CHAPTER TWO LITERATURE REVIEW

Introduction

This study investigates the dynamics of how principals, teachers, older learners and school governors understand and experience HIV and AIDS in the education workplace. While there has been a huge growth in scholarly work on AIDS, many of the publications have focused on the medical aspects of the disease or on evaluations of the effectiveness of interventions (both preventive and therapeutic). Far less attention has been paid to the social and/or cultural side of the disease, particularly the ways in which ordinary people make sense of the disease and how it affects their daily work lives. This literature review has two primary objectives; to place this study in perspective and to relate the results generated from the empirical research components to prior research. This literature review focuses explicitly on what has been published on the social/cultural aspects of the disease, particularly on research that reveals how individuals in workplaces understand and act on awareness of the origins of the disease, other beliefs related to the disease, prevention programmes, illness and death, sexuality, prejudice and stigma.

While most of the literature reviewed here has been written by academics working in disciplines such as sociology and anthropology, I have also included a number of important studies published on evaluations of prevention programmes. The reason for including these studies was that they provide
additional insights about the social and cultural obstacles encountered when dealing with the epidemic. This discussion of the studies under review includes a comprehensive summary of all studies on the social and cultural aspects of HIV/AIDS undertaken by both South African and international scholars in South Africa, and a selective review of similar studies undertaken in other parts of the continent. No attempt is made to review comparable social and cultural studies of AIDS in other continents, which while it might have been desirable, would have been impractical in the African context.

The chapter is organised into four sections. The first section reviews studies on HIV/AIDS and culture. Following this section, I review studies that explore HIV/AIDS and culturally embedded gender attitudes. The third section examines studies that explore HIV/AIDS in schools. The final section provides an analysis and critique of the literature and suggests the ways in which the gaps and conceptual and methodological weaknesses could be addressed. I summed the chapter with the ethnographic studies of Steinberg’s (2008) ‘The three letter plague’ and Barnette & Whiteside’s (2002) ‘AIDS in the twenty-first century: disease and globalisation’.

**HIV/AIDS and Culture**

The concept of culture has been described by Barnard & Spencer (1996) as having a complex history and being probably the most central concept in twentieth century anthropology. In terms of HIV/AIDS, acceptance of a
biomedical model of HIV/AIDS has been so much at the forefront that other understandings have been subdued. Other scholars who support such a position are Heald (2002) and Wolf (2001). One of the consequences of the above according to Heald (2002) is that AIDS intervention and prevention campaigns have often ignored the social and cultural context in which they have been implemented. Wolf (2001) observed that the absence of local social knowledge around sexual norms and taboos has often resulted in short-sighted and limited interventions. To emphasize the extent to which the explanations and understandings of people focused on social and cultural constructs rather than on the biomedical or physical, Posel, Kahn & Walker (2007) examined how a rural community profoundly affected by escalated rates of largely AIDS-related deaths of young and middle-aged people makes sense of this phenomenon and its impact on their everyday lives. Data were collected in Againcourt sub-district, Limpopo province. Twelve focus groups were constituted according to age and gender. Findings indicated that respondents acknowledged escalated death rates in their community, yet few referred directly to HIV/AIDS as the cause. Rather, respondents focused on; the social and cultural causes of death, including the erosion of cultural norms and traditions, cultural taboos and issues around sex.

Another study also provided evidence of the strong influence of cultural constructs in relation to HIV/AIDS, Petros, Collins, Airhihenbuwa, Simbayi, Ramlagan & Brown, (2006) conducted a study entitled ‘HIV/AIDS and ‘othering’ in South Africa: the blame goes on’ to explore the relevance of social concepts
such as stigma and denial to the transmission of the HIV virus. This qualitative study sought to examine the cultural and racial context of behaviour relevant to the risk of HIV infection among South Africans. A cultural model was used to analyse transcripts from 39 focus group discussions and 28 key informant interviews. Data were collected in rural, urban and farming settings. Two age categories were interviewed, namely; young people aged 18-24 years and adults 25-49 years. The key informants included local chiefs, traditional healers, religious leaders and initiation leaders. The results revealed how the cultural and racial stances of the participants mediate perceptions of the groups considered responsible and thus vulnerable to HIV/AIDS infections. Although this study was very particular with what the researcher termed ‘othering’, some of the findings were consistent with those of other studies that stressed the importance of cultural influences on HIV/AIDS prevention and management.

Taylor (2006) further addressed how the notion of ‘culture’ has been understood and employed by both epidemiologists and anthropologists with respect to the literature on HIV/AIDS in sub-Saharan Africa. She examined the shift towards non-medical understandings of the epidemic and noted that the concept of ‘culture’ has been ‘bandied about’ and yet no authors in the literature reviewed attempted a systematic account of the ‘bandying about’ itself. In trying to bridge the gap, Taylor noted that for biomedical researchers and epidemiologists, broadly speaking, ‘culture’ appears to compromise intervention, whilst for medical anthropologists, ‘culture’ is often seen as having the potential to assist
intervention. ‘Culture’ according to Taylor comes to be multifaceted and laden with varying assumptions, which range from ‘culture being bounded and timeless’, to ‘culture’ being linked to macro-processes, historically shaped, and contested (p.35)’. In turn, culture has variously been understood as both the cause of, and solution to, the epidemic (Taylor, 2006: p. 35). Taylor also noted that ‘culture’ is also understood as having structured local interpretations of, and responses to, the epidemic.

Based on a growing concern about the dominant approach to HIV/AIDS, more scholars began to explore aspects of culture in relation to the epidemic. Top of the list is Stadler’s (2003) ethnographic study on the articulation of AIDS through gossip and rumours, in the Bushbuckridge region of the South African Lowveld. He captured these articulations through key informants’ reconstructions of conversations, interviews and actual recordings of conversations. Data were collected during fieldwork that began early in 2002, consisting of formal open-ended interviews and group discussions with young and old villagers, teachers, traditional healers, AIDS workers, health and social workers. He recorded village gossip and rumours by hanging about and listening to conversations. This study revealed more than any formal method of enquiry and yielded rich and detailed narratives of village life that may well not have otherwise been encountered.

His findings were that South Africans have high levels of awareness concerning basic information about HIV/AIDS. However, AIDS is surrounded by secrecy and
stigma. His results also suggested that rumours and gossip were powerful channels through which people talk about HIV/AIDS, rather than more formal educational settings, such as workshops, that may mute expression. Although Stadler (2003) presented rumours and gossip as constructive moral texts that shape responses to the epidemic, the mundane settings and apparently innocuous nature of rumours and gossip nonetheless, present an unhealthy impression and create unhealthy conceptions in the minds of everyone.

This cultural awareness was believed to explain much of the traditional belief common in the understanding of the epidemic and people living with HIV/AIDS. Kalichman and Simbayi (2004) from studying the traditional beliefs about the causes of AIDS and AIDS-related stigma in South Africa stated that AIDS related stigmas are pervasive in some segments of South African society. Also, stigma can impede efforts to promote voluntary counselling and testing and other HIV/AIDS prevention efforts. This study used a street intercept survey with 487 men and women living in a Black township in Cape Town. The median age of the sample was 23 years, 67% of participants were married, 52% completed high school and 61% were unemployed.

Participants completed self-administered surveys at multiple community venues located within 20 km of Cape Town with minimal assistance. Surveys were administered in English and Xhosa. Data were collected in day hospitals, 2 health clinics, shops and vendors, 4 taxi areas, street junctions and social
congregating areas. These venues were selected because they represent all public access areas in the township. Participants were paid 15ZAR (1.75USD), to compensate for time and effort in participating.

Across all participants, AIDS knowledge was generally high although there were differences between groups on all HIV-related knowledge items ranging from casual transmission of HIV to the disease process. They reported that some respondents believed that spirits caused AIDS. Another important finding presented was that individuals who believed that AIDS resulted from spirits held significantly greater beliefs about AIDS-related stigmas than their opponents, and therefore were more likely to endorse attitudes of repulsion towards people with HIV/AIDS. Respondents agreed and believed that people with HIV/AIDS are dirty, should feel ashamed and guilty. These participants were more likely to enforce or accept social sanctions against PLHIV.

Earlier, attention has been drawn to the traditional beliefs common among some members of South African communities by scholars. Ashforth (2001) explored issues raised by the endeavours of the new regime in South Africa to construct a modern state—modelled on liberal democratic principles—in a place like Soweto, where everyday life is lived, for the most part, in a context of endemic interpersonal violence and a fear of malicious supernatural forces. To collect data, he used phone calls, emails, outline of a general framework of
presumptions and hypotheses within which discussion of matters relating to occult powers typically take place.

His findings suggest that it was entirely plausible for people suffering from diseases related to HIV/AIDS to interpret their afflictions as a form of witchcraft. The witchcraft paradigm informed understandings of HIV/AIDS in the Soweto region of South Africa. He reported that the central questions that the witchcraft paradigm provided answers for in relation to the meaning of suffering —Why me? Why now?—were acutely posed in relation to illnesses associated with AIDS, particularly as the “who is to blame?” question arose no matter how the disease was interpreted.

Although Gausset’s (2001) study was not uniquely South African in origin it shows that the witchcraft concept in HIV/AIDS experiences and perceptions is not peculiar to South Africans only. The fight against AIDS in Africa has often been presented as a fight against cultural barriers that were seen as promoting the spread of the HIV virus. Gausset’s (2001) study was entitled ‘AIDS and cultural practices in Africa: the case of the Tonga (Zambia)’. The study was a description of qualitative research in relation to an anti-AIDS campaign among the Tongas of Zambia. Interviews were used as the research tool. Gausset reported that the focus on exotic aspects of African culture and sexual practices has a long and shameful history of western prejudices about sexuality in Africa. He also stated that what were usually presented as ‘cultural barriers’ to AIDS
prevention (rituals of purification, rites of passage, polygamy, systems of belief, dry sex etc) were the wrong targets for AIDS education.

HIV/AIDS and Gender

The concept of culture appears to be influential in the study of HIV/AIDS to the extent that understanding it was a prerequisite to exploring the gender constructs and justifications for the high rate of HIV/AIDS yet it simultaneously intensified the misunderstanding of the epidemic. Using an ethnographic approach to explore the gender concepts in South African context, Susser and Stein (2000) explored HIV/AIDS awareness among South African women and the methods they might use to protect themselves from the virus. The research was conducted from 1992 through 1999, and focused specifically on heterosexual transmission in five (5) sites that were selected to reflect urban and rural experiences, various populations and economic and political opportunities for women at different historical moments over the course of the HIV/AIDS epidemic. Data were collected using field observations in Namibia, Botswana and South Africa. Interviews were conducted in the Ovambo-speaking region of Okavango in 1996, in Rundu along the Okavango River in 1997, along the border between Namibia and Botswana in 1996 and 1999, and in South Africa in 1992. Inquiries and discussions were informal and interview questions open-ended to enhance eliciting enough and appropriate data from the informants.
Susser and Stein (2000) found that women were not expected to speak up in front of men in the Durban community sampled, which was under the control of the largely male hereditary chiefdoms. Their results noted with certainty that AIDS was associated with witchcraft and with the disease that, according to folklore, a man contracts if he sleeps with another man’s partner. They indicated that in a survey of 200 households, women did not know how to identify sexually transmitted diseases or the names of any such diseases and were poorly informed about HIV/AIDS. In contrast, the men were very well informed. These women, the report said, had a small role in community organisation and appeared to be subservient to men outside as well as within the home, and were the only group visited that displayed a passive response and disempowered demeanour.

A complex cultural distinction was observed to underlie the responses of the women from Durban. However, although women cannot control men’s actions in many situations outside the home, within the bedroom, a man cannot prevent a woman from making decisions that affect her own body. Contrary to the view of African women as helpless victims, most of the women Susser and Stein (2000) reviewed in their study saw themselves as active participants in the search for a way to protect themselves in the sexual situation. Nevertheless, their methods of sexual negotiation were shaped by cultural and historical perceptions of the bounds of the human body.
While it is visible from the above study that culture and gender intertwined to form a bond in factors that influence the HIV/AIDS lived experiences, the concept of power imbalance between men and women entrenched in cultural practices was noted by researchers as crucial. Rosenberg (2006) more recently in her study, ‘When a pill is not enough’, used a focus group discussion to hear from her target population about the use of a microbicide by women. The findings revealed that some of the women were unable to talk about sex because they were superstitious and culturally forbidden to talk about sex let alone AIDS, which was considered as a taboo. Rosenberg also noted that although denial and stigma made things worse, there was something else at work: the weight of traditional/indigenous culture. She concluded that without attention to the social, psychological and cultural factors surrounding the disease, efforts, money and lives will continually be wasted.

Abdool-Karim’s study, ‘Barriers to preventing Human Immuno Deficiency Virus in Women: Experiences in KwaZulu-Natal, South Africa’, (2001) had the objective of determining barriers to the adoption of safer sex practices in women. This cross-sectional survey was conducted in a peri-urban and rural community, two sites in the greater Durban area: Nhlungwane, an informal urban settlement, and KwaXimba a rural community, in 1991 to 1993. A structured, pre-tested questionnaire was administered to consenting women aged 15-44 years that had been drawn randomly from a 10% systematic sample of households. The questionnaire included the following items: demographic characteristics, sexual
relationships, knowledge of HIV/AIDS, perception of risk, knowledge of and skills with respect to safer sex practices, and perceptions of rights to safer sex practices. Open-ended questions were designed and data analysed as categorical variables.

The findings showed that the majority of the women were sexually active and had extensive knowledge of modes of transmission and methods of preventing HIV/AIDS. Although most respondents underestimated their risk of HIV infection, a key reason for women not acting on their knowledge and perception of risk was that many did not believe they had a right to refuse sex with their partners or insist on condom use. Most women thought their partners had a right to multiple partners. This perception of personal risk could be influenced partly by the prevalent belief that AIDS can be cured and by inadequate recognition that if your partner is at risk, so are you. Abdul-Karim (2001: 194) summarised that the intersection of gender, race, class and culture appeared to play a significant role in the way women in South Africa have been infected and affected by HIV/AIDS.

The work of Hunter (2004) on cultural politics, masculinity: multiple-partners in historical perspective in KwaZulu-Natal (KZN) drew from ethnographic, archival and secondary research to examine and stress the importance of unravelling the antecedents of contemporary masculinities particularly the gendered cultural politics through which they have been produced. The research was conducted in Mandeni, a municipality 120 kilometres north of Durban on the North Coast of
KZN. The principal data that this research drew from were approximately 300 interviews with informants aged 16 and 80 years. Interviews were semi-structured and geared towards understanding informants’ life histories with a special emphasis on relationships. Some informants were questioned as many as five times. These interviews, alongside 15 meetings with same sex groups of three to four young people were also examined for clues on how sexuality has transformed from the 1940s.

Among the findings was a certain level of acceptance around women having more than one non-penetrative sex partner, although it was true that those overstepping the mark could be chastised as promiscuous. The harsh reality of migrant labour also meant that, although women’s sexuality was jealously guarded in some circumstances, a number of women did have extra-marital affairs with a level of implicit approval. Some evidence suggested that multiple partners were the subject of the ongoing change and contestation of sexuality since the 1950s. Although both men and women were engaging in multiple partnered relations, compared to the nineteenth century, unmarried women faced much more public censure than their male counterparts did. Gender was more than simply the one-dimensional expression of male power. The study concluded that it was the coming together of male power in some ideological and material domains with men’s weakness in others, including their ability to achieve full manhood through building a home, which can create the violence and risky masculinities so often tragically noted in the era of HIV/AIDS.
In South Africa, Mannah (2002) conducted a qualitative study in Gauteng province, involving Kgomotso High School in Soshanguve among other schools in the province. This study was aimed at understanding some of the socio-cultural factors contributing to the spread of HIV/AIDS and the manner in which teachers were grappling with the issue on a personal and professional level. Interviews were conducted with teachers, head teachers and students on HIV/AIDS, gender and socialisation.

Among the findings were that children learn about gender roles from their families and communities. Many young male learners viewed females as sex objects for personal satisfaction. Some considered their sexual relationships with young girls as a mere release of sexual energy that was accompanied by a sense of achievement of having ‘used’ the girl. The reports stated that sometimes, in some communities, the boys hunted for girls in packs and gang rape was seen as a team sport. The girls have no say in the matter, and many of them have come to accept this kind of behaviour as normal. The use of condoms was seen among South African youths first, as the duty of the women/girls, also, as giving these women and girl undue sexual privileges. Male learners felt that they really could not control sexual urges and view themselves as helpless prisoners of raging testosterone. The age of sexual experience among the learners was reported to be as early as 13 years for boys and 12 years for girls.
Mannah also reported that teachers believed that the pressures those young adolescent boys might experience after their initiation rites further exacerbate their strong sexual desires, as having sex after initiation was a mark of becoming a man. These deep-rooted gender attitudes and practices, which gave rise to sexual intercourse, fuel the transmission of the HIV virus. The results also stated that the impact of these cultural beliefs render the female teachers helpless in protecting the girl child against sexually transmitted diseases including HIV/AIDS. In the school’s staff rooms, women failed to be assertive and were expected to be silent in the face of evident sexual misconduct on the part of their male colleagues and any attempt to report the male teacher results in victimisation or being labelled ‘jealous’. Both men and women also saw sexual discussion by women as a taboo.

**HIV/AIDS and schools**

The concepts of comprehension and expression by members of the public schools were fundamental to the dialogue of HIV/AIDS lived experiences in public schools. The educational programmes and policy guidelines by public school members to mediate the epidemic were examined in this section of the review. Underneath these research findings are other concepts, which are either external and/or internal that equally influence the understanding and responses of the members of the education sectors.
Top of the list of the strategies identified by researchers in dealing with the epidemic in public schools were; the policy designs, implementation strategies and education programmes. Examining policy designs and implementation strategies as a means used by members of the public schools to deal with HIV/AIDS, Simbayi, Skinner, Letlape, & Zuma, (2005) undertook a review of the policy issues in South Africa’s public schools. Their review found that 65.1% of educators were aware of the Department of Education’s HIV/AIDS policy. However, in the Eastern Cape Province, 52% of educators were unaware of the policy. Amongst the educators who claimed to be aware of the policy, 74% indicated that they had seen the policy and 89% of them reported having read and studied it. As regards the issues addressed in the policy, the review reported that most educators who had read or studied the National Policy indicated that it was mainly about HIV/AIDS awareness. A slight majority indicated that the policy dealt with teaching educators about HIV/AIDS, while a large minority indicated that it dealt with caring and support of infected/affected staff as well as learners.

According to Simbayi et al. (2005), an overwhelming majority of the educators (90.9%) indicated that the policy on HIV/AIDS was either very useful (46.4%) or useful (44.5) in their work environment, compared with a small minority who indicated that the policy was neither useful (3.9%) nor applicable (5.2%).

The recent ethnographic study by Matthews, Boon, Flisher, & Schallma, (2006), investigated the factors influencing high school teachers' implementation of the HIV/AIDS education curriculum in all 193 high schools in Cape Town, South
Africa in 2003 with the aim of documenting the psychosocial and environmental factors (including school climate) that are involved. The independent variables adopted included constructs derived from expectancy value theories, educators’ generic dispositions, characteristics of their training experiences, characteristics of their interactive context and the school climate. This research was conducted using a survey of 579 teachers responsible for AIDS education in these public schools.

Matthew and colleagues adopted the research instrument developed by Paulussen, Kok, & Schaalma (1994) through qualitative research among teachers and school principals. They included several unmentioned scales in the instrument to assess constructs of the theory of Planned Behaviour by Ajzen (1991). This theory proposed that a person’s behaviour and behavioural intentions are determined by three conceptually independent influences. They are:

1) His/her beliefs about the outcome of performing the behaviour in question.

2) His/her perceptions of whether significant others think he/she should or should not perform the behaviour, and the extent to which he/she is motivated to comply (subjective norms) and

3) His/her beliefs concerning whether he/she has the necessary resources and opportunities to perform that behaviour successfully.
Data were collected using a posted questionnaire for the educators. The collected data were posted back on their request, by the principal. This method was justified as a means of monitoring the responses from schools without compromising the anonymity of the data. However, the method was challenged by factors such as no responses after two months, misplacements of questionnaires by the principals and reproduction of the questionnaires, reminders by Tele-fax, and telephone calls followed by extra telephone calls, and finally physical visits to retrieve the remaining un-posted questionnaires. Data were computed using the Data Analysis and Statistical Software (STATA) before analysis.

The study revealed that many teachers had implemented HIV/AIDS education during 2003, and that female teachers were more likely to have implemented the education curriculum than their male counterparts. The teachers’ experiences associated with teaching HIV/AIDS included previous training on HIV/AIDS, self-efficacy, student’s centeredness, beliefs about controllability and the outcome of HIV/AIDS education, and their other school responsibilities. The existence of a school HIV/AIDS policy, a climate of equity and fairness, and good school-community relations were the school characteristics associated with teaching HIV/AIDS.

The second strong predictor of the implementation of HIV/AIDS education was teacher training. The level, quality and relevance of this training were the focus in
these discussions. Matthews et al’s findings also show the importance of the value of teacher training and school policy formulation in the struggle against the epidemic. The educators’ decision to implement the HIV/AIDS education curriculum was related to their self-efficacy. Central to the debates presented by these researchers is that other factors sabotaged the implementation of the education programmes despite the extensive HIV/AIDS training they had received.

Further, the ethnographic study by Visser, Schoeman, & Perold (2004) presented another approach used by the members of the public schools to deal with HIV/AIDS in South Africa. Their evaluation of HIV/AIDS prevention in South African schools was focused on the implementation of a school-based HIV/AIDS and life skills training programme to prevent the spread of HIV among the young people in secondary schools. They evaluated the programmes for a period of two years in 24 secondary schools using process and outcome evaluation and a system approach to understand the higher-order feedback processes that obstructed the implementation and effectiveness of the intervention.

They administered questionnaires in a time series design for learners in grade 8-12 (age group 14-19 years) from five-selected secondary schools. Before the intervention started and after a one-year period in which the programme should have been implemented, 873 learners completed their pre-test, while 794 learners completed the post-test. The pre and post-tests of 667 learners was
matched, using a numbering system that assured confidentiality. By comparing pre and post-tests, they identified the extent of the change in a representative sample of the learners.

Their findings revealed that schools mediate HIV/AIDS through educational programmes which sometimes involve inviting HIV/AIDS experts to schools to facilitate HIV/AIDS training, and HIV/AIDS policies. They also postulated that among the young people in South Africa, HIV/AIDS awareness programmes that focus on the delay of sexual activity and on behavioural changes towards ‘safe’ sexual practices, are priorities and remain the only means of primary prevention. Their study also reported that the trained teachers could not implement the programme due to organisational problems in the schools, such as; lack of resources, lack of support of the principals and other teachers and conflicting goals in the educational systems.

In a similar context, Hartell & Maile (2003) investigate how a selection of school governing bodies in Mpumalanga, South Africa understand, respond to and implement the legislation and policies on HIV/AIDS. They examined the legal and policy provisions and implications regarding the epidemic. A case study approach was used to explore the research questions in a number of rural and township schools. Every case study responded to different research questions to provide an in-depth exploration of the various issues, concerns and behaviours relating to
their interests. Data were collected using a focus group discussion and interview with six members of the school governing boards of selected public schools.

Their research findings were believed to be not only an in-depth description of what existed, but also a critical evaluation of the existing corpus on educational law in relation to the epidemic. They highlighted a general ignorance of basic human rights issues, the right to confidentiality, and right to security from discrimination if it was known that a teacher or a pupil was HIV/AIDS positive. However, the rigorous method used to collect data presented a difficulty in discussion of the research findings as each case study and the (one) question they responded to were inconsistent and therefore could not allow for acceptable generalisation. Nevertheless, the report revealed the existence of gaps between policy and practice in the schools investigated.

I now extend the discussion to other African countries where similar research has been done. Concerning school education programmes, the ethnographic study by Mirembe and Davies (2001) in Uganda was aimed at understanding the conditions under which current and new AIDS and sex education was delivered. They tried to explain what makes young people fail to apply their AIDS knowledge in risky situations. Mirembe and Davies collected this qualitative data using six sources: interviews and written reports from focus groups of pupils; group and individual interviews with teachers, top administrators and pupils; documentary evidence; individual pupil’s written and spoken accounts, using
volunteer informants; observations in a variety of school settings; and informal conversations.

An extensive set of other factors, including cultural practices within the school environment, was revealed. They cited a cultural practice of boy children being given priority over girl children in access to education. Because sex and death are not easily discussed culturally, most teachers found it difficult to openly discuss HIV/AIDS and related issues. Most female teachers believe that men are superior to women and so accepted that men could have multiple sex partners but not women. These perceptions and culturally biased knowledge of HIV/AIDS related issues made the teachers unable to educate the learners about the epidemic. Some of these cultural beliefs and practices hinder the young people from applying their knowledge of AIDS prevention in risky situations. This condition results in the researchers’ description of the schools as a risky environment for pupils. They concluded that this culture induced prohibitions towards education of the learners and sabotaged the expected radical curriculum intervention regarding HIV/AIDS in the school.

The study of Adamchak (2005) highlighted several other factors that influence HIV/AIDS interventions in education work places. This was part of a research strategy to collect baseline data for a newly expanded project carried out by ‘World Education’, a non-governmental organisation, in Ghana in 2001. In partnership with 12 civil society organisations (CSOs), ‘World Education’
investigated nearly 250 schools in four regions targeting students, teachers and parents through an innovative programme. Self-administered questionnaires were distributed to all teachers in 27 SHAPE 2 schools. Five hundred and forty-five (545) of the 622 eligible teachers completed the questionnaire. This study revealed that a majority of teachers held punitive religious perceptions that HIV/AIDS is a curse from God and so people living with HIV must be dealt with as cursed. It also reported that teachers express ambivalence about interacting with people who may be HIV positive. They acknowledged reluctance to have routine contact such as when buying food.

Muramutsa (2002) in Rwanda conducted a more extensive ethnographic study on primary school teachers’ knowledge, attitudes and practices (KAP) on HIV/AIDS, life skills, gender and sexuality. The researcher used both quantitative and qualitative approaches to assess comprehensively the KAP of primary school teachers, student teachers, and other stakeholders in the educational system. The purpose was to provide adequate information to guide the introduction of HIV/AIDS and life skills programmes in primary schools and teachers’ training colleges. The sample population was 728 respondents consisting of 307 male and 421 females from 21 districts in four provinces of Butare, Kibuye, Ruhengiri, Umutara and the city of Kigali. The target groups comprised 508 primary school teachers, 16 Teacher Training Colleges (TTC) teachers, 120 TTC students, 18 parents, 10 primary school heads and 56 primary school children. The methodology used included focus group
discussions, interviews, questionnaire and observation techniques complemented by the review of existing literature on the subject.

Muramutsa’s results revealed that significant numbers of teachers did not have adequate knowledge of HIV/AIDS, while others had either incorrect or little information. Muramutsa also reported that some teachers occasionally spoke about HIV/AIDS with students, but in an unsystematic way, while others were yet to take this initiative. Some teachers and parents expressed the belief that speaking about condom use would increase the high level of sexual immorality. Myths and prejudice surrounded HIV/AIDS issues. About 48% females and 22% male student teachers felt that people with HIV/AIDS should be isolated.

The teachers in Muramutsa’s study considered that both modernity and tradition influences sexual behaviour and by implication, the spread of HIV. Traditional practices such as polygamy and the belief that ‘a woman belongs to the family of her husband and not the husband alone’ (p. 23) were identified as easy channels of HIV transmission. The construction of sex as ‘veil’ and sin among teachers hindered them from talking about the epidemic with their students or colleagues. Another perception revealed was that teachers thought HIV/AIDS education was beyond their capacity to teach. For the purposes of this study, what seemed important about these reports were the concerns about poor HIV/AIDS knowledge of the members of public schools.
Summary of the Reviewed Studies

The findings in the literature recognise the influence of culture and gender constructs on how HIV/AIDS and its related challenges are dealt with in the education workplace. Individuals’ cultural backgrounds affected their perceptions and practices concerning HIV/AIDS and PLHIV. Although religion was identified as one of the factors that influenced how people deal with the epidemic and particularly PLHIV, there was no empirical study showing evidence of the contributions made by religion.

Individuals’ HIV/AIDS lived experiences were impacted on by a variety of contextual factors. Poverty, gender, culture, social and economic factors, education and environment contribute to the biased perceptions/knowledge, attitudes and practice of people towards HIV/AIDS and PLHIV. There is no doubt that the provision of HIV/AIDS policies, and HIV/AIDS educational programmes may have a positive influence on how members of the public schools deal with the epidemic and those affected by it. However, there are important problems with the research in these fields of HIV/AIDS, culture and gender studies. Several researchers have commented on the influence of culture and gender in the transmission of HIV/AIDS, their perceptions and attitudes, but what is lacking is a representation of the HIV/AIDS lived experiences of those investigated.

There are also gaps in the literature. Most of the published studies are studies conducted in rural South Africa and mostly among the South African Black
communities. This means that HIV/AIDS programme planners rely on research from rural areas, with different backgrounds, culture and challenges, to inform the policy designs and practices in urban areas such as Gauteng. As such, it is difficult to match the experiences of the uneducated or semi-educated South African communities where most of these studies were conducted with the lived experiences of the members of the education work place. This literature gap suggests the paucity of studies that directly dealt with HIV/AIDS in most South African urban public schools.

The literature identified cultural issues as significant in how the epidemic was transmitted and is able to retain its stigma against people living with the disease. These studies failed completely to trace possible cultural approaches to the epidemic. It could be argued that cultural variables should not only be seen as propagating the epidemic. Rather, cultural variables entail a whole set of processes that we need to understand: the lived experiences of these individuals; why there are policy implementation gaps in the education work places and how we could tap into the these cultural practices to improve on the HIV/AIDS educational programmes and policy designs.

Perhaps the most important gap in the existing literature is the misplacement of focus on how HIV/AIDS and PLHIV are dealt with in the public schools. Several studies concentrated on the availabilities of educational programmes and HIV/AIDS policies rather than on the evaluation of the impacts of these
programmes and policies on the lived experiences of the members of education workplaces.

**Analysis and Conclusion**

Existing research has provided us with several theories, some of which this study adopted in the analysis of data. Some of the theories were about what the likely influence is of culture and gender constructs in the HIV/AIDS lived experiences of the members of education workplaces, and how these influences are produced. The studies reviewed also provided me with reliable data collection and analysis tools. These included: the need to examine the importance of the HIV/AIDS lived experiences of members of education workplaces, who may or may not directly be dealing with the epidemic or those affected by it within their individual schools and the use of socially constructed data collection methods such as rumours and gossip to collect data that cannot ordinarily be accessed from some participants.

The reviewed studies taught me that future studies should involve a large sample in multiple cultural backgrounds within the education workplaces with careful description and comparison of the groups to have trustworthy representations of HIV/AIDS lived experiences. These studies suggested a methodological approach that will interact with individuals (qualitative paradigm) to have a good description of the context and mechanism through which these experiences are
lived. This way, I was able to give a full account of the meanings attached to HIV/AIDS and PLHIV in the context of education work places.

The reviewed literature cumulatively provided information on how the society and members of the education workplaces mediate or are expected to deal with HIV/AIDS. The outstanding and consistent fact was that culture and gender constructs were of major significance in understanding how people understand and deal with the epidemic and those affected by it.

Regarding the methodological strength of these studies, while some of the researchers claimed that their findings could be generalised because of the various tools used to solicit data from their participants, others were cautious about making this claims. Admittedly, these studies could be described as reliable and valid considering the extensive empirical investigations done but I would be cautious to accept that the findings should be generalised. This is because culture evolves and most of these studies were done in rural parts of sub-Saharan African countries and with uneducated and/or poorly educated people.

Looking critically at the HIV/AIDS and cultural studies done in South Africa by Stadler (2004) and Kalichman & Simbayi (2004), certain factors consistently appear. Although the studies were done in different parts of the country, the participants were all from black South African communities and their socio-
economic status was similar. Both Stadler (2003) and Kalichman & Simbayi (2004) found a high knowledge of HIV/AIDS in South Africa, though perceptions of what it is, origin, causes and transmission varied. Researchers found the concept of spirits/the supernatural was seen as the most dominant and common cause of the epidemic. While Kalichman and Simbayi reported that very few uneducated respondents believed that spirits caused HIV, Stadler stated that it was a general belief by all categories of respondents whether educated or not. They categorically stated that ‘people believed that it is the work of witchcraft’. Both studies were consistent in identifying that the stigma around PLHIV persists. These studies highlighted the cultural beliefs and practices as strong deterrents to or influences on HIV prevention in South Africa. What is not clear is how far the practices incited by cultural and beliefs represent those of the educated.

Much information could be elicited from the study by Kalichman & Simbayi because of the extensive research tools they used to collect data. Stadler’s study was invaluable in the findings which alluded to the influence of culture in the HIV/AIDS related studies. Its strength was also in the informal methodological insight into HIV/AIDS. The use of rumours and gossip to collect data was proven to strengthen his ability to collate credible data from sources that would ordinarily provide little or no information.

Beliefs, culture, race and gender have been identified by researchers as influencing the perceptions and attitudes of South Africans and sub-Saharan
Africans towards HIV/AIDS. These concepts were described by Petros et al. (2006) and Gausset (2001) as a means of giving meanings to or appreciating the intricate and convoluted nature of HIV/AIDS in Africa. These reports may only be of some value for policy design. They tell a part of the story, presenting a snapshot of the magnitude of the crisis surrounding HIV/AIDS in schools, and therefore cannot furnish satisfactory explanations for the HIV/AIDS implementation gaps among school managements.

Gausset reported that beliefs in witchcraft or associations of AIDS with diseases caused by sexual impurity as presented by Kalichman & Simbayi and Stadler were incompatible with medical explanations of the epidemic. Such beliefs only allowed people to give meaning to a new, strange and frightening disease and to re-appropriate it through understandable terms. Gausset’s work in Zambia was in line with that of Ashforth who found that the Black community in Soweto attributed the AIDS epidemic to witchcraft because of its complexities and complication in making meanings out of it. To them, the disease is called isidliso meaning ‘black poison or something strange’.

On the issue around HIV/AIDS and gender, the studies by Rosenberg (2006), Abdul Karim (2001) and Susser & Stein (2000), presented a consistent insight on how culture played a significant role especially in the beliefs, perceptions and practices or attitudes of males, and more especially females, in their understanding, responses to and experiences of HIV/AIDS. While they reported
relatively low knowledge of the epidemic by the females against their male counterparts because of their cultural backgrounds, they stressed the need to include culture in the existing search for a method of combating the epidemic.

Findings from Mannah (2002) suggest that gender roles and relations within African traditions (though informants were urban and multi-lingual) do have a significant influence on the cause and impact of HIV/AIDS among the youths and African society in general. Both Mannah (2002) and Hunter (2004) regardless of the distance in the time of these studies revealed that societal constructions of ideal feminine attributes and roles typically emphasised sexual innocence, virginity and motherhood, and that cultures considered female ignorance of sexual matters as a sign of purity. Conversely, knowledge of sexual matters and reproductive physiology was a sign of easy virtue. These studies also showed that a remarkable different set of cultural definitions were applied to men, who were often expected to be more knowledgeable and experienced and therefore take lead as sexual decision-makers. The findings were also consistent in showing that these gender ideals were part of children’s socialisation process, and how pervasively entrenched these expectations about sexual knowledge, were among adolescent boys and girls. That the imbalance of power in gender relations has negative consequences for women in sexuality and sexual relations was evident in the studies by Mannah (2002) and Hunter (2004).
Concerning HIV/AIDS and schools, Mirembe and Davies (2001) reported that schools manage HIV/AIDS using education programmes and/or curriculum instructions. Matthews et al (2006) added that teachers in Cape Town mediate the epidemic through implementing the education programme although several factors were against the implementation in many ways. Their findings were original in terms of trying to link culture, gender and HIV/AIDS curriculum instruction or education programmes and in seeing this link as significant in understanding how the epidemic was experienced in public schools. My focus, therefore, is to find out how the school members handle these cultural and gender related issues that arise, from the individual school stakeholder’s point of view. Consistency in the prevailing argument is located in Visser et al’s and Mirembe & Davies’s reports that schools manage HIV/AIDS using education programmes and/or curriculum instructions.

There seems to be a dichotomy in the concept of training as an important tool in dealing with the epidemic in schools. Matthews et al (2006) postulate that one of the strongest predictors of the implementation of HIV/AIDS education was teacher training. This finding was consistent with that of MacCormick, Stockler, & McLeroy (1995). Their findings also show the value of teacher training and school policy formulation in the struggle against the epidemic.

A shift in the arguments is now presented in this section. Although educational policy and programmes were identified as persistently being used in public
schools, cultural issues emerge as a key factor in the effectiveness of the efforts and programmes. Investigating the use of schools’ education programmes to mediate HIV/AIDS in public schools, Matthews et al’s work was original also in their attempt to link culture and gender as significant and contemporary in understanding how the epidemic was managed in public schools. The ethnographic study by Mirembe & Davies (2001) in Uganda aimed at understanding the conditions under which current and new AIDS and sex education is delivered and explaining what makes young people fail to apply their AIDS knowledge in risky situations. The major factor identified to be influencing how they deal with the epidemic was an extensive set of cultural practices within the school.

Both Visser et al. (2004) and Mirembe & Davies (2001) reported that members of the public schools deal with HIV/AIDS using education programmes and/or curriculum instructions. Whether these educational programmes were timetabled and examined was not indicated by either of the studies. These studies also failed to indicate whether these schools succeeded in designing their own policies or implementing the national HIV/AIDS policy. Agreeing to the value of teacher training, Visser et al (2004) reported that the trained teachers could not implement the programme due to organisational problems in the schools.

Dealing with HIV/AIDS in South Africa’s public schools using educational programmes has, from the argument, become secondary and dominated by
other dynamics as so far reviewed. However, while Matthews et al. (2006), Visser et al. (2004) and Mirembe & Davis (2001) admitted that members of these educational institutions undertook several strategies to deal with the epidemic, Hartell & Maile (2003) presented a completely different report. To them, individuals in these education work places do not possess any HIV/AIDS legal understanding and therefore are unable to deal with the epidemic and PLHIV.

The studies of Adamchak (2005) and Muramutsa (2002) revealed similar moralistic concepts about HIV/AIDS transmission among teachers. This morality construct made these teachers unable to talk openly with or teach HIV/AIDS to their students without a feeling of guilt and condemnation. They also reported constant discriminatory attitudes emanating from this perception: not wanting to buy food from PLHIV and wanting them to be watched more carefully. While some studies relating to my area of interest have been conducted in some Sub-Saharan African countries especially on teacher’s/school management’s, knowledge, perceptions, believes and practices towards HIV/AIDS and how these inform HIV policy design and programme formulation, no such direct work has been done in South Africa.

Finally, from these studies reviewed, we still do not know enough about HIV/AIDS lived experiences in education workplaces. It is difficult to ascertain what happens in educational institutions based on these empirical studies. The experiences of the uneducated or people who live in villages cannot provide vivid
illustrations and conclusions of what happens among the educated located in the education work places even when they share the same or a similar cultural background. Based on the above, my study progressed from the general perspectives of HIV/AIDS, culture and gender research to focus on the HIV/AIDS lived experiences in education work places, making the educators, head teacher, school governing board members and older students the target of investigation.

Summary

This section of the literature review sums up the entire argument presented in the literature reviewed with the esteemed contributions of Steinberg’s (2008) ‘Three Letter Plague’ and Barnett & Whiteside (2002) in their book titled ‘AIDS in the twenty-first Century: Disease and Globalisation’. Steinberg’s (2008) research was described as real and urgent narrative about HIV/AIDS in South Africa. The study was conducted amongst various communities in rural Transkei, specifically Pondoland. In his text, Steinberg reveals a nuanced and complicated scene of how the HIV/AIDS pandemic has impacted the lives and environment of the area. In a sense, O’Shaughnessy (2008) believes that Steinberg’s performance is similar to that of the anthropologist as he spends a large amount of time, spread out over three years, living in selected communities, immersing himself in the lives of these communities and simultaneously making them the object of his research. In his Three Letter Plague, he recounts these experiences and findings for a different audience (O’Shaughnessy, 2008: 117). The purpose of his research is to understand the habits and patterns of people other than his ‘own’.
Stigma is one of the HIV/AIDS related phenomena that Steinberg identified as core in dealing with the complications associated with the epidemic. He recounts the study of how, in 2001, the Botswana government offered free anti-retroviral treatment to anyone infected with HIV/AIDS, in the hope of curbing the dramatic increase if infection in the country. Steinberg reiterates that, although “it was a dramatic declaration of intent, unprecedented in sub-Saharan Africa ... more than two years after the launch of the programme, only about fifteen thousand people had come forward for treatment.” Steinberg quotes one of the suspected reasons behind this when he cited Cameron’s reasoning “Stigma ... people are too scared – too ashamed- to come forward and claim what their government is now affording them ... the right to stay alive.” I believe according to O’ Shaughnessy that it is the nation of and the destructive potential of stigma that fascinates Steinberg, inciting his desire to write about someone who refuses to be tested for HIV because of fear – of ostracism and of living with a terminal disease.

In his analysis, Sizwe Magadla, the central player embodies these fears. Through Sizwe, Steinberg shows that his subject is not unique – most of the people in Pondoland are crippled by the same fear – so much so that it seems HIV/AIDS will never be dislocated from the negative place it occupies in the imagination, perpetuated by entrenched and resilient belief systems (O’Shaughnessy, 2008: 118). Sizwe revealed this fears first by his inabilities to discuss issues around the epidemic; Steinberg cajoled him to speak most of the time. Because Steinberg
from the start tries to gain access to Sizwe’s psychology, both internal and social, in order to understand his reasons for not testing for AIDS, Steinberg presents Sizwe as something of an ‘everyman’ – a typical young, South African rural male. Steinberg notes that even if Sizwe may not be HIV positive, to raise the issue himself is almost a taboo. Furthermore, since most of those who suffer from HIV/AIDS are blacks, Steinberg Himself would need to be cautious of being patronising, or of typecasting Sizwe and his immediate community. O’Shaughnessy (2008: 119).

The next issues Steinberg explores using Sizwe are the myriad socio-political and religious belief systems that contribute to the way the AIDS virus is configured in Pondoland and by extension, South Africa. Through Sizwe, Steinberg reveals in stages a range of explanations for the high HIV infection in Pondoland. On one level, these reasons are founded in semi-religious belief systems. Sizwe mentions demons and curses numerous times for instance; ‘some people may have sent a demon to have sex with me; a demon with HIV. That is why I am scared to test. I think I will test positive.’ O’Shaughnessy (2008: 120) states that with this type of thinking, one sees how the illness is kept removed from a pragmatic sense of the everyday cast rather into a world of transience. The communities of Pondoland itself sees malicious, ‘black’ magic as a tool used by some to afflict the virus upon their one’s enemies. This reinforces the negativity surrounding the virus as well as the people who carry it within the community.
Sizwe also reveals a deep suspicion of Western ‘colonial’ medicine. According to O’ Shaughnessy (2008: 120), it is seen to be a dangerous tool of the West, used to infect black South Africans rather than cure them. Thus Anti-retroviral (ARV’s) and medical care for the virus are treated with scepticism – as are western doctors. Culturally, Steinberg through Sizwe, raises issues of what it means to lose one’s reputation amidst a tight-knit community, especially considering the primacy given to men’s patriarchal role. If Sizwe like other men in the community, the head of family were to be ill; his family would inevitably suffer economically and socially. This is consistent with the concerns raised by Barnette and Whiteside (2002). Again Steinberg uncovers the subtle implications of what it means to be ‘known’ to be sick – where being ‘sick’ is a weakened state, especially if one is infected with a deadly, contagious, and incurable disease such as HIV/AIDS. Above all, Steinberg’s approach is able to testify to the shame of being HIV positive and the need for secrecy typical of those infected or those who know the positive status of family and friends. In conclusion, O’Shaughnessy believes that Steinberg’s study reflects the many contradictions besetting anyone facing a future in a South Africa that has yet to devise a way to manage this epidemic.

Writing about Africa and AIDS, Barnette and Whiteside (2002) give an accessible overview of the social, economic, and cultural factors that influence AIDS, taking into account the impacts of the epidemic on micro, meso and macro levels. Their
main contribution is to emphasize the need for a holistic, strategic, and long term commitment to combat the epidemic in individual countries as well as on a global scale. They observe that although disorder, social inequalities, exploitation, and poverty are common throughout sub-Saharan Africa, the authors note that the underlying risk factors for the spread of HIV in this region vary according to country. For example, they maintain that corrupt governments and war gave rise to the epidemics in Uganda and the Democratic Republic of Congo, whereas more gradual economic and social changes created high-risk environment in Tanzania. In South Africa, the authors trace the origins of the epidemic in large part to the legacy of apartheid. The need for the black workers in mines and factories owned by white persons created a culture in which men left their families to find work and then turned to local prostitutes for sex. The authors also cite the remarkable claim that the apartheid government employed HIV-infected men for the purpose of infecting female sex workers.

Barnette & Whiteside believe that beyond the sheer numbers of infections, the effects of the epidemic in the most severely affected countries can be measured by its effects on families, economics, and governments. They gave poignant examples of families consisting of children and their grandparents and households where more money is spent on funerals than on medical care. Orphaned girls are often vulnerable to sexual abuse, and orphaned boys forced to serve as soldiers. The loss of adult workers further affects the already weak economies of poor countries. The loss of farmers may lead to the sale of their
lands or cultivation of crops that are easier to grow. In business, HIV infection increases absenteeism and health insurance and pensions. Unfortunately, the authors note that knowledge and observation of the African HIV/AIDS epidemic have not been translated into appropriate action. They argue that effective prevention efforts will need to move beyond focusing on biomedical and behavioural interventions to changing high risk environments. However, they conclude that the later goal will require political leadership and multi-sectoral approaches that extend beyond health agencies. The successes of Uganda in prevention are cited as goals for other African countries.