood, intravenous drug use and homosexual sex does occur in South Africa, but constitute a very small proportion of all infections. Blood transfusions are thoroughly screened and chances of infection from transfusion are extremely low.

During the asymptomatic period, the virus gradually weakens the infected person’s immune system, making it increasingly difficult to fight off other infections. Symptoms start to occur and people develop conditions such as skin rashes, chronic diarrhoea, weight loss, fevers, swollen lymph glands and certain cancers. Many of these problems can be prevented or treated effectively. Although these infections can be treated, the underlying HIV infection cannot be cured.

Once HIV-infected people have a severe infection or cancer (a condition known as symptomatic AIDS) they usually die within 1 to 2 years. The estimated average time from HIV infection to death in South Africa is 6 to 10 years. Many infected people progress to AIDS and death in much
shorter periods. Some live for 10 years or more with minimal health problems, but virtually all will eventually die of AIDS.

**HIV-infected babies** generally survive for shorter periods than **HIV-infected adults**. Many die within two years of birth, and most will die before they turn five. However, a significant number may survive even into their teenage years before developing AIDS.’

A number of adjectival phrases that refer to those living with HIV/AIDS and phenomena associated with the epidemic are turned into nominal groups/words. The noun phrases are formed through a derivation of the verb which forms an attributive adjective to the noun. These are exemplified in the following illustrations; In Page 3 Line 2, the expected adjectival phrase of …babies born to ‘women infected with HIV/AIDS’… is replaced with the noun phrase ‘**HIV-infected women**’. In this expression, the noun phrase ‘**HIV-infected women**’ is formed through the derivation of the verb ‘infected’ which functions as a verb-adjective in the adjectival phrase. The verb ‘infected’ then is linked by hyphen to ‘HIV’ to form an adjective that functions as an attribute of the noun ‘women’. The resulting noun phrase ‘**HIV-infected women**’ becomes a single entity with a conflation of both the status and the person.

In the expected adjectival phrase, “babies born to women (**Infected with HIV**”), the adjectival phrase ‘infected with HIV’ is used predicatively, as complement of
the noun ‘women’. Comparing the attributive and predicative function of the adjectival phrase, the adjectival phrase that functions as an attributive adjective of the noun in the nominalised expression suggests ‘conflation’ more strongly than the adjective that functions as a predicative adjective. This implies that HIV/AIDS is no longer used as a mere description of the women but as an identity of the women, considering that noun phrases are used for naming.

The same explanation is applicable to paragraph 2 line 1; ‘HIV-infected blood’. The descriptive adjectival phrase of blood infected ‘with HIV/AIDS’, is turned into a noun phrase ‘HIV-infected blood’ still through a derivation of the verb ‘infected’ in the adjectival phrase which becomes an attribute of the noun ‘blood’ thus naming the blood. Other examples are as follows: In paragraph 4, instead of the adjectival phrase of ‘people infected with HIV/AIDS’, it becomes the noun phrase ‘HIV-infected people’. In paragraph 5, babies ‘infected with HIV-AIDS’ are described as ‘HIV-infected babies’, while the ‘adults infected with HIV’ are named as ‘HIV-infected adults’. Also in paragraph 4, people ‘infected with HIV’ are called ‘HIV-infected people’ in line 1 and this is repeated in line 4 of the same paragraph.

Another observation from the discussion of nominalisation is that most of the ‘nominalised’ noun phrases are used in the passive voice. This means that in the sentences where these phrases occur, the people referred to are being acted upon rather than acting themselves. The position of the noun phrases is essential
in placing the agency of the subject in the discussions. The sentence constructions in which the ‘HIV-infected people, HIV-infected babies, HIV-infected blood and HIV-infected women’ appear are in passive voice. Those referred to lose their agentive role as subjects - doer of the action of the verb - since they are placed in the final rather than initial position or are entirely missing in the sentence. Examples of these sentences are as follows:

On page.3; paragraph 1, line 2:

> In addition, around one third of babies born to HIV-infected women will be infected at birth or through breast feeding.

In this sentence, ‘will be infected at birth’ implies that ‘babies born to HIV-infected women’, are being acted upon, ‘infected’, by an agent that is not mentioned – possibly the HIV virus. The same goes for the other constructions around HIV such as ‘HIV infected blood, HIV infected women etc’ in paragraph 2 line 1 as follows:

> Infection through contact with HIV-infected blood, intravenous drug use and homosexuals sex does occur in South Africa but constitute a very small proportion of all infections…

These passive sentences are characterised by the omission of an agent. Linguistically, the use of the ‘passive’ in sentences is used to put distance between the subject and the person making the statement. In the case of the
statement indented above, the passive voice could therefore suggest that it was used to put distance between ‘the babies that will be born to these HIV-infected women’ and the policy makers. The statement also makes the babies seem powerless – victims of circumstances.

However, where some of the noun phrases appear at the beginning such as in page 3; paragraph 5 line 1, those referred to are still acted upon and rarely act.

_Once HIV-infected people have a severe infection or cancer (a condition known as symptomatic AIDS) they usually die within 1 to 2 years._

And in line 4 of paragraph 5;

_Many HIV-infected people progress to AIDS and death in much faster periods._

Also in paragraph 6 line; 1

_HIV-infected babies generally survive for shorter periods than HIV-infected adults._

The noun phrases referring to those living with HIV/AIDS such as; ‘**HIV-infected people**’, **HIV-Infected adults**, and **HIV-infected babies** are mostly followed by static verbs or active verbs with no objects (intransitive). It is also interesting to
note that what comes after the verbs has negative significance such as
‘progress to AIDS and death, have severe infections or cancer and survive
for shorter periods.’

I note from the above that these nominalisations conflate the self with the
disease by creating attributive adjectives that establish the identity of people
living with HIV/AIDS. The fact that most of these noun phrases appear in passive
constructions shows that apart from being given an identity, they are also spoken
for. So, they have no identity of their own apart from the ones they are given by
others or by the official discourse. Similarly, they have no agency because lack of
voice suggests that they are spoken for. In the few instances when they appear
to be subjects in the constructions (agents), the verb that follows is either a static
or an active one that is followed by the apathy of the disease, thus relegating the
infected mainly to a condition of helplessness.

From the above analogies, the metaphor of conflating the identities,
characteristics and personality of the individuals’ (babies, women and people)
and objects’ such as ‘blood’, with the disease is evident. As one means of
classifying people living with HIV/AIDS, their distinctiveness may be deliberately
attributed to the infection to distinguish them from those considered ‘HIV-
Negative’. This process of ascription brings status of classification, preference,
recognition and respect to the object to be identified. The naming factor is set up
as a determinant and a defining factor to the entire phenomena that are
connected to HIV/AIDS. The conflation of self with disease through linguistic practice suggests that subjects are portrayed as abstract figures that require tags as their form of identification. Based on these presentations, a dichotomy is immediately set up between the opposites of ‘polluted’ and ‘not-polluted’, ‘clean’ and ‘dirt’, ‘us’ and ‘them’.

This ‘conflation-of-self’ metaphor in biomedical discourse constructs at least three categories of concepts that are positioned in relation to collapsing the identities of these phenomena. First, there is the object of conflation itself: ‘HIV virus’, which extends to include its ally, ‘infected’ as qualifying factors. Second, there are the objects and subjects that are being conflated or that have lost their identities to HIV/AIDS e.g. blood, women, babies, adults, and people. Third, the expert designers, who constructed the HIV/AIDS’ tag for the subjects.

Further, I analyse how the construction of the abstract’s ally: the infected South African body and society (defined by HIV/AIDS) draws on boundary maintenance discourse (Douglas, 1966). This metaphor revealed the contradictory positions of the official National Policy document. The concept of using the disease to identify individuals or groups contradicts the global and national strategies for reducing stigma. While other sections of the policies may not be guilty of this conflation, the inconsistency complicates the understanding of the members of the education workplace. It is possible to argue that not having a clear sense of identification for those living with HIV/AIDS from the official document, created a
sense of confusion and complication in dealing with the epidemic using the National Policy. This uncertainty may have contributed to the strategy of maintaining boundaries between ‘the HIV-infected people’ and those who are ‘presumed’ not infected.

**Human Rights Discourse**

Human rights researchers identified three phases that have characterised the relationship between human rights and HIV/AIDS prevention and control efforts. They are: the proposed application of stringent public health measures, recognition that discrimination against those with HIV/AIDS is counter productive to prevention efforts, and the perspective that a lack of human rights increases vulnerability to infection (Gruskin, Hendrick, & Tomasevski 1996). The National Policy presents HIV/AIDS mostly as the biggest threat that infringes on human rights. This discourse presented the individuals as carriers of basic human rights but did not see people as carriers of cultural systems.

*Learners and students with HIV/AIDS should lead as full a life as possible and should not be denied the opportunity to receive an education to the maximum of their ability. Likewise, educators with HIV/AIDS should lead as full a life as possible, with the same rights and opportunity as other educators and with no unfair discrimination being practiced against them....*
2.7

The constitutional rights of all learners, students and educators must be protected on an equal basis...

2.10.3

All educators should be trained to give guidance on HIV/AIDS. Educators should respect their position of trust and the constitutional rights of all learners and students in the context of HIV/AIDS.

4.2

No educator may be denied the right to be appointed in a post, to teach or to be promoted on account of his or her HIV/AIDS status...

5.1

Learners and students with HIV have the right to attend any school or institution. The needs of learners and students with HIV/AIDS with regards to their right to basic education should as far as is reasonably practicable be accommodated in the school or institution.

Examining the legal language that constitutes part of the dominant ways that the official document constructs HIV/AIDS, words such as non-discrimination, equality, legal rules, ethical guidelines, rights, justifications, disclosure, confidentiality, and the like were purposefully used. These strong legal words are located across these official documents. Members of education work places are expected to implement and abide by these explicit legal terms even when it is obvious that understanding this terminology is problematic.
Critically reviewing the documents reveals that human rights discourses are prevalent in the following sections of the 18 sections of the National HIV/AIDS Education policy document: ‘Definitions’ (section 1); the ‘Premise’ (e.g. section 2); ‘Non-discrimination and equality with regards to learners; students and educators with HIV/AIDS’ (section 3); ‘HIV/AIDS testing and the admission of learners to a school and students to an institution or the appointment of educators’ (section 4); ‘Attendance at schools and institutions by learners or students with HIV/AIDS’ (section 5); ‘Disclosure of HIV/AIDS-related information and confidentiality’ (section 6); ‘Education and HIV/AIDS’ (section 9); ‘Duties and responsibilities of learners, students, educators and parents’ (section 10); and ‘Refusal to study with or teach a learner or student with HIV/AIDS, or to work with or be taught by an educator with HIV/AIDS’ (section 11).

The ‘Rights’ Metaphor
Inclusion of a human rights discourse in the national HIV/AIDS policies concentrated on the legal processes that, while respecting sovereignty, have established an increasing number of formal protections for human beings in the public space such as schools. However, these rights-based protections that focus exclusively on public/governmental violations of rights, are contradictory in practice. ‘Right’ was repeatedly used (nineteen times) in the policy document. As explained at the beginning of this section, this repetitive characteristic of the linguistic feature of lexical cohesion attached importance to the use of ‘right’ in the document.
The central argument in this ‘rights’ metaphor is that the National Policy sets up a contractual relationship between those living with HIV/AIDS and people expected to deal with them. Both the people expected to manage the PLHIV and the PLHIV themselves are expected to abide by the human rights governing the HIV/AIDS relationships. In other words, PLHIV are positioned as individuals set up in conflict with the individuals who are expected to deal with them. This position sees anyone wanting to help as invading the rights of the other. In this way, this ‘rights’ metaphor enhances the culture of secrecy in dealing with the epidemic as people try not to invade others’ privacy which is embedded in their legal rights.

The ‘rights’ metaphor implies responsibilities: not only towards people, but towards rights-holders themselves. First, the policy document recognises that there are no rights without responsibilities. The ‘rights’ metaphor helps me to unpack the types of rights possessed by members of the public school. These rights are as follows; ‘rights to basic education, rights to life, rights to privacy, rights to freedom, rights to safe environment, rights not to be unfairly discriminated, rights to freedom of conscience, rights to freedom of association, and rights to be educated about their rights concerning their own bodies. It is therefore the responsibility of everyone in the educational institutions to respect the rights of each other. To emphasise this concept of rights, the idea of ‘confidentiality’ is used to drive home the message of the
importance of an individual’s right in the policies in Section 6 (6.1, 6.4, 6.5 & 6.6) as follows;

‘No learner or student (or parent on behalf of a learner or student) or educator, is compelled to disclose his or HIV/AIDS status to the school or institution or employer. (In cases where the medical condition diagnosed is the HIV/AIDS disease, the Regulations relating to communicable disease and the notification of notifiable medical conditions [Health act, 1977] only require the person performing the diagnosis to inform immediate family members and the persons giving care to the person and, in cases of HIV/AIDS-related death, the persons responsible for the preparation of the body of the deceased.) (Section 6, sub section; 6.1)’

‘Any person to whom any information about the medical condition of a learner, student or educator with HIV/AIDS has been divulged, must keep this information confidential (Section 6, sub section 6.4).’

‘Unauthorised disclosure of HIV/AIDS-related information could give rise to legal liability (section 6, sub section 6.5)’.

‘No employer can require an applicant for a job to undergo an HIV test before he/she is considered for employment. An employee cannot be dismissed, retrenched or refused a job simply because he or she is HIV positive (Section 6, sub section 6.6)’
From these extracts, I deduce that the repetitive use of ‘rights’ in the official policies also implies an obligation on a rights holder to observe and to respect the rights of others to do the same. This is evident in the following expressions in the policies;

‘All learners, students and educators should respect the rights of other learners, students and educators.’ (Pg. 23; Section 10, sub section 10.1)

These illustrations of the ‘rights’ metaphor suggest attempts by the policies to correlate obligations and responsibilities between those infected with the epidemic and the public school managers within these schools. It goes further to indicate that the human rights discourse established in the document is not designed for the unfair advantage of those who are HIV/AIDS positive at the expense of those who deal with them. Both share the responsibilities of dealing with the epidemic in the school environment.

The ‘rights’ metaphor is used in this study, to highlight the National Policy’s intention to identify with the human rights discourse on HIV/AIDS. Because the ‘rights’ metaphor implies reciprocally beneficial rules, it is not liberal rights that enable either PLHIV or the public school managers to do largely as they please. However, the rights being propagated are those with added restraints that one accepts for the benefits such rights offer. Feinberg (1973, p. 23) described these types of rights as ‘necessarily the grounds for other people’s duty’. Taking the
above statement further, the ‘rights’ metaphor helps us understand that whilst the rights of those infected with HIV/AIDS are to be protected by public school managers, they also have the obligation to equally respect themselves and others. It therefore suggests a shift of ‘advantage’ to PLHIV. This emphasis is clear in the inculcation of human rights and constitutional rights that cover all public school stakeholders.

What is the link between the analysis of human rights and biomedical discourses to culture? While it is clear from the repetitive use of ‘rights’ as illustrated using the ‘rights’ metaphor that the national policies accommodate every member of the public school, the ‘Preamble’ section of the National Policy contradicts this ambition. It is clear from the linguistic features of nominalisation that the language used to express HIV/AIDS in the ‘Preamble’ section contradicts the human rights position of attempting to cater for and protect everyone in education workplaces. This section of analysis demonstrated how in the case of the national HIV/AIDS policy for the education sector, the use of a popular biomedical discourse does not merely compete with or contradict, but joins and combines with the human rights discourses to produce a symbolic view of the disease as wholly perceived by the official South African document on HIV/AIDS.

The complications attached to the treatment of HIV/AIDS provide major occasions for metaphorising the illness in this era. The suggestion in this discussion is that the HIV/AIDS experiences are metaphorised in the South
African national policy as being ‘beyond culture’. This means that HIV/AIDS is constituted in a symbolic space where the contextual structure of the country’s culture dichotomy is redefined and often dismantled. Literally, this could mean that AIDS is universal, crossing national/regional borders and symbolic demarcations of ‘risk groups’, defined as transforming and polluting images of the human body (see chapter 8). This metaphor thus suggests that HIV/AIDS transgresses the basic cultural categories of male/female, inner/outer, self/non-self, part/whole, living/dead. No group is exempted in the context of the spread, risks and death by HIV/AIDS.

Weiss (1997) noted that the subject of how illness is metaphorically embodied, accounted for, and communicated is of particular interest to medical anthropology. This subject is very vital in the context of the gap between the language of expression in the National documents and the practices by South Africa’s public school managers. The South African official HIV/AIDS policies for public education engaged the medical metaphors merely to compete with other organisations and complicate issues surrounding HIV/AIDS by mystifying the epidemic as more medical than social even when it is intended to be implemented in a socially inclined sector such as education. In other words, it is presented in the documents as policies to be implemented solely by the physicians and those that could relate to it. This inadvertently suggests that the documents politically symbolise the government’s effort to act upon the
international pressure on it regarding the high prevalence of the epidemic in South Africa.

The ‘Risk’ Metaphor

In this section, I focus on examining other metaphors employed in the rest of the documents, particularly those connected to ‘Risks’. I commence with detailed justifications of my choice of the ‘risk’ metaphor using a linguistic feature called lexical cohesion. I progress to a full description of the concept of risk as I use it in the discussion based on the implications in the national HIV/AIDS policy for public schools. I conclude with a discursive illustration of the metaphors and their implications for the concept of culture as relevant to the study.

Young (2001) believes that ‘risk’ is an intangible object, one that does not and cannot exist separately from our ways of thinking and talking about it and as such it should be a fertile area for metaphorical thinking. In choosing to emphasize metaphors of risk, I was guided by the linguistic features of lexical cohesion through repetition of risk in the entire document. According to Hasan (1984), lexical cohesion is commonly viewed as the central device for making texts hang together experientially and defining the ‘aboutness’ of a text (field of discourse).

Lexical cohesion is basically created by repetition (reiteration) of the same lexeme, or general (a.k.a. shell) nouns, or other lexemes sharing the majority of semantic features (Halliday, 1994). It can also form relational patterns in a text in
a way that links sentences to create an overall feature of coherence with the audience, sometimes overlapping with other cohesion features. Typically, lexical cohesion makes the most substantive contribution to textual organisation. In its simplest incarnation, lexical cohesion operates with repetition, either simple string repetition or repetition by means of inflectional and derivational variants of the word contracting a cohesive tie (ibid).

Halliday (1994) writes that lexical cohesion comes about through the selection of items that are related in some way to those that have gone before. Repetition of a lexical item is identified in this discussion as the most direct form of lexical cohesion. ‘Risk’ is used twenty-seven (27) times in the twenty-eight (28) page national policy document. Considering that ‘risk’ is repeated in this document more than any other noun to reveal the perceptions of HIV/AIDS, suggests a critical investigation of the use and the context of its expressions. In this discussion, risk assessment and management as stipulated by this official document are often characterised as essential managerial practices to the participants of this study. Further, consideration of HIV/AIDS risks and the effect this should have upon the members of the education sectors has increasingly been an object of this national HIV/AIDS policy.

I could therefore argue that the ‘risk’ expressions used in the official document may have been used to persuade the public school managers that the presence of the virus within the education sector is generally threatening and potentially
avoidable through deliberate actions (Gauri & Lieberman, 2006). I also agree with the conceptions that:

The use of ‘risk’ repeated in almost every section of the policy could be summed up in the fact that disease risks are always interpreted by researchers and usually manipulated. And that,

One of the tasks for the policy designers is to identify variables that facilitate the social construction of a generalised threat (HIV/AIDS) and plausible responses (Grindle & Thomas, 1991) in public schools.

In exploring the way ‘risk’ is constructed in the National HIV/AIDS document, it is vital to appreciate that when risks affecting the body are identified and made visible through the national HIV/AIDS policy documents, individuals need to find ways to communicate and express them through metaphorical projections. However, risk is constructed as a danger and avoidance of dangerous catastrophe. In this discourse, this sense of risk was specifically couched in the metaphorical terms of ‘risk as burden’, ‘risk as exposure’ and ‘risk as adversary’. These images embraced varieties of perceptions of the hazards of stigma and silence attached to HIV/AIDS in the education sector.

These metaphors could be transformative and help in shaping the perceptions of HIV/AIDS and PLHIV in education workplace. The metaphorical conceptions of HIV/AIDS may have a fundamental impact on public school managers’ experience and role in mediating the epidemic in their workplaces thereby
affecting the way they deal with the disease. The ‘risk’ metaphors may suggest new preventive strategies of social administration implicitly resident in the official document. Also, ‘risk’ metaphors could involve targeting the ‘at risk’ individuals and utilise the actions of every member of the institution in the process of self regulation towards HIV-related socialisation risk practices.

Although risk factors show up in the HIV/AIDS documents with acceptable theoretical considerations, the official document chose to analyse the epidemic on specified risk factors because of how most South Africans think about determinants or confounders of the exposure-susceptibility-outcome relations discussed in the policy. The problem then becomes one of understanding the framework(s) guiding selection of variables and also, importantly, omission of unmeasured factors relevant to disease occurrence and its societal distribution (Kreiger, 1999). An example of this problem is, seeing cultural practices as ‘risk factors’ for escalated HIV infection, lack of evidence on gender and economic inequality as a determinant of men’s condom use at the time of Kreiger’s study. These examples suggest reliance on individualistic approaches to understanding and investigating disease aetiology. By contrast, studying ‘cultural practices’ as risk factors in the pathway from violence and lack of economic resources to exposure to HIV provides insight for example into why women are at excess risk of HIV infection. The issue then, are not ‘risk factors’ themselves, but rather, what factors we are studying, how and in what context?
‘Risk’ as used in the National HIV/AIDS document could also suggest that South Africa is a society that is increasingly preoccupied with the future of the youth and educators (and also with their safety) which may have made the policy designers adopt the notion of risk in presenting HIV/AIDS (Giddens, 1991). Risk in this context can therefore be defined following Beck (1992) as a systematic way of dealing with hazards and insecurities induced by HIV/AIDS. I will discuss ‘risk’ in this section in diverse ways both between and within the various standards I considered in this discourse. The analytical framework of ‘Risk(ing) Metaphors’ as exemplified by Joni Young formed the background of these conceptions. First, I begin with the assertion that ‘risk’ is associated with the negative and constructed as ‘bad’ in these discourses.

With respect to HIV/AIDS, I agree with Young (2001) that risk could be discussed as a ‘thing’ to be minimized. For example, the risk of contracting HIV could be minimised using the ABC strategies: “Abstain, be faithful and use a condom”. In summary, the risk metaphor proposes that ‘risk’ is a phenomenon with two sides namely; one is catastrophic danger and the other side is management. While the first side elevates the HIV/AIDS epidemic to the status of catastrophe, the other suggests how to effectively deal with the catastrophic situation presented by the ‘risk’. Using the linguistic feature of the repetition of ‘risk’ in the official documents, I have conceptualised three risk metaphors to capture the biomedical and human rights discourses of the policies.
Risk as a Burden

In this section, I view risk as ‘weighty’. Drawing from Young (2001), the ‘risk as a burden’ metaphor centres on identifying the risky situation or phenomena as a load carried by individuals or organisations. It is also expected to make suggestions on how to reduce the weight of the burden. I present the possible risk burdens that public schools bear and also ways of dealing with the HIV/AIDS-related burden by public school as stipulated in the national policy. The Education sector has been identified as one of the developmental sectors that bear the risk of collapse if nothing urgent is done concerning HIV/AIDS (Coombe, 2002). Based on this concern, substantial HIV-related risks are presented as burdens that are borne by the schools. While the literature presented a range of HIV/AIDS related risks as burdens for schools (loss of learners to AIDS, attrition of educators as a result of the epidemic, drop outs, poor performance on the side of both educators and learners), the National policy identified the following:

‘...student or educator poses a medically recognised significant health risk to others.... A medically recognised significant health risk in the context of HIV/AIDS.... Section 2 (sub-section 2.7)

‘...contain the risk of HIV transmission... (Section 7: sub-section 7.1.4, section 8: sub-section, 8.1.2 & 8.2)
‘...HIV/AIDS should seek medical counselling before participating in sport, in order to assess risks to their own health as well as the risk of HIV transmission to other participants’ (Section 8: sub-section 8.4).

As with other burdens which may exist in schools, the risks associated with HIV/AIDS may be reduced through behavioural changes towards HIV socialisation practices. Similarly, education programmes have been identified by the policy as an instrument that may reduce the risk of contracting the epidemic. However, the HIV/AIDS risk could be increased through specific risk exposures to the epidemic.

In section 9: sub-section 9.1, the policy dictates as follows:

‘A continuing life skills and HIV/AIDS education programme must be implemented at all schools and institutions for all learners, students, educators and other staff members....’

In Sub-section 9.2.1, it adds:

‘Providing information on HIV/AIDS and developing the life skills necessary for the prevention of HIV transmission;’

Rather than help to reduce the notion of risk associated with HIV/AIDS, the national policy chooses to retain ‘Risk Metaphors’ as a means of stressing the importance and urgency associated with HIV/AIDS transmission in the education sector. This suggests that the school managers retain the discourse of risk and fears in their programmes in dealing with the epidemic and PLHIV while the National policy designers merely hold the honour of having acted upon the escalated transmission of the disease.
Second, the concept of ‘transfer’ is identified by Young (2001) as a means of reducing ‘risks’. Bringing this to this discussion, the HIV/AIDS ‘risk burden’ in public schools is by suggestion transferred to the families of those infected and/or to the medical practitioners. This is evident in section 9: sub-section 9.4 as follows;

*Parents of learners and students must be informed about all life-skills and HIV/AIDS education offered at the school and institution…. They should be invited to participate in parental guidance sessions and should be made aware of their role as sexuality educators and imparters of values at home.*

Also in section 10: sub-section 10.3, it states;

*The ultimate responsibility for the behaviour of a learner or a student rests with his or her parents. Parents of all learners and students:-
(10.3.1) are expected to require learners or students to observe all rules aimed at preventing behaviour which may create a risk of HIV transmission; and
(10.3.2) are encouraged to take an active interest in acquiring any information or knowledge on HIV/AIDS supplied by the school or institution, and to attend meetings convened for them by the governing body or council.*
Apart from transferring the HIV/AIDS risk burden to the parents, the policy developed other machinery to facilitate more possible means of transfer. Autonomy to individual schools to design the implementation guidelines is another device through which the National Policy transfers the burden of risk associated with the epidemic to individual public schools. Notions of reducing, bearing, retaining, transferring and assuming risks draw upon the ‘risk as a burden’ metaphor which again portrays risk as a negative thing (Young, 2001). In summary therefore, because the document emphasize the risks, ‘risk as a burden metaphor’ is resident in the ways most public school members understand HIV/AIDS. It also suggests that the burden is not expected to be borne by the school management alone but is transferred to the parents, learners, educators, education programmes and medical practitioners.

**Risk as Exposure**

Within the education and biomedical contexts, public schools are described as enduring and at the same time being exposed to various HIV related risks. Public Schools may be subject to the risk of HIV exposures shared within group activities. Entities are said in the National Policy to be exposed to specific risks such as;

Exposure to ‘**HIV transmission**’ as follows:

In the preamble (pg 3, Paragraph 1) *risk of transmission of the virus*,

Risk of HIV transmission during teaching, risk of transmission from saliva,

a higher risk of HIV transmission during any such sport.
Another types of exposure identified in the National Policy is general risks associated with ‘exposures to phenomenon’ carrying HIV e.g.

In section 1 titled ‘Definition’, the title: “Universal Precaution” {…risk of exposure to blood], at the organisational, group or other level.

The last example is from section 2 titled ‘Premise’; (sub-section 2.1). There it is identified as the risk of exposure to ‘contracting HIV’.

…Consequently a large proportion of the learner and student population and educators are at risk of contracting HIV/AIDS.

Another example comes from section 2, (sub-section 2.6.5)

Within the context of sexual relations, the risk of contracting HIV is significant....

This sense of ‘enduring’ HIV exposure by the public school members emanates from the contents of the guiding National Policies. However, dealing with this type of ‘risk as exposure’ will vary depending on whether these public school members are thought to endure risks especially those relating to HIV/AIDS. Not only may these public schools remain prone to the risk of transmitting the virus from several contacts and exposure during lessons, contacts and games, they may also actively place their stakeholders (learners and staff) at risk by making certain decisions especially when designing the implementation guidelines and during the actual implementation of the national HIVAIDS policies. Each of the phrases above evokes a sense of the absence of protection as well as the
possibility of future harm located in the extensive use of risk in the official document.

In discussing the ‘risk as exposure’ metaphor, I construct risk as a particular state. The explicit and repetitive use of the lexical item ‘risk’ in the national HIV/AIDS policy for public schools arguably denotes an impartation of the sense of deprivation and images of absence – the absence of protection, care, defence, adequate preparation and training. An illustration of this is in the constant use of ‘at risk of transmission’ which seems to signify lack of defence, absence of protection and adequate preparation and training to deal with HIV/AIDS by members of education workplaces. Young (2001) clarifies that exposure implies suffering and this metaphor helps us to understand HIV/AIDS related risk as an external threat to our educational goals.

The possibilities of future harm with regard to exposure to HIV transmission in public schools as represented in the national document may also bring forth a different sense of exposure – exposure to disease within the education workplace. Just as members of the public schools may be exposed to the HIV virus, education institutions are exposed to the risk of a future negative impact on school events as a result of HIV transmission and its effects. As exposure to HIV transmission increases the possibility of AIDS, exposure to risk at public schools increases the possibility of failure to achieve the set United Nations Education-For-All goals. Also, just as the members of public schools may be exposed to
HIV transmission and ultimately, full blown AIDS, so may the education sector be exposed to a multiplicity of risks including quality assurance risks. This metaphor helps to visualise the HIV/AIDS risk as presented in the National Policy, again, as a ‘thing’ that resides outside the entity and us.

The idea of risk as exposure in this context also suggests that HIV represents a ‘thing’ that may infect public schools through various types of contacts. Based on this interpretation, I therefore perceive HIV/AIDS risk as ‘an outsider’ that is admitted into the public school premises when members of the schools community undertake in HIV-related socialisation practices and contacts. Considering these, I again constructed the use of ‘risk’ in the official document as negative by drawing precisely upon my familiarity with the fear associated with the transmission of HIV/AIDS.

In summary, the three different discourses above presented South Africa’s official representations and approaches towards HIV/AIDS in public schools. While they showed that the South African government has attempted to set up a strategy aimed at fighting HIV/AIDS in the education workplace, they also suggest that the conventional ways of examining policy and HIV/AIDS are not comprehensively functional. The discourse embodied in the body of the National Policy contained some of the complications found in the school environment. Using the nominalisation process, I note that the medical discourse enriched the stigma by conflating the identities of PLHIV with the disease. Identifying the individual with
the disease rather than her/his personality may suggest stigma because what identifies the person is the disease and not who he/she is. The human rights discourse on its own part enacted rights that encouraged secrecy and the isolation of PLHIV from other members of the education institution. The risk discourse puts everybody in the education sector into a panic about the epidemic. Risk is supposed to be about management but the discussion of it in the National Policy resulted in causing fear.

In conclusion therefore, the National Policy on HIV/AIDS is full of tensions and complications and therefore inadequate in the fight against the epidemic on its own. A critical look at the characteristics of the national HIV/AIDS policy indicates a reinforcement of stigmatisation of PLHIV though this was not intended. There is therefore a need to re-assess these strategies and incorporate other approaches (other than those stipulated by the government and education system) in the fight against the epidemic. I argue that it may not be necessary to take or adopt both the social (inclusive of cultural discourses) and the biological dimensions of HIV/AIDS into account in designing the national policy. But the social dimension is far more pervasive and central than we are accustomed to believe in the case of the epidemic. This chapter shows the internal contradictions and tensions in the National Policy on HIV/AIDS. It fundamentally projects the gap between policy and practice.