Researching HIV/AIDS and education in Sub-Saharan Africa: examining the gaps and challenges

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Abstract

In this paper we argue that research in HIV/AIDS within the education sector is largely influenced by dominant discourses within economics, medicine and epidemiology sectors which, by and large, fail to take into consideration the social and cultural embeddedness of the disease. Through a critique of the current research conducted in the last ten years, we trace three major trends of research in HIV/AIDS and education and suggest that these trends, while useful, neglect the situated context in which messages, knowledge, experience and practice are produced, reproduced and expressed. We suggest that new research has to pay close attention to developing an understanding of where and how knowledge is produced and reproduced if this sector is to contribute to enabling teachers and learners to make informed choices about their behavioural practices.

Introduction

While the health and economic sectors in many countries where HIV/AIDS has been prevalent seem to have recognised and explored the impact of this pandemic on their respective sectors for a while now, sectors such as education and social services have remained peripheral to the debates until very recently (Johnson, 2000). This seems partly due to the relatively low number of people dying of HIV/AIDS in comparison to those infected. The upshot is that even though much has been written about the projected impact of HIV/AIDS on the education sector (Coombe, 2000; Coombe, 2001; Johnson, 2000; Kelly, 2000), the effect of the pandemic on this sector as a whole is only beginning to enter research debates.

There is a growing acceptance that a key strategy in combating the pandemic involves an intersectoral approach which draws on health, education and social welfare systems and structures (Coombe, 2000). Notwithstanding, education, as Kelly suggests, "might be the single most powerful weapon against HIV

transmission" (Kelly, 2000, p.9) since, through it, potential messages that can lead to a change in sexual behaviour are transmitted.

On one level, researchers around the world seem to agree with Kelly since much has been written about the perceived efficacy of education programmes and how education, particularly formal schooling, might be one of the key combatant strategies against the virus (Kelly, 2002; Coombe, 2000). The underlying assumption that these authors make is that schools have a 'captive' audience: children, many of whom, it is assumed, may not be sexually active. The assumption too, is that providing children with sufficient knowledge may serve to delay their sexual debut and enable them to make informed decisions regarding their sexual practices and behaviours.

In this article we explore how and in what way current educational research has facilitated a better understanding of schooling, teaching and learning about, and in the context of, HIV/AIDS. In short, we explore what is/has been the educational research agenda, how it is shaped, and what the underlying assumptions are of the research questions posed. Moreover we focus on what has been researched and how the research in education has contributed to and extended the debates about HIV/AIDS. Through an analysis of current research, this article seeks to highlight the gaps in the research by paying attention to the kind of educational research conducted in the last decade nationally and internationally on HIV/AIDS and education.

In particular, this article seeks to use the issues above as the catalyst for a critique of the focus and nature of research carried out within the educational sector. It argues that this research, particularly within a South African context, is limited in scope because the context as a discursive field, (which includes social and cultural practices) is either absent or unaccounted for in many of the studies under scrutiny. Such scrutiny becomes apparent when viewed against two critical considerations; the changing nature of the disease and its increasing prevalence amongst heterosexual populations and its major effect on Third World populations such as Sub-Saharan Africa where prevalence is amongst the highest in the world. Briefly, what makes this pandemic different in these third world contexts, such as the case of Sub-Saharan Africa, is its prevalence amongst heterosexual communities, a phenomenon not as ubiquitous in first world contexts (even though there might be a growing number of reported cases). This shift in prevalence brings with it new challenges of how the disease is perceived, experienced, understood, responded to and researched amongst different groups within and across

communities. What now seems necessary, are different sets of questions that extend the debate beyond *what we know* about the disease to *how we come to know* what we perceive to know. In its argument, this article postulates that one way of refocusing the agenda is by interrogating the underlying assumptions of the research on HIV/AIDS and this by examining *what* research and *how* research is conducted and by *whom*, using *which* methodological lenses.

The field of education, the paper argues, can contribute meaningfully to understanding the discursive fields of practice in which messages and knowledge about the pandemic are articulated, produced, reproduced by not merely reproducing forms of research that respond to *what we come* to know but *how or whether we can come to know.* This includes raising questions regarding the nature and focus of research in educational contexts. A shift in the nature and focus of research needs to pay close attention to *where and how* the production and reproduction of the HIV/AIDS discourse takes place. This discourse should be understood within deeply embedded *situated, discursive spaces* [contexts] where social and cultural practices are negotiated, produced and reproduced. Within such spaces the linearity of knowledge and behavioural practices cannot be assumed. Significant to this discussion is a consideration of these spaces as negotiated and as complex, sometimes contradictory and conflictual, but always in the process of becoming, thereby making messages not always easily reproducible.

Through a brief review of the nature of research on HIV/AIDS in educational settings, the next section of the paper provides a quick glimpse into the current research landscape. In a critical discussion, the final section provides a rationale for considering context and culture as key elements in understanding the discourse of HIV/AIDS and schooling.

Research in education: where is 'the gaze'?

Within the last decade, the majority of studies within education contexts may be categorised within *three* broad areas of research, namely: *projective, KAP-type (knowledge, attitude and practice), and impact studies.*[1] While the contexts [primarily limited to geographic site], target groups and sites may

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[1] We are indebted to Kathleen McDougall for the collection of some of the research material presented here.

have differed, the fundamental research questions posed seemed to be shaped by a need to answer the question 'what' is known and perceived by various target groups, with little attention to 'how' they come to know and 'where' [discursively] the knowledge they have is produced and reproduced. Through a brief analysis of each broad area of research in education, the perceived omissions, gaps and challenges are outlined below.

Projective studies within sub-saharan contexts

Several studies commissioned in recent years (e.g. Johnson, 2000; The World Bank, 2000) indicate that little is known about the effects of the pandemic on the various components within the education sector, particularly those in third world contexts. This is partly due to the lack of research in this field but also due to policies that, while protecting the rights of the individual on the one hand, serve to disadvantage the very persons they propose to protect. The studies, many of which are based on projections, do, however, provide a broad framework for understanding the projected impact this pandemic will have of the education sector.

One such study is that conducted by Johnson (2000). In this study he suggests that the education sector firstly needs to acknowledge that HIV/AIDS education is not only about ensuring good life skills and other prevention programmes. It has to recognize that a significant percentage of the teaching corps will become ill and die. He warns that learner numbers will at first escalate, but thereafter decline due to either illness or home circumstances. By using customised projections of levels of infection and illness, Johnson intimates that HIV/AIDS will magnify the existing social and health problems experienced within the education sector. Not only will schools have to deal with aspects such as absenteeism by teachers, but they will have to deal with children who are affected, infected and orphaned as a result of the pandemic. According to Johnson (2000), schools will need to be involved in identifying vulnerable children and in finding ways to enable them to cope under severe circumstances.

Cohen (2002) seems to support Johnson by suggesting that the impact of HIV/AIDS in education is primarily related to the decimation of manpower. Nevertheless, it is argued that there is insufficient data to give more or less reliable projections.

HIV/AIDS will affect education through a

> reduction in demand and supply, reduction in availability of resources, adjustments in response to the special needs of a rapidly increasing number of orphans, adaptation to new interactions both within schools and between schools and communities, curriculum modifications, altered roles that have to be adopted by teachers and the education system, the ways in which schools and the education system are organised, the planning and management of the system, and the donor support for education (Kelly, 2000, p.1).

Like Kelly (2000), Akoulouze, Rugalema and Khanye (2001) note that due to HIV/AIDS:

- there will be less and less demand for education as orphans (especially girls) leave school
- teachers will also leave the education system due to their own ill-health or the need to look after others
- education departments will not be able to make reliable predictions about future needs. The departments will also suffer personnel losses in administration, management and support areas.

Along a similar vein, Coombe (2000) describes how the education sector in South Africa might manage the impact of HIV/AIDS. Her study cites teachers as one of the population groups especially at risk because they are "educated, mobile and relatively affluent" (Coombe, 2000, p.15). As part of the response strategy, she suggests a multi-sectoral approach to the pandemic, one that moves the focus away from viewing HIV/AIDS as a health problem, to one which acknowledges that it is a social and institutional problem. She proposes that one area of focus should be on enabling teachers to gain a better understanding of the way in which HIV/AIDS will impact on their professional lives. The proposal is that teachers should also be made aware of how other sectors are losing staff that will need to be replaced. Moreover, attention must be paid to developing strategies that will respond to the pandemic in creative ways. These strategies, it is suggested, will need to consider, amongst other things, training replacement personnel (Coombe, 2000).

The accuracy of the projections described above is not under discussion here. Rather, the contribution these studies make is useful in as much as they provide a broad overview of the potential problem that education sectors might experience at the systemic level, in the face of this pandemic. In this regard, they have been invaluable in drawing attention to the need for a

response, some pro-activity or strategic planning within education ministries. Notwithstanding, they have not addressed - and indeed were not intended to address - what is actually happening at the chalk-face, in schools and classrooms. Their contribution has been, by and large, at a policy and advocacy level forcing some recognition for action within the echelons of education ministries on the one hand, and the need to further research [on schools, teachers, learners and such like] on the other hand, which the next category of studies attempts to address.

Knowledge, attitude and practice studies (KAP-studies) on HIV/AIDS

Within this category, studies (see, e.g. Wood et. al., 1997; Levine and Ross, 2002) have sought to examine and gain some understanding of *what* knowledge, attitudes and practices (KAP studies) those participating in the educational endeavour (teachers, youth, and adolescents) carry. Often these studies have as their main outcome recommendations towards the development of 'effective' prevention strategies for those perceived as 'most vulnerable' [in many instances adolescents and youth between 14-24]. This trend of researching through KAP studies is consistent with earlier research carried out within the medical, health and social welfare sectors that have a longer history of researching the pandemic.

In the field of education, what these studies assume is a correlational link between knowledge and behaviour since the primary aim of such studies (and use of results) has been to contribute to the development of 'more effective' prevention programmes. The upshot, as will be evident in the next section, is a delinking of the individual from context and culture; a downplay of the discursive nature of the pandemic and the cultural and social practices in which it is embedded; a presupposition about children in primary schools as asexual and, as such, mostly high school children are the target of research and intervention programmes; an assumption that teachers can, are able to and will teach about deeply private, personal topics in a public space which brings their own sexuality and sexual practices into the spotlight; an assumption that the content (e.g. biological nature of the disease) of research is uncontested; the dislocation of sexual identity from cultural and social discourses; a disembeddedness of sexual identity from larger debates about power and gender and, finally, inferences about the uncontested nature of the research process.

Youth and HIV/AIDS

The focus in research on youth and HIV/AIDS has by and large been on knowledge about the disease and the relation between knowledge and reproductive health. An emerging body of research concentrating on socio-cultural contexts forms the second strand of research in this section.

Knowledge on HIV/AIDS and reproductive health

There is very little co-ordinated information on what South African youth know about reproductive health. Judging from some of the studies, some South African youth have a *very* sketchy understanding of reproduction, puberty and sexually transmitted diseases (Wood, Maepa and Jewkes, 1997). This study found that teenagers had very little sexual knowledge prior to and during the first few months of sexual activity, including not being aware that intercourse can result in pregnancy. Similar conclusions were drawn by Harrison, Xaba, Kunene and Ntuli (2001) who found that girls in KwaZulu Natal had poor factual knowledge of sex. Such misinformation included cultural myths which reinforced beliefs that evil spirits would eat one if there was a delayed sexual debut. A further aspect of cultural myth was that boys would experience pain later if they did not have sex while young. Boys who did not have sex while still young would accumulate sperm and be more likely to impregnate a girl later.

Levine and Ross (2002) investigated the knowledge and attitudes towards AIDS of undergraduate university students. They found that although students had knowledge of the sexual transmission of AIDS, they did not report knowledge of vertical transmission.

However, this trend seems to be changing in some communities. In a study commissioned by the Department of Health, Kelly (2000) found that youth had good access to accurate HIV/AIDS information, and were regularly exposed to such information.

Socio-economic and cultural constraints

As has already been suggested, young people are particularly vulnerable to HIV infection, with most HIV infection occurring amongst this group (Rivers and Aggleton, 1999; Le-Clerc-Madlala, 2002). They do, however, face a great many problems in protecting their sexual and reproductive health partly as a

consequence of external pressures (socio-economic and cultural) within the contexts they find themselves, and partly as a result of how adolescence is commonly constructed, that is, as a time of high risk and low responsibility. While in more former traditional societies, sex education was offered by the community, this practice is no longer widespread or common, in part due to rapid urbanisation and migration disrupting community networks (Rivers and Aggleton, 1999). In more recent times, the prevalence is for youth to receive information from peers and from the media (Rivers and Aggleton, 1999) with girls often not being the target of information campaigns. During this period, it seems that adults are less certain of their roles than in the past with teachers feeling particularly vulnerable in this regard. In many countries, teachers have reportedly complained of being embarrassed and ill-prepared to talk about sex with children. Here the very fluidity between the traditional and the modern may leave both adults and young people marooned.

Cohen (2002) describes the context of education programmes including school environments that are not safe or health-affirming, huge gaps between home and school, poverty and concomitant fatalism, disempowered women and images of masculinity that include promiscuity. Other studies confirm that the socio-economic and cultural factors are major constraints in effecting behavioural sexual changes. These factors include the exchange of sex for material compensation (Rivers and Aggleton 1999), alternative strategies for HIV protection, so-called cultural logic systems (Easton 1999; Sobo, 1995) and class, education and religious affiliation as perceived protective mechanisms (Levine and Ross, 2002). Moreover, polygyny (the encouragement of multiple sexual partners), traditional medicine, repressive customary law and culturally defined control over women (Levine and Ross, 2002) all contribute to making efficient HIV protection more difficult.

So, it would seem that even when readily available, 'knowledge' does not necessarily protect teenagers because some South Africans are constructing their sexual identity and their safety from infection in terms of competing knowledge systems (Skinner, 2001) and within contexts that produce, reproduce and send conflicting messages to the youth.

Teachers and HIV/AIDS

At a systemic or macro level, projections of how teachers are affected were discussed earlier. At a micro level, teachers are affected by the HIV/AIDS pandemic in a number of ways. On one level they are, of course, affected by

their students' infection, and by the spread of the disease in their communities. On another level, they themselves may be at risk of infection, or they may indeed be living with HIV/AIDS.

Notwithstanding the above, there is a marked lack of studies that focus research at the micro level, in this instance: teachers and schools. In some studies where teachers have been subjects of research (e.g. Akoulouze et. al., 2001), they have been positioned as deliverers of an uncontested, already negotiated body of HIV/AIDS knowledge within spaces (schools and institutions) that are unproblematic. In this regard, teachers have consequently been targets of training programmes that have largely portrayed them as lacking *knowledge and skills* to teach lifeskills or sex education programmes effectively.

Other studies have attempted to describe teachers as more 'vulnerable' than the rest of society, citing reasons such as mobility as a key indicator (Kelly, 2002), this with the view to developing intervention programmes for them. Some (e.g. Bennel, 2003) have sought to negate this assumption by providing evidence that makes the argument of teacher vulnerability unsustainable. Emerging work[2] by the Human Sciences Research Council (HSRC, 2003) for example, shifts the spotlight back to systemic issues through a large-scale study on demand and supply of teachers within South Africa. While such studies are important, and will indeed move the debate beyond a projection to what is actually happening at the chalk-face, teachers as agents who act within conflicting discursive spaces are absent from the debate.

Studies such as those of Buczekiewicz and Carnegie (2001) suggest that translating HIV knowledge into behaviour change means a change in how teachers teach. But, as they propose, it is sometimes difficult for teachers to reduplicate the conditions of their training, and so difficult to reduplicate the methods they were taught. In addition, they believe teachers need detailed guidance on content.

Studies on intervention and training programmes

Many studies (suggested earlier in this paper) have confirmed that education is vital in the prevention of the spread of HIV/AIDS. For example, Kaufman

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[2]   This research is currently in progress and the results are not yet available.

(2002) asserts, by describing and assessing the impact of community resources (such as educational levels) on adolescent safe sex practices, that education has a powerful effect on the degree to which young people engage in risky sexual behaviour.

> Our findings suggest that schools have ample latitude to promote the knowledge, understanding, and skills to enable young people to make responsible decisions about their sexual behaviour. They also suggest that educational effects may persist after school is completed, because the educational levels of other household members are found to have an important association with risky behaviour (Kaufman, 2002).

Therefore, in finding ways to increase awareness of and suggest preventative measures against the disease, lifeskills and sex education programmes have been developed within the formal school sector. These programmes have been aimed at providing children (in particular, the youth) with accurate information about the disease. Rivers and Aggleton (1999) note that school-based interventions are necessarily limited to youth in school. The emphasis is on secondary schools as the target group. For instance, in South Africa, many sex education programmes are limited, but not exclusive to, secondary school pupils as targets. This is despite research showing that interventions are most successful before the sexual debut (Rivers and Aggleton, 1999) on the one hand, and that primary schools are significant sites for the construction and reproduction of sexual identity among children (Renold, 2000; Wallis and VanEvery, 2000) on the other hand. The omission of such contextual realities viewed against the backdrop of where HIV/AIDS prevalence is highest, namely in developing countries, in which many people, especially girls, leave school after primary school and where the attendance of girl-children is irregular (Rivers and Aggleton, 1999) and in some cases low, brings into sharp focus the limitation of such research foci (interventions at secondary schools).

While there is no question that some intervention programmes have a notable degree of success in increasing knowledge, it cannot be assumed that this knowledge will lead to behaviour change (Grunseit and Aggleton, 1998). Indeed, a substantial literature review conducted by Grunseit and Aggleton (1998) shows that of the 53 studies reviewed, as many as 27 showed no effect on youth sexual practices.

In an attempt to examine ways of increasing the possibility of behavioural change, Wight (1999) finds that learner driven classes do not work as well as teacher driven ones. Wight argues that there are severe limits to the efficacy of

pupil empowerment in sex and HIV/AIDS education. Skinner (2001), however, finds that educators were seen as out of touch with youth. He describes this as another factor distancing youth from scientific information and making them inclined to look to alternative sources of knowledge.

Mirembe (2002) on the other hand, advocates learner involvement as a way of combating 'information fatigue' (see also Levine and Ross (2002)). She hypothesises that programmes would be more successful if learners were involved in devising and running them and suggests that there is a relationship between democratic classroom practice and programme success.

Context, culture and HIV/AIDS

Prevalent in the research, particularly in South Africa, is the untheorised manner in which constructs such as culture and the associated concept of cultural values are used despite their employment in studies focusing on knowledge, attitude and behaviour regarding HIV/AIDS. There are a number of conceptual issues that arise from the literature on cultural values, and on cultural values and HIV/AIDS. The first, and most important, is that the terms 'culture' or 'traditional culture' are often used to signify an essentialist African culture without careful definition of which African culture is being referred to. It is not clear in the South African research context to what extent the behaviour of Xhosa adolescents (Wood et. al., 1996) can be compared with the behaviour of, for instance, Zulu adolescents (Tillotson and Maharaj, 2001). Of course this is to some extent an indication of the South African problematic, where both the colonial and apartheid governments invested heavily in the idea of distinct cultural groups (Ntshoe, 1999; Fleisch, 1995). There is no discussion in the research reviewed of the fluidity of culture, neither in terms of a continuum of 'traditional' and 'modern' behaviour, nor in terms of relationships between different cultures, language and ethnicity. Often in both apartheid and post-apartheid discourse 'culture' is interpreted as a transcript for racial heritage. As such, researchers in the reviewed literature sometimes conflate language group and culture, explaining that, for example, the sample consists of Zulu-speaking South Africans which may also indicate that the sample may be defined as of the Zulu culture. In some studies, however, it may be inferred that the results are indicative of a specific culture's values (for instance, LeClerc 2001, 2002, Breidlid, 2002). What this brief discussion illustrates is that culture, particularly in the South African context, is a difficult term and this may go some way to explaining the

reluctance of researchers to engage directly with the term in defining their sample or in theorizing their results.

While it is acknowledged that often tradition is subsumed in modern practices and vice-versa, tension can exist where communities are still very traditional and youth are influenced by both tradition and modernity, thereby making difficult the challenge of navigating their way within social and cultural practices that are fluid and sometimes contradictory (Breidlid, 2002).

There are some indications that a more unified approach may be taken to South African values regarding HIV/AIDS. Wood and Jewkes (1997) completed a cross-racial project on the significance of adolescent gift-giving to the dynamics of sexual decision-making. Although their small focus group study found differences between the responses of different races, these may be characterized as mere differences of degree. Smith et. al. (1999) discuss social discourse as a factor in the efficacy of intervention programmes, noting that information about HIV/AIDS tends to be disseminated through rumour and gossip, and recommend that intervention programmes target social networks. This also opens up the possibility that culture should be thought of more broadly as groups associated by ways of communicating as well as (or even rather than) heritage.

Although a number of South African studies acknowledge explicitly or implicitly the importance of cultural context in the efficacy of intervention programmes, few reviewed here have set out to study the influence of cultural belief on sexual negotiation and behaviour. In other words, although a number of studies *describe* South African cultural beliefs that have bearing on sexual behaviour, the impact of cultural beliefs on sexual behaviour, negotiation and change is a matter of conjecture. Specifically, no studies reviewed here are investigations of the intersection between either cultural context or cultural beliefs, and intervention programme efficacy. The reason for this may be the sensitiveness of the issue due to issues of class, ethnicity and gender, and may also be deemed politically incorrect in a nation striving to achieve a national identity across the former differences. One such example, however, is a study by Cohen (2002) who suggests that cultural aspects (besides socio-economic circumstances) present serious constraints in the attempt to fight the pandemic. Similarly, Archie-Booker and Langone (1999) suggest that HIV/AIDS prevention education must be responsive to culture in order to be effective. They examine what prevents an intervention programme from being culturally relevant. Their results are a reminder that the generation and efficacy of

culturally sensitive intervention programmes is not only a matter of understanding the community, but of how the organisation offering the intervention operates.

Few studies actively integrate the political or economic culture of the participants into the discussion, although these are also significant determinants of, for instance, how gender is constructed. Campbell and Mzaidume (2001), and Susser and Stein (2000) are examples of studies where economic and social differences within cultures are factored into the conceptual framework and (especially in the case of Susser and Stein) into the methodology.

At the heart of the matter, however, seems to be the need for interrogating terms like 'culture' and 'cultural values' which are not only fundamental to the integrity of the research, but also to that of the efficacy of intervention programmes.

Discussion

Youth and HIV/AIDS

Evidenced in critiquing impact and intervention studies research carried out in Sub-Saharan Africa and internationally, is an emphasis on youth perceived either as vulnerable or sexually active or at the very least, sexually aware and therefore, by implication, a 'natural' target of prevention and intervention programmes. Underpinning these studies is an assumption too that these youth within the formal schooling sector, are located primarily, if not exclusively, in *secondary* schools. These assumptions raise a few key points. Firstly, the emphasis on intervention and prevention programmes (giving youth *more* knowledge) seems to be underpinned by reductionist views of the association between knowledge and behaviour. This view creates a dissociation of the interface between sexual identity, education, and HIV/AIDS. More importantly, what it leaves unattended is the deeply complex nature of the social and cultural discursive fields in which youth receive and interpret the HIV/AIDS messages and how they understand, experience and use this knowledge in the face of or while constructing, performing and playing out their sexual identities. Particularly, *schools* as one such *situated* discursive field that occupies a particular space in time, is unaccounted for within this body of research.

While some studies (e.g. LeClerc-Madlala, 2002; Skinner, 2001) have begun to address this, the majority are still driven by the need to know 'what' knowledge youth have with the view to providing them with 'more' knowledge even in the face of its ineffectiveness. In addition, these studies do not account for the discursive social and cultural fields of practice where knowledge is not only produced but also contested, negotiated, reproduced and embedded. While there is an emerging body of research that is beginning to consider the above, the fundamental methodological research question still seems to be driven by a medical discourse that does not give ascendancy to issues of gender, power, and sexuality as deeply connected to constructions of safe-sex, negotiation within relationships, and HIV/AIDS knowledge. As LeClerc-Madlala (2002) suggests, what is necessary in research about youth is a shift to understanding their construction of self and sexual identity and how, in the face of HIV/AIDS, their vulnerability is exacerbated.

Following this argument and critical to the discussion, disembedding cultural and social practices from the discursive *sites* in which these sexual identities are produced and reproduced, seems to neglect primary schools as a "key cultural arena for the production of sexuality and sexual identities" (Renold, 2000, p.309).

Teachers and HIV/AIDS

Stark omissions within this body of research is work that considers teachers as producers, interpreters, reproducers, mediators and purveyors of knowledge and safe sex messages, who work within discursive fields where this knowledge is contested and may be considered secret and/or private. Where such gaps in research have been identified, the suggested response has been to examine ways of providing teachers with more information about HIV/AIDS, more training or more effective programmes to "implement the new proposed curricula" (Akoulouse, et. al., 2001). In some studies, like Rivers and Aggleton (1999), there is a suggestion for a need to consider teachers as sexual beings who themselves might have difficulty teaching sex education. However, their response regarding what is necessary is reductionist and assumes a linearity about the relationship between knowledge and skills that is devoid of context and culture on the one hand, and an underplay of teachers as active agents on the other. Illustrative is the following suggestion:

> Policies and programmes are needed to transfer skills teachers need in order for them to feel confident to teach about HIV/AIDS and issues of sexuality. This implies that teacher training address the specific needs and circumstances of teachers in the workplace. We

emphasize that HIV/AIDS is a workplace issue for teachers and there is a need for a comprehensive support system that would enable teachers to perform their duties and yet deal with their own personal situation (Akoulouze et. al., 2001, p.23).

Few studies take account of teachers' lives as a key mediating factor in the teaching (delivery) of HIV/AIDS. It would seem that an assumption is made that if they (teachers) have the necessary knowledge about and skills to teach, they *will*, *can* and *will want to* teach effectively, notwithstanding how they position themselves (or are positioned) within the HIV/AIDS discourse. Unattended too, is how these teachers are positioned in and out of school and how within such spaces, cultural and social practices shape their experience and understanding of the disease. More importantly, within the current research agenda, is a lack of an interrogation of teachers as active agents working (shaping and being shaped), within contested and contestable discourses where they can, and indeed do, make choices about what knowledge to teach, when, and how.

Therefore, where teachers have been the focus of study, it has been with teachers as objects of a structure and system (deliverers of curricula) rather than of teachers as individuals who work and live in contexts in and to which they themselves are contributors, shapers, negotiators and mediators.

Context and culture

Sontag (1990) has suggested that the ways in which we understand HIV/AIDS is more indicative of our broader societal discourse of politics and economy than of any salient features of the disease itself. The discourses of tradition and modernity may seem to play an important role here where alternatively modernity in terms of women's behaviour and tradition in terms of male sexuality are played out as culprits of the prevalence of the disease. When HIV/AIDS is blamed on the 'modern' behaviour of women, and when control is reasserted over women's bodies in virginity-testing through the contemporary reinvention of traditional practice, that is the expression of an anxiety over the relationship between tradition and modernity.

The rediscovery of a certain cultural stereotype of black South Africans, and with African culture in general, can be related to early colonial and apartheid definitions of the 'Other' (Steinberg, 2002). On the other hand, while cultural essentialism should be discarded, the interventions in school are almost completely devoid of an acknowledgement of cultural and contextual aspects

which clearly play an important, and sometimes a detrimental role, in the negotiations and decision-making with respect to sex.

What seems obvious is that there is an urgent need to examine deeply held beliefs and practices about sex and everyday sexual practices in such a way that this cultural knowledge can be used in a meaningful way in terms of interventions in the field of education. Moreover, the relationship between sex and the socio-economic situation needs closer examination. The complex relationship between knowledge and behaviour is acknowledged as a problematic and it would seem necessary therefore for research to be located within situated contexts in which the youth and teachers construct their sexual identities and make sense of the HIV/AIDS messages rather than only finding out what they know about the disease.

Conclusion

From this review, it seems clear that three key elements are left unaccounted in the research on HIV/AIDS and education. The first is the lack of a critical engagement with the concept of culture and how, through this silence, culture is either misinterpreted as fixed and static, essentialised or conflated with ethnicity and language. The second element highlights how, in the research agenda issues of context, culture and the core of the problem, that is, what happens at the chalk-face in schools, have been left largely unattended. Our suspicion is that the failure of many of the educational programmes is at least partly due to the lack of culturally appropriate programmes, but also because developers of programmes dare to question various detrimental cultural and social practices. The final aspect relates to the methodological framework within which educational research on HIV/AIDS has been framed. Fundamentally, the epistemological questions posed within this sector remain driven by medical, economic and political discourses. These, as we have argued, are primarily driven by a need to know '*the what*' rather than a need to understand the deeply discursive situated contexts where people come to know. In asking different sets of questions, researchers might come to develop deeper understandings of why, in the midst of readily available information about HIV/AIDS, youth still find themselves unable to negotiate safe-sex practices and why teachers are still challenged in teaching about HIV/AIDS.

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