CHAPTER THREE  THEORETICAL FRAMEWORK

Introduction

In this chapter, I present a theoretical framework, in which various groups of factors acting on culture are distinguished. It aims to show that understanding individuals’ beliefs and actions requires us to move beyond the individual to understand the extent to which culture influences, shapes and even determines the lived experiences of people. This framework can be seen as an attempt to incorporate culturally induced influences with other factors that hinder the exploration of HIV/AIDS lived experiences of the members of education workplaces. The cultural influences focused on are derived chiefly from the following theories of cultural influence: Rodlach’s (2006) theory of anchoring and objectification, Douglas’s (1966) theory of cultural risk.

So far, several theoretical models have been proposed to partly explain the effects of culture in understanding and mediating HIV/AIDS. I note that the concepts of culture, gender and HIV/AIDS are complicated and complex. No one theory could offer a comprehensive answer to the issues surrounding these phenomena under investigation here. I therefore used a combination of various theories to provide possible insights into these constructs. Stephens (1999: 5) gives a simplified expression of the most important constructs of culture: ‘a system of shared ideas, concepts, rules and meaning that underlie and are expressed in the way that people live’. Stephens (1999) also emphasizes the
fluidity and constructive nature of culture. This suggests that culture is a woven texture which takes bits and pieces and stitches and weaves them together and is constantly being rewoven and renewed. Stephens notes that in culture, there is a system of shared beliefs which contain silence, things that are not talked about. It is through culture that individuals make sense of and are conscious of their social responsibilities and ethical struggles, origins and also shared ideas.

Fischer (2007: 3) tries to integrate the key aspects of the different culture theories. To him ‘culture is elsewhere or in passage, it is where meaning is woven and renewed, often through gaps and silences, and forces beyond the conscious control of individuals, and yet it is the space where individual and institutional social responsibility and ethical struggle take place’. These phrases mean that culture can be viewed first, as a form of central anthropological forms of knowledge grounding human beings’ self understanding of the concepts around him/her. These understandings are usually drawn from secrets and when supernatural phenomena are involved. However, culture is believed to be central to the activities and experiences of individuals within a particular setting. The central idea of cultural influences is that the exchange of meanings and understanding of any experience and people between certain workplaces and sectors takes place within a particular cultural context (Fischer, 2007). A disadvantage of this in this study is that in the context of South Africa, there are diversified cultural groups and it is very difficult to accept a particular cultural group as universal over others.
By showing the various positions of these aforementioned theories within the cultural framework, it will become clear that the cultural point of view accounts for a considerable part of the theoretical background of HIV/AIDS lived experiences in the education work place. In addition to justifying the cultural constructs engaged in this study, this chapter also aims to provide an introduction to the cultural theories which will be vital in formulating claims about the influence of HIV/AIDS lived experiences in the following analytical chapters. First, a brief description of the theories of culture and gender will be provided, from which other factors of influence are derived. This will be followed by the theoretical framework and finally, some concluding remarks are made.

Theories Explaining Culture

The concept of culture is a very broad construct and therefore difficult to quantify, because it frequently exists at an unconscious level, or at least tends to be so pervasive that it escapes everyday thought. For the purposes of this study, I will concentrate on viewing culture as a system of shared ideas, concepts, rules and meanings that underlie and are expressed in the way that people live (Stephens, 1999). In summary, the term culture is defined as all the behaviours, ways of life, arts, belief and institutions of a population that are passed down from generation to generation. However, many early anthropologists, according to Jary & Jary (1995), and Stephens (1999), conceived culture as a collection of traits.
However, critics pointed out that the theory of culture as a collection of traits fails to explain why some traits spread and others do not. Cavalli-Sforza and Feldman (1981) claimed that cultural evolution theory holds that traits have a certain meaning in the context of evolutionary stages, and they look for relationships between material culture and social institutions and beliefs. By implication, this theory seems to have classified cultures according to their relative degree of social complexities. Boyd & Richerson, (1985) added that this theory also would employ several economic distinctions such as hunting, farming or political distinctions such as autonomous villages, chiefdoms and states. This theory is considered to be flawed by critics such as Boyd & Richerson (1985). These critics argue that this theory tends to assume a certain direction of development, with an implicit apex at modern industrial society.

Jary & Jary (1995: 12) indicate that culture has been called ‘the way of life for an entire society.’ As such, it includes codes of manners, dress, language, religion, rituals, and norms of behaviour such as law and morality, and systems of belief as well as art and gastronomy. It generally refers to patterns of human activity and the symbolic structures that give such activities significance and importance. According to Stephens (1999) culture exists on both individual and social levels, being concerned with what particular individuals think and do and also with what a society considers important and meaningful. Fischer (2007) believes that culture is not a ‘variable’ that can be easily changed, but is ‘relational’; built on the relationships and interactions that exist from one generation to another.
Another group of scholars called the ‘structural functionalists’, posit society as an integration of institutions (such as family and government). They define culture as ‘a system of normative beliefs that reinforces social intuitions’ (Parsons, 1965:76). This position was also criticised by the scholars with historical particularist views because it tends to assume that societies are naturally stable. The historical particularists examined each culture as a unique result of its own. They analysed the relationship among cultural constructs of different societies. They came up with the theory that normative cultural patterns exist independent of, and often at odds with, particular behaviours (Ibid). The central criticism shared by all theories of culture is that they all seemed to assume, intentionally or otherwise, that all people in any one society experience their culture in the same way. According to Stephens (1999), culture is based on the uniquely human capacity to classify experiences, encode such classifications symbolically, and teach such abstractions to others. It is usually ‘acquired through enculturation, the process through which an older generation induces and compels a younger generation to reproduce the established lifestyle; consequently, culture is embedded in a person’s way of life’ (Stephens, 1999:5).

One of the big theoretical issues regarding cultural construct is the problem that people live in a number of different cultural systems which are passed down from one generation to another. Simultaneously, they live in a ‘hybrid’ culture. ‘Hybrid’ in this context is a term I have adopted to explain the system whereby people
combine multiple cultural systems to make meaning of issues around them. Given that cultural boundaries are not well defined, a portrayal of the woven texture of ideas which is constantly shifting becomes acceptable. This is what Yen (2007) discussed while distinguishing the importance of some cultural views as cultural and social norms affecting the ways in which people respond to, are passive about and sometimes, ignore information. This is summed up in the suggestion that culture shapes the way people view their world.

As a result of these different ways of understanding culture, it is possible to see that culture may interplay with several other perceptions (which may in one way or another have an attribute of cultural definition) in the HIV/AIDS lived experiences of individuals. These various cultures (which are not usually distinct and clear) may be visible in the knowledge, perceptions and attitudes and could be framed by the socialisation practices within the environment, norms, values, and acquired knowledge but especially of the primary culture that one is initiated into. For example, what people have learnt from their predecessors about diseases without cure or no clear treatment such as leprosy (before a cure was discovered) is replicated in their perceptions and attitudes towards HIV/AIDS. Shrouded in beliefs, complexities and complications regarding origin, cure and transmission, the understanding of the epidemic are culturally comprehended as ‘isidliso’, ‘alien’ and ‘unknown’ by members of public schools in South Africa.
Rodlach (2006) observes that explanation of AIDS, like other illnesses, is highly context dependent and speak louder about society, culture and values than they do about the disease. He notes clearly that individuals in any context use familiar patterns of making meaning when they encounter something new or unknown. Rodlach borrows Moscovici’s (1981) theory of social representations to provide useful tools for understanding the processes through which HIV/AIDS acquires meanings. Rodlach also argues that within any culture, there are points of tension and fracture around which new representations emerge. For instance, the sudden appearance of new and threatening phenomena, such as HIV/AIDS, can trigger the development of new representations. Social representation emerges when individuals engage in interaction with each other during the course of everyday conversations. He described the concept as everyday thought associated with colloquial language. The result is a set of explanations originating in daily life in the course of inter-individual communications (Rodlach, 2006:9).

Following Rodlach (2006:11), two specific processes are at work when people integrate new ideas: anchoring and objectification. Through anchoring, unfamiliar concepts are compared and interpreted in the light of phenomena generally acknowledged as common sense, as well as widely shared values, norms, and beliefs. In most African cultures, ‘blaming dynamics, sorcery beliefs, and conspiracy suspicions exemplify widely known thought patterns that assign responsibility to others’ (Rodlach, 2006:9). These two mechanisms make the
unfamiliar familiar, first by transferring it to a sphere that allows people to compare and interpret it and second, by reproducing it among tangible things (Moscovici: 2001). Once social representations are created, they can be modified and reworked as they continue to evolve (Moscovici: 2001).

Applying the theory of social representation to HIV/AIDS, Rodlach depicts the manner in which traditional beliefs and familiar understandings attached to the epidemic evolve over time, and finally generate behavioural expectations in those who hold the views (Rodlach, 2006). In the attempt to use this theory to explain the processes of understanding HIV/AIDS, the disease was compared with familiar phenomena, and this process was nicknamed ‘anchoring’. According to Rodlach, in ‘anchoring’, people classified correlations and distinctions with known diseases and epidemics such as historical epidemics, sexually transmitted diseases, sorcery-induced ailments, and negative health effects caused by others. In this discourse, people look for the familiar in order to understand the unknown. Later in the attempt to comprehend the disease, their statements changed because AIDS had developed meanings that did not depend on comparisons. Over time, more people argue that ‘AIDS is sorcery’ or ‘AIDS is conspiracy’. The epidemic has become more objectified (Rodlach, 2006)

While the idea that the process of attributing meaning to new phenomena according to Moscovici is a single and unidirectional societal event, Rodlach observes that it is not as simple as it seems. The temporal sequence from
anchoring to objectification does not occur as a logical and singular event in society, though over the years, perceptions about the epidemic moved from comparison with familiar events to becoming increasingly objectified as they acquire an independent cognitive reality (Rodlach, 2006). This temporal sequence under discussion here is not simply a societal tendency but strongly related to individuals and their engagement with HIV/AIDS. Rodlach notes that while some people still compare AIDS with other familiar phenomena when searching for meanings, others already viewed the epidemic as a distinct phenomenon with its own meanings. The social and individual levels fuse and interact, influencing the processes by which the epidemic acquires meaning. These meanings continue to evolve and change (Moscovici, 1981).

**Theory of Cultural Risk**

The Theory of Cultural Risk often referred to simply as Cultural Theory (with capital letters) consists of a conceptual framework and an associated body of empirical studies that seek to explain societal conflict over risk. Cultural Theory asserts that structures of social organization endow individuals with perceptions that reinforce those structures in competition against alternative ones (Douglas, 1966). Two features of Douglas’s work inform the basic structure of Cultural Theory. The first is a general account of the social function of individual perceptions of societal dangers. Individuals, Douglas maintains, tend to associate societal harms—from sickness to famine to natural catastrophes—with conduct that transgresses societal norms. This tendency, she argued, ‘plays an
indispensable role in promoting certain social structures, both by imbuing a society’s members with aversions to subversive behaviour and by focusing resentment and blame on those who defy such institutions’ (Douglas, 1966, p.4). The second important feature of Douglas’s work is a particular account of the forms that competing structures of social organization assume. Douglas maintained that cultural ways of life and affiliated outlooks can be characterized (within and across all societies at all times) along two dimensions, which she called “group” and “grid.” (Douglas, 1970) A “high group” way of life exhibits a high degree of collective control, whereas a “low group” one exhibits a much lower one and a resulting emphasis on individual self-sufficiency. A “high grid” way of life is characterized by conspicuous and durable forms of stratification in roles and authority, whereas a “low grid” one reflects a more egalitarian ordering (Rayner, 1992).

The theory of Cultural Risk has been subject to a variety of criticisms. Complexities and ambiguities inherent in Douglas’s group-grid scheme, and the resulting diversity of conceptualizations among cultural theorists, lead some to believe the theory is fatally opaque (Boholm 1996). Others object to the theory’s embrace of functionalism. Thompson, Ellis, & Wildavsky, (1990) using a controversial mode of analysis see the needs of collective entities (in the case of the theory of Cultural Risk, the ways of life defined by group-grid), rather than the decisions of individuals about how to pursue their own ends, as the principal causal force in social relations (Boholm, 1996:68).
Douglas’s (1966) theory of Cultural Risk offers explanations for beliefs about ritual pollution which evidently characterise the findings of this research and other HIV/AIDS related research done in South Africa. The theory foregrounds the concepts of knowledge, beliefs and practices that characterise cultural studies such as this and provides insights into what and how these concepts influence the lived experiences of individuals within a given society and under generalised, new and unusual situations and circumstances such as HIV/AIDS. The problem Douglas deals with is why some things in any given society or community that are thought to have special religious significance are seen as sacred and others are seen as polluted. Prohibitions on touching, using or even seeing certain foods, objects, animals, plants or people, may be rooted in a belief that such things are too ‘good’ for humans to have contact with or that they are ‘dirty’ or ‘polluting’. The word ‘taboo’ in an anthropological account may refer to either of these conditions, and it is not always easy to separate them. Sometimes, ritual taboos apply to a whole community at all times, sometimes to only part of a community, or a particular time period.

Douglas (1966) suggests that societies are likely to see things as taboo when they are anomalous or when they do not fit neatly into a society’s classification of the world. This description is consistent with Rodlach’s theory of anchoring and objectification. The epidemic fails to conform to societal understandings and knowledge of disease. She argues that things which exist at the borders of
society, or in the boundaries between categories are perceived as possessing both ‘power’ and ‘danger’. For some purposes, the power may be stressed, for others, the danger. In the case of HIV/AIDS, the dangers of being stigmatised while the infected person is alive, and then the family members when the person is dead, and the danger associated with dying as a result of the disease having no cure, are emphasised.

For Douglas, death, birth and pregnancy exist at the border between different stages of life and are frequently surrounded by taboos. For example, corpses may be seen as polluting, women may be isolated for a number of days after giving birth and the placenta may be especially dangerous. These items (death, women and isolation) are traits associated with HIV/AIDS.

Another important concept in the theory of cultural risk is ‘dirt’. Douglas interprets ‘dirt’ to mean that things are not considered dirty in and of themselves, but because of where they stand in the system of categories, which can include people as well as non-human classes of animate or inanimate objects. HIV/AIDS in itself could not be described medically as ‘dirt’. However, the dynamics of its transmission and some opportunistic infections that PLHIV suffer as a result of the infection may have contributed to it being seen as ‘dirt’ and PLHIV as ‘dirty’ and ultimately, ‘pollution’ and ‘polluted’.
To Douglas, pollution and dirt exist in both traditional and modern societies. In the HIV/AIDS lived experiences, they are also not abstract but vivid expressions of how individuals may deal with PLHIV. Unfortunately, these treatments culminate in stigma and innumerable negative attitudes towards PLHIV and those affected by the epidemic in extreme cases.

She argues that everybody would otherwise be subject to some pollution beliefs, but suggests that pollution beliefs lessen as society grows more specialised, when there is less overlap between spheres of activity. Douglas claims that pollution is perceived when our sense of coherence in our thought is threatened. While she suggests at that point that we may avoid confusion by declaring that the thing which confused us is evil, and to be avoided, bringing this suggestion to the context of HIV/AIDS and PLHIV may present differently. The challenges associated with the epidemic and those infected are evidently confusing and those infected are still being avoided (if their status is known) in the society they once called theirs. Following Douglas’s theory, those infected could be termed anomalous people who must be moved to a new status through rituals (rites of passage). She says that rites of passage enable people to avoid potential confusion; rituals to ‘purify’ people who have been exposed to pollution (in this case: HIV/AIDS) should serve to correct such confusion. Whether the rites of passage are effective in the case of HIV/AIDS and those infected is subject to individual beliefs.
Drawing from Douglas's ideologies, ‘dirt’ is a concept that is significant in comprehending the need for purity, and ‘fear’ signalled the existence of ‘danger’ within the adherents of these cultural belief systems. Douglas states that in chasing dirt, in papering, decorating, tidying we are not governed by anxiety to escape disease, but are positively re-ordering our environment, making it conform to an idea. If we accept separating, tidying and purifying in this context, we should interpret what was defined by Stein (2003: 1) as ‘changing faces of stigma’ towards HIV/AIDS and the infected in the same light, as a way of re-ordering their society. It seems at this point that stigma is explained.

Following the above, ideas about separating, purifying, demarcating and punishing transgressions have as their main function to impose a system (which may help streamline the ordering within the society) on the inherently untidy experience. In the context of culture, this is targeted at creating order in the society. Considering that culture is transferred from one generation to another (Stephens, 1999), most of these experiences are passed on and presently upheld by those who still practice them. Going back to the concept of ‘dirt’, Douglas (1966) suggests that the reaction to ‘dirt’ corresponds with other reactions to ambiguity and anomaly. Ideas about ‘dirt’ being a contagion can certainly be traced to anomaly. The initial recognition of anomaly leads to anxiety and from there to suppression or avoidance, especially with contagion as part of its characteristics.
According to Douglas, there are several ways of dealing with anomalies. Negatively, we can ignore, just not perceive them, or perceiving we can condemn. Positively, we can deliberately confront the anomaly and try to create a new pattern of reality in which it has a place. These three approaches may explain how people deal with the epidemic, PLHIV and why? However, she notes that it is not impossible for an individual to revise his own personal scheme of classifications. But no individual lives in isolation and his/her schemes will have been partly received from others.

The framework of culture using Douglas’s ideologies allowed me to go beyond culture to understand these individuals’ claims, behaviours, beliefs and practices. It provided a positive pattern in which ideas and values are tidily ordered. It has authority and its categories are public matters which cannot easily be revised. Douglas projects that any given system of classification must give rise to anomalies, and any given culture must confront events which seem to defy its assumptions. These therefore suggest that there could be various ways and provisions of dealing with anomalies such as HIV/AIDS in any given established culture.

Douglas suggests the following possible ways societal cultures could be used to mediate anomalies such as HIV/AIDS (in this context);

1. By settling for one or other interpretation which could reduce ambiguity
2. Physical control
3. Have a rule of avoiding anomalous things
4. Anomalous events may be labelled dangerous
5. Use of ambiguous symbols

Here, I attempt to discuss the ‘dirt’ concept in line with HIV/AIDS. Which has an attribute of ‘dirt’ as implied by the responses of most participants who see those infected as ‘dirty’ that need to be cleanses through rituals. The concept of ‘dirt’ by Douglas reflects the mechanism initiated by individuals that are involved in the related challenges within their society. If we accept the concept of ‘dirt’ to typify an aspect of HIV/AIDS and the perceptions of PLHIV, it means that one could also accept that the epidemic is something that is out of place in a society. HIV/AIDS must therefore not be included in a community that wants to maintain a prototype kind of living. It also suggests wholesomely a distinction between sacred and secular. With PLHIV seen as the ‘dirt’ and those who claim to be ‘clean’ as ‘secular’, the ‘dirt’ will be treated as ‘sacred’ by the ‘clean’ who are considered as ‘secular’. Bringing this to the context of HIV/AIDS which has been identified by its character and characteristics as ‘dirt’ in this discussion, the disease most likely will be seen as ‘sacred’ with the ability to make the infected dirty. That provides an avenue for the secular to treat the infected as ‘sacred’ in a symbolic system. It does not mean that the stigma is justified here but these discussions provide an embedded understanding as to what causes the persistent stigma in a society rich with bio-medical knowledge of HIV/AIDS such as in South Africa.
It becomes suitable for me to conclude with this apprehension: that dealing with HIV/AIDS in a society could be through symbolic boundary maintenance. The ‘dirt’ is kept in his/her sacred world securely in order not to pollute or disorganise the order that is set in place by the secular. The feeling of pollution by the ‘dirt’ in the society once owned and shared with the so-called secular, demands purity to be reintegrated into the same community. Talking about symbolic boundary maintenance, with regard to this research context, I note two distinctions of boundaries that are applicable: the first followed Lamont & Fournier’s (1992) notion that distinctions between people and groups create the boundaries that separate them physically and symbolically. In this study also, among the most pervasive of distinctions are those made between men and women, and those distinctions mark the boundaries of conceptual, perceptual and actual sex segregation and enunciation. With regards to HIV/AIDS, the boundary extends to knowledge and cultural socialisation towards HIV/AIDS related constructs such as death and also sex. Another symbolic boundary is associated with PLHIV.

People living with the epidemic distance themselves from being stigmatised by drawing physical and symbolic boundaries around interactions and other forms of socialisation practices within and outside the school environment. The school leadership maintain this symbolic boundary by keeping silent and creating the culture of secrecy and privacy. This way they are able to build a wall demarcating those who are identified as positive from those who claim to be negative.
Critically looking at the Mary Douglas’s theory of cultural risk, it consists of a conceptual framework and an associated body of empirical studies that seek to explain societal conflict over risk such as HIV/AIDS related risks. Cultural theory asserts that structures of social organization endow individuals with perceptions that reinforce those structures in competition against alternative ones. It is useful in projecting culture as a strong influence on the individual’s perceptions and practices. Its greatest strength for this study is its ability to explain that symbolic boundaries are being maintained in the day to day lived experiences of these participants despite the relatively good biomedical knowledge they possess about the epidemic. An additional strength for this study is in subjecting or projecting the concepts of gender to be under culture.

While the theory has been useful in highlighting how cultural ways of life could mediate practices, perceptions and beliefs, its mode of analysis sees the need for collective entities (in the case of Cultural theory, the ways of life defined by group-grid), rather than the decisions of individuals about how to pursue their own ends, as the principal causal force in social relations. This theory was therefore not wholly adequate for interpreting all the responses of the participants in this study.

**Gender**

I examined the construction of gender in the philosophical writings about sexual inequality and power imbalances created by cultural practices. Gender theories
are mostly centred on relationships between men and women, the sexual division of labour and the sexual division of power. Connell (1987) believes that these variables are summed up in what she described as ‘role theory’ that provides the most penetrating analysis of the deficiencies that are used to organise part of the discussions around gender and its related socialisations in this thesis. She begins by identifying that role theory falsifies certain social ideologies into concrete realities or objective templates and also names them. For example, a mother’s role assumes a somewhat pre-packaged set of behaviours and attitudes and suggests that most women have been socialised into these behaviours by modelling their mothers as caretakers.

Another argument put forward by critics of role theory is that its emergence in the social sciences supported a conservative political ideology that attempted to maintain social cohesiveness and restrict resistance to the established social norms defined by those in power (Connell, 1987). In some African countries, the male factor is culturally paramount because of the strong impact of the communal ethos. Because of the desire to conform, many women suffer in silence. The male factor then becomes pivotal in gender relations and the development of women. However, in advanced nations where women are free to take decisions affecting their health and well being, traditional culture is less crucial (ibid). Gender is highly structured by such traditional beliefs and practices to shape women’s social, political, economic and other roles and benefits.
Theories Explaining Gender Embedded in Cultural Construct

The oldest theory of gender is radical feminist theory. Radical Feminism, according to Brookes (2008), states that the defining features of women’s oppression is the society’s sexist and capitalist hierarchy. The movement believes that only the eradication of patriarchy in our society will give women true equality. The radical feminist asserts that the only way to rid society of patriarchy is to attack the causes of the problems and also to address the fundamental components of society that support them. Brookes reports that the radical feminists’ ideology is, "...A male-based authority and power structure and that it is responsible for oppression and inequality, and that as long as the system and its values are in place, and society will not be able to be reformed in any significant way." (No Page) This group of feminists identifies other oppression that is apparent in a patriarchal society as being based on gender identity, race, and social class, perceived attractiveness, sexual orientation and ability (ibid).

The radicals’ theory of patriarchy recognises that the key element is a relationship of dominance and exploitation of others for their own benefit. The use of this oppression is a social system that includes other methods that are incorporated to suppress women and non-dominate men (Brookes, 2008). According to this theory, sexual disparities between the sexes make it impossible to resolve the main issues in society. Applying radical feminism to culture, it could be said that African cultures with their strong male domineering
dispositions have high inclinations to display attributes that led to the enactment of this theory.

Cultural feminism was developed from radical feminism. Brooke Williams was credited with being the first to introduce the term ‘cultural feminism’ in 1975 (Taylor & Leila, 1993). According to Linda (1988), cultural feminism is an ideology of a female nature or female essence that attempts to revalidate those female attribute that theorists consider to have been undervalued. This theory commends the difference of women from men (Cheris & Dale, 2000). This theory also advocates women’s independence and institution building. The major criticism of this theory is that it is based on an essentialist view of the differences between men and women. Some critics blamed the feminists’ retreat from politics to life style on this theory (Taylor & Leila, 1993).

Cultural feminism applauds the positive aspects of what is seen as the female character or feminine personality. According to Donovan (1985), while cultural feminists argue that the traditional role of women provides the basis for the articulation of a more humane view, other contemporary feminists do not believe that this transformation will happen automatically. For example, they do not believe that the differences between women and men are principally biological (Donovan, 1985). They rather construe woman’s passivity as her peacefulness; her sentimentality as her proclivity to nurture; and her subjectiveness as her advances of self-awareness (Alcoff, 1988). Critics of cultural feminism have
based their criticisms on the essentialist views in this theory (Autumn, et al. 2006). They claim that there is no evidence to support that a woman’s system is better than that of a man.

Finally, less attention has been given, however, to the serious limitations of the dominant theoretical and methodological paradigms that have been employed in carrying out HIV/AIDS, culture and gender related research. The limitations of such paradigms are perhaps most glaring at a theoretical level as cultural and HIV/AIDS associated research within the context of educational leadership and policy (where found) has almost never been driven by a theory of cultural practices. The emphasis has been on the urgent need for descriptive data (such as knowledge, attitude, beliefs and practice (KABP) studies), apparently based upon the hope that theoretical insights will emerge from data and methodological principles such as will be discussed in the findings from this research.

**Conclusion**

The main purpose of this chapter, therefore, has been to show that the cultural point of view, which is the focus of this study, accounts for a considerable part of the theoretical background of the HIV/AIDS lived experiences. The synthesis illustrates that cultural factors are clearly involved in most of the theories mentioned in this chapter and also describes the positions of several theories which took cultural features into account in the theoretical framework. I have shown, however, that important aspects of these theories can be rendered as
cultural influences on understanding, dealing with and experiencing HIV/AIDS. The presence of substantive cultural influences will increase misinterpretations and reduce the acceptability of biomedical and legal approaches to the epidemic in the society. Most of these theories try to explain how a system of understandings comes to shape the ideas, beliefs and practices of people. So, a variable such as fluidity can be seen as a cultural variable.

Therefore, I may say that the fluid nature of culture associated with HIV/AIDS lived experiences accounts for a significant part of the theoretical background of cultural influence in the HIV/AIDS lived experiences. That does not exclude other variables (shared beliefs, ideas, concepts, rules and meaning, subjectivity, purity, danger, taboo and sacred) which have an impact upon culturally related influences on HIV/AIDS fluidity. By treating the variables collectively, the influence of culture on the perceptions, attitudes and practices of HIV/AIDS can be assessed.

This chapter thus provided an introduction to theories of gender and culture which will be used to formulate further questions on the HIV/AIDS lived experiences in the following analytical chapters. The first section dealt with cultural theories, followed by the gender related theories.