Negotiating modern and traditional discourses of HIV/AIDS in a rural South African community: school impact and personal cost

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Declaration

I declare that *Negotiating Modern and Traditional Discourses of HIV/AIDS in a rural South African community: school impact and personal cost* is my own work, except where indicated, and that it has not been submitted before for any degree or examination at any university.

Signed:

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ABSTRACT

This study investigates different discourses of HIV/AIDS that young people living in a rural area of South Africa are exposed to, how they negotiate affiliation to a particular discourse and the personal cost that this affiliation entails.

The study assessed two broad types of HIV/AIDS narrative, namely 'traditional' and 'modern'. Traditional HIV/AIDS discourse refers to community responses to the disease that 'resist dominant epidemiological narratives', while the modern narrative refers to mainstream, scientific research that is supported by the majority of health professionals and the scientific community in South Africa.

Four former learners from Zamukuhle School in northern KwaZulu-Natal (two males and two females) with different home environments were interviewed regarding their encounters with discourses of HIV/AIDS at five sites, namely their school community, their home environment, the media, state health facilities and the wider local community. Qualitative interviews that were semi-structured and open-ended in nature were employed to gather data, which was then analysed thematically. Pierre Bourdieu's concept of habitus, which seeks to explain individual and community ways of thinking and doing, was recruited to interrogate respondents' answers.

Respondents were found to encounter different discourses at particular sites, with the nature of the interaction – namely whether learners are passive or active participants in the acquisition of knowledge – having a powerful influence in how learners choose to align to a particular discourse. The open and stimulating classroom environment at Zamukuhle School, where learners were active participants in engaging with HIV/AIDS information, was dominant when compared to other sites in terms of influencing learners' alignment with a particular discourse. All respondents aligned with the modern discourse of HIV/AIDS and pointed to the influential impact of Zamukuhle's teachers (who carried significant authority and trust) in their adopting this position.

Although no dialogue around HIV/AIDS took place in respondents' homes, this environment was found to play a key role in preparing learners to articulate with a modern discourse of the disease at Zamukuhle School.

As a result of the presence of white teachers at Zamukuhle School some community members used race as a label for the modern narrative of HIV/AIDS and accused some respondents of 'living like whites' for affiliating with this narrative. This estrangement represented a cost that respondents had to carry for aligning to a modern discourse of the disease in a rural community where traditional discourses were dominant.

In conclusion, study findings are used to make recommendations for further research and potential system-wide impacts such as teacher-training in HIV/AIDS education and the strategic deployment of teacher graduates.

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Chapter 1 - Introduction

Overview

This study investigates the problem of how young rural *isiZulu*-speakers navigate the complexity of affiliation to a particular position with regards to competing discourses of HIV/AIDS. These competing discourses are located at different sites such as the home, community meetings, clinic or school. Although more nuanced in nature these discourses can broadly be termed 'traditional' and 'modern'. The process of how and why young people affiliate to one of these competing world-views and the consequences thereof will inform the main body of this study.

HIV/AIDS – The global and African picture

The global HIV/AIDS pandemic poses one of the greatest challenges to modern society. The impact and reach of the pandemic has been felt across the world, touching the full spectrum of the global community of nations, including the developed world and the developing nations of the south. The disease poses a threat to all – the young as well the old, the poor as well as the rich, the educated as well as the uneducated, the powerful as well as the weak. However, the pandemic's influence on individual nation states and the day-to-day lives of these nations' citizens has been most keenly felt in the developing countries of the world, with the majority of the world's HIV/AIDS cases being found in these countries. Furthermore, it is in the countries of sub-Saharan Africa where the majority of these cases are located. UNAIDS reported in 2010 that sub-Saharan Africa had 22.5 million HIV-positive adults and children, which represents 68% of world's total (Avert, 2010). Although all of these countries have been massively affected by the pandemic, it is South Africa that has arguably been at the locus of its impact with one of the world's highest infection rates.

HIV/AIDS – The South African story

HIV/AIDS statistics in South Africa are frightening. HIV infections increased from a reported 3.5 million in 1999 to 5.5 million in 2006 (UNAIDS 2006 *as in* Baxen, 2010). The shock-waves of the pandemic have shaken every aspect of South African society, with different national institutions counting their own context-specific economic, human and social costs and reeling under the weight that the disease has brought to bear on them. With HIV/AIDS primarily affecting the economically active segment of the population the pandemic has potentially devastating consequences for economic growth and development and poverty alleviation (Dorrington, Bradshaw and Budlender, 2002; Booysen *et al*, 2003). The state has been forced to commit huge portions of its budget to waging war on the disease with the Department of Health receiving R7.8 billion from the 2010 National Annual Budget for AIDS funding (Bodibe, 2011).

KwaZulu-Natal – epicentre of the epidemic?

If South Africa has felt the full force of the 'shocks' of HIV/AIDS, then the province of KwaZulu-Natal has been at the epicenter of the disease's debilitating impacts. KwaZulu-Natal is the second-most populous of South Africa's nine provinces, with a population of 10.6 million, representing 21.3% of the national total of 49.9 million (SouthAfrica.info, 2011). The province includes a mix of urban and rural populations, with the rural economy including pockets of both commercial and subsistence agricultural practices.

The parts of the province that are dominated by subsistence agriculture collectively constituted the nominally independent and former 'homeland' called KwaZulu in the pre-1994 apartheid dispensation in South Africa. The homeland of KwaZulu was governed by Mangosuthu Buthelezi and his movement Inkhata. Like other homelands and 'independent' states such as the Transkei and Venda that existed as part of the 'bantustan' policy of apartheid South Africa, KwaZulu was characterized by traditional systems of governance and land ownership, poor infrastructure relating to social services (such as roads, water supply and electricity), minimal formal economic activity and job

opportunities, widespread poverty, a low quality of education and poor socio-economic indicators (such as high infant mortality rates, low levels of adult literacy and low life expectancy) (see Davenport and Saunders, 2000). KwaZulu, along with other 'rural' areas of South Africa, also experienced massive social upheaval through the impact of migrant labour, where males left their traditional homesteads to seek employment on the mines in the industrial highveld heartland of the country. This rural-urban-rural movement of people has continued into the present, with urbanization occurring at unprecedented levels as job-seekers flock into town and cities in search of employment.

These rural areas of KwaZulu-Natal, along with the urban townships, have been hardest hit by the HIV/AIDS pandemic in the province, witnessing a catastrophic explosion in the number of HIV positive cases over the past 15 years, as well as deaths from full-blown AIDS which are intimately connected to opportunistic infections such as Tuberculosis and Pneumonia. Most studies have KwaZulu-Natal reporting the highest percentage of HIV-positive cases of South Africa's nine provinces, which in 2008 was measured at 15.8% of the provincial population (Avert, 2009).

Entabeni[1] District – the study site

Among the rural districts of this large and populace province that have borne the brunt of the HIV/AIDS pandemic there are areas that have, for different reasons such as levels of unemployment and access to health services, been touched in lesser and greater ways by the spread of the disease. Amongst the hardest hit has been the district of Entabeni in the north of the province. Approximately 115 000 people[2] live in the area which comprises the three traditional clans. The municipal district of which Entabeni is a part has been assessed as one the most deprived in the country, according to a nation-wide health barometer which includes factors such as unemployment rates, access to piped water and electricity, female-headed households with high numbers of children and low education

[1] All place names within KwaZulu-Natal have been re-named for issues of confidentiality, which is discussed in Chapter 4. Furthermore, pseudonyms have been given to any individuals mentioned in the study, as well as names of institutions, for the same reason.
[2] Information from Statistics South Africa

levels (Health Systems Trust, 2009). One district hospital serves the community which is further complemented by a network of ten residential clinics.

HIV infection rates, which are measured through ante-natal visits to clinics and the hospital, have increased markedly over the years although they have plateaued out at around 33% of the population over the past five years (Campbell, 2007). The area has been pummeled by the disease in recent times resulting in large numbers of orphans and child-headed families, or families that have been robbed of a breadwinner. The scope of the impact of the disease is immense and has seen a number of projects implemented by both state departments and NGOs in an attempt to mitigate the potent effects of the disease on the vulnerable members of the populace, particularly the young and the old.

The district is served by a large number of state schools which includes about 50 primary schools and 30 high schools. Although improving, these schools have been characterized by a legacy of common problems including poor infrastructure, unqualified teachers, large class sizes, low morale and low results. Entabeni is part of the Sizobuya Educational District which has consistently been among the worst-performing educational districts of the nine in KwaZulu-Natal.

Zamukuhle School – the study school

Zamukuhle School was established in the context described above in the Entabeni District in 1993. The school was set-up by three women, an Afrikaans-speaking artist, an Afrikaans-speaking missionary and an English-speaking university graduate. The school evolved out of a response to the perceived need for a higher standard of education in the area and grew steadily at a grade per year to its current population of over 200 learners.

The school was independent for the first four years of its existence before becoming a state school. From its establishment the school was staffed by a mix of unqualified local teachers and white graduates (some of who were trained teachers) who taught for periods of between six months and six years before returning to urban centres. The school has

had a tradition of producing excellent Grade 12 results with the large majority of school-leavers going on to study at tertiary level across a broad range of careers and succeeding at tertiary level. This represented a sharp contrast to other local schools that generally produced lower overall pass rates and far less university-entrance level passes.

As a result of its particular genesis the school had a unique 'flavour' compared to other state schools in the area and was known locally as the 'multi-racial' school, even though the school population was never less than 98% *isiZulu*-speaking learners. The school's management and leadership structures were predominantly staffed by white South African graduates, with the first five principals being white South Africans – one female and four males. The school had a strong Christian ethos with the majority of the staff who were employed during the first ten years of the school's existence subscribing to this faith.

HIV/AIDS education in schools

Schools are viewed as a potentially valuable site to provide HIV/AIDS information to the youth of a nation with Kelly (2000:9 *as in* Baxen, 2010) arguing that education is 'the single most powerful weapon against HIV transmission'. In South Africa however, it took some time before HIV/AIDS education was included in the National Curriculum as part of the compulsory subject of Life Orientation. There is considerable debate over how effective HIV/AIDS education has been in South African schools and what best practice for this process should be (see Baxen and Breidlid, 2002, Baxen, 2010).

Baxen (2010), in her in-depth study of teachers as mediators of HIV/AIDS information in schools, reviews research into HIV/AIDS in education in South Africa and highlights three broad trends in order to show gaps that remain in the literature. The three trends include (i) examining levels of knowledge and attitudes among school community groups such as teachers and learners, (ii) modeling and projections that predict the impact of the pandemic on the education system and (iii) the effect of training programmes that seek to upskill teachers and/or learners. However, the limitations of these study trends are that

they are grounded within dominant epistemological and methodological frameworks that tend to ignore the complexity of the disease with regard to 'how, within and through social relations, people understood, responded to, and experienced the disease' (Baxen, 2010:135). This over-simplification of a deeply layered process has seen teachers in research being 'positioned as deliverers of an uncontested, already negotiated and agreed upon 'body' of HIV/AIDS knowledge within schools and institutions that are not presented as discursive, complex and negotiated spaces' (Baxen, 2005:60).

According to Wanjiru *et al* (2009:37) there are 'relatively few evaluation reports of school-based HIV/AIDS interventions in Sub-Saharan Africa'. Studies have shown 'that contextual factors both within and outside the school, such as absence of support from the principals, undisciplined teachers, the low status of sexual education and lack of resources, can impede implementation [of interventions] and render interventions ineffective in changing behaviour' (Wanjiru *et al*, 2009:37). Furthermore, they go on to state that 'little is known of the implementation processes *and the complex social contexts* [emphasis mine] in which these interventions occur' (Wanjiru *et al*, 2009:37). Baxen (2010:137) points to 'the paucity in the literature that points to responses, interpretations and *understandings of HIV/AIDS at the school level* [emphasis mine], and particularly of what happens *in* schools, namely in classrooms to teachers, between teachers and learners and between teachers and the text'.

This study will therefore be further and more specifically located in this space of 'complex social contexts' and 'understandings of HIV/AIDS at the school level' in which school-based HIV/AIDS interventions occur – and it will focus on the level of the individual student in the school to investigate their histories and understandings around HIV/AIDS. In so doing, the study will attempt to explain possible ways that change and transformation takes place at the level of the individual in our schooling system and how this transformation could potentially be used to promote and enhance wider systemic change, as it relates to the most effective ways of equipping learners with the most relevant information to navigate the pandemic.

Understanding this social space assumes tremendous importance when one reflects on the critical task of equipping young people with the skills and knowledge to navigate the complexity of growing up in an HIV-ravaged nation. If schools can play a constructive role in shaping young people's understandings about the disease then we need to know how this role can be maximized and what the potential difficulties learners might face in orienting to a constructive framework with which to engage with the pandemic. Furthermore, it is important to know how schools might in actual fact play a role in hindering the work of educating young people about how best to live in the midst of the disease.

Understanding the dynamics at play is even more critical when one considers schools in township and rural contexts in South Africa. These are two clear reasons for this. Firstly, township and rural settings have experienced far higher levels of impact caused by the pandemic and hence require intensive and particular interventions to mediate the impact, and indeed to try and reverse trends such as increasing levels of new infections. Secondly, township and rural contexts in South Africa are characterized by HIV/AIDS discourses that do not conform to modern ways of understanding the disease. Learners attending school in these contexts are thus faced with the additional challenge of navigating these divergent discourses on the way to formulating a coherent cognitive framework with which to make sense of the disease. These divergent discourses are also embedded in schools through the people, teachers and learners, who move from the community and into the classroom.

Although the provision of relevant and impactful HIV education in South African schools is a tremendous and important challenge, this study is not specifically interested in HIV education in schools. Rather the study aims to investigate how individuals negotiate meaning as it relates to the different HIV discourses that young people encounter in different sites, including the home, the community, the media and the school.

Modern and traditional – different ways of understanding the disease

South African society is still deeply divided along the fault lines of race and class. Geographically, the majority of ethnic black South Africans live either in rural areas characterized by subsistence agriculture (described above) or in suburban areas termed 'townships'. In these areas - characterized by communal oral engagement and modes of communication - theories have emerged that challenge a scientific and medical approach to HIV/AIDS as it relates to origins of the disease, means of transmission of the virus and potential cures. A scientific and medical understanding of the disease broadly characterizes other sections of South African society – the mainstream media, the tertiary education sector, health and education NGOs and other 'middle class' institutions. However the contest over 'who is right' with regard to 'correct' conceptualizations of HIV/AIDS has occurred at all levels of national discourse. A notable example of this contest was the position adopted by former President Thabo Mbeki, who strongly questioned the HIV rationale of the country's scientific and medical communities.

These different understandings and theories of aspects of HIV/AIDS can be difficult to pigeon-hole into neat categories. Different labels are likely to invite criticism depending on the view-point of the reader. For example, one could use the categories 'scientific' and 'unscientific' or 'medical' and 'non-medical'. However – while accepting that holes could be picked in the usage of any chosen terminology, for the purposes of this study I am going to use the terms 'modern' and 'traditional' to label different ways of understanding HIV/AIDS. The focus of the reader should not be so much on the labels themselves but rather on what the labels represent. The label 'modern' represents theories that are founded on mainstream medical and scientific research, while the label 'traditional' represents those views that have emerged from communal oral engagement and invoke alternative theories that do not rely on a scientific and medical rationale.

The reason that these particular labels - as opposed to other equally imperfect options - have been chosen is that they allude to the overall contextual position (and struggle) in time and space that rural communities in South Africa (such as the study site) find

themselves in. For inhabitants of these rural areas which occupy a significant space in South African society, the question of alignment to modern and traditional practices affects issues relating to land-ownership, politics, religion and economic practice amongst others, and remains as an issue of considerable importance in the sustainable development of the country as a whole. Therefore the use of these particular labels serves to 'flag' to the reader the importance of this contextual background.

Although the lines of the above contest in meanings is considerably blurred in terms of who believes what in specific communities across the nation, it would be fair to say that these 'traditional' understandings of HIV/AIDS are far more influential in a context such as a rural district like Entabeni, the site of this study.

The research question

The research question will explore three key themes:

(a) Have participants been exposed to different messages or discourses about HIV/AIDS in different sites or contexts between which they move (ie home, community, media, peer groups, school) and what are these discourses?
(b) How was the message enacted in these different contexts (did participants play an active or passive role in the process) and did this influence how participants articulated to the message?
(c) How did learners negotiate the change in message that accompanied a change in site and how did they reach an 'equilibrium of understanding' that represents how they positioned themselves in terms of affiliation to a particular discourse in HIV/AIDS theory (ie a traditional versus modern approach) and were there any costs involved in a particular affiliation?

By investigating this 'space' the study aims to improve our understanding of how learners negotiate and mediate the difficult terrain that exists between the divergent and sometimes contradictory information that they hear about HIV/AIDS in the different

contexts in which they find themselves (including the home, the media, the community and the school). Specifically however, the study will investigate the particular role that a school can play in influencing young people to affiliate to a particular position or world-view (ie a traditional versus a modern understanding of HIV/AIDS).

Invoking habitus

Bourdieu's notion of habitus (as well as the related concepts of field and capital), will be recruited to examine and explain what is happening as the four individuals encounter particular meanings through experiences at sites such as the home and the school, that are later internalized as part of the world view of these individuals.

In this study there will be a clear focus on meanings, talking or ways of saying and not on ways of doing. The study will look at the information or discourses that individuals are exposed to at different sites, and how individuals negotiate these different discourses. The study will not focus on activities as it relates to behaviour, such as responsible or risky sexual lifestyle choices.

Overall study structure

The study will be divided into 6 different chapters. Following the introduction, the literature review will highlight the nature of the different discourses of HIV/AIDS that exist in the South African context. I will then review and assess Bourdieu's concept of habitus and its suitability as a mechanism for explaining and understanding the social processes at work in this study. Chapter 4 will outline design and methodological aspects employed in the study, paying particular attention to interview strategies and planning. Chapter 5 includes the analysis of interview data with Chapter 6 being the conclusion.

Chapter 2 – Literature Review: Conceptualizing HIV/AIDS

Introduction

There is a huge body of global research that has been conducted in the field of HIV/AIDS over the past twenty years or so, covering many different aspects of the pandemic. Baxen (2010) provides an informative overview of the trends in global, African and South African research into the pandemic, although this work generally falls beyond the scope of this study.

Of greater relevance for this study is HIV/AIDS research within the field of education. Here Baxen (2010) has identified broad trends evident within HIV/AIDS research in schools namely investigating knowledge-levels and attitudes of particular groups within school communities (such as teachers and learners), projections on future system-wide impacts of the pandemic (such as the morbidity of teachers) and studies that have measured the impact of training that has been directed at teachers and youth. However, broadly speaking, the research described above also does not speak directly to this study.

More recently, research in the field of HIV/AIDS in education has started to emerge that goes beyond dominant epistemological and methodological frameworks, seeking to understand the social nature of the disease in more nuanced and complex ways (eg Campbell *et al*, 2005; LeClerc-Madlala, 2002). Baxen (2010:141) argues that there remains a 'paucity in the literature that points to responses, interpretations and understandings of HIV/AIDS at the school level, and particularly what happens *in* schools, namely, *in* classrooms to teachers, between teachers and learners, and between teachers and the text'.

However, the body of research that specifically informs this study looks at how township and rural communities in South Africa have responded to the HIV/AIDS pandemic by

constructing local discourses of the disease and what the nature of this discourse is. This particular research is relevant to this study in that it builds a picture of the kind of context, with regards to narratives of HIV/AIDS, which respondents in this study would have been exposed to from a young age. The nature and content of this research is reviewed below.

Social constructs of HIV/AIDS, its origin and dissemination

> *'The cultural response to AIDS is to attempt to render it understandable in terms of familiar narratives. It is through these oral forms of gossip and rumour that cultural meanings of AIDS are produced and reproduced'*
>
> (Stadler, 2003:358)

The different and diverse understandings in South African society of the causes, origins and modes of transmission of HIV/AIDS will be reviewed (see eg Stadler, 2003; Neihaus, 2007; McNeill, 2009) in order to show the possible ways in which students living in a rural area where this study is located *might* conceptualize these issues (or the range of conceptions to which they might have been exposed to) and the possible reasons why these contradictory conceptualizations exist.

The HIV/AIDS pandemic in South Africa has provoked a 'crisis of meaning' in village and township communities across South Africa (Niehaus and Jonsson, 2005). Coupled to the biomedical pandemic Treichler (1999:1) has described a 'parallel epidemic of meanings, definitions, and attributions. The AIDS epidemic is cultural and linguistic as well as biological and biomedical'. This response has come out of the massive impact that the pandemic has had on individuals, families and communities and their at times desperate attempts to make sense of a bewildering 'tidal wave of death' (Ashforth 2002 *as in* Niehaus and Jonsson, 2005).

This scale of impact certainly applies to the area in which this study is located, which has experienced amongst the highest HIV infection rates in South Africa. In this context, the response of learners is of particular interest in that traditional and modern discourses of HIV/AIDS are both strongly present in their lives.

Creating meaning and allocating blame

Rural and village communities have not been passive in mediating their understanding of the pandemic. To quote Niehaus and Jonsson (2005:180):

> *'Existing research points out that, in local South African village and township settings, there is intense speculation about the origins and modes of transmission of HIV/AIDS through the media of rumour and gossip. These studies acknowledge that meanings and representations of HIV/AIDS are often multilayered and contradictory, but they detect a general tendency to allocate blame onto disreputable and dangerous others'*

The key point here is the '*general* [italics mine] tendency to allocate blame onto disreputable and dangerous others'. This tendency is linked to the secrecy and stigma that surround the disease (Preston-Whyte, 2003; Neihaus, 2007; McNeill, 2009) as well as the slippery media of rumour and gossip, that results in 'multiple constructs of AIDS' (Stadler, J, 2003:365). This general tendency manifests in different ways across different local contexts (Ashforth, 2002; Cameron, 2005; Neihaus and Jonsson, 2005; Stadler, 2003; Steinberg, 2008). Thus in one context an understanding might be framed around conceptions of conspiracy (Neihaus and Jonsson, 2005), while in another it might be based on spiritual notions of witchcraft (Ashforth, 2002; Neihaus and Jonsson, 2005; Steinberg, 2008). It is this way of speaking and rationalizing about HIV/AIDS that respondents in this study would have been exposed to in contexts and settings of homes, play, community events and communal discourse.

For example, in their study located in the rural lowveld of South Africa, Neihaus and Jonsson (2005) found that theories about the origin and dissemination of HIV/AIDS were strongly linked to gender, but that these theories had in common that they still sought 'to blame disreputable and dangerous others' (see above). Females laid blame for the dissemination of HIV/AIDS at the door of reckless male behaviour and envious nurses, while men leant heavily on conspiracy theories for the origin of the pandemic such as the virus having been developed in America and distributed by the American army in Africa or that the virus was purposefully distributed by apartheid agents such as Dr Wouter Basson in order to kill black South Africans.

Stadler (2003), in his study that was also located in the South African lowveld, found a widely-believed theory amongst young men that infected condoms were the cause of the disease. It was claimed that condoms that were distributed for free by hospitals and clinics contained tiny worms that caused HIV. This theory was underpinned by communal rumour and gossip creating 'moral readings of behaviour, linking AIDS to discourses of tradition, gender and generational relationships' (Stadler, 2003: 359). Stadler (2003) believes that such theories represent some kind of challenge to authority, in this particular case possibly a resistance toward government health information which encourages the use of condoms, which would negate the high levels of promiscuity amongst young people that were being blamed for the spread of the disease. So by invoking blame on an external agent (eg doctors, western 'agents', pharmaceutical companies), young men negate their complicity or accountability in the spread of the disease. Again, this way of thinking could well have been a part of the kind of information-trade that respondents in this study participated in and could have had a potentially powerful role to play in shaping their perceptions and understandings of issues relating to the pandemic.

Public silence and coded language

In his study on understandings of AIDS in Venda McNeill (2009) also reports on, and explores, the widely-held belief that condoms distributed by peer educators cause HIV. In

this study McNeill (2009) suggests that public silence and coded language around HIV are part of the complex social processes of rural communities that are used to separate individuals from possible implication in the death of an individual due to HIV/AIDS. Being seen to 'know too much' about the circumstances around someone's death, or even to engage in conversation about the death, is to reveal a potential role in the downfall of the deceased. However, this mode of behaviour – of public silence, coded language and secrecy – is the complete opposite of a biomedical approach that values open debate and scientific interrogation as the pillars of HIV/AIDS discourse. This study aims to investigate these contradictory frames of reference and how individuals would navigate between these two 'poles'.

Witchcraft

Witchcraft has also been invoked as a way of understanding the pandemic, including the causes of disease and death as well as the dissemination of the virus (Ashforth, 2002; Neihaus and Jonsson, 2005; Stadler, 2003; Steinberg, 2008). In Ashforth's (2002) study of ways of understanding HIV/AIDS in Soweto outside Johannesburg, the cause of the disease was believed to be poison that was inserted into the gullet of the victim by a witch in the form of a small animal. This animal would then proceed to consume the victim from the inside out. Steinberg (2008) reported similar ways of creating meaning in the rural areas of the former Transkei where individuals believed, amongst other theories, that HIV could enter the body by means of demonic attack.

Summary – resisting dominant epidemiological explanations

The key point to note though, is that as Stadler (2003:357) explains, 'Oral forms of gossip and rumour create moral readings of behaviour and shape folk discourses of AIDS *that resist dominant epidemiological explanations*' [emphasis mine]. Therefore the likelihood is that students living in the study location would have been exposed to various 'folk discourses' of AIDS in family and community settings and that these discourses

could have been structured in a way that ‘resist[ed] dominant epidemiological explanations’.

The beliefs of learners in rural South African settings, in terms of their understanding of the origin and dissemination of the HI virus, could be strongly influenced in a general sense by this household and village rumour and gossip that create meanings that ‘resist dominant epidemiological explanations’ (see above). These meanings might be specific to a particular local context and vary from region to region, but what they hold in common is that they reflect an ‘attempt to render…AIDS…understandable in terms of familiar narratives’.

However, these meanings are in conflict with and contradictory to the scientific biomedical paradigm which characterizes the way in which HIV/AIDS information is presented in the national curriculum. This certainly creates issues for both teachers and learners in terms of finding common ground for both discussing and reaching conclusions around matters relating to HIV/AIDS. These contradictory understandings of HIV/AIDS could possibly be creating difficulties for students in coming to terms with ‘meaning making’ around the pandemic that would translate into tangible impacts on their approach to life and the decisions that they make.

Being conscious of this 'multilayered and contradictory' nature behind people's understanding of the HIV/AIDS pandemic and being aware that AIDS in South Africa is 'surrounded by secrecy and stigma' (Stadler, 2003) would assist in teasing apart the strands that make the whole - that constitutes an individual’s way of seeing and understanding the world - and being able to more precisely and clearly identify those aspects that represent the impact and effect of the classroom and schooling experience. It is important to understand *how* the individual negotiates the complexity of contradictory information and *what* students recognize as being helpful in managing this process.

The chances of obtaining reliable and robust data from interviews about HIV/AIDS in a rural South African context are also informed by the interviewer’s openness to 'other'

social constructs of the origin and dissemination of the virus. In this sense the research reviewed in this chapter was also extremely useful in building a picture that I was able to take with me into interviews. Having insight into the context that respondents inhabited made it easier to frame questions that constituted interview questions (see Chapter 4).

Chapter 3 – Conceptual Framework

Introduction

The focus of this study is to investigate how learners navigate multiple narratives of HIV/AIDS that they encounter and what factors influence how they choose to align themselves with regard to these narratives. Therefore, this focus requires a way of thinking about the relation between learners' experiences and learners' understandings of HIV/AIDS. The study sets out to examine how particular meanings, derived from particular experiences in particular sites, are internalized as part of the world view of research participants. Habitus helps us in this regard as it theorizes how external experiences that we encounter from birth become entrenched as internal ways of thinking, being and speaking.

Bourdieu's habitus

Bourdieu's notion of 'habitus' (see eg Bourdieu, 1990a; Bourdieu and Passeron, 1977) will be introduced and discussed so that it may be utilized as a tool to understand *how* and *why* students think about the origins and causes of HIV/AIDS in the particular ways that they do – and how and why students may struggle to mediate between different and contradictory meanings of HIV/AIDS that they may encounter in different contexts such as the school environment, the home and the village or community setting.

Habitus is one of many terms coined by the prolific French sociologist Pierre Bourdieu. He used the term to describe, on the one hand and understand, on the other, why people behave, think and speak in the way that they do (Bourdieu, 1977/2004). Habitus, operating at the level of internal world of the individual, seeks to provide a framework with which to understand the complex dynamics that produce the diversity and rigidity of class and culture that is evident in society, and to understand how power relations between different groups of people or classes operate.

Acquiring habitus

Bourdieu has described that habitus is something that is acquired – primarily from interactions from birth in the home environment, and later the school – but after some time 'has become durably incorporated in the body in the form of permanent dispositions' (1993:86). He has also explained that habitus 'is the social game embodied and turned into a second nature'. Habitus is acquired largely through the socialization that occurs in the context of the family (Jenkins, 2002) and it [habitus] underlies and conditions all subsequent learning and social experience (Bourdieu 1977/2004). A child's experience at school is also viewed as a major influence on moulding and reinforcing habitus (Bourdieu, 1977/2004). For Bourdieu our past is always with us and influencing our thoughts and actions in powerful ways with habitus representing 'the active presence of the whole past of which it is the product' (1990a:56).

From the discussion in Chapter 2 about the diversity of traditional narratives of HIV/AIDS that exist in rural and township settings in South African society, we would expect respondents in this study to have been influenced by being exposed to these narratives through the socialization that occurs in the family. Habitus gives us a way of understanding how a particular way of thinking about HIV/AIDS (for example that witchcraft can result in HIV infection) might become a 'durable disposition' or 'second nature' for an individual.

Habitus also assists us to understand the mechanism by which these 'permanent dispositions' might be transmitted from one generation to another. As a child is exposed over long periods of time to particular ways of speaking in the home, for example, so these particular ways of speaking become internalized in the child as a 'permanent disposition' or 'second nature'. If a communal way of thinking and speaking about the HI-virus - characterized by particular modes of communication in the home and in community settings – 'resists dominant modes of explanation of HIV/AIDS' (see Chapter 2 above) then the concept of a young child acquiring a habitus through socialization in the home would lead us to expect that this particular narrative of HIV/AIDS would

become the internal framework of the next generation with which to understand the disease. Being exposed to particular meanings of HIV/AIDS in the home would result in these same meanings becoming internalized as part of an individual's world view or way of being.

The influence and impact of habitus

Habitus seeks to explain the relationship between structure and agency in order to understand how individual life trajectories might be constrained, on the one hand and what room there is for maneuver, on the other. Reay (2004:433) postulates that 'while the habitus allows for individual agency, it also predisposes individuals toward certain ways of behaving'. Ronnie (2008:34) summarizes habitus as something which 'frames our present and future actions through the creation of a structure of individual perceptions and behaviours which influence us to behave and think in certain ways in certain circumstances'.

Habitus pre-disposes individuals towards certain ways of behaving and thinking as a result of the generational transfer of information: ideas, attitudes and values – everything that makes us human – in a process that begins at birth. Habitus provides us with a tool of understanding the individual and their 'personhood' within the broader context of society as a whole. Habitus provides us with a mechanism to move from the broad sweep of schooling, structure and class and get at the heart of the individual to give us a way of understanding and explaining personal thought and action.

Reay (1995) explains that individual choices are bounded by the framework of opportunities and constraints the person finds herself in – her external circumstances. But while individuals are constrained by external forces, within Bourdieu's framework they are also hindered internally by what he calls 'a world within a world' – the habitus (Bourdieu 1990a p56). This subsequently results in the tendency of individuals from a particular group or class to behave in ways that are expected of 'people like us' (the

internal habitus resulting in external decision-making and the resultant consequences), causing limited choices to be made and considered.

As Crossley (2002:51-52) suggests, 'specific biographical and historical trajectories…..give rise to specific ways of perceiving, conceiving, reasoning and acting, as agents (both individually and collectively) attempt to cope with and adapt to their situations'. Habitus brings the past to bear on the present and as a result, in this study, I look at the particular experiences of learners as they encounter and articulate with HIV/AIDS narratives to see how these experiences are taken up to become dispositions to understand the disease in particular ways.

However it is a matter of debate as how to permanent this 'world within a world' is and to what extent the interaction of competing habitus might bring about change in the individual habitus. An individual will continue to have mutually reinforcing or conflicting experiences that either cement or transform the habitus. If an individual experiences conflicting experiences they then have to develop strategies to resolve this conflict. In this study I am interested in the extent to which the individual habitus (which is framed by interactions with the dominant culture of the home/village/community from birth), might be transformed by the environment of a school which embodies a culture that is different to that of the surrounding community. This process would represent a conflicting experience and in this sense the learner could resolve conflict by employing a strategy of affiliating or aligning to the discourse that is dominant at the school.

Transformation or reinforcement of habitus

Although habitus reflects a set of acquired characteristics, it is not seen as a static phenomenon (Bourdieu, 1990a). Instead habitus can be transformed through lived experiences, whether positive or negative. Every event will shape habitus – it will either be reinforced through engaging with the familiar or it will be transformed by the unfamiliar. Bourdieu (1990a:116) states that habitus, "is endlessly transformed, either in

a direction that reinforces it … or in a direction that transforms it' and that it 'is durable but not eternal' (Bourdieu and Wacquant, 1992:133)

As an example, a young child from a background of rural poverty enters school. Their habitus, the consequence of a generational transfer of ways and thinking and ways of doing, informs their approach to and their experience of school. The school (which can exude a group or organizational habitus, with a very clear set of dispositions) reinforces and legitimizes the structure which the child is a part of, and also reinforces *ways of thinking and ways of doing*.

However if the school has an organizational habitus which is different to the individual habitus of the learner, then there is the potential for the habitus to be transformed. Instead of reinforcing ways of thinking and ways of doing, the school could *challenge* and direct learners to new and different ways of thinking and doing.

In this study, I am interested in how the individual habitus of respondents (which is framed by particular ways of thinking already discussed) interacts with the dominant and organizational habitus of a particular school which was opposite in nature (being characterized by the scientific, biomedical tradition) and what strategies learners employ to negotiate this experience of conflict. What transformation, or symbolic violence, (see eg Horvat and Antonio, 1999) occurs as a result of this conflict? Or are there certain aspects of the respondents' habitus that make transformation more accessible than would have originally been thought?

Criticisms of habitus

Habitus has been criticized as a sociological concept in two ways, (i) that it is has been described as being so broad and general that its usefulness and meaning becomes extremely limited through its inherent ambiguity and (ii) that it is viewed by some as being overly deterministic (eg Brubaker, 1985; Jenkins, 2002; Lovell 2003).

Although some of this criticism would appear to be valid, in order to avoid ambiguity the way in which habitus is understood for this particular study must be explicit to render the concept useful and meaningful.

In this study habitus will be used to help understand (i) why students enter the schooling system with a particular understanding of HIV/AIDS (habitus refers us to particular experiences that students have had in the past that have become dispositions to see the world in certain ways), (ii) why students might struggle to adapt to different understandings of HIV/AIDS that they encounter at school or other sites (the habitus evolves through either mutually reinforcing or conflicting experiences and where there is conflict transformation of the habitus occurs) and (iii) how students negotiate these different understandings before reaching a measure of internal equilibrium around the issue (what strategies do students employ to resolve the experience of habitus conflict).

Capital and field

Habitus is interrelated with and operates alongside two other concepts, namely capital and field. Bourdieu (2000) offers a generalized 'formula' where [(habitus) (capital)] + field = practice. Capital, of which there are different categories (ie economic capital, embodied cultural capital and social capital), determines an individual's position in society and are 'the resources that individual possess that grants them power within a field' (Ronnie, 2008:28). Field is constituted by the space that is created through relational power between individuals.

In this study there are three fields in which students are operating. The first two are the fields of family and local community and the other is the field of the school. In this study I am assessing habitus (which is dependent on capital) and its potential transformation, which takes place, and is impacted by, the contexts of field (ie family, community and school). Although it is important to keep the concepts of capital and field in tension with that of habitus, it will be the latter which foregrounds discussion and analysis in this study.

It may well be that interviews in the study highlight particular capitals (eg linguistic capital) that students understand to have been advantageous in engaging with contradictory information. However, these particular capitals, their impact and how they function will be discussed when necessary and when there is a specific relation to habitus. Furthermore, this impact will be assessed in how a particular capital prevented or assisted habitus transformation.

Chapter 4 – Design and Methodology

Introduction

In this study the general approach was to select four candidates from the same school, Zamukuhle School, and to obtain data through one-on-one interviews. The strategy of using one-on-one interviews was appropriate as the purpose of the study was to obtain information about different individuals' points of view and the way in which they perceived certain aspects of understanding HIV/AIDS. The key aspects of research design for this study was the selection of the study school and the selection of learners from this school, both of which will be discussed below.

School selection

The study school represented an 'ideal' context within which to research the dynamics of competing HIV/AIDS discourses and gain insights into the inner world of young black South Africans living in a traditional rural background who enter a context – in this instance an educational institution - laden with modern messages, information and culture but located in a deeply rural locality.

Being a part of the study school as a member of staff during its formative years provided the catalyst, and later momentum for carrying out this research. The caring and holistic teaching environment and the efficient and effective management structures that prevailed at Zamukuhle School during its first ten years of existence, coupled to its locality in a rural district of KwaZulu-Natal, provided a unique opportunity to investigate how young, rural South Africans responded to divergent information about HIV/AIDS that they encountered at different sites during their school careers.

The research opportunity was unique in the sense that learners - through the overtly challenging and progressive curriculum that the school espoused - were brought face-to-

face with a broad range of life skills in general and HIV/AIDS education in particular, that was unusual in the rural context in which the school was located. Even though the school, in a sense, selected itself for the study due its locality and character highlighted above, there were a number of specific and logical reasons that made the selection valid from a research design point of view.

Firstly, I taught at the school for a number of years and therefore had personal contacts with students and staff which made it relatively easy to set up research interviews. Relationships with students had been maintained since I left the area and therefore respondents were easy to trace and willing to participate in the study. The specific nature of the school, with its interesting dynamic of a largely white suburban-trained staff and a rural *isiZulu*-speaking learner population made it naturally fertile ground to carry out research when one considers that a desire to better understand the dynamics of how young people negotiate the complexity of living in multiple worlds of HIV/AIDS discourses was the motivation behind the study.

Secondly, students attending this school have excellent English language skills which assisted in making the interview process effective and manageable. The questions asked and the concepts discussed in the interviews were relatively complex and required a high level of confidence and competence with English which all the respondents possessed. Although it would have been possible to use an interpreter and conduct the interviews in *isiZulu* it was a distinct advantage with this study that the respondents were very comfortable engaging through using the English language. The fact that learners living in a rural context were so fluent in English presented itself as a major opportunity for carrying out the study. There are simply not many deeply rural locations in South Africa where you will find young people who are as comfortable speaking English as they are their mother tongue. Furthermore, the teaching environment at the study school encouraged learners to ask interesting and challenging questions, to think critically and to believe in their own ability to manage and make sense of their individual worlds. This resulted in the school producing self-confident and self-aware young people who had the capacity to answer the difficult kind of questions that were a part of the study interview.

Thirdly, the school produced very good academic results with the large majority of students progressing to tertiary study or full-time employment. This is noteworthy in that these results were exceptional when compared to other schools in the district. The percentage of students passing Grade 12, and the percentage of students gaining entry to tertiary institutions, was degrees greater than any other school across a wide geographical footprint (personal knowledge). However, although this academic achievement is important and worthy of attention it is not the focus of this study. Good academic results are relatively functional and can be shown to be the result of effective management, well qualified teachers and an environment with high expectations, amongst others (Hayes *et al*, 2006). However, by investigating how the school influenced students' understanding of the causes and origins of HIV/AIDS and whether students living in a rural context were able to affiliate with this information, this study aims to understand how schools can influence lives in a far more textured, layered and nuanced fashion than the functionalist nature of the output of Grade 12 results.

Fourthly, this particular school is interesting as a site of research in that it is located in a rural area with a learner population of first-language *isiZulu* speakers while the staff consisted of first-language English speakers for many years (personal evidence). It was therefore possible to investigate the nature of how teachers and students with different habitus influenced and impacted each others' thinking. This dynamic also meant that the learners would move from the environment of the community or the home where the traditional habitus was dominant to the context of the school where the modern habitus was predominant. This contrast potentially forces learners to position themselves or to affiliate with regard to these different positions, or to adapt in some way to respond to or survive these multiple worlds – and it is this dynamic that is the focus of the study.

Fifthly, the school implemented an informal HIV/AIDS education intervention before it became a mandatory part of the national curriculum (personal evidence). The staff was highly conscious of the potential impact that HIV/AIDS could have on the lives of learners and adopted a proactive approach in equipping learners with information that could assist them in confronting the pandemic. Therefore one could look at how students

perceive issues around HIV/AIDS because the school was a site where access to information was open, direct, engaging and challenging (personal knowledge).

So it was a given that learners who attended this school would have been exposed to a modern, scientific understanding of HIV/AIDS and that this information would have been accessible and unavoidable if the individual had been at the school for any length of time. This was important in that the study set out to investigate how learners intersected with HIV/AIDS in multiple worlds and it was the nature of the school's open and challenging approach to HIV/AIDS education that created this 'other' world or context. For many other local schools this contrast did not necessarily exist. This was because schools, for various reasons, did not take the initiative in setting up HIV/AIDS education programmes until it had become a formal part of the national curriculum. Also, due to the traditional nature of the area teachers would not necessarily comply with the requirements of the national curriculum even if HIV/AIDS education was a compulsory part of what was expected to be taught in the classroom.

Having been a teacher at the study school there were certain research design considerations that had to be kept in mind, in terms of validity of interview data for example. I had to be aware of how my position as a teacher at the school could influence my own perceptions of interview data, as well as the perceptions of respondents during interviews. There is also the danger that I could manipulate (either consciously or sub-consciously) interview data to 'fit' concepts that I had already formulated and wanted to 'prove'. I was careful not to do this (see discussion of managing the interview process below). I had to weigh up the advantages of using my prior position and experience to facilitate the interview process as opposed to the potential disadvantages mentioned above before proceeding with the research project. In my opinion the advantages far out-weighed the potential negatives that existed from a research design point of view which thus made the project worthwhile. It can also be argued that being *conscious* of the potential pitfalls that come about through being an 'insider' make it possible to mitigate their impact on the overall conclusions reached.

Learner selection

Data for the study was collected by conducting interviews with four respondents. The respondents were chosen because they were known to me, and they are comfortable and confident communicating in the medium of the English language. The respondents were all from a similar year-group or school cohort and had completed their schooling six years ago. This meant that the respondents' levels of maturity were sufficiently developed to participate in a challenging dialogue, representing the study interviews. Importantly, all respondents had good levels of self-awareness and had no difficulty in engaging about matters that were relatively complex and required a measure of inward reflection and clear thought. The interview process would potentially not have succeeded unless the respondents were able to engage at this level. Furthermore, respondents were specifically selected in that they represented the potential to provide diverse and interesting viewpoints because of their particular backgrounds. Therefore the group represented a mix of male and female, employed and unemployed, those that had progressed to tertiary study and those that had not, those that lived with their parents and those that did not and those whose home environments were strongly influenced by Christianity and those who were not.

Gender

With regard to gender it is possible that information about HIV/AIDS is encountered in different ways in different contexts by males and females. In a community or home setting young females might discuss HIV/AIDS information in more constructive and accessible ways than males and this might influence how young people affiliate to a particular framework of thought, whether modern or traditional. In the same way, the school and classroom context might also provide an environment that is not gender-neutral making it more or less difficult for males or females to engage in discussions about HIV/AIDS. For this reason half of the interviews were run with females and half with males in order to assess whether gender could potentially have any significant

affects on how individuals position themselves with regard to divergent beliefs about HIV/AIDS.

Post-school experience

The learners had all finished school about six years ago and were in their early or mid-twenties. This gave the learners a measure of maturity and the ability to self-reflect as it related to their ability to understand the context of the multiple worlds that they occupied whilst at school and how they negotiated these different sites. Younger individuals, or learners still at school, might not have had the maturity to connect with the concepts being investigated which would have significantly impacted on the chances of obtaining valid information from the interview process.

Although the study purposefully engaged with mature individuals in their mid-twenties who were able to reflect back on their experiences at school and at other sites, it was also important to assess whether different post-school experiences had significantly affected the way individuals engaged with HIV/AIDS discourses. For example, a respondent who had been to university could potentially have been exposed to certain ways of thinking which could have over-layed or 'hidden' the impact of school-based effects that they were not aware of. For this reason respondents with different post-school experiences were selected. Two respondents had experienced on-campus tertiary education, one had studied through a correspondence institution while working while the fourth respondent had no tertiary education. This diversity of post-school experience would help in assessing how the respondents' time *at school* had impacted them, as opposed to the period in their lives after they had left school.

The other disadvantage of interviewing subjects who had been out of school for six years is that their memory of important events, or their ability to accurately 'connect' with the institutional culture of Zamukuhle School, would be negatively impacted by the passage of time. However, the opposite could also be argued – that if the school *had* a profound impact on learners' ways of thinking about HIV/AIDS and their understanding of the

disease, then the events or culture that informed this thinking would be retained in the individual's memory. In other words, if a respondent *could* clearly remember six years later how they were influenced in particular ways while at school, it points to the significance and weight of that influence. In the same way, if respondents could not clearly remember specific events or 'ways of doing' at their school it indicates that their experiences were not particularly profound and did not influence them in significant ways.

Furthermore, in terms of school effects, the study is interested in both significant 'one-off' events such as a conversation between a teacher and a learner as well as the influence of the repeated daily rhythms of a school that contribute to its institutional culture. 'One off' events have been discussed above – if a respondent remembers such an event it points to the significance of such an event, if a respondent cannot remember any such events it begs the question as to whether any such events took place or whether that had any significant impact on the individual. With regard to institutional culture it can be argued that respondents would have no difficulty remembering 'ways of doing' if a particular influence was an ingrained feature of the educational environment of a school. For example, if HIV/AIDS and related topics such as reproductive health were discussed repeatedly and in particular ways in classes from Grade 1 to Grade 12, a learner would probably have no difficulty in recalling such practice due to it being such an entrenched part of the life of the school. So once again, if a respondent is able to recall aspects of life at school after an absence of six years, it points to these influences being *the way* that a school functions. In other words, the act of remembering is significant in itself and the act of not remembering is also significant. This study aimed at uncovering potentially significant influences that the school has around understandings of HIV/AIDS and that is why a six year absence from the study location could in fact be viewed as an advantage to uncovering these influences.

It terms of balancing the advantages and disadvantages of respondents being out of school for six years it is also important to point out this period could provide an opportunity for self-awareness and identity to develop. This is important when

considering issues of validity as it relates to respondents being interviewed by a former teacher. A criticism might be leveled that respondents would tell a former teacher what he/she *wanted* to hear in an interview, rendering data invalid. However the danger of this occurring is mitigated by respondents having a period of time to develop a sense of self-awareness and identity that would lead them to provide answers that represent what *they* believe – an opinion separate from any imbalances that might exist due to a previous relationship dynamic of teacher and learner.

The context of the home

The structure of the home could clearly have an impact on how an individual might position themselves with regard to HIV/AIDS discourses. For this reason respondents with different home backgrounds were selected for the study. Two respondents lived with a single parent (their mothers), one respondent lived with his maternal grandparents and the fourth respondent lived with a foster family that included a single mother, aunts and five other children. Investigating how these divergent home contexts influenced individuals' thinking could potentially help in isolating the more important 'push' and 'pull' factors as it relates to adopting a particular position or affiliation. All four home backgrounds were similar in that they were relatively well off for the average rural South African homestead. This reflected the kind of family that tended to send their children to the study school which charged school fees to cover costs. Although a bursary programme did provide funds for poorer learners the majority of children came from families where somebody earned a regular income.

The respondents were also selected for practical reasons in that they were present in the district in which the study was located and agreed to be interviewed.

Recruiting respondents

Each respondent was personally approached where they were given a letter outlining the nature of the research (see Appendix 1) project as well as a verbal introduction to the

work. The participant was given the option of responding immediately or being contacted a week later after giving the matter some thought. Once agreement to participate had been confirmed a letter of consent was signed. The letter of consent stated that a participant could withdraw from the process, or a particular interview, at any stage. Transcripts of interviews would be presented to participants who could delete any part of the material that they wished to. Participants could choose the time and location of interviews and they would be reimbursed for any transport or other related costs (such as child-care) that were incurred as a result of the interview process. Participants were asked to indicate whether they would prefer to be interviewed alone or as part of a group and were informed that their participation and assistance in the analysis of the first-interview transcript would be requested.

Respondents' profiles

Respondent 1

Respondent 1, Vusi, is a 24 year old male. His was the first interview and it was designed as such to test the applicability of the questions asked and to assess how accessible the particular concepts were for open and frank discussion. Vusi was known to be a strong academic and a deep thinker and someone who did not shy away from discussing potentially difficult topics. Vusi had always lived with his grandparents, although he knew his mother who provided for him. He had never had a relationship with his father. His grandparents were former professionals who ascribed to a modern view of life. For the local context, Vusi's family was relatively well off as his mother worked and this grandparents had been professionals during their working life. Like all the other respondents Vusi had been at the study school from Grade 1 to Grade 12 and was thus fully conversant with the different world that the school represented when compared to the home or community environment. Vusi was the only member of his family to attend the study school and he had a number of uncles and family members who lived in close proximity to his grandparents who would have challenged him about the way that he lived and the choices that he made, such as not consuming alcohol. Vusi had started

studying at tertiary level and was in the process of assessing the most cost-effective manner of completing his degree. Vusi moves easily between the rural and the urban and has not decided where he will end up living.

Respondent 2

Respondent 2, Banzi, is also in his mid-twenties. Banzi is also a self-confident young man who does not shy away from discussion and debate and was at ease being interviewed. Banzi, unlike Vusi, was not a strong academic and had not passed Grade 12. He did not have any formal tertiary education but had acquired different skills and had worked in NGO contexts in both urban and rural settings in different parts of the country. His mother died when he was young and he was taken in by another family to work as a goat herd. His father was alive but he never lived with him, although a relationship did exist between them. He had subsequently been sent to the study school for Grade 2 and had then remained there until he finished his schooling. Banzi is an active community member who holds a position of leadership at his local church. His adopted family also has strong Christian beliefs although the context of the home was traditional in a relational sense, with regard to how different generations communicate with each other and the specific roles that are played out by different genders and different age cohorts. Banzi enjoys living in a rural community and is not attracted to the city life but he would be prepared to move there if economic pressures forced him to.

Respondent 3

Gladys is a 24 year old female who works as a teacher at a local school. She studied education through a distance-learning institution while teaching and has not left her home since completing her schooling. Gladys lives with her mother who is a professional and the home has a clear orientation toward the modern and is essentially middle-class in character. Gladys is an engaging individual who is not afraid to voice her opinion and make pronouncements on matters that her peers might shy away from. As a teacher she has a good feel for the particular nature of rural school education in general and has a

good grasp of the differences that exist between the multiple worlds that are represented by homes and community on the one hand, and the study school on the other. Gladys has a strong sense of wanting to be influential in helping individuals in her community to develop to their full potential, despite the context that they grow up in. She is happy living in a rural area.

Respondent 4

Nombuso is a 23 year old female who is studying a psychology degree at university. While at school she lived with her mother who is a professional. She still has strong connections to her extended family and returns home to rural Entabeni during the holidays. Nombuso is more reserved than the other respondents and not as forthright in reaching conclusions. Her family background is generally middle class in character. Nombuso would like to work and live in an urban context once she has qualified and does not aspire to a rural life. A member of her family has died as a result of AIDS.

The complexity of traditional and modern constructs and validity

While at first glance the four respondents might appear to come from very similar home environments that are generally modern in orientation, this would be shown to be erroneous upon deeper investigation. The main issue in this regard relates to the complexity of influences that act across the many aspects of life that constitute the rural experience in modern South Africa. This translates into a wide diversity of beliefs, practices and orientations within a single home, making it extremely difficult to label the home, or the individual for that matter as 'traditional' or 'modern'. A family might hold very strongly to a modern understanding of political leadership and yet retain a very traditional approach when it comes to family structure and leadership. Another family might have a clear sense of the value of modern education and yet still hold firm to traditional religious practices. This incredibly diverse range of understandings and orientations in rural individuals and families, as it relates to the traditional and the modern, intersects with every aspect of life. Examples would include spiritual beliefs,

political practices and leadership, land ownership patterns, economic practices, architecture of houses, education, marriage and family structure. This diversity reflects the particular experience of rural communities in modern South Africa that exist between two worlds, the modern and the traditional – with most individuals and families trying to reach an equilibrium as they are forcefully pulled and pushed toward two competing poles.

As a result, two seemingly similar home environments characterized by, for example, a parent being a professional are unlikely to yield similar points of view or consistent orientations to the modern or traditional. The complexity in the nature of rural existence means that a wide diversity of views and thoughts will be evident, even when an initial review appears to yield strong similarity. In terms of validity issues for the study as it relates to seeking responses from traditional as well as modern viewpoints, this translates into the selection of individual respondents being a straight-forward task. If one considers the depth of complexity and diversity both *within families* and *within individuals* themselves, understandings of and orientations to the modern and the traditional are always going to vary from one respondent to another.

The fact that respondents had been out of school for six years might also raise questions about the validity of their responses. Potential criticism could be raised over how much respondents' thinking could have been influenced and changed during the six years that they had been out the school environment. However, the specific nature of interview questions mitigated against these possible effects. Questions were framed for a specific time of the respondents' lives. For example the question, 'When were you first made aware of HIV/AIDS in the classroom environment?' or 'How did you respond at that time to the information you were taught in Grade 8?' gives a far greater chance of obtaining valid information from the interview process.

The interviews

Interviews were selected as the preferred means of gathering data for this study. Interviews were suitable as the study sought to uncover what individuals thought about certain issues and how they spoke about and reflected on the same issues. The aim of the study is to assess how respondents affiliated to particular discourses of HIV/AIDS and the best way to get at this is by *talking* to someone. Individual interviews were preferable to group interviews as the study was aimed at understanding how individuals negotiated the complexity of positioning themselves to a certain discourse of HIV/AIDS without referring or deferring to another individual's perspective.

In all cases, interviews were qualitative in nature, semi-structured and open-ended. The one-on-one semi-structured interview was chosen as it has proved to deliver meaningful data in similar contexts where similar issues were investigated (see eg Stadler, 2003; Neihaus, 2007; McNeill, 2009).

The structured part of the interview included questions that were composed to get at key information and were standard across all interviews. These questions would allow me to compare the different answers that respondents gave to similar promptings. The unstructured part of the interview allowed respondents to explore particular experiences or thoughts that were unique to them that would have been omitted if they had not had the freedom to take up a strand of thought that may have not been included in the structured part of the interview.

The interviews sought to gather different categories of data and questions were grouped accordingly. The themes covered by the interview questions were specifically selected as being of interest to this study and related to uncovering multiple discourses of HIV/AIDS that learners were exposed to during the years that they were at school and how the tensions that related to these multiple experiences were resolved. Questions were very specific to ensure that the necessary information came through and because interviews

were semi-structured there was the freedom to pursue an issue if the initial question did not yield the hoped-for data.

Firstly, questions were designed to assess what students had experienced in terms of contradictory understandings of HIV/AIDS and in what contexts or sites this had occurred.

Secondly, questions were designed to asses how students' thinking had been impacted by the way that the message was enacted at a particular site. For example, with regard to their schooling experience, what did they learn about and how was the information conveyed. Questions targeted whether respondents were active participants in how meaning was made as it pertained to HIV/AIDS education or not.

Thirdly, questions were framed to assess how students understood the process of managing contradictory information and what position or affiliation they adopted with regard to this information.

My agenda in the interview process was to guide the respondents toward self-reflection, in terms of interrogating *why* they think about issues in particular ways, and *what the key influences have been* (even to recognize critical events as it relates to their schooling or other experiences) that have led to these ways of thinking or positioning themselves in terms of HIV/AIDS discourses.

The interviews were recorded on a digital device to ensure that the flow of communication was not interrupted and that respondents' trains of thought were not impeded. Taking detailed notes would not have allowed me to engage fully in the dialogue which would have been particularly disruptive when respondents moved into unstructured sections of the interview. An initial interview was conducted to assess whether the structured questions could potentially yield rich data, or if these questions needed to be fine-tuned in any way. This first interview also provided the opportunity to

familiarize myself with the digital equipment that would be used to gather data to ensure that no information would be lost during the course of the investigation.

The interviews were then fully transcribed as the first step in analysis. Different themes, for example information that pertained to traditional HIV/AIDS discourse were colour-coded which allowed for contextual comparison and analysis.

Managing the interview process

The next key issue in the study was to ensure that the data that flowed out of the interviews was of good quality and had the necessary integrity to allow for meaningful analysis. Being an inherently complicated and layered process, there are many potential pitfalls that are at play when conducting qualitative interviews (Arendell, 1997, Bauman and Greenberg Adair, 1992, Hoffmann, 2007, Nunkoosing, 2005, Salmon, 2007). These factors include, amongst others, the dynamics of power, gender issues and linguistic challenges (Nunkoosing, 2005), which are all potentially relevant to this study. However, these pitfalls have been deliberately addressed and negotiated in this research project in an attempt to produce authentic data that can lead to meaningful analysis and discussion (see below).

Shifts in power and issues of validity

The issue of power is particularly pertinent to the interview process in this study in terms of obtaining valid data. The context is an isolated, in some ways traditional, relatively poor, rural, black community while the researcher is a white male with a modern, middle-class background from an urban environment. There are potential imbalances in the power dynamics of the interview process that flow out of class, race, gender and language differences between the researcher and participants (Nunkoosing, 2005). What are the realistic chances of valid data being obtained from an interview where such potential imbalances in power exist?

There are a number of pre-existing factors as well as research design proposals that can mitigate against these issues of power imbalances. Firstly the researcher is known to participants, having taught in their school for 3 years in the 1990s. Although one could argue that the relationship between a teacher and former learners also carries a level of power 'baggage', the existence of relationship is an advantage in seeking to address a balance of power in the interview process as it relates to obtaining valid data. The fact that the staff body at the Zamukuhle School included suburban whites as well local black teachers, which meant that learners developed within a diverse and supportive environment, also contributed to removing race as an inhibiting factor with regard to relationship as it relates to power imbalances. Participants were familiar and comfortable with a non-racial environment as a result of their schooling experience and would thus not be inclined to unauthentic responses in an interview with someone of a different race.

Secondly, the nature of the school that participants attended also resulted in strong English skills to the extent that all are comfortable in conducting a complex interview in a second language. However to ensure that participants felt at ease with regard to language use and in a deliberate attempt to aim for a 'power-neutral' interview environment, the consent form gave the option for the use of *isiZulu* in interviews (through the use of an interpreter).

Thirdly, although the context of rural South Africa might seem to present real issues with regard to class differences, some participants come from a broadly middle-class background. Some parents of participants were employed as teachers or nurses and there were also other employment opportunities at the local hospital and at local businesses. As a result, the participants' school had a middle class 'feel' which would have been empowering in the sense of negating potential power imbalances that could have been present during an interview with a middle-class white male, even though many aspects of respondents' lives at home and in the community retained a sense of the traditional.

Fourthly, by offering participants the option of being interviewed as part of a group there is an immediate shift of power away from the researcher. The group interview has the

real ability to be an empowering and democratic space, hence normalizing the information-sharing process and making authentic dialogue possible.

Fifthly, and possibly most importantly, the very fact of a researcher being aware of the potential 'masking' influence on data-gathering in interviews by power imbalances removes some of the inherent risk therein (Hoffmann, 2007; Nunkoosing, 2005; Salmon, 2007). Traditional interview paradigms where the process is seen as a straight-forward question and answer session between equals, is likely to yield questionable data. At worst, respondents could potentially 'experience white researchers as disrespectful, insensitive or unresponsive to their concerns regarding research activities' with the research interview being seen to reproduce colonial patterns of thinking and being (Salmon, 2007:983). However, by approaching the interview as a 'conversational dance' (Arendell, 1997:353), where power can shift between researcher and respondent at different moments and the interviewee can literally lead the process at times, opportunities are created for the exchange of authentic life stories and information. In a qualitative interview that aims to capture valid data the researcher's goal is to uncover the respondent's own ways of seeing the world and to avoid imposing the researcher's thinking and framework as much as possible. This notion of the ethnographic interview where the researcher positions themselves as the pupil, shedding previously hypothesized positions and seeking to understand the world from the perspective of the respondent, is a potentially powerful tool in creating equitable spaces for information exchange (Bauman and Greenberg Adair, 1992).

So through a conscious, deliberate democratization of the interview framework and the internal cognitive space, and through well-planned questions that are 'open-ended, neutral, sensitive and clear to the interviewee' (Britten, 1995:252) the researcher creates opportunities to get at valid data from the interview process.

Use of original names and confidentiality

In order to protect the confidentiality of the respondents in this study, as well as teachers at the study school, pseudonyms have been used in all cases. Furthermore, place names within KwaZulu-Natal have been changed, as well as the names of any institutions, in order to further protect any individual who may be connected to the study in any way.

Data collection and dignity

For the research project to be meaningful and worthwhile, good quality data must be obtained. The primary goal of the researcher, engaged in exploring issues of a sensitive nature, should be to treat participants with respect and dignity. Good quality data should never come at the expense of an individual's personal well-being. This issue assumed particular importance in this study, as participants were well-known to me as a result of my work as a teacher in the area in the 1990s.

What steps were taken to ensure that I treated participants with respect and dignity? Firstly, I had to be certain that the process of consent was transparent, affirming, deliberate and detailed. Secondly, as a result of interviews being semi-structured and open-ended, I had to be prepared for conversations to take unexpected twists and turns and to respond appropriately should the need arise. For example, were a participant to reveal their HIV-status I would need to be able to manage their expectations and emotions in sharing this information in a way that was constructive and empathetic. I would also need to ensure that I had the means to share information that could assist participants if they requested it, such as contact details for medical services. Thirdly, as participants were well-known to me with interesting life stories, I would have to respect their freedom to choose should they decide not to share information with me or terminate their role in the research project.

General comments

In must be pointed out that a broad reference to schooling includes many possible points of impact on the individual learner, including access to knowledge, classroom life, interaction with teachers and peers and institutional values amongst others. The study holds these different potential sites of impact in tension and is aware that different individuals would respond to, and be affected differently by this broad suite of factors.

The study will not be able to answer questions in a definitive manner and will make no claims to reveal patterns of a regional or national nature. Rather, by exploring a single local site the study seeks to open up and uncover possible ways of understanding how young people who occupy multiple worlds with regards to understanding HIV/AIDS negotiate this difference. This could point to potential sites of interest for further large-scale research, which could assist with regard to policy making and educational management as it applies to school effectiveness in impacting learners' lives.

Chapter 5 - Analysis

Introduction

Interview material was analysed thematically according to the three research questions that were introduced at the beginning of this dissertation. It is worthwhile repeating them here:

(a) Have participants been exposed to different messages or discourses about HIV/AIDS in different sites or contexts between which they move (ie home, community, media, peer groups, school) and what are these discourses?
(b) How was the message enacted in these different contexts (did participants play an active or passive role in the process of acquiring information) and did this influence how participants articulated with the message?
(c) How did learners negotiate the change in message that accompanied a change in site (in certain instances) and how did they reach an 'equilibrium of understanding' that represents how they positioned themselves in terms of affiliation to a particular discourse in HIV/AIDS theory (for example a traditional versus modern approach) and were there any costs involved in adopting a particular affiliation?

Respondents' comments are analysed by using the lens of habitus which allows us conceptualize, understand and explain individual comments in terms of particular experiences in particular contexts. Habitus can operate at the level of the individual (individual habitus) or at the level of an organization such as a school (organizational habitus) and these different types of habitus will need to be held in tension in order to understand the nature and origins (or particular experiences) of individuals' responses. In different settings (for example a school) a certain habitus may also be dominant and in conflict with another habitus (for example, of an individual learner coming to the school) and it is important to be aware of this interaction at play, and how it influences our

understanding of the nature of respondents' thoughts and comments. These factors underpin and are foundational to understanding and explaining the comments of respondents in the interviews.

It is important to note that respondents' views did not necessarily fit neatly into the 'boxes' that the three research questions represent. The analysis of their responses has therefore been organized into broader categories, which allows for specific comments and links to be made where appropriate.

Exposure to different HIV/AIDS discourses

Respondents' comments showed that they had all encountered different HIV/AIDS discourses at different sites which included informal community settings, the home, the school, the media and public institutions like the local hospital. In the following section I review the nature of these different discourses and the sites where they were encountered. The sites where HIV/AIDS information was encountered, and the nature of how respondents engaged with this information, is summarized in Table 1 below.

Table 1 – Summary of the type of HIV/AIDS discourse encountered by respondents at different sites and the nature of this interaction, during their school careers

Site	Nature of HIV/AIDS Discourse	Nature of interaction
Community Setting	Traditional	Active/Passive
Local Schools	Absent	Not applicable
Zamukuhle High School	Modern	Active
Media (Radio, Television)	Modern	Passive
Health Campaigns	Modern	Passive
Home	Absent	Not applicable

Traditional narratives of HIV/AIDS

All respondents were familiar with community or 'traditional' discourses of HIV/AIDS that 'resist dominant epidemiological explanations' (Stadler, 2003:357) that have been noted and discussed in previous research (eg McNeill, 2009 see Chapter 2 above). Different narratives seem to have had lesser or greater currency at different times, in terms of their 'popularity' as a possible way of understanding HIV/AIDS, but were consistent in terms of being encountered across different locations such as the school playground (in discussion with peers) or informal community gatherings (such as socializing at shops or the market).

The depth and scope of these narratives appeared to grow as the community's awareness of the pandemic intensified, although in the 1990s when the respondents were still at school these traditional narratives had already started to emerge. As Gladys pointed out:

> *It was something that was talked about because it [HIV] started a long time ago but people had not known about it, people were not taking it serious[ly], even when people had to talk about it they would just be ignorant, like 'Oh that is just rubbish, that something doesn't exist'. So it was not like really part of our lives in that time but it did exist back then…so that is why it was not something well spoken about.*

Community or traditional narratives were diverse and numerous with Gladys saying that there were:

> *Many ideas! They would say all sorts of stories!*

However the most familiar narratives in this particular rural context were about the disease coming to people in three ways: being bewitched because of a dispute (such as a

fight over a lover or a material item), the consumption of oranges with black spots on them that had been injected with HIV-infected blood and the use of freely distributed condoms from state health facilities that contained tiny worms that were vectors of the disease.

These narratives were seen to have persisted from when respondents were at school into the present, although with the passing of time the traditional narratives were perceived to be more commonly associated with communication with the old and the uneducated. According to accounts from two respondents, firstly Banzi and then Nombuso:

> *Most of the different stories you would come across when you meet especially old people who would tell you that, 'During our times when we were young this thing was not around, where does it come from now?'*

> *No, well that's very hard because those people who believe in those things* [traditional narratives] *are very stubborn and then it's usually the people that are…you know people who are not educated – they find it so hard not to believe that they have been bewitched, so you just have to keep talking to them and telling them and convincing them that it's not always about being bewitched.*

The respondents' comments are important in that they reveal the nature of the discourse that they were exposed to as members of this particular rural community. Furthermore, this traditional discourse is important in that it played a significant role in moulding the individual habitus of the respondents, prior to encountering a modern discourse of HIV/AIDS. As will be seen later in the analysis, the respondents encountered a modern discourse of HIV/AIDS through the media, through campaigns at the local hospital and most importantly, at Zamukuhle School. However before articulating with the modern message at these sites it is through community and peer gossip and rumour that

respondents would have first engaged with information about HIV/AIDS, which more often than not would have been a traditional discourse.

A normative experience for a young rural community member

These community narratives both reflect and reproduce societal structure as well as individual ways of thinking and ways of behaving in this particular rural context, and the same would hold true in other communities. For example, McNeill (2009) has shown how complex social processes in a rural South African community result in public silence around HIV/AIDS. Public silence around the causes behind any unnatural death in that community serves to remove individuals from being implicated in a person's passing. Public discussion of a person's death or the causes of death serve to heighten suspicion that an individual was involved in or had knowledge about a particular event and therefore community members remain silent when death occurs. The habitus of an individual growing up in a community with would be powerfully impacted by this kind of societal norm and complexity in terms of codes of behaviour.

Taking this a step further, an important point to consider is that these ways of doing and behaving, the character of these community narratives – which mould and reproduce individual habitus – permeate all spheres of public and private life and are difficult to ignore. All respondents were familiar with these traditional HIV/AIDS discourses, independent of their gender, their life trajectories or their home environment. All respondents had engaged with, or were familiar with these traditional discourses and would have therefore been pressed at different times or in different places to make sense of this information, or to adopt a position in relation to it. So the sense of being a part of a community, and being a part of how that community thinks and reasons, is a very powerful one. Even if an individual came from a home where traditional narratives had been completely rejected, that individual would still have to negotiate the ways of thinking, doing and speaking that dominated the community they were a part of.

It is important to point out that if an individual in the community was only ever exposed to a single discourse of HIV/AIDS, say for example a traditional discourse, there would be no clash of habitus and no cause for internal disharmony in thought. For many young people in the community ways of speaking, doing and behaving in the home would be the same ways of speaking, doing and behaving in community meetings, in schools, in churches, in places of work. It is only when an individual encountered *another* way of thinking about something that tensions or conflict would occur that would necessitate transformation of some kind.

Encountering traditional HIV/AIDS discourses in local schools (other than Zamukuhle School)

Local schools are not gated communities, cut-off from the communities that they serve. Rather they are deeply embedded in the communities where they are located and intimately connected to the rhythms, the practices and the societal codes of those communities. This is even more applicable to schools in rural South Africa where individual professional mobility among teachers is often fairly limited (personal observation). It is not unfamiliar to find teachers who have grown-up and been schooled in a particular community taking up a teaching position on completion of their high school careers at a local school, studying education through correspondence and remaining in the same community until retirement.

The impact of this is that ways of thinking and doing in the community clearly mirror ways of thinking and doing in local schools. By and large, and relating to different spheres of life, what happens in the community will happen in the school. So if public silence and obfuscation characterizes HIV/AIDS discourse in a community (see eg McNeill, 2009), there will in all likelihood also be public silence and obfuscation around HIV/AIDS in that community's schools. This theme was identified by respondents.

According to Gladys:

> *I think like for her* [a female friend]*....it was like the school she went to, she went to Khanya High at that time, I'm not sure about now but at that time* [when Gladys was at school] *it* [HIV/AIDS] *was not even something spoken about and at those times in most of the black families people were not free to talk to their children about these things, sex and those things, they were not free.*

And for Banzi:

> *Ah, most people who were teaching at Siyabonga Primary then, I don't know now, they are from the local [community] so they will only teach you about what is happening around here. So if people here thought that HIV/AIDS had to do with [being] bewitched, that is what they would teach you.....they wouldn't even be talking about it at all, because that was the sense of the community, you don't talk about it you know (laughs) so they would not talk about it in the classroom at all. They would be talking about it in the staffroom, but not to the kids.*

Teachers who are expected to address issues around HIV/AIDS in a classroom as part of a national curriculum cannot in an instant separate themselves from the societal structure that has shaped and informed their individual habitus, and which governs ways of thinking, being and speaking. A dialogue-extract from a study by Stadler (2003:363) reinforces this notion:

> *A young, unemployed man recalled his first conversation about AIDS [which was with] a school teacher 10 years ago who said: "A certain (laughs) doctor invented it to make money out of it'. Then I said, 'Where is this doctor?' and he [the teacher] said, 'Some people killed him and destroyed his computer' because the cure for AIDS was written on this computer."*

One might expect that teachers would be conveyors of, or affiliate themselves to a modern discourse of HIV/AIDS but this is not always the case, as the above two extracts show. The individual habitus of the teacher who affiliates to a traditional discourse of HIV/AIDS, that has become a permanent way of being, thinking and speaking, is transported from the community, the site of the genesis and reinforcement of the habitus, into the classroom which then informs how the teacher interacts with children – both in terms of the content that is discussed in the classroom, and how this content is delivered. Where societal structure, in a rural community for example, dictates public silence and coded language as a means of relating to HIV/AIDS (see McNeill 2009 for example), the individual habitus of the teacher will necessarily dictate that the same public silence and coded language will be brought into the classroom environment.

This process of relating to information would also then have an impact on the learners in the teacher's classroom, as their individual habitus – which aligns with the teacher's individual habitus and the organizational habitus of the classroom and school – would be further reinforced in terms of aligning to a traditional narrative of the disease because the learners do not encounter any contradictory or competing information.

In this instance one would anticipate that schools in such contexts would not be able to achieve very much in impacting learners' attitudes towards, or knowledge and understanding about a modern discourse of HIV/AIDS. However this was not the experience of respondents in this study, whose understandings and perceptions of HIV/AIDS were profoundly impacted by their school experience.

Encountering a modern discourse of HIV/AIDS at Zamukuhle High School

Although respondents had encountered information about HIV/AIDS that represented a modern discourse in community settings (such as health rallies) and through the media (radio and television), they tended towards referring to their school as the first time or the first site where they heard about HIV/AIDS, even if that particular experience wasn't necessarily their first engagement with the modern discourse. This anomaly seems to be because of the way the message was articulated at Zamukuhle School, which was active when compared to other sites, which was passive.

According to Vusi:

> *We were studying a course on…I can't remember what we used to call it…I was in classes with Mr Green and Mandla Mbuyisa and Mavis and they used to teach us, they sort of introduced AIDS to me. I only started hearing about it when I started finding out about it [at school]. And this is when I was like, OK, this is real, it's around.*

And for Gladys:

> *I was in the class with Mr Green and he told us about this disease and how it affects the people and all that stuff, just the general things about it, that was basically the first time I heard about it. I had heard about it before, like, but not in details. Like when you are watching TV or the radio they just talk about it but not in details like 'Oh what is that?' because you had not much details about it, but then when I had heard I had known about it and the causes and everything, so when I had the class I knew about it more.*

And Nombuso said:

> *I think it was in 2004 in high school [when I first heard about HIV/AIDS] and I heard it from the teachers at school because parents don't really talk about it.*

For the respondents it was clear that there was something particular and profound about the nature of the classroom environment at Zamukuhle School that allowed them to relate to, and grapple with, information about HIV/AIDS. It points to the potentially powerful or impactful context of the classroom as a site for engaging with, and shaping, learners' knowledge and perceptions about HIV/AIDS when it comes to a modern discourse of the disease.

The factors that were crucial in creating the climate for meaningful exchange of information in the classroom were openness, the opportunity to ask questions and a sense of transparency or being 'free'. The respondents were active participants in articulating with the modern discourse at Zamukuhle School as compared to being passive receivers of information through the media (such as radio or television) or at community health campaigns. It is this sense of being active partners in constructing knowledge that seemed to have a significant impact in pushing respondents toward positioning themselves into the 'camp' of a modern discourse of HIV/AIDS.

For example Banzi said that:

> *In the community it [HIV/AIDS] was not very well accepted when you were talking about that. Whereas at school the teacher [who] was teaching us, was open. Anything that I had in mind [about HIV/AIDS] I used to ask from Mr Green or from whoever was at school, so I didn't have problems with this thing not being talked about at home. So I was just comfortable. [The school environment] was*

> *important because if you heard something from the radio that person is just talking, you [are] never given a chance to ask questions. If you read anything from the pamphlet [at the hospital or health campaigns] they would give you a phone number but who would bother to phone? So when you are in the classroom you could…and not only you…somebody else is asking questions which is something you did not know about, you didn't intend asking a question about it and then, ya – many things would be dug out when you are in the classroom. [You] were quite free to ask questions because himself [the teacher] was free talking to us and…ya…we treated him as our friend.*

And for Gladys:

> *We were interested [in HIV/AIDS] because it was something that we've heard about it on the radio, so it was like, 'Hey, we really want to know!' And I think [the teacher] explaining it a bit and then giving [us] a chance to really understand what [we] know and asking questions – it's much easier for [us] because it really interests us, but if it's the teacher talking all the time for an hour they get bored and it's like 'Oh teacher!', they get bored. But when you are like making them interact on this thing, talking about it, give some information then ask questions and all those things, that is when [you are] active and they get talking and they want to ask all these things, what happens when this happens and all those things.*

Teachers, and other professionals such as nurses, through an innate respect for their position and the way they communicated also made them a highly trusted and respected

source of information for the respondents. This respect for the position of teachers and nurses as 'professionals' also impacted the way in which respondents related to dialogue that was initiated in the classroom.

For Nombuso:

> *Well I believed the one [theory] that was said at school because I always knew that nurses [who came to the school] were correct and I knew that the kids, and my friends, were just playing around. I didn't really believe that [community narrative] because they taught us at school so I just knew that that was correct. I always believed that people like nurses and teachers were always correct (laughs) and they were older than us so I always believed that they would give me the honest answer. So that's why I always went back to them [for answers].*

And for Banzi:

> *When I grew up I used to trust my teachers more than others - more than anyone else, so I would hear what the community was saying but then I would believe what I would hear at school. Because I was spending more time with the teachers at school than with the community. [I trusted them] because for everything that they say they would give you facts. They would give an example and that would make you believe it.*

And according to Gladys:

> *[I trusted him more than others] because he [the teacher] was telling facts, things that you can clearly see and pictures and all those things, but these people [in the community] had no facts they were like, 'No it's just being bewitched' so…*

The potential of a teacher to mould thinking – through the inherent respect which they were given - was in evidence when Nombuso was asked how she would have responded had a teacher told her that HIV/AIDS was caused by being bewitched:

> *Hey that was gonna be so hard! I'm sure I was gonna believe it then if a teacher came and said that to me, but luckily nobody did.*

The trust that respondents placed in their teachers had a significant impact on them affiliating to a modern narrative of HIV/AIDS. On the one hand, by the nature of simply being teachers in a rural community, in the eyes of the learners there was a tremendous amount of authority and weight that was carried with what they said in the classroom. There was a clear sense that the teachers only ever engaged with 'the facts'. On the other hand, there was also this trust that learners had for the teachers (Banzi referred to the teacher as a friend) that made the interactions around HIV/AIDS education more tolerable, open or comfortable. This is important to remember when comparing the nature of HIV/AIDS dialogue that learners were exposed to in the home or the community where there was a sense that HIV/AIDS was not on the agenda for discussion.

The responses give clear examples of the *potential* that schools - through teachers - have in influencing the way that learners think about HIV/AIDS, whether towards a traditional or modern paradigm. In the case of the respondents' experience at Zamukuhle School it was through exposure to the presentation of information, backed up with examples and

diagrams and the opportunity to ask questions and to interrogate positions that the respondents developed a clear framework for engaging with HIV/AIDS that was based on a scientific, epidemiological - or modern - model. This is noteworthy in that the community that the respondents are a part of is a rural setting where previous studies, and interviews with respondents, have shown the tendency of traditional narratives that resist a modern discourse to dominate. The process or mechanism to investigate is what it was about this particular school – other than the way information was presented in the classroom, or these particular individuals, that could point to *why* the epidemiological framework, as opposed to traditional narratives, had been adopted.

There are two trends that will be presented here, the one being the impact of the home in *preparing* individuals to engage with and adopt a particular mode of thinking, and the other is the influence of exposure to *difference* (and potential conflict of habitus) that the learners experienced at Zamukuhle School.

The absence of HIV/AIDS discourse – traditional or otherwise – in the home

A clear trend emerged of the home being a site where no discussion about HIV/AIDS took place. In one home the care-givers were grandparents, in another it was a foster-parent and in the other two it was single parents. However this did not seem to impact the *lack* of family engagement on HIV/AIDS – no matter the family structure, very little or no communication took place. The following extracts from all four of the respondents reveal the trend. From Banzi:

Question: Was HIV/AIDS something that was spoken about in the home context?
Answer: Up until today I don't remember a day we spoke about it.
Question: Not once?
Answer: Not once (laughs)

Information from Nombuso:

Question: And your mom being a nurse, did she ever have discussions with you at home about issues around HIV and AIDS?
Answer: Not really, she only started now when I was in matric and I was going to varsity but back then [while I was at school] she never talked about it.

And comments from Vusi:

> *No, never. To this day I never had family talks with my grandparents. All that we have talked about with this family is who has kids where and how many kids each person has. That's pretty much it.*

Reasons for this lack of dialogue relate to the difficulty of inter-generational communication as well as a general sense that 'uncomfortable' issues are just not spoken about in a family setting in this particular rural context. According to one extract from Banzi's interview:

> *Hey, it's not something that was easy to start, because you would want to have a place where you start and you don't know how you start it, and then once you start talking about it, you would have to go through all the details (laughs) which…at home I wasn't so comfortable [with it]. The way I dealt with it was that I understood ukuthi [that] Ma Sara was, number one an old lady, number two, she never went to school, so even though she's not more of a traditional person, but she's someone who would be more reserved. And also someone who doesn't know a lot about this stuff. And also there wasn't too much talking going on at home.*

And for Gladys:

> *I think at that time, I'm not sure about now, at that time it was not even something spoken about and at those times in most of the black families people were not free to talk to their children about these things, sex and all those things, they were not free.*

So in terms of content the home environment (in as much as it related to communicating with parents or guardians) was a site where no HIV/AIDS information was encountered by respondents. This can certainly be understood in terms of the individual habitus of the older generation which would have also informed the organizational habitus of the home environment. Parents and guardians would have grown up in homes where communication about sensitive matters such as sexuality would not have existed between adult and child. It would be extremely difficult for parents and guardians to break out of this 'mould' and this speaks to the enduring and durable nature of the habitus. This was even the case for parents who were professionals, including Nombuso's mother who was a nurse.

The powerful nature of specific sites on the transfer of information

It seems clear that the site where HIV/AIDS information is delivered has great potential to either empower or disempower participants who are a part of the process.

For example, the nurse visiting Zamukuhle School had a profound impact on Nombuso affiliating to a modern discourse of HIV/AIDS. The school site – a place where issues around HIV/AIDS were discussed openly - and the fact that the nurse had been specifically invited to address the students on the disease seems to have empowered the nurse to deliver the message of the modern narrative to the students. Interestingly, in contrast to this, Nombuso's mother – the nurse – was unable to create an environment at home where she was able to engage her children on the disease, even though she would

have been facing the reality of the pandemic on a daily basis at work at the local hospital. The organizational habitus of the home, which created inter-generational barriers to communication, and her individual habitus as a mother, prevented her from being able to talk about the disease to the children over many years. It was only when Nombuso had completed her schooling and was about to leave for university that her mother was able to open up communication about the disease. So site would seem to have a tremendous ability to constrain or liberate the dispositions of the individual habitus in terms of the ability to communicate. It is interesting to consider this case of the mother-nurse role of Nombuso's parent further.

As a result of the discussion that took place before she left for university, it seems clear that Nombuso's mother had aligned herself with a modern discourse of HIV/AIDS. We cannot be sure of when she adopted this position and to what extent she was influenced previously by the traditional narratives of the disease that characterize rural areas of South Africa. However, by the time her daughter left for university Nombuso's mother's individual habitus was aligned with a modern understanding of the disease. The way she *thought* about HIV/AIDS would have been consistent across different sites, such as the hospital and the home. However, the way she *spoke* about HIV/AIDS seems to have been deeply influenced by site and there is a disconnect here that is worth noting.

The dominant organizational habitus of the home where certain aspects of life are not considered appropriate to discuss at home (for example, '*To this day I never had family talks with my grandparents'*) and the equally dominant habitus of the traditional, rural mother who does not communicate across the generational barrier (for example, '*…in most of the black families people were not free to talk to their children about these things, sex and all those things…*') conspired to draw a veil of silence over HIV/AIDS in the home. It took a point of crisis (the daughter leaving the home and the mother's care) to bring alignment between the mother's internal habitus and the external spoken environment (or the organizational habitus) of the home when she engaged with the family about HIV/AIDS for the first time.

The home as an enabling site in aligning with a modern discourse

Even though homes appear to be a site where the respondents were never exposed to information or dialogue about HIV/AIDS the home environment did provide the means, in the form of what Bourdieu refers to as embodied cultural capital, for individuals to readily engage with the epidemiological framework to understand HIV/AIDS that they were exposed to by teachers at Zamukuhle School.

Although very little conversation around health issues appears to have occurred at homes, they were however sites that *predisposed* individuals or *prepared* them to accept and assimilate the information that they encountered in particular classrooms at school. This predisposition appears to emerge out of the contrast between traditional and non-traditional homes, which is often related to the religious world-view of homes as well. Respondents describing themselves as coming from a Christian home were inclined to disregard and distance themselves from community narratives that invoked meta-physical explanations for HIV/AIDS, such as being bewitched.

An example from Vusi shows this:

> *I guess my situation at home [was] not totally based on inyangas[3] and everything. I guess I pretty much took what I heard at school because I used to stay with my grandparents, they are not very traditional people either so they were quite westernized as well. I guess it was easy for me to believe what I was taught at school. It was easy for me to understand it and accept it at school. I was very sceptical about the traditional thoughts about it. That would be it. That would just be the end of the argument because when I grew up I grew up in a Christian family so this thing of the witchcraft was something that I never*

[3] An *inyanga* is a traditional healer or herbalist

believed very much in. So I never had my mind stuck on that.

There was awareness from Vusi that a particular home's world-view made it much more likely that an individual would relate and 'buy in' to the epidemiological or modern framework that characterized HIV/AIDS dialogue at Zamukuhle School. His comment follows below:

Well if you had somebody from such a background [ie traditional] I think they'd have difficulty in the first place at school because of the way things were conducted…everything…the way the school is run. Because I think he had to believe in a certain way in order to survive or maybe at least know about the way other things happen, you know Christianity and the western tradition…in order for you to be able to survive the school environment. But if…I'm not saying people who believe in traditional healing would not have survived – they would have survived. There are quite a lot of people that do believe in traditional medicines that were at the school, but I don't know…I guess that it would be difficult for them to accept what they heard, but if it's – if they keep repeating it to them, you finally come to terms with it. If graphic information is presented to them – that's like pictures and information and you see people in hospitals, you hear about it on radio…then if you're thinking you will start weighing the two till you are 'OK, this may have a bit of truth in it, this I'm not so sure about'.

Habitus helps us to understand this process. Learners who came from homes that were modern in orientation would have possessed an individual habitus that would not have

been in conflict with the dominant organizational habitus that existed at Zamukuhle School. This alignment of individual habitus of the learner with the organizational habitus of the school would have allowed learners to very readily position themselves within a modern HIV/AIDS discourse. However, learners from traditional homes would have experienced a conflict between their individual habitus and the organizational habitus of the school and their individual trajectory to affiliating to a particular HIV/AIDS discourse would be significantly more complex. These learners were experiencing multiple sets of experiences with regard to HIV/AIDS information and this would have resulted in internal tension and conflict which would have required transformation of some kind.

The influence of the school

It is important to note that although the home environment might have predisposed respondents to engage with the organizational and cognitive framework that they encountered at this school, encountering the epidemiological information within a climate of questioning and critical thought where the learners are active participants, was still nevertheless a key and profound experience. One without the other would not suffice – it was necessary to be *predisposed* and then to hear and to question the relevant information. It is clear also that being predisposed and hearing was not enough. Respondents had encountered information about HIV/AIDS through many forms of media, such as television and radio – but it did not seem to be enough to engineer a shift in thinking, or the concepts were not able to take root such that an individual was able to clearly align with a particular discourse. The unique context of the classroom, with a teacher who was trusted and imbued with authority and was transparent and bold enough to encourage critical thought, appeared to be instrumental in both shaping and cementing how individuals made sense of a socially and medically complex phenomenon.

Schools in this sense are capable of making a tremendous difference. Yes, the school was dependant in differing degrees on the impact that the home had on how individuals thought – the one could not do without the other – but the school's impact was pivotal. A

child could be predisposed to think in a certain way, but arrive in a classroom with a vacuum of information on a particular topic such as HIV/AIDS. How the vacuum would be filled and how a child might come to conceptualize HIV/AIDS without the teacher and the classroom being a site of influence is an interesting point to consider – through the media, through communicating with peers, a snippet of information here and there from older family members, but some distance off the informative, clear and factual instruction that the respondents received from their teachers.

It is interesting that the school produced the same affiliation to the modern discourse amongst all four respondents, regardless of gender, home environment and post-school experience which all included significant diversity as it relates to the traditional and the modern. The respondents affiliated so strongly to the school environment, and therefore to the modern HIV/AIDS discourse, that other sites of potential influence such as the community setting fell away in terms of their ability to influence.

It is therefore also important to assess what the most significant factors were that lead to the establishment of a culture or atmosphere in the classrooms of the school, and the school itself, where learners felt empowered to challenge, to query and to question dominant modes of thought that tended to prevail in the community in which they lived – which reflects their very powerful affiliation to the school experience. Key amongst these factors is the experience of encountering difference.

Encountering difference, the issue of race and personal cost

For a number of the respondents, their school had significance as a site of *encountering difference*. The school was different from other local schools in obvious ways, such as the fact that a number of teachers at the school were white suburban South Africans while the learner population was Zulu and rural. The school was also different in more subtle ways in that most staff members had a high level of tertiary education and worked hard to create a climate of critical thought and independent thinking amongst the student body (personal observation). Importantly though, for a number of respondents, exposure to

difference on any level was key in shaping the way they thought about life issues in general, and HIV/AIDS in particular. As the home environment *equipped* learners with the cultural capital to connect with particular ways of thinking, so too the exposure to difference at the school and the way they were taught was another factor in triggering what can only be described as seismic shifts in thinking. Encountering difference appeared to prepare individuals to be able to approach difference or other ways of thinking in other contexts as well, and not just as it related to affiliating to a modern discourse of HIV/AIDs. For Vusi:

> *I remember…I don't even know when…I was a kid in primary, maybe I was in Grade 6.* I remember thinking to myself *[emphasis mine] I wouldn't want to be a man that has kids all over the place because then you don't really know…if you are the kid you don't really know who the dad is and so…that was like my experience, I don't really know my dad – all I've heard of him is he's got kids all over the place. Ya, so I remember making a promise to myself that I don't want to be like my father. I remember that clearly and it's like that keeps ringing in my head, 'I don't want to be like my father, I don't want to be like my father'. Because back home even my uncles they sort of, they have kids also, but just not as much as my dad. So in my head it's always been, 'OK so you grow up and everybody has kids all over the place'. But I don't want to be like that. I just want to have a family.*

Vusi commented further on difference and how the way that he had been taught had impacted his thinking:

> *The way I was taught in class allowed me to be able to see that there's differences in the way things happen and*

allowed me to consider what was happening and think about it…if it's good or bad in a way…so I'd say it's largely the way I was taught in class that opened up [my mind] so that I can think about how things happen and try to understand why things happen in the way they do and not just believe in one channel. I'm trying to say as I was exposed to other people and their views and their beliefs and the way they do things [it] broadened my thinking and allowed me to consider other things other than the ones I know. It brought other thoughts and other parts to the way things happened…my exposure to different people allowed me to weigh what is presented to me. I put everything that I have on the table and I see what seems right and what seems shady and I can't shut it out…because I think my exposure to different cultures and people at the same time was really good, it helped me a lot.

Banzi had similar thoughts:

Yes, I think it [an education at this particular school] gave me something different, because just to be in a place where there are many different people, coming from many different walks of life, it totally changed my mind from what I knew...ah…about the English [ie White South Africans] into something else.

And for Nombuso:

Well the way we were taught to handle things in life…has impacted my life so much now…some of things that I learned at school I still use them at varsity. I remember this

> *other time they [teachers] used to tell us that we should respect other people and we should always learn to listen to other people and appreciate what they say. We must not always be the only one to say something, we must listen to other people's opinions.*

The extracts from the three respondents above raise weighty personal matters, for example how Vusi viewed his relationship with his father and how Banzi regarded white South Africans. The important point to note though is that it was through encountering difference that these notions were brought about.

This exposure to difference that might shake up a person's thinking can take place in diverse contexts – the key is that someone has a chance to be exposed to other ways of thinking and doing, although it is important to remember that a measure of cultural capital might need to reside within the an individual in order to fully connect with the difference that they encounter. Explaining her friend's transformation (who had not been a learner at Zamukuhle School) Gladys had the following to say:

> *So it [information about HIV/AIDS] was something new for her, I would say. I wouldn't say she didn't know anything about it, but she…doesn't have full information about it. Surprisingly, after she did it, because she went for a course, an HIV/AIDS and counseling course - once she went for that course, after she came back, fully knowing [about it]…you could see that the course really made a difference. It really made a difference and she could talk about it and even herself she could say, 'Eish I could just get tested…when I get sick I can just get tested straight away so that I know my status and know all those things.'*

So Gladys' friend, who was not at Zamukuhle School, also experienced a change in thinking and this affiliation to a modern discourse of HIV/AIDS took place at a training course. It is interesting to note that Gladys had already shared information with her friend about HIV/AIDS before she had attended the training course but she had been unwilling to accept her friend's counsel. Possibly Gladys, as a friend, lacked the authority to convey the discourse or perhaps her friend did not trust the source of Gladys' information, which was in part the white teachers at Zamukuhle School.

Within the broader community there was a perception that the only difference that the learners at this school were being exposed to was a narrow one of race. Interestingly, for the respondents their perception of race was completely different and did not factor into their understanding of why they thought about issues such as HIVAIDS in the way they did. Gladys had this to say:

> *Ya, being at Zamukuhle people always said that we acted as if we knew everything, so if you told them stuff like that [causes of HIV/AIDS] they were like, 'Oh your teachers told you that, you always think you are better because you were at Zamukuhle' so I think they didn't really take us seriously when we talked to them about it. [They] didn't believe [me] when I told them that HIV isn't transmitted through eating oranges and all those things and condoms with worms, they just said, 'Oh your teachers are telling you that [and] that's not true, we know these things' and you know that at Zamukuhle we usually had English teachers, white teachers, so they were like 'Oh you are listening to those people'.*

The respondents, for their part, were neutral in their responses when it came to race and did not see it as a factor in how they thought or the choices that they made. They also did

not attach any significance to the idea that it was the race of their teachers that had influenced them. Some examples of this thinking follow, firstly Nombuso:

Question: Was it ever an issue for you that you had teachers who were white and were you nervous of your friends judging you and saying the way you are talking it's a white way of thinking or something like that?

Answer: Actually no, I always believed that they were right and if my friends or other people believed that I just thought that maybe they are jealous or…I never doubted what they said.

Question: Was that because there was a good relationship between students and teachers or what caused you to take that position?

Answer: Ya I think it was because of the good relationship between us and the teachers.

Question: But would it have been the same for if it was a black teacher at Zamukuhle?

Answer: Ya if it was a black teacher at Zamukuhle it wouldn't make any difference…it wouldn't.

And for Banzi:

> *I've never been to a point where I say, 'I don't like this person because of the colour of their skin'. So to me people have always been the same. The way I would treat you…when you approach me I would treat you as you, not because of who you are. I would take what you are saying to me as it is and look at you as an individual. For instance, if you are an Indian I would take you as Mr Moonsamy who is rude, not that Indians are rude. Because*

> *on the other corner you will find that Mohammed is a nice guy.*

While for Vusi:

> *I've had people ask me this question…that you are living like a white person. But I don't think it has got to do with black and white, I think it has just got to do with…in this area the one family that I have been exposed to that live like that [with a mother and a father] so happens to be white. There are other families of other races that have the very same thing that I don't know about. If I do things the way that people in this area consider to be white, I'm sort of different anyway. But I don't want to be different. I'm part of this community, I live in this community. But I mean I find it offensive if somebody says, 'Uphilisa uzenze somlungu'[4] it's like you think you are a white guy. But it's just the way that person thinks. What matters is what I believe and if I know why I am doing what I'm doing then I think that's what matters.*

Although the respondents might not have viewed their affiliation to a modern discourse of HIV/AIDS in terms of race, it is clear that the community that they were a part of saw it differently. The respondents would have also been aware that some members of the community took issue with the fact that some teachers at Zamukuhle were white and that the respondents were in some way affiliating with a 'white' way of dong things. With regard to Vusi's comments above it seems that friends or community members who were not a part of Zamukuhle School perceived HIV/AIDS discourse in terms of race. Thus a modern way of understanding the disease was labelled a 'white' understanding and a traditional way of understanding the disease was a 'black' perspective.

[4] Meaning, 'You are doing things like a white person'

There is also the sense that the two worlds are difficult, if not impossible in the eyes of some community members, to straddle. Thus if a learner from Zamukuhle affiliated with a modern discourse of HIV/AIDS and held to other aspects of rural Zulu culture they could still be accused of 'behaving like a white'. There is potentially tremendous personal cost at stake here for the respondents that affiliate with a modern discourse through estrangement and alienation from local community members, if not friends and family. There is also the cost of the individual and internal conflict that someone would have to endure before adopting a particular position – whether the traditional or the modern narrative of HIV/AIDS. If a learner at Zamukuhle affiliated with a traditional discourse they might see themselves at 'going against' their teachers' views (who held positions of authority and trust), while if instead they adopted a modern perspective they could equally view themselves as rejecting the teachings and beliefs of their community.

It is important to note that even if a learner came from a home with a modern orientation (in certain respects) and found that their individual habitus aligned with the organizational and dominant habitus at Zamukuhle School, they were still located in a rural South African context with all the complexities that are present in that particular environment. The learner would still be immersed within the collective habitus of a community where issues of race and modernity might have been viewed with suspicion and misunderstanding. Even if there was no conflict between the home environment and the school environment, the Zamukuhle learner still had to negotiate the difficult landscape that their peers outside of Zamukuhle School and the wider community represented.

There is an interesting and complex interplay at work in this study where the Zamukuhle learner finds themselves sitting at the intersection of multiple discourses that inhabit the community they live in. It is complex because the community culture or habitus is not necessarily fixed or static but is rather in a state of flux between the modern and the traditional and where the homes that the learners come from might align to the modern in certain instances and to the traditional in others. This state of being represents the uneasy position that individuals and families in the rural areas of a modern day, democratic

South Africa occupy – with tangled links to the past, present and future in different compartments of life including education, political and traditional leadership, spirituality, land ownership, economic activity and the broad notion of culture. The individual walks a difficult road toward self-knowledge in terms of affiliating to the traditional or the modern in a community that is itself also in the process of walking an equally difficult road toward an uncertain destination.

As complex as this process is however, it would seem that the respondents were able to deal with the associated costs of adopting the modern HIV/AIDS narrative and that it was something that they were conscious of and had thought deeply about. There appeared to be a boldness and decisiveness about their views which would have assisted them in reaching a particular point of view regardless of the turbulent waters that they swam in.

Chapter 6 - Conclusion

HIV/AIDS education in schools

South Africa continues to be battered by the AIDS pandemic. The economic impact on the country alone runs into billions of rands, including expenses such as the state's roll-out of anti-retroviral medication and the impact on the nation's work-force through ill health and premature death (Bodibe, 2011). Of the many sites of intervention aimed at stemming the tide of the pandemic's reach and growth, schools are seen as valuable and important nodes of activism to bring about change (Baxen, 2010). However this hoped-for change is usually associated with the provision of information to teachers and learners that is framed within the modern, scientific narrative of HIV/AIDS. The rationale behind this process is that if you equip an individual with enough factual information about the disease and about how to avoid contracting the virus then that will be enough to bring about a decrease in the rate of new infections. However this and other studies show that for learners generally, and those living in rural areas of South Africa in particular, this kind of process of the provision of modern scientific information leading to change is not simple or straightforward (Baxen, 2010; LeClerc-Madlala, 2002).

Competing narratives, cost and complexity

A part of the complexity relates to the fact that learners are exposed to competing narratives of the disease (which have been labeled traditional and modern in this study). As the interviews with respondents in this study show, at different sites such as the home, informal community meetings or schools, one finds that different narratives dominate to a lesser or greater extent. A potential consequence of this exposure to competing narratives is that the intended provision of information orienting learners toward a modern discourse of the disease will not necessarily achieve its anticipated goals of lowering infection rates. As we see from the interviews teachers at some local schools, who are embedded in local communities, might themselves be oriented toward a traditional framework of

understanding the disease and also be oriented toward a traditional framework of how communication about the disease should occur. This could well result in information not being covered in the classroom, or partially covered or it could result in traditional narratives being offered as another way of understanding the disease. We see this in the example of Gladys' friend who was not exposed to a modern narrative of understanding HIV/AIDS while at school and only started to change her thinking after she had attended a training course targeting HIV/AIDS and counseling. The possibility exists that this environment of competing narratives would reduce the chances of learners achieving clarity of understanding and thought about HIV/AIDS which would thus negate any potential impact on achieving a particular goal, such as encouraging individuals to test for the disease or to take ARV medication if they are HIV positive.

In the second instance, it must be recognized that complexity exists even when a modern discourse of the disease dominates a school environment. This complexity relates to the fact that a learner arrives at a school with a habitus that does not necessarily align with the dominant habitus of the school and this came through strongly in the interview with Vusi where he relates his perceptions of learners coming to Zamukuhle school with a 'traditional' habitus. For example, a learner who aligns to a traditional narrative might find it difficult to accept the modern epidemiological information presented to her. However even if a learner decides to align to the modern narrative there will be a cost involved as it relates to adopting a position that might be contrary to the dominant narrative of the whole community. We saw in this study how aligning with the modern narrative was seen by some community members as embracing 'whiteness' and rejecting black culture which would potentially bring about significant levels of personal stress and conflict to relationships.

Where learners are receptive to and align themselves with a modern HIV/AIDS discourse there seem to be certain factors at work that support this process. However it would seem that particular 'legs' of the pot all need to be in place for this affiliation to take place.

System lessons and further research

Although further research is required to isolate and investigate the different factors that have been addressed in this study, there are some points that the state and relevant departments could take note of.

Firstly, a classroom where information about HIV/AIDS is delivered within a climate of debate and question-asking can complement and significantly enhance media campaigns geared towards the provision of information and resultant behaviour change. The media campaigns deliver the 'raw material' of exposure to, and a basic knowledge of the disease while the classroom can be the site of producing the 'finished product' of a full and life-impacting understanding of the disease. While media campaigns complement the work of the classroom it would seem that the latter has the real potential for impact. In a rural context, where the office of the teacher is still imbued with authority and respect, tremendous potential exists for influencing learner understanding and resultant behaviour. Where the teacher, respected by the learner as a trusted source of knowledge, adopts a teaching style that includes the class as active participants in the process of information acquisition they are more likely to adopt and align with a modern discourse. All respondents alluded to the significant impact that the classroom environment had on how they thought about and understood HIV/AIDS. Respondents highlighted the importance of being able to ask questions or listen to the answers for questions that fellow students had asked. Respondents also drew attention to the limited manner in which they were influenced by mass campaigns run through the media or in the community and stressed how the active and engaging classroom environment had influenced them in profound ways.

Secondly, if the state has a goal of learners affiliating to a modern discourse of HIV/AIDS then promoting the concept of exposing learners to difference in the school and classroom environment could have a positive influence on this process. Respondents at times pointed to specific events (for example Vusi relating to his father) or 'ways of doing' which predisposed them to engaging with difference in other spheres. This

essentially relates to the training and subsequent placement of teacher recruits or to in-service training of already qualified teachers.

Possible methods of achieving this end could be through the voluntary deployment of tertiary-qualified teacher trainees to rural and township settings or through the targeted provision of bursaries to rurally-based teacher trainees who would have a good chance of returning to teach in these contexts through bursary-linked work contracts. A financial carrot could also potentially convince qualified urban-based teachers to take up a position in a rural school – which would expose learners to the kind of 'difference' discussed in Chapter 5. This 'difference' is framed through an understanding of individual habitus and the recognition that a teacher who grows up in a rural context and then immediately starts teaching in that same context, can potentially find it difficult to stand against or disagree with the community habitus of which he or she is a part. However if that individual was able to study full-time at an on-campus institution where their individual habitus might well clash with the dominant habitus of the university with a resultant experience of transformation of some form, they would have a far greater chance of aligning with a modern discourse of HIV/AIDS. By giving specific bursaries to rural learners to attend top South African universities to study teaching - with the proviso that the students would return to rural schools to teach for a set period of time - learners would, in turn, also be exposed to 'difference' that could be the catalyst for them to understand HIV/AIDS in ways that would help them to make sense of the biological aspect of the pandemic and also equipping them with the life skills to make decisions toward responsible lifestyle choices. The other advantage of awarding teacher bursaries to local community members would be to diffuse the notion of associating a modern discourse of the disease with race.

In this study the modern discourse was bound up with race and 'being white' because Zamukuhle School had white teachers on its staff in a traditional, rural *isiZulu*-speaking context. As seen from respondents comments regarding race, outside the school community of teachers, parents and learners, some community members perceived white teachers as being foreign and thus the message of a modern discourse was also perceived to be 'white' or foreign. Therefore it would seem that the race of the message barer is

important in some contexts, if there is a goal of aligning as many learners as possible to a modern discourse of HIV/AIDS. It could be argued of course that a teacher returning to his rural community after university, and teaching a modern discourse, could also be viewed as having rejected black culture through their experience of a university environment but it might be giving learners a better opportunity to align with a scientific narrative if they are taught my a member of their own community.

From respondents' interview responses, it does however seem that where there was direct contact between white teachers and black learners at Zamukuhle School that race became less of an issue, when compared to perceptions and rumours that existed through indirect contact between local community members and teachers that resulted from white teachers working in a rural *isiZulu*-speaking community. Interview comments show that where relationship and understanding had a chance to develop at Zamukuhle school between teachers and learners of different races there appeared to be far more acceptance and tolerance of competing views and divergent information.

Thirdly, in any training for HIV/AIDS education that may be done for teacher trainees or already qualified teachers, it is crucial that traditional narratives of HIV/AIDS are openly acknowledged and debated if there is a goal of aligning teachers to a modern framework of the disease. It is clear from this and other studies that traditional understandings of HIV/AIDS are the norm in some communities and engaging with a modern understanding of the disease is seen as 'foreign' to a local culture. If a teacher arrives at a training session where a modern discourse dominates, and their individual habitus has resulted in an alignment to a traditional discourse, it is very unlikely that they will align differently unless their original position is openly acknowledged as part of the training. If traditional discourses remain unacknowledged through arrogance or ignorance on behalf of trainers of material developers then teachers who align to these discourses will not have a fair chance to review their understandings and thoughts. A teacher might give verbal assent to material presented but it is likely that their internal habitus and their orientation to a modern discourse will remain unchanged.

The style of presentation could also have an impact on the effectiveness of aligning teachers to a modern discourse. In the same way that respondents in the study reacted favourably, in a powerful way, to being active participants in acquiring knowledge – asking questions, debating issues – teachers too should be given the chance to debate and question while being trained in matters concerning HIV/AIDS education. In a rural context the underlying community currents, and individual affiliations to the modern or the traditional, are simply too complex and multi-layered and multi-dimensional for the presentation of any 'new' information to be done in a 'this is factual and true – accept it' manner. However, if teachers are given the chance to reflect on *why* they subscribe or align to a certain position and are given the *time* to uncover the roots and the reasons for their individual positions, they are being empowered to actively choose and align to different or other positions.

Training material should be developed in a way that acknowledges the long-term process that develops the individual habitus from birth and the durable nature of the habitus. If an individual teacher in a rural context aligns to a traditional discourse of the disease, they have not reached that position overnight. Their ways of thinking and doing have been laid down and internally systematized over years - from their birth, through their formative years at home and at school and into their adult years (see eg Bourdieu, 1990a and the discussion in Chapter 3). Any training has to foreground and acknowledge this process. The durable nature of the habitus means that a great deal of time, thought, information-sharing and conversation would need to be committed to during training if there was a goal of transforming the habitus, insofar as it relates to aligning to a modern discourse of the disease. Accepting this position renders the '1 or 2-day workshop' an unwise expenditure of resources, at best and unworkable, at worst.

Attempts to bring about system-wide change to the education sector in South Africa have to acknowledge the particular context of learners and teachers if they are to have a reasonable chance of success. Also, there needs to be realistic acceptance on behalf of all stakeholders of the time and resources – which will be significant - that will be required to bring about this change.

APPENDIX 1: CONSENT FORM and RECORD OF UNDERSTANDING

MASTER'S RESEARCH PROJECT

Researcher Name: Andrew Swift

Name of the University: University of Cape Town, South Africa

Phone: 074 186 8527

E-Mail: aswiftsa@gmail.com

Thank you for considering participation in this study.

This form outlines the purpose of the study and provides a description of your involvement and rights as a participant.

PURPOSE OF THE STUDY

The purpose of this research is to fulfill a course requirement for my Master's Degree in Education at the University of Cape Town, South Africa.

I would like to explore the extent to which your school environment, as compared to other factors such as home environment and economic background, has impacted how you think about and conceive of HIV/AIDS and related matters. I would like to understand what individuals think about HIV/AIDS and why they think it, and what influence their time at school has had in shaping the way they think.

INTRODUCTION

I will first introduce the research topic to you and explain the process that I will be following through a verbal discussion. The main part of your participation will involve spending some time with me, during which we will engage in an interview/s. Please note that there are no 'right' or 'wrong' answers in this interview. What is important is what *you* think and *why* you think it. It is my hope that you will find the interview process interesting and worthwhile as it will lead you toward thinking through some important issues and doing some self-investigation. You are welcome to spend some time (up to a week) thinking about whether or not you would like to participate in the study. You are also free to ask me any questions at any time about the study and why I am doing it, or what I hope to achieve.

METHODS OF DATA COLLECTION

The methods to be used to collect information for this study are explained below:

If you agree to participate in the research I will then ask you to fill in a pen-and-paper series of questions. These questions will help me to plan the questions that I will ask you at our next meeting. During the next meeting (the main interview) I will ask you a series of questions that I would like you to answer. I will be making a recording of the interview and will transcribe it into written form afterwards.

Please note the following:

- You are free to refuse to answer any question that I ask
- You are free to end the interview at any time, if you so wish
- You are free to withdraw from the research process at any time

- You are free to provide any information that you would like to that is not a direct answer to a question, if you feel that it would help me to understand what you are thinking and trying to say
- If you would prefer for the interview to be conducted in isiZulu, then I will arrange for an interpreter to assist us during the main interview
- If you would prefer to be interviewed as part of a group (you can choose the size of the group – although it would preferred if there were a maximum of 5 people being interviewed at one time) then I will do my best to make that possible
- You are free to choose the date, time and place when the interviews take place

Once the interview has been transcribed (written down) I will come back for another visit. At this visit you will be able to read through the transcription of the interview and delete anything that you would like to. I will ask you a few final questions to clarify my understanding of anything that you have said in the interview.

You are encouraged to ask any questions at any time about the nature of the study and the methods that I am using. Your suggestions and concerns are important to me; please contact me at any time at the address/phone number listed above.

I will use the information from this study to write my thesis (a report). This thesis will be read by my supervisor and external examiners and later lodged in the university library where it can be read. It is also possible that my thesis will be published in an academic journal at a later date.

I guarantee that the following conditions will be met.

1. Neither your name nor that of any local place name will be used at any point of information collection, or in the written report. Instead, you and any other person and place names in the study will be given pseudonyms [false names] (where necessary) that will be used in all verbal and written records and reports.
2. No audio-video tapes from interviews that I conduct with you will be used for any purpose other than to do this study, and will not be played for any reason other than to do this study. At your discretion, these tapes will either be erased or destroyed.
3. Your participation in this research is voluntary; you have the right to withdraw at any point of the study, for any reason, and without any prejudice.

STATEMENT OF AGREEMENT and CONSENT

Do you grant permission to participate in verbal/written interviews? Yes ☐ No ☐

Do you grant permission to be audio-taped during our interviews? Yes ☐ No ☐

I agree to the terms:

Respondent: ……

Signature: …… Date: ……

I agree to the terms:

Researcher: ……

Signature: …… Date: ……

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