

# Creating space for HIV and AIDS in the curriculum

*A Rapid Assessment of curricular responses in  
South African Higher Education Institutions*



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# Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ACE	Advanced Certificate in Education
ACU	Association of Commonwealth Universities
CHE	Council of Higher Education
CPTD	Continuing Professional Teacher Development
CTP	Committee of the Technikon Principals
DoE	Department of Education
EC	European Community
EU	European Union
EDF	Education Deans' Forum
HEI	Higher Education Institution
HEAIDS	Higher Education HIV and AIDS Programme
HESA	Higher Education of South Africa
HIV	Human Immunodeficiency Virus
NQF	National Qualification Framework
NPDE	National Professional Diploma in Education
OCF	Online Collaborative Forum
OVC	orphans and Vulnerable Children
PCU	Programme Coordinating Unit (HEAIDS)
PGCE	Postgraduate Certificate in Education
PLWHA	People living with HIV and AIDS
PWG	Programme Working Group (HEAIDS)

SAIDE	South African Institute for Distance Education
SASA	South African Schools Act
SAQA	South African Qualifications Authority
SAUVCA	South African Vice-Chancellors' Association
STI	Sexually Transmitted Infection
UN	United Nations
UNGEI	United Nations Girls' Education Initiative
USAID	United States Agency of International Development
VCT	Voluntary Counselling and Testing
USAID	United States Agency of International Development

# Executive Summary

At the centre of much of the work in combating HIV and AIDS must surely be the recognition that universities themselves, have a key role to play. Such leadership might include research itself along with community outreach, it can include attention to what might be described as ‘student life’ in the university context (particularly in relation to the extra-curricular lives of students), and it can pertain to teaching. Case studies that have been carried out in a number of African universities that point to the fact that HEIs have responded in diverse ways to HIV/AIDS. These responses range from complete silence to systematically developed HIV/AIDS-related policies and programmes, research, service provision, peer education, and various academic responses, including the integration of HIV/AIDS into the curriculum (either as part of a course or module, as a set of assignments, or as stand-alone HIV and AIDS-focused modules). Notwithstanding the centrality of research in the area of HIV and AIDS and the important place of universities in initiating and sustaining a research agenda, teaching itself remains as a core mission of universities. This report, then, sets out to study what might be described as ‘the academic response’ of universities in sub-Saharan Africa. It poses such questions as the following: What type of teaching and learning in relation to HIV/AIDS is currently being carried out? What are the key models and approaches? What are some of critical challenges of engaging in academic work which up to a few years ago was not itself a curricular issue? And finally, what can we learn from conducting a study of academics (‘the champions’) who

have embarked upon ensuring that HIV/AIDS is addressed in the various undergraduate and postgraduate curricula in South African HEIs?

The report takes a mix-method approach, drawing on a review of literature on teaching and HIV/AIDS in HEIs which informed the design of the Rapid Assessment Survey and in depth interviews with lecturers championing the idea of addressing HIV/AIDS in their teaching.

The report is divided into four chapters. The first chapter maps out the area of ‘theories and models’ of teaching and HIV/AIDS in HEIs. In so doing it draws attention to this work as a knowledge area in the study of Higher Education, and provides an overview of the methods used to carry out the study. The second chapter is a review of the literature on teaching and HIV/AIDS in Higher Education, focusing in particular on the national and regional literature. Chapter three offers a situational analysis of HIV/AIDS and teaching in HEIs in South Africa. This chapter is divided into two main sections. Section One reports on the findings of the Rapid Assessment survey based on the response of DVCs and Deans from 16 universities. Section Two reports on the findings of the Champion interviews involving 22 staff representing 8 universities: the University of Cape Town, Cape Peninsula University of Technology, Mangosuthu University of Technology, Nelson Mandela Metropolitan University, North West University, Rhodes University, University of the



Witwatersrand) along with one instructor from the University of Limpopo who was interviewed as part of the development of the interview schedule. Several of the interviewees were not actually teaching at the time of the interview but were academics who occupy a key role in working with instructors who are champions and who also carry out staff development on HIV/AIDS integration more broadly. In one or two instances, the interviewees were not champions, strictly speaking, in that they were not currently integrating HIV/AIDS into the curriculum but rather, were interested in learning more. In several cases those interviewed were involved in academic support (either in relation to bio-medical knowledge or pedagogical support) and as such offered valuable information about the nature of champions in this area. Nineteen disciplinary areas were represented in the interviews: Agriculture (Poultry and Fruits), Applied English Language Studies (serving Mechanical Engineering), Business, Chemistry, Civil Engineering, Commerce, Communication, Community Development, Environmental Sciences, Health Sciences (Nursing and other health professionals), Food preparation and nutrition, Human Ecology, Hotel Management, Law, Mathematics Education, Pharmacy, Psychology, Religion and Theology, and Science Education.

## REVIEW OF LITERATURE

The Review of Literature looks at studies regionally and internationally, and in so doing considers a number of different models and approaches to addressing HIV/AIDS in the curriculum in HEIs. These include the use of the stand-alone module, the use of a carrier subject, cross-curricular work, and full integration or infusion. It also considers some of the various modes of delivery ranging from online courses, participatory methodologies and team approaches to delivery. The review then goes on to consider a number of implications from the literature on curriculum integration that are relevant for South African HEIs:

**Youth focused initiatives:** There is a critical need to re-think the ways in which HEIs respond to young people. And while there is widespread agreement that it is inappropriate to preach at young people,

appropriate pedagogies across a wide variety of disciplines need to be at the centre of change.

**Pedagogy, content and staff development:** Successful integration calls for innovative and participatory approaches to teaching and learning, and sufficient knowledge about HIV and AIDS. Staff development needs to be at the centre of HIV/AIDS curriculum integration initiatives.

**Research:** Support for researching a variety of teaching interventions, curriculum models and conceptualizations: What is clear in the literature is that there is not one model that is the answer, and that overall there is need for further research in the area. A recent report by Clarke (2009) on the state of teaching and teacher education and HIV/AIDS called *Heroes and Villains* suggests that the preferred mode for curriculum integration is to consider the stand-alone module or a few carrier subjects as the most appropriate approaches, and the idea of an across the board style of integration as least desirable particularly from a management perspective. There is, however, little documentation on what could happen under situations of coordination and passion and commitment on the part of individual faculties or universities as a whole. Given the success of HEIs with other cross curricular interventions (for example, academic literacy), there is much that could be applied to curriculum integration and HIV/AIDS.

**Interdisciplinarity and team teaching:** Given the fact that few instructors are experts in biomedical knowledge about HIV/AIDS and participatory pedagogies along with their own content knowledge, it seems critical that there is further support for cross-disciplinary initiatives and indeed, that there is greater support both for course development and research in this area.

**Assessment and Evaluation:** The question of ‘what difference does it make?’ is one that remains at the centre of studying interventions (including curriculum integration) in the context of HIV/AIDS. This remains an area with both practical implications (for example how do instructors examine/test the HIV-based issues in interdisciplinary approaches), as well as more theoretical and outcome oriented (e.g. what is it that we are seeking

to do in our individual and programme interventions)? There is clearly a need for further work in this area.

## SITUATIONAL ANALYSIS

The Situational Analysis is divided into two sections: the Rapid Assessment Survey and the ‘We are the Champions’ interviews. The Rapid Assessment Survey gives a snapshot of what is going on in South Africa in 16 HEIs, and as such may be taken as a base-line for future work in this area. There are nonetheless some preliminary conclusions that also can be drawn:

- There is a great deal of variation in relation to curriculum integration of HIV/AIDS even within one institution.
- Almost every possible disciplinary area is represented as having “something on the go” when it comes to integration, and indeed almost every possible disciplinary area had at least one champion somewhere in the country.
- Curriculum integration may not be an end in itself but rather part of a range of curricular and co-curricular activities.
- Representatives of some faculties do not see HIV/AIDS as ‘the’ only issue and do not see that it is warranted to integrate HIV/AIDS into the curriculum. Faculties or schools of Engineering were most likely to make this comment, although it may have been that other Deans also saw this a point.
- Reference was made to the heavy curriculum demands that already exist in many professional areas and hence the difficulty of adding something more.
- Community outreach through service learning is a critical issue across a range of faculties including psychology, the built environment, science and so on.
- Training of staff is an issue that several institutions saw as crucial.

The interviews with 22 champions of addressing HIV/AIDS in their teaching help to deepen an understanding of what needs to happen in South African HEIs. Notwithstanding the fact that there is probably no one ‘best model’, there are nonetheless several crucial points that need to be made.

**The caring academic and the personal, the professional and social responsibility:** Perhaps the most important point is recognition of the significance of the various knowledge forms (personal knowledge, disciplinary knowledge and workplace knowledge) in the narratives of the Champions. It was not enough for instructors to simply identify areas of their courses where they could find a disciplinary-related component that linked to HIV/AIDS. They had to feel strongly that this was a socially responsible thing to do. They also had to connect directly to the lives of the students and to see that building trust was critical. Many of the instructors spoke about how they worried about the future of their students and how satisfying they felt when the students trusted in them. This speaks to a changing role of educators in HEIs in the age of AIDS and in particular the idea of the caring professional and one who sees themselves having a preventative role in relation to the students’ lives.

**Links between teaching, research and community outreach:** A second important point that must be made is the link between and amongst the teaching, research and community outreach of instructors. One instructor working in Community Development, for example, spoke about the kind of community outreach she does in the township right beside the university—especially in relation to her own area of Nutrition. And even though several instructors spoke about the overload and the fatigue, almost in the same breath they went on to describe some new aspect of their work and how exciting it was. Following from this, the champions are clearly future oriented in their outlook.

**The varying roles of champions:** One of the points about the place of champions in a particular faculty relates to the question of ‘drivers’ within a faculty or school. It is interesting to note that in many cases it was not a Commerce instructor or an instructor in Engineering who was providing instruction to Commerce or Engineering students in relation to HIV/AIDS, but rather instructors in support units such as Communication, Applied Language Skills or a specialised unit on Curriculum Integration. Clearly, as several of these instructors in support units

commented, it takes a faculty champion to motivate for the inclusion of HIV/AIDS into the course or programme in the first place, but there are a variety of models that can be followed and it does not necessarily mean that everyone is integrating HIV/AIDS all the time and into all courses. This finding may make the integration process more manageable.

**Who addresses HIV/AIDS and what's gender got to do with it?** It might be tempting to see integration as something that is associated with female instructors, and indeed there were more female than male instructors interviewed. However amongst those interviewed, the male instructors were no less passionate and committed than the female instructors. It is nonetheless worth noting that the business of integration frequently falls to service courses such as Communication and Applied Language which may of themselves be more likely to be taught by females. And while male Heads of Departments (HoDs) in such areas as Commerce and Engineering may be the ones who motivate to include HIV/AIDS in the curriculum it ultimately falls to these service units to actually deliver the modules.

**Staff Development:** The need for staff development was raised in a number of the interviews. However, what was interesting were the various possibilities for how this might take place. In one set of interviews, for example, one person who was not herself a champion but rather had an interest in being a champion sat in on several interviews and it was in the course of listening to her colleagues that she started to develop ideas on what she might do. In the same institution a Chemistry instructor who was a champion invited his colleagues to sit in on his classes so that they might learn more about how to build trust.

**The significance of programme development (vs. single courses):** Notwithstanding the significance of the work of champions working at an individual level, it is clear that the most sustainable interventions need to happen at a programmatic level.

**The significance of leadership:** Many times over the comment was offered that unless there was a champion for a faculty or school that currently

has no integration, little change would take place. In essence, then, there is a need for a champion of champions in a university, and this should take place at senior management levels. Even HEIs which have a strong academic support unit need champions to spread their work into areas where currently little is happening.

## RECOMMENDATIONS

### Recommendation 1

**Staff development:** what is made clear across the 3 components of the study is the need for staff development. Ideally the units of Teaching and Learning that now exist at many South African universities could work closely with the HEAIDS units. This is of key concern and requires appropriate budgets, well trained facilitators who are both knowledgeable of curriculum design particularly in relation to issues of mainstreaming and integration and in the relevant disciplinary areas.

### Recommendation 2

**Planning and leadership:** Academic units need to be supported in developing their teaching and programmatic options. Although some Deans who responded to the Rapid Assessment Survey saw this as a critical concern, others did not see this as part of the teaching mandate of their discipline. There are different models for considering how leadership and planning might be supported. One model would be to consider the role of academic coordinators in every School who could provide local leadership.

### Recommendation 3

**Curriculum design** and its link to qualifications in relationship to outcomes for addressing HIV/AIDS in teaching is key. Without any clear mandate to address HIV/AIDS in teaching, and no clear set of anticipated outcomes, it is possible that initiatives in this area will simply become watered down or not accounted for (or evaluated) in teaching.

## Recommendation 4

**Preventative role of academics:** There is a greater support needed for *the caring academic in relation to social responsibility in teaching*: Perhaps the most important point that comes out of the study is a recognition of the significance of the various knowledge forms (personal knowledge, disciplinary knowledge and workplace knowledge) in the narratives of the Champions. It was not enough for instructors to simply identify areas of their courses where they could find a disciplinary-related component that linked to HIV/AIDS. They had to feel strongly that this was a socially responsible thing to do. They also had to connect directly to the lives of the students and to see that building trust was critical. Many of the instructors spoke about how they worried about the future of their students and how satisfying it was when the students trusted in them. This speaks to a changing role of educators in HEIs in the age of AIDS and in particular the idea of the caring professional and one who see themselves having a preventative role in relation to the students' lives. We recommend more support for academic staff in the area of counselling.

## Recommendation 5

**Rewarding good teaching in relation to HIV/AIDS:** At present many universities reward meritorious efforts in research through an annual prize. Many also reward meritorious teaching often in response to course evaluations. Staff could also be recognized for their role in addressing HIV/AIDS in their teaching through assignments, through community outreach linked to teaching or for initiating new course interventions that address HIV/AIDS.

## Recommendation 6

**Interdisciplinary research directed at teaching and curriculum development in addressing HIV/AIDS:** While there may be support for researching teaching approaches and curriculum development in such disciplinary areas as Teaching and Learning in Higher Education or in some units in Faculties of Education, generally there is much less support (academic recognition) in

faculties such as Science, Agriculture and Engineering. Discipline-based bodies should be encouraged through, for example, National Research Foundation (NRF) Research Niche Area support to conduct research into the most appropriate ways of addressing (and evaluating) HIV/AIDS interventions in teaching.

## Recommendation 7

**Curricular and evaluative studies – the knowledge base:** To date there are few follow up studies on the success of curriculum interventions in the area of HIV/AIDS, although the few that do exist make it quite clear that this is a critical area of study. A few conferences that have taken place in South Africa over the last couple of years point to the need for a more sustainability. This could be an academic area within HEAIDS-related work, and could lead to further development of websites, academic conferences, and an on line journal to name some of the ways that such an interdisciplinary approach might flourish.

## Recommendation 8

**Pedagogical materials:** To date there is not a robust range of materials in circulation that could support academic lecturers in their teaching in order to address HIV/AIDS even though there are certain core courses such as Academic Literacy across a number of universities where staff are attempting to incorporate HIV/AIDS into their teaching. Several publishers who are already working with HEIs could be encouraged to develop materials in this area.

## Recommendation 9

**Academically-based community outreach:** Given the increased emphasis in South African HEIs on academically-based community service and community engagement (including Service Learning), a critical area for further development, particularly in consideration of the overloaded curriculum, is to consider the ways in which HIV/AIDS teaching and learning might fall within a project-based approach to community engagement. This requires further research but it is a promising area for support.

## CHAPTER 1

# Introduction

### THE PLACE OF CURRICULUM AND TEACHING IN ADDRESSING HIV/AIDS

There is a growing recognition that Higher Education Institutions (HEIs) in sub-Saharan Africa have a critical role to play in taking leadership in addressing HIV/AIDS. Such leadership might include research itself along with community outreach; it can also include attention to what might be described as ‘student life’ in the university context (particularly in relation to the extra-curricular lives of students), and it can pertain to teaching. Case studies that have been carried out in a number of African universities point to the fact that HEIs have responded in diverse ways to HIV/AIDS. These responses range from complete silence to systematically developed HIV/AIDS-related policies and programmes, research, service provision, peer education, and various academic responses, including the integration of HIV/AIDS into the curriculum (either as part of a course or module, as a set of assignments, or as stand-alone HIV and AIDS-focused modules). Notwithstanding the centrality of research in the area of HIV and AIDS and the important place of universities in initiating and sustaining a research agenda, teaching itself remains as a core mission of universities. This report, then, sets us to study what might be described as ‘the academic response’ of universities in sub-Saharan Africa, recognizing that the curricula of Higher Education form a knowledge area and indeed, that the teaching in the age of AIDS in HEIs as well as in schools is critical area of investigation. It poses

such questions as the following: What type of teaching and learning in relation to HIV/AIDS is currently being carried out? What are the key models and approaches? What are some of critical challenges of engaging in academic work which up to a few years ago was not itself a curricular issue? And finally, what can we learn from conducting a study of academics (‘the champions’) who have embarked upon ensuring that HIV/AIDS is addressed in the various undergraduate and postgraduate curricula in South African HEIs? To date little work has been done in South African institutions around the idea of champions although this approach extends the notion of good practice or best practices and emergence of a ‘good practice’ or ‘best practice’ literature. Ramos (2008) amongst others applies the term ‘champions’ to instructors who are advocates for addressing HIV/AIDS in HEIs. While she is speaking of instructors in Teacher Education in Zambia, it seems entirely appropriate to apply this term more broadly in academic settings.

### METHODS

This report draws on an analysis of the local, regional and international literature on teaching and HIV/AIDS in Higher Education, and then on a situational analysis of South African HEIs more specifically. The report as a whole comes out of recognition that not that much is known about the range of initiatives and challenges across disciplinary areas and institutions



in the area of teaching. How are institutions taking up curriculum design and pedagogy? Are there some faculties or teaching areas that lend themselves more to curriculum development in relation to HIV/AIDS? What type of leadership and other support is required?

Methodologically, the study takes a mixed-methods approach. It starts with a comprehensive review of the literature on teaching and HIV/AIDS in HEIs in the region, noting in particular critical gaps in our knowledge about the academic response to teaching. Using the programmatic, curricular and pedagogical issues addressed in the review of literature (along with the gaps), the study then looks closely at the situation of South African HEIs. The Situational Analysis, as it is called here, which comes out of this up-close look draws on two instruments, (1) a Rapid Assessment Survey that was sent to Deputy Vice-Chancellors (DVCs) in all HEIs in the country and to be completed by both DVCs and Deans, and (2) an interview schedule for carrying out in depth champion interviews. A Rapid Assessment survey does not normally provide an in-depth analysis but rather serves to give a broad picture of the situation and further to provide an overall sense of some of the key areas for further exploration: What is happening across universities in the area of curriculum integration and across disciplinary areas? It is aimed at knowing more about such questions as: who is doing what? What are some of the challenges? What are some of the lessons learned? Overall, it was meant to provide some base-line data for further work in this area. This Rapid Assessment Survey was also meant to identify champions of teaching in various institutions for follow-up interviews. The Champion Interviews offer an in depth view of what teaching and HIV/AIDS really looks like through the eyes of those teaching in South African HEIs and across a wide variety of disciplines. This is an area that is missing from the literature, although we know from the literature review on Teacher Education (*The Situation of HIV/AIDS in Teacher Education*) and from educational change more broadly, that the key unit of change in the classroom (including the university classroom) is the Instructor/teacher.

## INSTRUMENTS AND PROCEDURES IN CARRYING OUT THE SITUATIONAL ANALYSIS

**The Rapid Assessment Survey**, based on a tick box and short answer design was developed in consultation with HEAIDS in January-February, 2009. (See Appendix A for copies of the questionnaires for Deputy Vice Chancellor (DVCs) and Deans). It was important that the survey instrument be something that could be completed in a short period of time by the Deputy Vice-Chancellors and Deans. In early March 2009 survey forms were sent out by email to DVCs in all HEIs in the country with the idea that they would distribute these forms to the various Deans, Heads of School of other institutional units. The bulk of the responses were received by early April. The questionnaire was completed by 16 out of the 23 Higher Education Institutions with a total of 62 survey questionnaires returned. These included responses from 9 DVCs, 8 Heads of Schools and other academic offices, with the rest of the surveys completed by Deans from distinct departments across the various institutions.

**The Champion interviews** were conducted as a follow up to the Rapid Assessment Survey. They took place in late April, 2009 through to the end of June, 2009. The idea for the champion interviews comes out of recognition that not only is there relatively little known about how various HEIs in South Africa are addressing HIV/AIDS in the curriculum, but there is also little known about the ‘drivers’ or the champions, the academic staff who are committed to addressing HIV/AIDS in their teaching. In order to address the latter, a Situational Analysis Rapid Assessment Survey sent out to all DVCs in HEIs in March, 2009, was also meant to identify champions of teaching and HIV/AIDS, instructors who could potentially participate in follow-up interviews. The process of selecting champions for interviews included two phases:

**Phase 1:** Phase 1 came from the Rapid Assessment Survey. From the 16 institutions who responded to the Rapid Assessment Survey, the names of more than 90 champions were put forward. While in some cases the champions were not always those who were teaching

in the area but rather were more clearly identified with research or participating more directly in an academic or health-related support unit, it was nonetheless fascinating to note that of those who are champion instructors, they come from a wide variety of disciplines. All but two of the institutions nominated champions. The disciplinary areas identified which had one or more champions include the following: Actuarial Statistics, Agriculture, Anthropology, Applied Language Skills, Commerce, Consumer Science, Drama and Film, Economics, Education, Engineering and the Built Environment, Health Sciences, Infectious Diseases, Information and Design, Leadership, Management, Nursing, Pharmacy, Paediatrics, Philosophy, Psychology (including Industrial Psychology), General Science, Sociology, Theology and Religion. Certain areas such as Infectious Diseases, Theology and Religion and Psychology had many champions listed in some universities. Significant to this Rapid Assessment Survey and the critical need to know about the possibilities for integration across institutions, it is worth noting that almost all possible disciplinary areas were represented in the champion nomination list.

**Phase 2:** Following from the Rapid Assessment Survey, the champion component of the study used a combination of purposive and convenience sampling. It was important to identify instructors across a variety of disciplinary areas and across a range of universities (including well resourced historically advantaged universities, historically disadvantaged universities, and ideally both rural and urban institutions). In mid April 2009 members of the implementing team reviewed the list of champions nominated by the institutions. With reference to convenience sampling, members of the implementing team, themselves academics at various HEIs, were able to interview their colleagues in other departments. The champion's interview schedule was developed in consultation with HEAIDS in February, 2009 (See Appendix B) and was field tested through preliminary interviews in two universities. This interview schedule was made up of a combination of open-ended and more structured

questions. The interviews were carried out by 5 members of the implementing team between late April and the beginning of June, 2009.

Each interview (either face-to-face or over the telephone) was audio-taped and transcribed. While in most cases the interviews were conducted in a one-on-one situation, at several universities, the interviews took place within a focus group situation. For example, at one university where a series of interviews had been set up to take place over the course of the day, several interviewees arrived together and participated together in the interview. In one instance an instructor even stayed on for close to two hours so that she could listen to more of interviews. As she said, "I am really learning something". Along with conducting the actual interviews, the interviewers also collected related data such as course outlines, and references to articles or conference papers written by the interviewees on the subject of curriculum integration.

## OVERVIEW OF THE REPORT

The report is divided into four chapters. This first chapter has served to map out the area of 'theories and models' of teaching and HIV/AIDS in HEIs. In so doing it draws attention to this work as a knowledge area in the study of Higher Education, and provides an overview of the methods use to carry out the study. The second chapter is a review of the literature on teaching and HIV/AIDS in Higher Education, focusing in particular on the national and regional literature. Chapter three offers a situational analysis of HIV/AIDS and teaching in HEIs in South Africa. This chapter is divided into two main sections, Section One reports on the findings of the Rapid Assessment survey administered to Deputy Vice Chancellors and Deans. Section Two reports on the findings of the Champion interviews. Finally Chapter four offers a series of recommendations that come out of the study.

## CHAPTER 2

# Review of Literature

### INTRODUCTION

To date, the literature on the academic response of tertiary educations to HIV and AIDS has been somewhat diffuse. More often than not the work has tried to get at “the big picture” of looking at the sites broadly rather than “up close” and rarely focusing on curricular structures. Critically, it is important to note that it is a somewhat dated literature in that the bulk of studies in the region have been conducted between 2000 and 2004. This time-frame speaks to the significance, one might argue, of the International AIDS “Breaking the Silence” conference which took place in Durban in 2000 and its impact on institutions in the region, and resulting funding and support for conducting such studies. It is also a literature that is characterized more by commissioned reports rather than peer reviewed academic studies. In those studies which have addressed teaching and the curricular response, there is often not a clear sense of what models of teaching and curriculum design are being followed. Thus this chapter is meant to highlight several key areas:

1. the broader area of HIV/AIDS literature in Higher Education;
2. specific examples of how HIV/AIDS is being addressed in South African universities as well as universities in the region and internationally;
3. general curriculum models for evaluating approaches to addressing HIV/AIDS in the curriculum; and finally

4. a consideration of some of implications and gaps in the literature.

### SITUATING THE LITERATURE ON HIV/AIDS IN HIGHER EDUCATION

One of the first researchers in the region to highlight the role of Higher Education in HIV/AIDS was Michael Kelly. Kelly (2000) argues the need for universities to react to the AIDS epidemic. His analysis points to several shortcomings in the institutional responses which fall short of integrating responses to HIV/AIDS into the centre function of universities. Chetty carried out a study in 2001 which reports on the situation in South African universities. Chetty (2001) documents responses in four areas: management, planning, programmes, and policy. It analyses key strategy issues including leadership, capacity, resources and the system-level impacts that HIV/AIDS will have on higher education. Chetty’s report also indicates that much of the focus of research on HIV/AIDS and education continues to be on school level education rather than higher education. Both Kelly’s report and Chetty’s report argue for the development of institutionally defined responses which focus on prevention, treatment and care. HIV education programs must provide opportunities for students to develop positive behaviours and to practice interpersonal and social skills such as decision making, and communication to enable them to identify, avoid, escape, and manage high-risk situations.



The more comprehensive documents on HIV/AIDS and higher education in Africa have been the result of case studies commissioned by the Association for the Development of Education in Africa (ADEA), the Working Group on Higher Education (WGHE) and the South African Universities Vice Chancellors' Association (SAUVCA). However, Kelly (2001) notes that most of the research done by institutions of higher education is commissioned and carried out by individuals and the findings are disseminated mostly in international AIDS conferences and journals rather than nationally.

While Kelly (2000; 2001; 2003) and Chetty (2002) argue that interventions by higher education were infrequent and disorganized, with few institutions having policies and frameworks concerning AIDS; Meyer (2003) a year or two later noted that many institutions were now establishing campus health services, launching increased and continuous intervention programmes where before there were isolated programmes, events, and guest speakers. Abebe (2004) produced a synthesis of case studies carried out in several African countries that assessed African universities' capacity to contribute to solutions to the HIV/AIDS scourge. The case studies collected information about how universities are responding to the HIV/AIDS pandemic through their administrative policies, academic programmes, involvement with national policy and with community level AIDS issues, NGOs and faith-based organisations among others. The study included universities in Botswana, Ivory Coast, Ethiopia, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania and Zambia. Abebe notes that African universities are at different stages in terms of their response to the HIV pandemic. The dominant situation is, however, characterised by inadequate or inappropriate institutional behaviour and action and that this is demonstrated by lack of appropriate policies to guide actions, formal units within institutional structures, plans and budgets and low levels of involvement by the university community. Another report is by Saint et al (2004) published by the World Bank, *Crafting institutional responses to HIV/AIDS: Guidelines and resources for tertiary institutions in Sub-Saharan Africa* comes to similar

conclusions. Katahoire (2004) highlights the fact that institutions such as the University of Botswana, the University of Pretoria, the University of Cape Town, the University of KwaZulu-Natal, Kenyatta University and the University of Namibia have established HIV/AIDS units to coordinate activities across the institutions and to prevent ad hoc approaches to programs and to ensure institutional involvement in HIV/AIDS prevention. According to Saint et al (2004), institutions that establish AIDS coordination units have better organised programs for addressing HIV/AIDS although it is not clear whether this study is referring to only teaching, or the coordination of HIV/AIDS programming as whole.

Several meetings, conferences and workshops have been held focusing on the theme of HIV/AIDS in higher education institutions in Africa. The Association of Commonwealth Universities organized meetings in collaboration with its partner institutions in Africa to discuss the problem of HIV/AIDS. A workshop was held in 2001, which was attended by senior representatives from ten universities in Africa. The proceedings of this workshop were compiled in a report "*HIV/AIDS: Towards a strategy for Commonwealth Universities, Report of the Lusaka Workshop hosted by the University of Zambia.*" The Association of Commonwealth Universities also produced guidelines for institutional response (ACU, 2002). A Regional Workshop organized by African Women in Science and Engineering was attended by several East African institutions. The workshop explored the impact and responses of higher education institutions in Eastern Africa to HIV/AIDS. The workshop proceedings were compiled in a report titled "*Women in higher education and science: African universities responding to HIV/AIDS*" (Katahoire, 2004).

While there are many lessons that might be taken from this more general literature on HIV/AIDS in HEIs, a point that relates indirectly at least to curriculum and teaching highlights the differing student and staff involvement in HIV/AIDS response initiatives. A number of the case studies conducted in higher education institutions show that students are more active in HIV/AIDS response initiatives than members

of staff. Abebe (2004), for example, observed that staff involvement particularly among the academic staff in HIV/AIDS response initiatives is almost invisible. This would suggest that the bulk of initiatives are extra-curricular rather than curricular in nature. Student-based activities are more dominant on the scene and staff involvement is the exception rather than the rule, hence undermining effectiveness and sustainability of intervention programs. As Katjavivi and Otaala (2003) have noted, students in higher education institutions have generated a creative array of activities in response to the HIV crisis. They highlight examples of good practice by universities that feature student engagement. For example, they discuss the use of a Youth Radio Station by the University of Namibia to entertain and educate the youth on issues of HIV/AIDS.

## CURRICULUM, TEACHING AND HIV/AIDS IN HIGHER EDUCATION

But beyond the student-led extra-curricular activities, how are universities taking up the curricular issues of HIV/AIDS? Academic responses to addressing HIV/AIDS can be looked at in a variety of ways and can include the development and provision of credit-bearing stand-alone modules, online or direct delivery modules, or the development (or adaptation) of courses or modules to include some components of HIV/AIDS. Integrated courses or modules can include various models of integration and infusion where HIV/AIDS is 'mainstreamed' and infused throughout the module, as well as those which reflect a 'bolted on' approach. In this model, the course may include one or two 'units' which are bolted on to an already existing curriculum and which in some instance may replace a unit or theme. Curriculum integration may simply include one major project or several assignments that students carry out.

### Stand-alone modules in addressing HIV/AIDS

Stand-alone modules refer to those modules that focus primarily on HIV/AIDS. They may be part of the curriculum of a particular disciplinary area and hence

target that group (see for example *Being a teacher in the context of HIV and AIDS* targeting preservice and inservice teachers) or they may be a "one size fits all" module but still part of the overall program of becoming an engineer, a social worker, an agricultural specialist and so on. While a number of studies in the previous section refer to the need for a stand-alone module for all university students, it must be noted that there are a number of challenges. Mathebula, Wood, and Mohammed (2007) for example have drawn attention to the fact that universities seem to be very protective of their credits and so it is a challenge to get HIV/AIDS integrated into the curriculum across all disciplines. There are also few examples of stand-alone modules that have been evaluated for their overall effectiveness. Such evaluations must take into consideration that fact that not all students (or disciplinary areas) will necessarily respond the same way in that the student groups themselves may have different interests.

An evaluation of a stand-alone module for all first year students at the University of Namibia suggests that timing, personal relevance, levels of practicality and so on are all vital (McGinty & Mundy, 2008). As they point out, all students attending the University of Namibia are required to take a course that is part of the core curriculum of the university called "Contemporary Social Issues" in their first year. It is a course that deals primarily with HIV/AIDS. All first year students get the same lecturers and course material. As McGinty and Mundy describe it, the course consists of 10 lecture hours over 5 weeks, with two lectures per week. Each of the 10 classes is presented in a large lecture format supplemented by a course reader. The course has a dual focus: one part is a bio medical orientation to HIV/AIDS and STIs; the other deals with the psychosocial factors that contribute to HIV/AIDS. Interestingly and in keeping with its dual focus, it is coordinated by two departments, the Faculty of Medical and Health science and the Department of Social Work and Community Development. (Haoses-Gorases & Grobler, 2006; Katjavivi & Otaala, 2003). The purpose of the course is to integrate HIV/AIDS into the undergraduate program in order to provide information on the historical, epidemiological, health, legal and prevention/home-based care aspects of HIV/AIDS.

While McGinty and Mundy (2009) do not offer an evaluation of the module as seen through the eyes of all faculties, their analysis of how it was viewed by fourth year Bachelor of Education students offers an interesting perspective on this approach. The students in their study (all in the faculty of Education) were interviewed about their knowledge of HIV/ AIDS in their final (fourth) year of their program. The interviewers found that 20 per cent of students when asked if they had ever taken a course on HIV/AIDS had failed to even remember the course. The majority felt that the component on biomedical knowledge provided in the course had had no bearing on their own knowledge of the disease. What they said they really wanted was a course that would help them teach about HIV/ AIDS and they felt ill-prepared to do that even though they were in their fourth year of study. Their concerns of course are very practical and perhaps not that different from how they would feel about many of their courses, both pedagogical and academic. At the same time, it does speak to content, pedagogy and perhaps even timing. The students had taken the course several years before the interviews. No mention is made of a course evaluation at the time the course was delivered so we are not sure whether the content itself was irrelevant or simply not presented in an engaging matter, or whether the timing was simply too early in their program to now make a difference in relation to their teaching. What the results do suggest is that a once-off module is probably not enough, certainly for pre-service teachers, but perhaps for all students, or that program integration requires a more tailored approach (i.e. “one size does not fit all”).

### Integration Through Infusion

A few studies in South Africa point to some positive changes in relation to curriculum integration and the ways that staff are seeing ways to incorporate HIV/AIDS work directly into their teaching. Meyer (2003), for example, reports on how studying HIV/AIDS allows room for improving science education. She argues that incorporating this work into one of her existing courses on Virology for undergraduates at Rand Afrikaans University (RAU) (now the University of Johannesburg) was easy and effective.

Lecturers from the Sociology department team taught with lecturers from the Biochemistry department. The Sociology department provided lectures on social issues and HIV/AIDS while the Biochemistry department provided introductory lectures on the biology of HIV/AIDS for a course on the social aspects of HIV/AIDS. Meyer argues that *team teaching has a special appeal because it means more information is provided to students without meaning more work for lecturers*. In line with Meyer, Mohammed (2007) argues that successful incorporation of HIV/AIDS in a non-science course is possible while enriching it by overcoming students’ HIV/AIDS prejudices and concurrently promoting voluntary counselling and testing. He incorporated issues of HIV/AIDS and STIs into a Tourism curriculum at the Cape Peninsula University of Technology, with the aim of mitigating the impact of HIV/AIDS stigma and discrimination among students. Several other studies, as noted in the previous section on teacher education look at the integration of HIV/AIDS into a primary mathematics module (van Laren, 2007; 2009) and the integration of Media Studies, HIV/AIDS and Guidance and Counselling (Stuart, 2007).

Some universities in South Africa have conducted their own audits on curriculum integration across the university (and of course including Education). The University of Cape Town, for example, has engaged in a self-study of its own curriculum responsiveness to HIV/AIDS. In 2008 there were two compulsory HIV/AIDS-related modules for all first year students in Commerce and Health Sciences. Commerce offers a course called “Evidence-Based Management” which aims to educate students in a general way on issues related to HIV/AIDS and then to explore the relevance to the business environment. Health Sciences offer a unit called “Me and HIV/AIDS” within an umbrella course called “Becoming a Professional”. This course aims to contribute to developing personal and inter-personal skills, with students undertaking work around stigma, relationships, values, social psychological issues and biomedical issues. Although there are no compulsory HIV/AIDS related courses in Law, Sciences, Humanities or Engineering and the Built Environment, there are courses that incorporate

related components such as gender (in a course called Understanding Gender in Humanities and work in the African Gender Institute). The report also notes that many other departments and schools in the Humanities integrate related components, and the Science Faculty explores biological, molecular, cellular and environmental aspects of HIV in some of its courses. A course in the Law Faculty examines human rights issues, and the provision of ARVs to HIV positive women. In Humanities, some courses incorporate work on HIV/AIDS into case studies (e.g. Public Health and Religious Studies, sociological aspects of HIV/AIDS in Education and so on) (HAICU, 2008).

### Modes of Delivery

Regardless of the approach to curriculum and teaching (e.g. Stand-alone, integration, infusion), it is also important to consider modes of delivery. While not all curriculum studies make clear the mode of delivery, two modes that are worth noting include on-line approaches and workshop approaches:

**On-line approaches:** A promising area for addressing HIV/AIDS through teaching integration is to consider the use of on-line course delivery. While there are already promising examples within teacher education (e.g. INWENT) and initiatives that have been tried out at several South African universities, the use of on-online approaches brings into question the need for a range of new skills on the part of instructors. Kearsely (2000) suggests the need for a team approach, noting that faculty members are experts in subject matter and pedagogy but not necessarily experts in developing curricular materials for on-line learning. The work, then, of instructional designers, multimedia producers and so on is critical to ensure appropriate levels of interaction.

**Workshop approaches:** Several studies point to the significance of classroom-based student engagement through the use of hands-on workshops. Stuart (2007) for example describes a component of a Guidance and Counselling module that is organized around a series of workshops in which beginning teachers engage in cultural production activities (working with their own photo images and photo stories of HIV/AIDS,

critiquing local videos, and created their own poster images and messages related to HIV/AIDS. In the work at the University of Cape Town described in the previous section around initiatives coordinated by HAICU, several faculties offer compulsory one-day 'units' in which they address key issues of HIV/AIDS in Commerce or Medicine.

**Team teaching:** Several studies highlight the importance of team teaching, with the idea that many instructors will not necessarily have sufficient knowledge in both their disciplinary area and in the area of HIV/AIDS itself. Meyer (2003), noted above, describes an intervention at RAU (now the University of Johannesburg) involving lecturers from the Sociology department who team taught with lecturers from the Biochemistry department. Meyer argues that *team teaching has a special appeal because it means more information is provided to students without meaning more work for lecturers.*

### Models of Addressing HIV/AIDS in the Curriculum

The previous section reviews some of the ways in which universities are approaching curriculum and teaching in the area of HIV/AIDS. One of the criticisms that might be made of much of the literature is that it does not always situate the interventions within a broader consideration of mainstreaming HIV/AIDS or curriculum integration and HIV/AIDS more specifically. Thus this section points to various bodies of literature that identify and critique some of the different approaches to addressing HIV/AIDS in teaching. Much of this work is located within education more broadly. Where there is work in Higher Education, it has often been in the context of Teacher Education. Notwithstanding these considerations, it is useful to look at the types of approaches and their critiques.

According to the Inter-Agency Task Team (IATT) on Education (2008), one of the biggest barriers to HIV/AIDS mainstreaming is the many different understandings of the term. Definitions of 'mainstreaming' do, however, appear to point to a need for a comprehensive, in-depth examination of the organization or



sector(s) as a whole. Mainstreaming is not defined as a goal in itself but an active, ongoing process. HIV/AIDS mainstreaming is considered to be a process of integrating HIV/AIDS throughout the functioning of, for example, an educational organization. HIV/AIDS mainstreaming relates to organizational attempts at including HIV/AIDS issues in all aspects of managing an organization. One aspect of these organizational efforts would be the integration of HIV/AIDS education into the curriculum itself.

The notion of including one discipline or focus area such as HIV/AIDS education within another discipline is, however, not a novel concept (Chettiparamb, 2007; DeZure, 1999; Klein, 2006; Mathison & Freeman, 1997). Many advocates of interdisciplinarity stress the fact that it is using inputs from more than one discipline that provides a deeper understanding of a problem (Chettiparamb, 2007; Klein, 2004; Nowacek, 2005). Klein (2004) points out that the complexity of health care issues necessitates the use of interdisciplinary collaboration. The issues related to HIV/AIDS education are complex and solutions of associated problems require more than the subject-knowledge of a single discipline. An interdisciplinary approach that explores the integration of HIV/AIDS education into a disciplinary area provides possibilities of other viewpoints of the challenges presented by HIV/AIDS.

The notion of 'a discipline' has been explained by various authors in terms of scientific-epistemological, social and/or organizational considerations (Chettiparamb, 2007) but there are many understandings of the term 'interdisciplinary'. Nissani (1995), for example, uses four criteria to rank 'interdisciplinary richness', namely, the number of different disciplines that are combined, the distance between the disciplines, the novelty of the combination of disciplines, and the degree of integration of the disciplines. Nissani (1995) considers interdisciplinary richness to lie along a fluid continuum that is separated by the two imaginary poles of pure disciplinary work and he uses these four criteria to arrive at a working definition of interdisciplinarity.

Some of the terms used to describe teaching two or more disciplines deliberately in relation to one another

are, for example, fusion, integrated, cross-disciplinary, correlated, integrative and trans-disciplinary (Mathison & Freeman, 1997). In addition, there is a multitude of meanings associated with each of these terms. Mathison and Freeman (1997) present these definitions along a continuum making use of 'levels' of integration. These authors provide a table to examine the different theoretical features that demarcate some interdisciplinary studies. Table 1 is a summary of the levels of integration.

**Table 1** Levels of integration described by Mathison and Freeman (1997, p. 8)

Level of integration	Theoretical features
Intradisciplinary discipline-field	<ul style="list-style-type: none"> <li>■ Enhances connections within disciplines</li> <li>■ Promotes success for all students</li> </ul>
Cross-disciplinary correlated	<ul style="list-style-type: none"> <li>■ Coordinated themes/content across separate subjects</li> <li>■ Emphasis of certain skills across disciplines</li> </ul>
Interdisciplinary	<ul style="list-style-type: none"> <li>■ Processes, concepts, skills, or elements of two or more disciplines together</li> <li>■ Common themes or modes of inquiry form interdisciplinary connections</li> <li>■ Inquiry skills and discipline content are enhanced</li> </ul>
Integrated	<ul style="list-style-type: none"> <li>■ Disciplines lost in global perspective</li> <li>■ Theme or issue oriented</li> <li>■ Inquiry oriented</li> </ul>
Integrative	<ul style="list-style-type: none"> <li>■ Disciplines lost in global perspective</li> <li>■ Student/teacher negotiated themes and issues direct</li> <li>■ Inquiry oriented</li> </ul>

What these various levels point to is a sense of what can be gained but also what is lost (and hence why this work is so challenging). It is also evident that they various levels point to the need for different approaches to teaching. Integrated and integrative approaches, for example, call for more inquiry oriented models. The integrative approach also suggests a more learner-centered approach.

The main factors that affect the integration of HIV/AIDS education into curricula are considered to be the stage of curricular reform, the structure or framework of the curriculum and whether the curriculum design is centralized or decentralized (UNESCO, 2006). The manner in which the content at teacher institutions is presently organized into separate subjects (for

example, mathematics and mathematics education) or thematic blocks (for example, preparing teachers for teaching and learning of Life Orientation) would influence the manner and form in which HIV/AIDS education can be integrated. For example, where a module is taught by a number of instructors (each covering one unit), it would be important that there is a module coordinator who is able to direct the ways in which particular topics might be covered so that there is not excessive duplication or large gaps.

Kelly (2007) separates challenges encountered by teachers when integrating HIV/AIDS issues into a school curriculum into two aspects: professional and personal. While he is referring specifically to teachers in school classrooms, his concerns are likely to be applicable to university instructors. He notes that often teachers consider their lack of professional competence to be a result of a lack of preparation. Furthermore, Kelly (2007, p. 70) considers the absence of a universally agreed curriculum framework for use in schools to hamper professional development of teachers in the area of HIV/AIDS education. The overcrowded school curriculum causes marginalization of the HIV/AIDS education and the lack of appropriate teaching and learning materials are further professional hindrances. Teachers also point out that they are uneasy about taking on the sole responsibility for HIV/AIDS education and discussions with young people. Teachers often experience a lack of support from school management and other educational authorities and attitudes of parents towards discussions of sexuality and other necessary sexual matters complicate addressing HIV/AIDS issues. Together with these professional challenges there are personal considerations that make teachers reluctant to consider HIV/AIDS issues in classrooms. Kelly (2007) lists cultural factors, fears and personal sensitivities as further complicating factors.

### Approaches to Integration: Strengths and Weaknesses

The discussion in this section is taken largely from a comprehensive study of teachers and teacher education conducted by Clarke (2009) in relation to Life Skills Education. Although the various approaches and

critiques to integration of HIV/AIDS into the curriculum that he describes relate to teaching practices in school and teacher education program, they can also shed light on curriculum development in HEIs more generally.

**Integration within a carrier subject:** Integrating HIV/AIDS into an existing subject that is relevant to the issues, such as civics, social studies or biology, is suggested as a good short-term option.

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>■ Teachers of the carrier subject are likely to see the relevance of the topic to other aspects of the subject.</li> <li>■ Teachers of the carrier subject are likely to be more open to the teaching methods and issues being discussed due to their subject experience.</li> <li>■ Cheaper and faster to integrate the components into materials of one subject than to infuse across all.</li> </ul>	<ul style="list-style-type: none"> <li>■ Risk of an inappropriate carrier subject being selected.</li> <li>■ Integration in biology would focus on biomedical knowledge, while health education or civic education would permit a more holistic approach involving social and personal issues.</li> <li>■ Integration may be marginal addition.</li> </ul>

**Source** Clarke, David J. (2008) *Heroes and Villains: teachers in the education response to HIV*. Paris: International Institute for Educational Planning, 89. Retrieved 15 May 2009 from [http://www.iiep.unesco.org/fileadmin/user\\_upload/Info\\_Services\\_Publications/pdf/2009/HIV\\_CLARKE.pdf](http://www.iiep.unesco.org/fileadmin/user_upload/Info_Services_Publications/pdf/2009/HIV_CLARKE.pdf)

**Integration as a separate subject concerning health or family life education:** Teaching within a specific subject to address HIV in the broader context of other important issues, such as health education or health and family life education, is considered a good longer-term option.

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>■ Likely to have teachers who are focused on the issues, and can be specifically trained</li> <li>■ Most likely to have congruence between the content and teaching methods in the subject, rather than shortcutting which may occur through 'infusion' or 'carrier subject' approaches</li> </ul>	<ul style="list-style-type: none"> <li>■ The subject may be accorded very low status and not seen as important, especially if not examinable.</li> <li>■ Requires additional time to be found in already overloaded curriculum if not already included.</li> <li>■ Other teachers may make no effort to promote HIV education within their teaching.</li> </ul>

**Source** Clarke, David J. (2008) *Heroes and Villains: teachers in the education response to HIV*. Paris: International Institute for Educational Planning, 89. Retrieved 15 May 2009 from [http://www.iiep.unesco.org/fileadmin/user\\_upload/Info\\_Services\\_Publications/pdf/2009/HIV\\_CLARKE.pdf](http://www.iiep.unesco.org/fileadmin/user_upload/Info_Services_Publications/pdf/2009/HIV_CLARKE.pdf)

**Integration across the curriculum:** According to Clarke, the least effective way of including life skills-

based HIV prevention education is when it is integrated into all, or many, existing subjects and delivered by regular classroom teachers.

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>■ A whole school approach can be taken. It utilizes structures that are already in place and is often more acceptable than a separate course of family life education or sex education.</li> <li>■ Many teachers are involved, even those not normally involved in teaching HIV education.</li> <li>■ High potential for reinforcement.</li> </ul>	<ul style="list-style-type: none"> <li>■ The issues can be lost among the higher status elements of the subjects.</li> <li>■ Teachers may maintain a heavy information bias in content and methods applied, as is the case with most subjects.</li> <li>■ The logic of HIV prevention is lost.</li> <li>■ Very costly and time consuming to access all teachers and change teaching materials.</li> <li>■ Some teachers do not see the relevance of the issue to their subject.</li> <li>■ Difficulty in ensuring the consistency of message across subjects and the logic required for HIV prevention.</li> <li>■ Potential for reinforcement seldom realized due to other barriers.</li> </ul>

**Source** Clarke, David J. (2008) *Heroes and Villains: teachers in the education response to HIV*. Paris: International Institute for Educational Planning, 90. Retrieved 15 May 2009 from [http://www.iiep.unesco.org/fileadmin/user\\_upload/Info\\_Services\\_Publications/pdf/2009/HIV\\_CLARKE.pdf](http://www.iiep.unesco.org/fileadmin/user_upload/Info_Services_Publications/pdf/2009/HIV_CLARKE.pdf)

## Critical Issues in Curriculum Integration and Higher Education

There are a number of critical areas that emerge within the literature:

**The need for examples/documentation:** Clearly this remains an area where there is still a great deal to do within HEIs. Notwithstanding the range of examples noted above, to date there remain few examples of how different faculties are doing this successfully. Those that are, as noted in several examples above, often work collaboratively across several faculties (e.g. Science and Sociology, Education and Public Health, Law and Medicine). The message here is that successful integration requires knowledge of curriculum design, planning and implementation and also knowledge of HIV and AIDS (not just biomedical knowledge but also knowledge of social determinants and of community action). This speaks to the importance of developing structures and relationships across faculties that can provide support to curriculum integration.

**Content:** Attention to the actual AIDS *content* remains a challenge. If the work on HIV/AIDS is to be examinable (arguably a significant feature in and of itself), there is evidence to suggest that it is much easier to assess bio-medical knowledge than other forms of knowledge that might be covered in such a module. If there is integration across a number of modules within one program, what kind of coordination is required to ensure that instructors are covering a variety of content issues and not just the area of bio-medical knowledge? Ramos (2008) in her work in Zambia specifically in Teacher Education notes the challenges around integrating (and examining) more complicated issues such as rights based messages, along with the need to integrate (and examine) gender responsive scientifically accurate, culturally appropriate information into the curriculum. At the same time, Stuart (2007) in her work on integrating HIV/AIDS into a Guidance and Counselling module in a Faculty of Education draws attention to the fact that it is critical to make sure that accurate and up-to-date knowledge is being communicated. How do lecturers who themselves and by their own admission feel somewhat inadequate address this situation? What kind of on going professional development needs to take place?

**Pedagogy:** Appropriate pedagogy itself is also a concern. Currently there is relatively little literature on the background of instructors, the approaches most effective, the nature of the engagement of students and so on. Many of the articles and other published works may describe the curriculum in terms of topics covered, readings, number of credits and the assignment, but give relatively little attention to pedagogy itself. As noted above, many studies highlight the importance of interactive and participatory approaches to teaching. Beyond Faculties of Education where pedagogy is most likely to be “the point”, how do universities take up these pedagogies? We know that there are many mass lecture strategies. How do these work in relation to HIV/AIDS? How does an instructor build in discussion time? What kinds of assignments work best? The use of new technologies is a relatively untapped area for (a) course delivery in integrating HIV/AIDS (except in isolated cases as noted above)

and (b) in relation to instructor support although the studies that do exist suggest that this is a promising area for further development.

Several promising examples of participatory learning and HIV/AIDS can be found in the work around:

1. cooperative learning; and
2. problem based learning.

As noted in other subject areas, cooperative learning fosters positive interdependence, group process, social skills and face-to-face interaction (Ibid). It may also be useful to have a gender-specific group of learners to work on a specific aspect of the HIV/AIDS so that they are free from acting out normative roles and feel freer to think independently away from the opposite sex (Drummond, 2002). Problem-based learning (e.g., teaching skills and content through the analysis of complex and interesting real-world problems, is an approach that enables faculty to easily incorporate HIV related issues into their course (see: <http://biology.beloit.edu/emgdis/index.html>). The key to this approach (called SENCER), is to use the lens of a compelling social issue to teach science. As noted above UJ has drawn on this approach with some success. The approach requires students to engage in serious scientific reasoning, inquiry, observation, and measurement, and to connect scientific knowledge to public decision-making, policy development, and effective citizenship.” (see also: <http://www.aacu-edu.org/SENCER>).

Another participatory approach can be seen as an innovative arts-based pedagogy and training for medical students. A three-session interactive mini-course with 60 first year medical students at a medical school in Zimbabwe, set out to enhance students’ communication skills and knowledge of ethics and skills to communicate information:

- about HIV to patients;
- to address ethical implications of testing versus not testing for HIV;
- to increase awareness of the medical and preventive benefits of knowing one’s HIV status; and

- showing people how to cope with the emotional burden of dealing with HIV on a day-to-day basis.

The sessions combined presentations by well-respected role models in the field with role-play and small group discussion, Along with the participation of the medical students, the sessions also involved lecturers, facilitators and, a group of actors.

David Wessner of Davidson University in the US makes use of a wide variety of popular culture texts to engage young people in his first and second year biology classes in addressing HIV/AIDS. In one course he looks at portrayals of HIV/AIDS in art, music, film and television. He also teaches two other course in the biology department, the AIDS Pandemic and the Biology of HIV/AIDS ([www.bio.davidson.edu/projects/aidspopculture/](http://www.bio.davidson.edu/projects/aidspopculture/), retrieved May 19, 2009) Another example of biology-related curriculum integration using participatory approaches comes from Rutgers University. An introductory microbiology course was adapted to focus on “Biomedical Issues of HIV/AIDS.” This course deals with real issues in student’s lives, and in particular focuses on connecting theory with practice and delivering complex content in manageable pieces. The course is built around a core of biological principles (e.g., sexually transmitted diseases, immune system functions, and virology), draws on guest speakers dealing with a variety of psychological and social issues, and engages the students with creative writing and research assignments. The course is for none-science majors who received credit for the class, but science majors could not. Nevertheless, a significant number of science majors took the course, feeling that it addressed a highly relevant topic that would be of great use to them in application in their fields. Course information can be found at: <http://www.rci.rutgers.edu/~devanas/AIDS>. (Conf. African Women in Educa. & Science, 2001).

Complex educational computer and video games can also be helpful and support learning in an interactive way (Amory, 2007). As the gaming literature attests, students can be engaged by exploring multiple viewpoints and multiple concepts. Collaborative learning takes place when students play complex educational



games together. Players can learn, if the games are designed so that the story and plot allows them to actively create their own meaning/understanding. Interactive educational games encourage decision-making skills and can change social cognition. Active learning has greater potential than, for example, a video (such as *Your Moves*) in which students are passive recipients of information.

### **Conceptual models for curriculum integration and HIV/AIDS:**

There is a clearly need for conceptualizations of curriculum integration that run beyond simply “to infuse or not to infuse”. Several South African studies address the issue of conceptualizations. Lesko (2007) for example after looks at two distinctive approaches to teaching HIV/AIDS: a technical-managerial approach and an interdisciplinary-activist approach. Drawing on interviews with 22 instructors at the University of KwaZulu-Natal, she concludes that a techno-managerial approach is less likely to contribute to developing a supporting social cohesion, something that she regards as critical. She also sees that publishing and teaching within discipline-bound perspectives may impede “actions that matter” (342).

**Evaluation:** While there is widespread endorsement of the idea of curricular integration, clearly there is a need for more documented case studies, and more attention to the question “what difference does this make anyway” and “how do we know?” As van Laren and Ismail (2009) point out, typically integration is seen as an all or nothing, and as they highlight it is likely to be more effective for an instructor to start small and in a contained way (i.e. just one unit or one topic within a module rather than the whole module) in the beginning stages of integration. They also note that instructors may only see the issues as synonymous with sex education and for that reason shy away from the issues, rather than acknowledging the vast range of social issues that might be included (poverty alleviation, human right, gender based violence and so on). In the literature, there are references to specific courses such as “Contemporary Social Issues” (Namibia), “Evidence-Based Management” (University of Cape Town), “Me and HIV/AIDS” (University of Cape Town). How might one compare these courses? How

specific are the professional components in relation to Commerce, Public Health and so on? There are other critical issues however that speak more to the impact of cross-curricular interventions overall. For example, if an entire program or department or faculty were to decide to integrate HIV/AIDS, are there certain pitfalls in terms of overlap, redundancy, AIDS fatigue and so on? (Wood, 2007). What types of coordinating mechanisms are needed? What role can an academic planning unit play in this regard? Are students getting a repetition of some aspects of HIV/AIDS to the point of boredom and then no exposure to other issues? And while we have useful case studies of coordinating and managing say a unit that offers academic literacy (as a once-off course) we have few examples of what the challenges might be of most students coming in contact with many different approaches and potentially all at the same time. Clearly there is a need for well designed evidence based studies.

### **Professional development and curriculum integration:**

There is the issue of professional development and support for instructors in relation to curriculum integration. To date there is a paucity of literature on ‘how to’ in integration even though there is a fairly well developed literature on mainstreaming gender into the curriculum within Higher Education (see for example UNGEI, 2008; Morley, 2007) that could be applied to integration and the mainstreaming of HIV/AIDS into the curriculum. As noted above, there is even confusion about what counts as integration. Indeed, van Laren (2009) makes it clear that the terms related to integration themselves may not be well understood by instructors in HEIs. She highlights such terms as fusion, integration, mainstreaming and so on and suggests that it is critical that instructors understand their nuances.

Outside of Africa, a good example of some of the challenges of taking on integration across the curriculum can be seen at the University of the West Indies in Trinidad and Tobago. There an initiative to integrate HIV and AIDS into the Higher Education Curriculum was undertaken around 2005. Staff within Academic Planning took the lead in terms of coordinating this initiative and organized 3-day training sessions for staff members from all academic units. However, as

one instructor who is herself a champion of addressing HIV and AIDS and who had been one of the ones trained commented: “In Education, we probably were already ahead of things because we had been doing integration and we were already focusing on pedagogy. For other units of the university it was not so easy” (Jocelyn Rampersad, personal communication, Feb. 22, 2009). She goes on to comment that now almost four years later it is not obvious what the impact of intervention has been or even how it is being sustained. In the case of new staff members, for example, there has been no follow up with a new training session.

There are several phases or stages to consider:

1. faculty sensitization, and
2. various forms of professional development.

As noted elsewhere in relation to the need for sensitization, faculty may be reluctant to incorporate HIV into their courses for a number of reasons. They may not be totally comfortable with the subject and may even worry about doing more harm than good. To be effective, faculty must be willing and at ease in speaking about the HIV/AIDS. To catalyze students into deeply thinking about the problem of HIV/AIDS for themselves, their families and society, faculty must be paramount role models, who demonstrate excitement about the ideas being discussed. They must also be prepared to take up highly charged sensitive issues that include values, culture, religion, people’s sexual practices and so on. This work also can include discussions of intimate partner violence, homosexuality, gender norms, power and control, and alcohol and drugs. As noted elsewhere, team teaching might somewhat minimize this problem. Faculty must also be knowledgeable about student services and prepared to refer to students for further support. In relation to actual teaching, the findings from a Regional Workshop in the Caribbean (2007) found, that faculty members may view adding a new course as a barrier because of the amount of time it takes to develop such a course and for it to be approved by the departmental and numerous other curriculum committees. Most courses offered at universities are those that faculty and accrediting organizations deem to be core content in a specific discipline that is required for

students to learn. If creating an HIV/AIDS course as an elective is not feasible, then adding HIV/AIDS into an existing course is a good solution.

An example from the University of Arizona highlights some key issues in the actual process of curriculum development at the undergraduate level. The university embarked upon developing a course that could be used across a wide range of disciplinary areas. Interestingly, they started with people who were in a sense outside of specific disciplinary areas: people who were knowledgeable about working with students directly as well as student leaders along with committed faculty members. Drawing on a variety of participatory approaches such as brainstorming, the sharing of information and indeed the sharing from courses that already had an HIV/AIDS component (from such areas as Maths, Political Science and Molecular Biology), the group devised a completely new course (see Monk, n. d.).

A promising development at the Nelson Mandela Metropolitan University based on the development of a blended learning course for staff as part of professional development draws attention to the significance of technology and online collaboration in ensuring sufficient competence amongst staff to carry out integration in their courses (Johannes, 2009).

**Incentives:** Finally, there is the issue of incentives to encourage faculty members to take on the issues. HEIs could offer incentives to that faculty who have invested considerable time and resources in curriculum development to share their experiences with colleagues in other institutions and which may also then feed back into professional development at the local level. As has been found in the US, incorporating discussions of HIV/AIDS topics on discipline-specific global list-servs may generate ideas and offer opportunities to share curricula (APA, n. d.).

## CONCLUSION AND IMPLICATIONS

At the centre of much of the work in combating HIV and AIDS must surely be the recognition that universities themselves have a key role to play in the change

process. Following from some of the research around sero-prevalence rates of students at various universities in Southern and Eastern Africa, it is critical to ensure that future leaders stay alive! HIV and AIDS is an across-the-board concern and one part of that ‘across the board’ must surely be teaching itself. There are a number of implications from the literature on curriculum integration that are relevant for South African HEIs:

### Youth Focused Initiatives

While there is widespread agreement that it is inappropriate to preach at young people, appropriate pedagogies across a wide variety of disciplines need to be at the centre of change.

### Pedagogy, Content and Staff Development

Successful integration calls for innovative and participatory approaches to teaching and learning, and sufficient knowledge about HIV and AIDS. Staff development needs to be at the centre of HIV/AIDS curriculum integration initiatives.

### Research

Support for researching a variety of teaching interventions, curriculum models and conceptualizations: What is clear in the literature is that there is not one model that is the answer, and that overall there is need for further research in the area. A recent report by Clarke (2009) on the state of teaching and teacher education and HIV/AIDS called *Heroes and Villains*, suggests that the preferred mode for curriculum

integration is to consider the stand-alone module or a few carrier subjects as the most appropriate approaches, and the idea of an across the board style of integration as least desirable, particularly from a management perspective. There is, however, little documentation on what could happen under situations of coordination and passion and commitment on the part of individual faculties or universities as a whole. Given the success of HEIs with other cross curricular interventions (for example, academic literacy), there is much that could be applied to curriculum integration and HIV/AIDS.

### Interdisciplinarity and Team Teaching

Given the fact that few instructors are experts in biomedical knowledge about HIV/AIDS and participatory pedagogies along with their own content knowledge, it seems critical that there is further support for cross-disciplinary initiatives and indeed, that there is greater support both for course development and research in this area.

### Assessment and Evaluation

The question of ‘what difference does make?’ is one that remains at the centre of studying interventions (including curriculum integration) in the context of HIV/AIDS. This remains an area with both practical implications (for example how do instructors examine/test the HIV-based issues in interdisciplinary approaches), as well as more theoretical and outcome oriented (e.g. what is it that we are seeking to do in our individual and programme interventions)? There is clearly a need for further work in this.

## CHAPTER 3

# Situational Analysis

This chapter is divided into two sections. Section One reports on the findings of the Rapid Assessment Survey sent to Deputy Vice Chancellors and Deans at all HEIs in South Africa. Section Two of the chapter reports on the findings of a study of the champions of addressing HIV/AIDS in their teaching.

### SECTION ONE: RAPID ASSESSMENT SURVEY

The responding institutions included the following:

- Cape Peninsula University of Technology (CPUT)
- Durban University of Technology (DUT)
- Nelson Mandela Metropolitan University (NMMU)
- North West University (NWU: Potchefstroom and Vaal Triangle campuses)
- Rhodes University (RU)
- University of Stellenbosch (SU)
- Tshwane University of Technology (TUT)
- University of Cape Town (UCT)
- University of Fort Hare (UFH)
- University of Johannesburg (UJ)
- University of KwaZulu-Natal (UKZN)
- University of Limpopo (UL)
- University of Venda (UNIVEN)
- University of Zululand (UZULU)
- Vaal University of Technology (VUT)
- University of the Witwatersrand (WITS)

Given that the Deans are closest to the work of departments, it is worth noting the range of Faculties and Departments represented in the sample. See Table 2.

**Table 2** Respondents by Faculty

Faculties (grouped alphabetically by disciplines)	Institution(s)
Agrisciences	SU
Science & Agriculture	UZULU
Applied & Computer Sciences	VUT
Art, Design and Architecture	UJ
Arts	NMMU, TUT
Commerce	UCT
Commerce, Law and Management	WITS
Economic and Management Sciences	SU
Economic and Financial Sciences	UJ
Economic Science & IT	NWU (Vaal Triangle)
Business & Economic Sciences	NMMU
Education	NWU (Vaal Triangle), RU, SU, UJ
Engineering	SU, UKZN
Engineering, the Built Environment and Information Technology	NMMU
Engineering and the Built Environment	UJ
Engineering and Technology	VUT
Health & Wellness Sciences	CPUT
Health Sciences	SU, UJ, UKZN

Faculties (grouped alphabetically by disciplines)	Institution(s)
Humanities	UJ
Humanities, Development and Social Sciences	UKZN
Human Sciences	VUT
Law	SU, UCT, UJ
Management & Law	UL
Management	UJ
Management Sciences	DUT, TUT, VUT
Management Studies	UKZN
Military Science	SU
Pharmacy	RU
Science	SU, TUT, UCT, UJ

## Findings: Deputy Vice-chancellors' responses

The findings are organized into two sections: Deputy Vice-Chancellors' (DVCs') Responses and Deans' Responses. Priorities and impacts are discussed in both sections. Strategies for mainstreaming/infusing HIV/AIDS into academic programmes are only discussed in the Deans' Responses section since the data was the most complete.

### Priorities

DVCs were asked to describe the priority activities in relation to HIV/AIDS in their institutional operational plan for academic planning.

**Table 3** Priority activities in relation to HIV/AIDS

Institution	Comments
CPUT	<ul style="list-style-type: none"> <li>Integration of HIV/AIDS into the curriculum</li> <li>HIV/AIDS awareness programmes</li> </ul>
NMMU	<ul style="list-style-type: none"> <li>Develop strategies to ensure the infusion/integration of relevant aspects of HIV/AIDS into each and every academic programme</li> </ul>
NWU (Potchefstroom)	<ul style="list-style-type: none"> <li>Goal: Contribute to combating the HIV and AIDS pandemic in a caring manner among staff, students and the community, and also participating in national and international research.</li> <li>Ongoing activities: Manage the implementation on Campus of the policy on HIV and AIDS as well as the co-ordination of the Campus activities in an equitable manner.</li> <li>Specific targets for 2009: <ul style="list-style-type: none"> <li>Participate in the HEAIDS strategic plan in partnership with the DoE and HESA.</li> <li>Participate in appropriate services provided by the HEAIDS Programme Funded by the European Commission, including the "Development of higher education sub-sectoral and institutional HIV/AIDS policies", "Sero-Prevalence Study, KAPB Study and Risk Assessment with respect to HIV/AIDS in the Higher Education sub-sector", and "Piloting of HIV module in teacher education faculties in the Higher Education in South Africa".</li> <li>Participate in the investigation of developing a pilot module on the integration of HIV and AIDS issues in academic curricula for possible inclusion in the Institutional course for New Lecturers, for possible implementation in 2010.</li> </ul> </li> </ul>
SU – Office for Institutional HIV Co-ordination	<ul style="list-style-type: none"> <li>The SU committed R320 million to finance its overarching strategic plan. Some of these funds were allocated as seed funding for the implementation of strategic initiatives of the respective faculties and support services. Each of the initiatives fits into the key millennium development themes and HIV featured as one of the flagship projects within faculties.</li> </ul>
TUT – Office of Teaching, Learning and Technology	<ul style="list-style-type: none"> <li>Continued integrated support and preventative services for students (Clinics and Counselling) as well as staff (full time consultative service)</li> <li>Structured education and awareness programmes across all learning sites</li> <li>Allocation of additional resources and attainment of a dedicated grant to establish physical infrastructure and provide specialist services per learning site (new organisational structure)</li> </ul>
UCT	<ul style="list-style-type: none"> <li>HIV/AIDS Curriculum Monitoring</li> <li>HIV/AIDS Research across faculties. There is budget for HIV research in research institute budgets.</li> <li>HIV/AIDS teaching. There is budget for teaching HIV and AIDS in the Health Sciences, Commerce and Humanities Faculties budgets</li> </ul>
UFH (Academic Affairs and Research)	<ul style="list-style-type: none"> <li>None at the moment but we have run workshops for some of the faculties on integration of HIV/AIDS into curricula</li> <li>The HIV/AIDS Coordinator is presently making visits to faculties to discuss way forward on integration</li> <li>The HEAIDS Unit is planning a symposium for May for academics on challenges of integrating HIV/AIDS into curricula</li> </ul>
UKZN – College of Agriculture, Engineering and Science	<ul style="list-style-type: none"> <li>To ensure academics in all disciplines apply their minds to incorporating Aids-related examples in their curriculum at any level.</li> <li>To ensure all vulnerable or at-risk disciplines comply with all SHE policies, practices and procedures.</li> </ul>
UKZN – Health Sciences	<ul style="list-style-type: none"> <li>Support for students and staff to be tested and get treatment.</li> <li>Develop teaching modules in appropriate disciplines, such as Education and Health Sciences</li> <li>We have a very strong HIV/AIDS research centres and units, and this is recognized as one of the priority research areas in the University</li> </ul>

Institution	Comments
UNIVEN	<ul style="list-style-type: none"> <li>Curriculum review to integrate HIV and AIDS</li> </ul>
UZULU	<ul style="list-style-type: none"> <li>Translational research</li> <li>Community outreach</li> <li>Collaboration with international universities</li> </ul>
VUT – Director of Curriculum Development	<ul style="list-style-type: none"> <li>A module for student preparedness is foreseen as part of the new curricula that are developed at present. Part of this module will focus on HIV/AIDS awareness</li> </ul>
WITS	<ul style="list-style-type: none"> <li>Strong presence in the Health-related disciplines</li> <li>Project exposure in other disciplines</li> <li>Postgraduate research activities</li> </ul>

**Table 4** Societal impact of HIV/AIDS

Institution	Comments
CPUT	<ul style="list-style-type: none"> <li>The development of dedicated HIV/AIDS modules</li> <li>Competitions/Social entrepreneurship initiatives for student teams to promote HIV/AIDS awareness in the community</li> </ul>
NWU (Potchefstroom)	<ul style="list-style-type: none"> <li>Participation in community projects by student and staff with the specific focus of education and support in terms of HIV/AIDS. Staff and students to be well-informed and prepared for the task.</li> <li>Awareness creation of academic staff that students, once in workplace, will have to face the realities of the impact of the pandemic.</li> </ul>
SU – Office for Institutional HIV Co-ordination	<ul style="list-style-type: none"> <li>Link Peer Education programme with academic programmes and acknowledge this as a formal service learning programme and not just volunteer activities</li> <li>Identify key HIV knowledge competencies for each faculty to guide future curriculum integration</li> </ul>
TUT – Office of Teaching, Learning and Technology	<ul style="list-style-type: none"> <li>The University may contribute by adding to the body of knowledge through dedicated and applied research in the field of prevention and cure</li> <li>The University could focus on extended community projects for the education of extended communities - also through experiential learning and service learning projects of students</li> </ul>
UCT	<ul style="list-style-type: none"> <li>In the current proposed draft UCT strategic plan for 2009 HIV/AIDS is one of the top 5 priority response areas within the UCT strategy area of social responsiveness. UCT is responding to HIV and AIDS at a significant level in the areas of management, teaching, research and social responsiveness.</li> </ul>
UFH – Academic Affairs and Research	<ul style="list-style-type: none"> <li>For academic planning - the institution needs to ensure that HIV/AIDS permeates all level of planning</li> <li>For community and society - the institution needs coordinated outreach programs and fundraising for such programs</li> </ul>
UKZN – College of Agriculture, Engineering and Science	<ul style="list-style-type: none"> <li>I believe UKZN's overall policy and management of AIDS-related issues is well established. It is only limited in scope by access to resources.</li> </ul>
UKZN – Health Sciences	<ul style="list-style-type: none"> <li>More systematic community outreach</li> <li>More attention to reaching staff with health messages.</li> </ul>
UNIVEN – HEAIDS	<ul style="list-style-type: none"> <li>Education</li> <li>Funding</li> </ul>
UZULU	<ul style="list-style-type: none"> <li>Community and or school based peer education</li> <li>Creating Aids competent communities</li> </ul>
VUT – Director of Curriculum Development	<ul style="list-style-type: none"> <li>The University could become involved in community projects as part of its community engagement plan</li> <li>Students in health science could become involved in HIV/AIDS testing drives</li> </ul>
WITS	<ul style="list-style-type: none"> <li>More focused project work in undergraduate programmes aimed at awareness of HIV/AIDS</li> <li>More volunteer programmes in community engagement projects</li> </ul>

**Table 5** Additional comments

Institution	Comments
NMMU	<ul style="list-style-type: none"> <li>The DVC: Research, Technology &amp; Planning is responsible for driving the HIV/AIDS programme at NMMU. However, the current incumbent resigned 31 January 2009 and the vacancy has not been filled yet.</li> </ul>
SU – Office for Institutional HIV Co-ordination	<ul style="list-style-type: none"> <li>The Office for Institutional HIV Coordination can also be considered as a champion in the field of HIV since it centrally coordinates HIV curriculum integration activities on Stellenbosch campus. The office also developed a short course on Applied HIV Communication and Counselling as well as a basic HIV e-learning course for all first year students. The e-learning course is in the process of being adapted for staff at Stellenbosch University.</li> </ul>
VUT – Director of Curriculum Development	<ul style="list-style-type: none"> <li>As the University is in the process of development of new curricula and the creation of a new PQM for the institution, it is also a priority to develop a developmental module for all students that is multi-, inter- and trans- disciplinary that will include HIV/AIDS awareness training.</li> </ul>



## Societal Impact

DVCs were asked to list two suggestions for what should be done to address the impact of HIV/AIDS in their communities and society through academic planning and/ or community develop/ outreach (Table 4).

## Other Comments

Finally, the DVCs at certain institutions offered some additional comments about their institutions and their response to HIV/AIDS (Table 5).

## Findings: Deans' responses

### Priorities

Overall, 12 faculties representing 10 institutions noted that HIV/AIDS is a priority.

**Table 6** Is HIV/AIDS a priority in teaching and learning in your Faculty?

Name of Institution	Faculties
CPUT	Health & Wellness Sciences
NMMU	Arts
NMMU	Business and Economic Sciences
NWU (Vaal Triangle Campus)	Humanities (Dean of Education)
RU	Education
SU	Economic and Management Sciences
SU	Education
SU	Health Sciences
SU	Military Science
SU	Science
TUT	Science
UCT	Commerce
UJ	Education
UJ	Health Sciences
UJ	Humanities
UJ	Science
UKZN	Health Sciences
UKZN	Humanities, Development and Social Sciences
UKZN	School of Development Studies (Humanities Faculty)
UL	Management and Law
<b>Totals</b>	<b>10 institutions 12 distinct faculties and 1 school</b>

## Strategies for Delivery

### Stand-Alone Module

Deans were asked to identify strategies that they use/ would consider using to incorporate HIV/AIDS in academic programmes. Stand-alone modules were one of these strategies.

As can be seen in Table 7 below, the use of stand-alone modules was identified in 7 distinct faculties and 1 school. This does not mean that 8 stand-alone modules have been implemented; it shows the rate of acceptance of using stand-alone modules as a strategy for curriculum integration.

[Note: There is no differentiation here between actual implementation and possible implementation of the following strategies.]

**Table 7** Stand-alone module on HIV/AIDS for all students

Name of Institution	Faculties
CPUT	Health & Wellness Sciences
DUT	Management Sciences
NMMU	Business and Economic Sciences
RU	Education
SU	Health Sciences
UKZN	Humanities, Development and Social Sciences*
UKZN*	School of Development Studies (Humanities Faculty)
UL	Management and Law
<b>Totals</b>	<b>7 institutions 7 distinct faculties and 1 school</b>

\* The offerings differ from school to school, so it is difficult to generalise. Some of the schools who are key to this issue are Psychology and Religion and Theology. Philosophy and Ethics also interested, and Social Work and Community Development are active in the field. But many other schools, in various ways, get involved too. An example from the Psychology area at UKZN demonstrates some of the dimensions of what is involved in designing and implementing a stand-alone module. In Psychology, a stand-alone module on HIV/AIDS for all students was developed and run as a foundation module for all first year students at the former University of Westville (now UKZN). A 16 credit point level 100 semester module (Psychology 103) on HIV/AIDS Counselling is offered across campuses and through the Open Learning Network. The course is credit bearing for students and offered for non-degree purposes to members of the public and professionals in Nursing and from health and allied settings. The School of Psychology has in the past offered a dedicated BPsych and internship in HIV/AIDS counselling leading to registration as a professional registered counsellor. This has been discontinued. A companion post-graduate diploma in the HIV/AIDS counselling stream has similarly been offered in the past. Professional Masters students undertake a community project each year, many of these over the years have involved community based HIV/AIDS related work. Service learning supervised hospital placement for level 200 and 300 students who offer stimulation programmes for hospitalised children in Pietermaritzburg. Coordinated by interns at the Child and family Centre in the School of Psychology. Psychology 307 learning module involves placements in school settings where issues associated with HIV and AIDS affecting learners are addressed amongst other areas of risks and challenges facing learners. In the Volunteer Mentorship Project, students mentor learners in "township" schools and HIV/AIDS related challenges figure prominently amongst the learners."

*Module with Section on HIV/AIDS*

Another strategy that deans were questioned about was the inclusion of a section on HIV/AIDS within a module instead of a stand-alone module.

As can be seen in Table 8 below, the deans' response to this strategy was greater than for the stand-alone module strategy.

**Table 8** Module with section on HIV/AIDS for all students

Name of Institution	Faculties
CPUT	Health & Wellness Sciences
NMMU	Business and Economic Sciences
NWU (Vaal Triangle Campus)	Humanities (Dean of Education)
SU	Education
SU	Health Sciences
SU	Science (many of the modules in the Faculty of Science deal with AIDS, for example Biology, Physiology, Microbiology, Biochemistry, Bio-Mathematics)
TUT	Arts
TUT	Science
UCT	Commerce
UCT	Science*
UJ	Education (Module which has a section on HIV/AIDS for Life Orientation students in the BEd Senior Phase, The ACE in Life Orientation, the PGCE for Life Orientation and sections in the BEd Honours Educational Psychology. Dedicated research in the Master's and Doctoral programmes of Educational Psychology)
UJ	Health Sciences
UJ	Humanities
UJ	Law
UJ	Management**
UKZN	School of Development Studies (Humanities Faculty)
UL	Management and Law
UZULU	Science and Agriculture
VUT	Applied and Computer Sciences
VUT	Engineering and Technology
VUT	Human Sciences
VUT	Management Sciences
<b>Totals</b>	<b>11 institutions 16 distinct faculties and 1 school</b>

\* Did not check a box for this question but noted the following in the comments: "Sections of modules of our courses contain HIV/AIDS scientific, discipline-specific topics".

\*\* Also, UJ is investigating the possibility of having a general module on civics, ethics, Government policy etc. It has been suggested that HIV/AIDS could be included.

*Faculty/College Modules on HIV/AIDS*

This question referred to the delivery of modules that would go beyond one programme or departmental area, so that the module might be offered to students across a faculty or college.

**Table 9** Module on HIV/AIDS per faculty/college

Name of Institution	Faculties
CPUT	Health and Wellness
TUT	Management Sciences
TUT	Science
UCT	Commerce
UJ	Health Sciences
UKZN	Health Sciences
UKZN	School of Development Studies (Humanities Faculty)
WITS	Commerce, Law and Management
<b>Totals</b>	<b>6 institutions 6 distinct faculties and 1 school</b>

**Table 10** Dedicated assignments related to HIV/AIDS per discipline

Name of Institution	Faculties
CPUT	Health & Wellness Sciences
DUT	Management Sciences
NMMU	Arts (not for all disciplines in the faculty)
NMMU	Business and Economic Sciences
NMMU	Engineering, the Built Environment and Information Technology
NWU (Vaal Triangle Campus)	Humanities (Dean of Education)
RU	Education
SU	Education
SU	Health Sciences
SU	Military Science
TUT	Arts
TUT	Science
UJ	Art, Design and Architecture
UJ	Health Sciences
UJ	Humanities
UKZN	Health Sciences
UKZN	Humanities, Development and Social Sciences
UKZN	Management Studies
UKZN	School of Development Studies (Humanities Faculty)
UL	Management and Law
UZULU	Science and Agriculture
<b>Totals</b>	<b>11 institutions 15 distinct faculties and 1 school</b>



### *Dedicated Assignments*

Another strategy that Deans were questioned about was the inclusion of HIV/AIDS assignments per discipline. While they were not asked to specify the type of assignment, it is clear that there is a vast range of disciplinary areas where some type of dedicated assignment is deemed appropriate (Table 10).

### *Dedicated Learning Activities*

Another strategy that Deans were questioned about was the inclusion of HIV/AIDS learning activities per discipline. Learning activities could include in class activities as well as project work. Again, it is worth noting that learning activities cut across many different disciplinary areas.

**Table 11** Dedicated learning activities related to HIV/AIDS per discipline

Name of Institution	Faculties
CPUT	Health & Wellness Sciences
DUT	Management Sciences
NMMU	Engineering, the Built Environment and Information Technology
RU	Education
SU	Engineering
SU	Health Sciences
SU	Law
SU	Military Science
TUT	Arts
TUT	Science
UJ	Art, Design and Architecture
UJ	Health Sciences
UJ	Humanities
UKZN	Health Sciences
UKZN	Humanities, Development and Social Sciences
UKZN	Management Studies
UKZN	School of Development Studies (Humanities Faculty)
UL	Management and Law
<b>Totals</b>	<b>9 institutions 15 distinct faculties and 1 school</b>

### *Dedicated Modules in HIV/AIDS Qualifications*

The question on dedicated module in relation to HIV/AIDS qualifications refers specifically to the various disciplinary areas offering a professional qualification

in the area of HIV/AIDS. These would be required modules within the specific qualification.

**Table 12:** Dedicated modules in qualifications related to HIV/AIDS

Name of Institution	Faculties
NMMU	Business and Economic Sciences
SU	Health Sciences
SU	Economic and Management Sciences
TUT	Science
UJ	Health Sciences
UKZN	Health Sciences
UKZN	Humanities, Development and Social Sciences
UKZN	School of Development Studies (Humanities Faculty)
UL	Management and Law
UZULU	Science and Agriculture
WITS	Commerce, Law and Management
<b>Totals</b>	<b>8 institutions 8 distinct faculties and 1 school</b>

### *Inter-and Multi-Disciplinary Qualifications in HIV/AIDS*

Deans were not asked to specify the type of inter- and multi-disciplinary qualification in HIV/AIDS. However, the fact that it is possible to study in inter- and multi-disciplinary ways suggest collaboration between and amongst departments, Schools and Faculties.

**Table 13** Inter- and multi-disciplinary qualifications in HIV/AIDS

Name of Institution	Faculties
NMMU	Business and Economic Sciences
SU	Economic and Management Sciences
TUT	Arts
TUT	Science
UCT	Commerce
UJ	Health Sciences
UZULU	Science and Agriculture
WITS	Commerce, Law and Management
<b>Totals</b>	<b>7 institutions 8 distinct faculties</b>

### *Post-Graduate Programmes*

Post-graduate programmes here refers to Honours, Masters and Doctoral qualifications. Again there is a good spread of disciplines and faculties where it is possible to carry out post-graduate programming in HIV/AIDS.

**Table 14** Post graduate programmes in HIV/AIDS

Name of Institution	Faculties
CPUT	Health and Wellness
NMMU	Business and Economic Sciences
SU	Health Sciences
SU	Economic and Management Sciences
SU	Military Science
UJ	Economic and Financial Sciences (No programmes but encourage students at postgraduate level to pursue research topics covering HIV/AIDS issues in the context of Finance and/or Economics)
UJ	Education (No programmes but have dedicated research in the Master's and Doctoral programmes of Educational Psychology)
UJ	Humanities
UKZN	Health Sciences
UKZN	Humanities, Development and Social Sciences
UKZN	Management Studies
UKZN	School of Development Studies (Humanities Faculty)
UZULU	Science and Agriculture
WITS	Commerce, Law and Management
<b>Totals</b>	<b>7 institutions 12 distinct faculties and 1 school</b>

**Table 15** Short-learning courses on HIV/AIDS

Name of Institution	Faculties
CPUT	Health and Wellness
NMMU	Business and Economic Sciences
NWU (VTC)	Economic Sciences and Information Technology
SU	Economic and Management Sciences
SU	Health Sciences
SU	Military Science
TUT	Science
UJ	Education
UJ	Health Sciences
UJ	Science
UKZN	Health Sciences
UKZN	Humanities, Development and Social Sciences
UL	Management and Law
UZULU	Science and Agriculture
WITS	Commerce, Law and Management
<b>Totals</b>	<b>10 institutions 12 distinct faculties</b>

*Short-Learning Courses*

While the questionnaire did not specify credit or non-credit weighting for these courses, the types of examples below suggest that short-term courses in this area are seen as viable for various programmes (Table 15).

*Societal Impact*

Deans were asked to list two suggestions for what else should be done to address the impact of HIV/AIDS in their communities and society through academic planning (Table 16).

**Table 16** Societal impact of HIV/AIDS

Institution	Faculty	Comments
CPUT	Health & Wellness Sciences	<ul style="list-style-type: none"> <li>■ Post graduate research</li> <li>■ Awareness and destigmatisation campaigns and VCT</li> </ul>
DUT	Management Sciences	<ul style="list-style-type: none"> <li>■ It is essential that we develop a critical mass of staff who can successfully deliver in the classroom setting.</li> <li>■ Develop teaching material for both a stand-alone module and for learning activities related to particular disciplines.</li> </ul>
NMMU	Arts	<ul style="list-style-type: none"> <li>■ Ensure that all students registered in the Faculty receive relevant HIV/AIDS related knowledge and skills.</li> <li>■ Include a session on HIV/AIDS as part of Orientation of first year students.</li> </ul>
NMMU	Business and Economic Sciences	<ul style="list-style-type: none"> <li>■ Continue awareness programmes in schools</li> </ul>
NMMU	Engineering, the Built Environment and Information Technology	<ul style="list-style-type: none"> <li>■ University should play a bigger role in society through academic engagement, which should include learning activities related to HIV/AIDS, e.g. our faculty runs a Saturday School at a local Secondary school, and part of this could be an integrated learning activity focussing on HIV/AIDS.</li> </ul>
NWU (Vaal Triangle)	Economic Sciences & IT	<ul style="list-style-type: none"> <li>■ A HIV/AIDS awareness week should be planned in the academic calendar of the university</li> <li>■ Community HIV/AIDS awareness session in the community as part of the University community outreach programme</li> </ul>

Institution	Faculty	Comments
NWU (Vaal Triangle)	Education	<ul style="list-style-type: none"> <li>■ Short courses in HIV/AIDS counselling</li> <li>■ Outreach programmes to the community making use of students and staff</li> </ul>
SU	Economic and Management Sciences	<ul style="list-style-type: none"> <li>■ I do not see HIV/AIDS as essentially different from other health issues (substance abuse, for instance). We do not include a module in life skills in our formal academic program, and with many other problems that have to be addressed (numerical skills, language skills, study skills) I cannot see us introducing a module in life skills in the foreseeable future. It may appear to be an easy solution to introduce HIV/AIDS awareness through the formal academic programs. These programs are too full already, and this is simply not going to happen. Looking towards the formal programs for a solution is therefore counter-productive, and takes the energy away from solutions that can in fact be implemented.</li> </ul>
SU	Education	<ul style="list-style-type: none"> <li>■ Peer education</li> <li>■ Sexuality education focussing on behaviour change</li> </ul>
SU	Engineering	<ul style="list-style-type: none"> <li>■ Awareness campaigns</li> <li>■ Integration of the impact of HIV/AIDS into at least 1 module in each programme</li> </ul>
SU	Health Sciences	<ul style="list-style-type: none"> <li>■ Service Learning initiatives</li> <li>■ Peer education programmes in universities</li> </ul>
SU	Law	<ul style="list-style-type: none"> <li>■ Greater focus on legal implications of HIV/AIDS in a number of different legal areas by a dedicated course/stand-alone module to prepare legal practitioners for the issues facing society.</li> <li>■ Rethinking the role of student legal aid clinics in addressing legal problems resulting from the pandemic.</li> </ul>
SU	Military Science	<ul style="list-style-type: none"> <li>■ Awareness week</li> </ul>
SU	Science	<ul style="list-style-type: none"> <li>■ Since we are fundamentally a research-oriented faculty, we have to share our information with regards to AIDS with the broader community.</li> </ul>
TUT	Arts	<ul style="list-style-type: none"> <li>■ The Arts provides an ideal "support structure" for communication, mental modelling in communities, competition and the like. In essence, this means that the Faculty of the Arts should be supplying this expertise to others involved in intervention strategies. (Theatre, Graphic Design, Film, etc. Indeed the entire ambit of the arts is suitably placed). However, the outreach to engage should come from other stakeholders.</li> <li>■ The Arts provide a "hands-on" practice based environment. As such, the prevention of spread should be foregrounded in SOPs in the various disciplines.</li> </ul>
TUT	Management Sciences	<ul style="list-style-type: none"> <li>■ Increase awareness campaigns on campus</li> <li>■ Dedicate a slot during orientation programmes</li> </ul>
TUT	Science	<ul style="list-style-type: none"> <li>■ Community projects and campaigns</li> </ul>
UCT	Commerce	<ul style="list-style-type: none"> <li>■ Offering courses through the Third Term offerings at the various institutions either available for credit towards a qualification or as part of personal development</li> <li>■ Include HIV/AIDS education into orientation programmes for all students</li> </ul>
UCT	Law	<ul style="list-style-type: none"> <li>■ Integrate HIV/AIDS into everyday academic discourse in the same way as other highly relevant social issues.</li> </ul>
UCT	Science	<ul style="list-style-type: none"> <li>■ Scientific seminars on the topic should be arranged that are suitable for public understanding.</li> </ul>
UJ	Economic and Financial Sciences	<ul style="list-style-type: none"> <li>■ In the first place, topics relating to HIV/AIDS should be meaningfully included in modules for which such issues are relevant</li> <li>■ In the second place, planning at an institution like a university should cover wide-ranging measures to promote general awareness of HIV/AIDS and its impact, without a mere reliance on academic modules to cover related topics. Such measures could include seminars, workshops, information brochures and other forms of communication on an ongoing basis, organised by student bodies and/or other relevant university divisions.</li> </ul>
UJ	Education	<ul style="list-style-type: none"> <li>■ Interfaculty discussions e.g. nursing and education</li> </ul>
UJ	Engineering and the Built Environment	<ul style="list-style-type: none"> <li>■ More visible HIV Awareness</li> </ul>
UJ	Health Sciences	<ul style="list-style-type: none"> <li>■ Community awareness and capacitation programmes</li> <li>■ Integrated approach for disciplines to complement each other</li> </ul>
UJ	Humanities	<ul style="list-style-type: none"> <li>■ Should be integrated into undergraduate modules by the individual lecturers</li> <li>■ Increased postgraduate research on the HIV/AIDS topic</li> </ul>

Institution	Faculty	Comments
UJ	Management	<ul style="list-style-type: none"> <li>■ Redirect the focus or approach from a different perspective e.g. as has been suggested, we are training managers and so should approach this from the position that they in the future will need to know how they should deal with HIV/AIDS in their departments</li> </ul>
UJ	Science	<ul style="list-style-type: none"> <li>■ Inter-faculty seminars on awareness of HIV/AIDS</li> <li>■ Public lectures on the topic using video clips and other illustrations to educate</li> </ul>
UKZN	Engineering	<ul style="list-style-type: none"> <li>■ This is not an academic matter in Engineering. It is a health and social problem to be addressed the same way as other sexually transmitted diseases, hepatitis B, malaria, poverty, obesity, discrimination, other social ills, ... and the support a society needs to give to those that are affected innocently or not so innocently.</li> <li>■ This has nothing to do with academic planning in engineering. It has all to do with living healthily and avoiding unnecessary risks in respect of individuals and it has all to do with proper management and planning of human resources for companies and the state. HIV/AIDS is just one of many things that affect the health, productivity and numbers of humans in that resource.</li> </ul>
UKZN	Health Sciences	<ul style="list-style-type: none"> <li>■ Community outreach specifically related to HIV/AIDS</li> <li>■ Public education &amp; awareness programmes in diverse communities</li> </ul>
UKZN	Humanities, Development and Social Sciences	<ul style="list-style-type: none"> <li>■ It is important that even modules which are not directly focusing on HIV/AIDS, but are relevant (socially or intellectually), should have a component part relating to the subject. At University level interventions seem to be marginal. Dr Solomon in Psychology notes that we need to reconsider the strategies used in the University and put all our expertise together to improve our IEC and motivational strategies - if we can not get it right on campus how would we be able to have effective community interventions that are more complex and that target people with different and often low levels of literacy etc. Religion and Theology are involved in the training of pastors of African Initiated Churches, as they are key leaders in the field, but have little or no access to tertiary (or even secondary) education.</li> <li>■ A proposal from Psychology is that various disciplines could make use of service-learning to link their disciplines to a credit bearing community outreach module. For example, agricultural students could contribute towards, for example, food security; science and mathematics students could run study groups for learners to improve their marks and their chances of furthering their education. Different disciplines could think about ways of developing relevant short learning courses that could be offered through the adult education programme or through the different schools. For example, an applied basic counselling skills course could be developed by students in professional training for home based care givers in local communities. Other disciplines could use senior students to offer consultancy services to NGO's. Schools could be encouraged to develop PhD programme with a specific focus on HIV/AIDS. Post-graduate research students could conduct research for local HIV/AIDS NGO's or on relevant HIV/AIDS related topics.</li> </ul>
UKZN	School of Development Studies	<ul style="list-style-type: none"> <li>■ Short courses for government officials</li> <li>■ More emphasis on tackling stigma in communities</li> </ul>
UL	Management and Law	<ul style="list-style-type: none"> <li>■ An integrated and holistic response in terms of re-curriculation and mainstreaming of HIV/AIDS</li> <li>■ Promote a more robust human rights based awareness campaign on HIV/AIDS at the Community level.</li> </ul>
UZULU	Science and Agriculture	<ul style="list-style-type: none"> <li>■ Regular school visits by academics involved in HIV/AIDS. Power point presentations to be made showing suffering of people with the disease. On the other hand, how people with this disease are able to live a normal life</li> <li>■ HIV/AIDS sufferers to visit communities and schools to give talks on their mistakes, etc., and/or how they are contending with the disease.</li> </ul>
VUT	Applied and Computer Sciences	<ul style="list-style-type: none"> <li>■ The impact of HIV/AIDS should be dealt with in each discipline</li> <li>■ How to plan for the impact of HIV/AIDS should be considered in each discipline</li> </ul>
VUT	Engineering and Technology	<ul style="list-style-type: none"> <li>■ The impact of HIV/AIDS should be dealt with in each discipline</li> <li>■ How to plan for the impact of HIV/AIDS should be considered in each discipline</li> </ul>
VUT	Human Sciences	<ul style="list-style-type: none"> <li>■ The impact of HIV/AIDS should be dealt with in each discipline</li> <li>■ How to plan for the impact of HIV/AIDS should be considered in each discipline</li> </ul>
VUT	Management Sciences	<ul style="list-style-type: none"> <li>■ The impact of HIV/AIDS should be dealt with in each discipline</li> <li>■ How to plan for the impact of HIV/AIDS should be considered in each discipline</li> </ul>
WITS	Commerce, Law and Management	<ul style="list-style-type: none"> <li>■ Resources put into Health care and counselling; offer short courses, events, significant publicity.</li> <li>■ A strong anti consumption of alcohol policy at all universities—we should be changing the attitudes to and use of alcohol by students—because alcohol lowers inhibitions and thus young people more likely to become sexually engaged after drinking. Young people often do not know the limits to social drinking. There should be no liquor licenses on university premises encouraging the purchase, sale or consumption of liquor.</li> </ul>

## Other Comments

**Table 17** Additional comments

Institution	Faculty	Comments
DUT	Management Sciences	<ul style="list-style-type: none"> <li>Develop teaching material for both a stand-alone module and for learning activities related to particular disciplines.</li> </ul>
RU	Pharmacy	<ul style="list-style-type: none"> <li>I think that one must be pragmatic about the HIV/AIDS issue. In a Faculty of Pharmacy it is not appropriate to focus only on HIV and AIDS. There are issues that students have to learn relating to many disease states that are not only related to disorders of the immune system.</li> </ul>
SU	Education	<ul style="list-style-type: none"> <li>We are in a process of planning sustainable support for academics.</li> </ul>
TUT	Arts	<ul style="list-style-type: none"> <li>The Arts have tremendous potential to engage with research, with intervention, and with community engagement and outreach programmes. These all, however, need clearly to be linked to current teaching and learning, and research endeavours, with the necessary funding. Furthermore, it requires uptake from curriculum development and financial support, should this be required to implement the changes.</li> </ul>
UKZN	Humanities, Development and Social Sciences	<ul style="list-style-type: none"> <li>The nexus between HIV/AIDS and the humanities is complex. There are the obvious connections such as may be found especially in the professional disciplines, the development disciplines and the social science disciplines. Perhaps the challenge is to expand that activity, interest and research into the more traditional literary arts disciplines. Funding is of course key in any successful academic endeavour but it is not always essential. I think the challenge for any humanities faculty is to integrate the issue into traditional fields and to nurture 'buy-in' from that quarter.</li> </ul>
UKZN	Management Studies	<ul style="list-style-type: none"> <li>The Faculty is aware of HIV/AIDS but it is not a priority in teaching and learning for all schools, with the exception of HEARD.</li> </ul>
UL	Management and Law	<ul style="list-style-type: none"> <li>Need for close coordination effort</li> </ul>
WITS	Commerce, Law and Management	<ul style="list-style-type: none"> <li>Focus should be on research, publications, events on campuses, provision of information, counselling, advice</li> </ul>

### *HIV/AIDS Champions Identified by Deans*

From the 16 institutions, the names of more than 90 champions were put forward. While in some cases the champions were not always those who were teaching in the area but rather were more clearly identified with research or participating more directly in an academic or health-related support unit, it was nonetheless fascinating to note that those who are champion teachers come from a wide variety of disciplines. All but two of the institutions nominated champions.

The disciplinary areas in the country which have one or more champions include the following: Actuarial Statistics, Agriculture, Anthropology, Applied Language Skills, Commerce, Consumer Science, Drama and Film, Economics, Education, Engineering and the Built Environment, Health Sciences, Infectious Diseases, Information and Design, Leadership, Management, Nursing, Pharmacy, Paediatrics, Philosophy, Psychology

(including Industrial Psychology), Science (General), Sociology, Theology and Religion.

Certain areas such as Infectious Diseases, Theology and Religion and Psychology had many champions listed. Significant to this Rapid Assessment Survey and the critical need to know about the possibilities for integration across institutions, is that almost all possible disciplinary areas are represented.

### Complementary reports and publications

It would be remiss to not include some reference to the work that is being done either by the institutions themselves or by researchers working with certain institutions to, in a sense, audit what is going on by way of integration. Some universities in South Africa have conducted their own audits on curriculum integration. The University of Cape Town for example has looked across faculties and units to examine its own curriculum responsiveness to HIV/AIDS. In 2008 there were

two compulsory HIV/AIDS-related courses for all first year students in Commerce and Health Sciences. Commerce offers a course called “Evidence-Based Management” which aims to educate students in a general way to HIV/AIDS and to show the relevance to the business environment. Health Sciences offer a unit called “Me and HIV/AIDS” within an umbrella course called “Becoming a Professional”. This course aims to contribute to developing personal and inter-personal skills, with students addressing work stigma, relationships, values, social psychological issues and biomedical issues. Although there are no compulsory HIV/AIDS related courses in Law, Sciences, Humanities or Engineering and the Built Environment, there are courses that incorporate related components such as gender (in a course called Understanding Gender in Humanities and work in the African Gender Institute). The report also notes that many other departments and schools in the humanities integrate related components and the Science Faculty explores biological, molecular, cellular and environmental aspects of HIV in some of its courses. A course in the Law Faculty examines human rights issues, and the provision of ARVs to HIV positive women. In Humanities, some courses incorporate work on HIV/AIDS into case studies (e.g. Public Health and Religious Studies, sociological aspects of HIV/AIDS in Education and so on) (HAICU, 2008).

Several recent conferences on the response of HEIs to HIV/AIDS also need to be mentioned because they also highlight some of the work taking place. At a conference held on May 13-14, 2009 organized by the University of Zululand called “*The role of Higher Education in the fight against HIV/AIDS: 21<sup>st</sup> Century Challenges*”, a panel of speakers on ‘*Is a core module or full curriculum integration a viable option in HIV/AIDS formal education?*’ from the University of KwaZulu-Natal, the University of Zululand and Mangosutho University of Technology, offered examples of successful integration at their own institutions. The HEAIDS-sponsored symposium at the University of Fort Hare, May 15-16, 2009 brought together academics and those working in academic support units to discuss their successes and challenges. The symposium title represents well the issues: “*From reflection to action: Obstacles and successes in integrating HIV/AIDS into university curricula.*” From

the work of Asta Rau (2009), which spoke of the need for more robust theoretical frameworks within which to situate integration, to staff development through a blended learning (Johannes, 2009), to a description of specific courses in Commerce (Reddy, 2009) and Academic Literacy (Matthee, 2009) to the use of participatory methodologies such as drama (Nebe, 2009) and participatory communication (Mulwo, 2009), it is clear that there is rich data beyond what was presented in the Rapid Assessment Survey.

### Discussion of Findings from the Rapid Assessment Survey

The Rapid Assessment Survey gives a snapshot of what is going on in the country in 16 HEIs, and as such may be taken as a base-line for future work in this area. There are nonetheless some preliminary findings and observations that can be made in relation to the data collected from the Deputy Vice Chancellors and Deans:

- There is a great deal of variation in relation to curriculum integration of HIV/AIDS even within one institution. Thus when Deans from the same institution responded it was sometimes the case that one Faculty of School was able to do a great deal in relation to teaching and others highlighted the barriers. Thus while Policy at the institutional level, these differences point to the need for more than policy.
- It should be difficult as a result of this survey to say “there are curriculum possibilities for addressing HIV/AIDS in those other disciplinary areas but not mine”. Almost every possible disciplinary area is represented as having “something on the go” when it comes to integration and curriculum development, and indeed almost every possible disciplinary area had at least one champion somewhere in the country.
- Addressing HIV/AIDS through the curriculum is seldom seen as a stand-alone intervention, but rather as part of a range of curricular and co-curricular activities.
- Representatives of some faculties do not see HIV/AIDS as the only critical issue that needs to be addressed and do not see that it is warranted to put too



much effort into addressing HIV/AIDS in the curriculum. While faculties or schools of Engineering were most likely to make this comment, it may have been that other Deans also saw this as a point.

- A common concern was the idea of curriculum overload. Reference was made to the heavy curriculum demands that already exist in many professional areas and hence the difficulty of adding something more into the curriculum.
- There is quite a lot of activity in HEIs on teaching-related areas such as community outreach through service learning and projects that students complete. The idea of community outreach came up across a range of faculties including psychology, the built environment, and science. Such approaches may be particularly appropriate given curriculum overload and given that there is now an emerging concern in Higher Education with community outreach along with research and teaching.
- There was no overwhelming support for one model of delivery over another (say for example, in favour of a stand-alone module vs. some type of curriculum integration).
- Clearly universities have a leadership role to play in ‘getting it right’ in relation to developing effective strategies for addressing HIV/AIDS across the academic community. The comment was made ‘if universities cannot get it right, how we can we expect communities in general to get it right?’
- Almost every respondent was able to name one or more ‘champions’ in the area of HIV/AIDS and teaching. This means that there is a certain visibility of academic staff who are perceived to be ‘doing something’ in the area of teaching and HIV/AIDS. This visibility may be a strategic point for recruiting staff and expanding teaching options in the area of HIV/AIDS.
- There is need for much more training in the area of curriculum development with teaching staff if they are to address HIV/AIDS s in their teaching.

## Conclusion

This section of the chapter has reported on the findings of a Rapid Assessment Survey sent out to all Deputy

Vice Chancellors in the country, and completed by DVCs and Deans at 16 institutions. There are certain limitations to the data based on the sample size and the fact that the survey was sent out quite late in this phase of the HEAIDS initiative (and hence there may have been some research-fatigue on the part of respondents). As well, the survey type ‘tick box’ approach did not allow for much elaboration, something that would be critical to follow up. For example, what types of assignments are regularly given? How do they engage students in different disciplinary areas? Absent from the questionnaire was attention to ‘what difference does this make?’ And although some universities such as UCT have been conducted their own audit, the need for some type of systematic evaluation is key. Notwithstanding these limitations, the findings from the survey do offer a ‘window’ on some of the critical issues, including barriers to implementing HIV/AIDS-related curriculum. At the same time, they also offer a sense of hope in that almost every disciplinary area was represented, thereby indicating that there is a great deal of scope for further work in this area.

## SECTION TWO: “WE ARE THE CHAMPIONS”

### Introduction

The *We are the champions* section of this study comes out of recognition that not only is there relatively little known about how various HEIs in South Africa are integrating HIV/AIDS into the curriculum, but there is also little known about the ‘drivers’ or the champions, the academic staff who are committed to addressing HIV/AIDS in their teaching. As noted in Chapter Two, curriculum interventions can be looked at in a variety of ways and can include the development and provision of credit-bearing stand-alone online or direct delivery modules as well as the development (or adaptation) of courses or modules to include some components of HIV/AIDS. Stand-alone modules refer to those modules that focus primarily on HIV/AIDS. They may be part of the curriculum of a particular disciplinary area and hence target that group or they may be a “one size fits all” module but still part of the overall programme

of becoming an engineer, a social worker, an agricultural specialist and so on. The point is that the course in this case is not tailored to a particular professional or academic group. It serves as a ‘carrier subject’ through which HIV/AIDS related topics are integrated. Integrated courses or modules can include various models of integration and infusion where HIV/AIDS is ‘mainstreamed’ and infused throughout the module, as well as those which reflect a ‘bolted on’ approach. In the “bolted on” model the course may include one or two ‘units’ which are part of an already existing curriculum and which in some instance may replace a unit or theme. Curriculum integration may simply include one major project or several assignments that students carry out.

## The Sample

In all, 22 respondents participated in the interviews, representing 8 universities: the University of Cape Town, Cape Peninsula University of Technology, Mangosuthu University of Technology, Nelson Mandela Metropolitan University, North West University, Rhodes University, University of the Witwatersrand) along with one instructor from the University of Limpopo who was interviewed as part of the development of the interview schedule. Several of the interviewees were not actually teaching at the time of the interview but were academics who occupy a key role in working with instructors who are champions and who also carry out staff development on HIV/AIDS integration more broadly. In one or two instances, the interviewees were not champions, strictly speaking, in that they were not currently integrating HIV/AIDS into the curriculum but rather, were interested in learning more. In several cases those interviewed were involved in academic support (either in relation to bio-medical knowledge or pedagogical support) and as such offered valuable information about the nature of champions in this area.

Nineteen disciplinary areas were represented in the interviews: Agriculture (Poultry and Fruits), Applied English Language Studies (serving Mechanical Engineering), Business, Chemistry, Civil Engineering, Commerce, Communication, Community Development,

Environmental Sciences, Health Sciences (Nursing and other health professionals), Food preparation and nutrition, Human Ecology, Hotel Management, Law, Mathematics Education, Pharmacy, Psychology, Religion and Theology, and Science Education.

## Data Analysis

The data set produced through the interviews pointed to a wide range of topics and issues. For the purposes of this report the following areas are particularly relevant:

- Types of knowledge, approaches, range of topics covered, pedagogy and assessment
- Resistance
- Who are the champions and the “driving force” for integrating
- Successes, challenges and the meaning of this work
- Strategies for moving forward

## Findings

### *Types of Knowledge Related to HIV/AIDS Covered in the Courses*

As noted above, the faculties and schools represented in the study included a very broad range of disciplinary areas including Agriculture (Poultry and Fruits), Applied English Language Studies (serving Mechanical Engineering), Business, Chemistry, Civil Engineering, Commerce, Communication, Community Development, Environmental Science, Food preparation and nutrition, Health Sciences (Nursing and Health Practitioners), Hotel Management, Law, Mathematics Education, Pharmacy, Psychology, Religion and Theology, and Science Education. In the case of Applied English Language Studies and Communication, the courses were often tailored to a particular disciplinary area such as Mechanical or Civic Engineering. In other cases the course was developed as a “one size fits all” course so that students across a variety of disciplinary areas would take the course.

There are at least 3 types of knowledge that instructors identified as critical in their courses. In some



cases, the instructor addressed more than one. In others the person interviewed emphasized only one type of knowledge.

**Personal knowledge in relation to HIV/AIDS:**

Personal knowledge and “keeping students alive” was offered by the majority of interviewees. As one female instructor put it,

how can I possibly teach just about poultry when my students are coming to me about testing positive? My first concern is to help them stay alive!

Another instructor at the same institution and working in the area of waste management similarly comments:

You will see a student that had lectures, first and second year students and last year there were students that were very bright, they were A students. This year they are dropping you can see and it would be alarming obviously to see student’s marks drop just like that and you call them into the office and you speak to them what happened and it is a sad reality that almost each and every student is affected in some way or the other. You will find that most of the students are raised by grand parents, they don’t have parents any more. Most of them they have sick mothers so they are not able to attend because they have to take care of their siblings. Their mothers are constantly sick in hospital, they can’t walk so they don’t have money to come to school. So these are the issues, to be honest, that I only found out about this year. I was not aware.

The responsibilities of the students beyond the classroom were also highlighted by another lecturer:

I also mentioned that some of the students they also have responsibilities. Some they are leading their households and some are orphans so if HIV and Aids is integrated into the curriculum I think it will really help them when they finish their studies.

In some cases this contact extended beyond the classroom in relation to contact time.

**Disciplinary knowledge and HIV/AIDS:** Disciplinary knowledge relates to the actual discipline-specific content in relation to the subject area. The responses of the participants indicate that this is one of the more challenging issues, with some programmes such as psychology being more obvious areas for integration and some such as engineering more difficult. Areas dealing with health related topics seem to have had the most flexibility. In the case of pharmacy students, for example, integration could pertain to the chemical and biomedical aspects of ARVS or particular topics around compliance. An instructor in Waste Management talked about her own research and advocacy in the area of integrating HIV/AIDS, and then went on to talk about how this also informs her teaching in this area:

In South Africa when we talk of waste management they think about hospital waste without expanding, without thinking that waste is generated every day everywhere. Where there are people there is waste and chances are that there is medical waste and a lot of people are infected, you know, so you will find that nothing is safe anymore, so any waste generated is a cause for concern.

A lecturer in poultry production spoke about the ways in which the idea of ‘virus’ can be a cross cutting concept, appropriate to talk about the HI virus as well as the various viruses affecting poultry:

For me like it is actually go because the course that I am lecturing...if it is poultry it has got to do with physiology and all these things, you deal with viruses, you have to explain to the students what is a virus, what is bacteria and how does it work and why do you need a vaccine, how does the vaccine work and all that? So every time when I lecture let’s say we are talking about a vaccine you are always going to make a reference to HIV and all those thing and why we don’t have a vaccine yet or why we don’t have a

cure for the virus and all of those things. So it is easy, so what I do, I don't have a lecture that says that I will put actually aside to say that this is for HIV and AIDS. We were told to actually do something like that but for me it will actually discourage students to actually attend.

Another lecturer also working in agriculture spoke about the ways in which HIV/AIDS has even influenced the development of and teaching about technologies:

We have realised that most of the projects like gardening where there are people who are HIV positive it is actually difficult for them to actually plough and use the hand hoe and all that...so what we really tried to introduce there was mechanical hand hose, that one that you push and all that... And this should carry over into areas like engineering. I think even in engineering everything can be integrated if you actually understand your course, you can actually integrate it anywhere, because even the thing that I was telling you about [the hoe]...it was really the people from engineering who did this...because these people who are affected and they don't have energy so what can you come up with from the engineering side. So you have all these sectors.

**Workplace knowledge and HIV/AIDS:** Workplace knowledge refers to the specific set of topics and skills that will be needed once the student graduates and begins to work in the particular work setting: (e.g. the chemical industry, schools, hospitals, pharmacies, engineering sites so on). Given the professional nature of the training students are receiving in their specific programmes (e.g. Rural Extension, Education, Commerce and so on), how does their training include information on what they would need in the actual workplace (working with colleagues, nature of interaction with the public and so on)? Workplace knowledge was poignantly presented by a lecturer who prepares Rural Extension workers:

I focus more in extension on integration on educating rural people how to raise poultry. And then explain to the students that they need to go out and educate people because poultry is a good source of protein for people living with HIV and AIDS. They have a course that deals with community development, it's the extension, it used to be called agricultural extension so that is where I do a lot of integration because the students that we train in extension...after completion they go out and work with the communities and advise the communities on the issues of being able to plant vegetables properly, plant any other crops...or engage in many activities like nutrition that will help to boost their income in income generating projects which at the same time helped me to mitigate against AIDS, HIV and AIDS. And then the other course that I integrate HIV and AIDS in is the basic science. Our students are from disadvantaged backgrounds so we introduce them more to basic sciences and in basic sciences there is a section that deals with sexual reproduction and birth control. That is where I also fit it in because it fits properly into that section. So and then I give them some assignments and tests with some questions related to HIV and AIDS so as to test their level of understanding in terms of HIV and AIDS...HIV/AIDS is a very sensitive issue. That is why we have these technical courses like poultry, crop production, animals...a person can have all these technical skills but without people skills it will be like... you cannot expect them...they can go out there and fail to convey the message because they do not have the skill of working with people. So extension deals with how to work with people in rural communities and taking into consideration their culture, their religious background, political backgrounds.

In some cases instructors focused on only one of the above although in most cases there was a combination of two or blend of all three. A good example can be

seen in the case of the female instructor working in Waste Management noted above. Her opening comments in the interview were not about her disciplinary area at all. Rather she went right to the point that she realized how serious the impact of HIV/AIDS was on her students. Many of them were coming to her to report their HIV positive status. She also discovered that many of them were caring for sick parents and that there was very little food in the families. She saw herself placed in a counsellor role. It was only well into the interview that she began to talk about her own disciplinary area of Waste Management and the ways that she has integrated HIV/AIDS into her teaching, research and community outreach. As she noted:

This is such a serious issue in this country. No one is checking on what is happening to syringes and needles outside of hospitals. And what about all the waste from schools and universities...sanitary towels...and in home-based care? We train all these home based care workers to go into homes of HIV positive patients and they change dressings. What do they do with the dressings? Does anyone know? What is happening at landfill sites where we know there are scavengers?

Clearly her work would also have an impact on the students as they prepared for the workplace.

Another instructor made a point of distinguishing between personal knowledge and disciplinary knowledge, noting the following:

You know I think you were asking earlier about it becoming a professional course and kind of what happens there and stuff and I think the important thing to me and the way we have designed it is around recognising that students are not only here about gaining knowledge that we have an opportunity and a responsibility to actually educate beyond just kind of filling them with books and knowledge. There is so much more that we can do. And I believe that people that we graduate from...certainly from health

sciences should be well rounded and able to cope and so it is about of course they must go away with good knowledge but they also need to be empathic people who can actually work in relationships and that if they can't do that they are not going to be good with their patients or their clients and that they also need to be reflective in what they do so everything we do is around a model that we call the integrated health professional and it is those three aspects pulled together sort of saying you know, in order to be effective you need to be all of those things, not just thinking that if I know the stuff in the textbook I am fine but if you can't relate to someone or you are not constantly thinking how does this, you know what is happening in my life impact on how I am going to be with people, then you are not going to be effective in what you do. Because I think the idea that medicine or physiotherapy or whatever it is, is anything other than a caring profession is wrong, I mean that is exactly what they are. It is about the people, it is more than...I mean you can access the knowledge on the internet but it is how you are going to give that across and how you are going to interpret it for people. And if you don't know yourself and what is important to you then...

An example of an instructor combining the first and third information areas (but not addressing disciplinary knowledge per se) can be seen in the narrative of a male Chemistry instructor who teaches a course called "Becoming a professional". The course is designed for students who are about to go out to work in the chemical industry. Once a week in the students' final semester, the instructor dedicates a 90 minute session to talking about different aspects of HIV/AIDS in the students' lives. As he noted,

I never really prepare. I just open it up to students and if they ask me questions or raise issues that I can't answer I come back to them the next session with the answers". He went on to say, "It is a matter of trust. They

trust that I will answer their questions and will take them seriously. I know that they could also go to the clinic on campus but they obviously don't have the same trust.

So passionate was this instructor about being student-friendly and making the information available to students that he let those enrolled in his course know that they could invite their friends as well. In the current course which actually only has 12 students officially enrolled, 38 students regularly attend. The students, through their own initiative (and as supported by the instructor), arranged with the university administration to have the course changed from early on a Friday morning to later on Friday and after all their other courses were finished so that the course could stretch on into the afternoon. In the case of this instructor the contact went far beyond the classroom. He spoke about a young woman who came to him in despair about her HIV positive status. She worried about the affect on her father. The instructor asked the young woman to invite her father to the university so that he could speak to him directly. This same instructor spoke about the steady stream of students (his own and others) who came to see him in his office in order to address issues around their health and sexuality.

In a related way, a male instructor teaching in a Law faculty at another university commented that in a course in which he integrates human rights and HIV/AIDS (and issues related to the students themselves), the lecture theatre is packed. So popular is the course for general interest that it was only when the students came to write the final exam that the instructor realized that he did not have several hundred students in the course but rather less than 100.

At the same time, it is important to note that the type of knowledge focused on within a programme is not necessarily static. In one programme in Health, those who initiated the programme took a focus on disciplinary knowledge but as time went on, it became more focused on personal knowledge:

What we were wanting to do was shift from the initial design that was brought in which

was very knowledge-based to saying actually what we want is we want to focus on the students, not just thinking it is something "out there" but rather "what is this about me and where do I fit?".

## Approaches to Addressing HIV/AIDS in Teaching

This section maps out the range of approaches that lecturers are taking to addressing HIV/AIDS in their teaching. In so doing it demonstrates the diversity of approaches across disciplinary areas and across institutions: stand-alone modules, the bolting on approach, infusion, use of assignments and so on. It ends with a section on programme integration.

### *Stand-Alone Modules*

In the champions interviewed there were relatively few examples of a whole module dedicated to HIV/AIDS although a number of lecturers spoke about the usefulness of such an approach.

#### *Stand-Alone Module: Religion and Theology*

What follows are the comments of a lecturer who has embarked upon a stand along module in the area of religion and theology:

Okay, I think I mainly speak about the dedicated module because that's the...I think that's the sort of...for your purposes, the one that is of the most interest, I think. I in this module I always try to do a sort of comprehensive look at the issues that emerge out of the HIV/AIDS epidemic, so I begin by bringing in a Doctor to discuss the medical aspects of the epidemic. And I always do a session on stigma and discrimination. I look at...I do a section on cultural practices and gender violence and their relationship with HIV. This last year I have done a specific session on orphans and vulnerable children. I always look at issues in prevention and VCT and treatment. And then I do a couple of sessions around the theological reflection of the epidemic, and then bring in other

colleagues from the school. I am looking at the role of the bible, ways in which theology has been used negatively to fuel stigma and discrimination and what would be an appropriate theology, more the theology of life in context. But I also...it's a very...I also try to introduce a practical component to the module so when... after we have done a session the sessions around prevention lead to treatment and I get this treatment to organise a public HIV testing campaign on Campus with particular focus on the school to encourage the students from religion and theology to actually get tested. And so we use that once in the year to really encourage HIV testing in our school and to try and speak about it quite openly. And then I have done...in terms of...in this last year I didn't do the course on a block release system but it was a regular weekly seminar and so what I did was, I took the students on a two day field trip where we visited different... particularly church related organisations involved in working in some way in the epidemic. And then we just used to spend the evenings just kind of reflecting, well they really had to do a presentation afterwards, reflecting on...trying to sort of integrate what they had learnt in class with what they saw. But in previous years I have run it on a block release system where they come in for three one week blocks and between the second and the third block they had to spend fifteen hours in an HIV/AIDS organisation observing the work and they had...I had given them a kind of...they had a kind of field report which they had to write, they had to keep a journal and then write a field report of which I structured. (Female instructor)

### *Stand-Alone: Engineering*

In another university a compulsory HIV/AIDS module targets first year Engineering students in the extended (formerly foundational) programmes which are designed for students who do a three-year programme over four years:

The length and duration varies from course to course, on average two to three days but in the faculty of education is normally five days. The course is taught to students in the following departments, hotel school, management and technology, emergency and medical care and education (but they are not all in one course together)... The module is directed at all our University students at the University at all of our Campuses...they do this module over first and second year level. The first year concerns academic skills and that's the first semester and the second semester would be interpersonal skills, they need to cover. And then year two, they do interpersonal skills and employability and career work shopping.... Other programs include the Extended BA, extended LLB students at another campus, and at a third campus we have extended IT, Information Technology Software Development National Diploma Students. We have extended programme Art and Design for National Diploma students, that is. And we also have a group of extended programmes, National Diploma Analytical Chemistry students. (Female instructor)

The instructor then went on to talk about the mode of delivery:

And we covered it on a workshop basis, we had an in-house counsellor last year and her job was to arrange workshops with outside speakers and unfortunately her contract wasn't renewed this year so we...it was left up to us as the Academic Life Skills Lecturers to arrange the workshops for our students. And we actually started these workshops right at the start of the year after they registered, we were attending classes, we didn't wait because we felt so many students...once they arrived at University, they were exposed to so many external influences. Coming to Varsity, being in the big melting pot with different cultures and experiences and different value systems that they



are now being challenged with. We felt that they needed this input at the start of their University careers and we actually covered the sexuality topic and we had the clinic come and talk to them. The sisters would come and talk to them about HIV/AIDS.

### *Bolted-On Approach*

There were a number of examples of lecturers bolting on into an already existing module one unit which specifically relates to HIV/AIDS, and indeed this is probably the most common approach across disciplinary areas:

#### *Bolted-On: Mathematics Education*

A Mathematics Educator in a Faculty of Education describes a unit on probability and data handling that includes a component on HIV/AIDS:

The module where I focus my integration of HIV and AIDS education is Primary Mathematics Education 210 (PME 210). This is a module for predominantly third year pre-service primary school mathematics teachers. The Bachelor of Education programme is located at a Faculty of Education.... This is a core module. I have been extending integration activities since 2004. The issues/topics that I focus on are the implications the pandemic has on teaching and learning in South African classrooms. The mathematics education topic that provides opportunities for integration is Data Handling. In Data Handling, graphical representation of authentic HIV and AIDS data is used to emphasise the enormity of the pandemic in South Africa—the saying/cliché ‘a picture is worth a thousand words’ using graphs allows for reflection on the problems faced by South African teachers. Integration in a discipline such as mathematics education, that is considered to be a ‘high status’ subject, allows for exploring HIV and AIDS education from a different perspective ‘Bolting on’ issues related to HIV and AIDS education in

a mathematics education module is probably the best description of my approach. The PME 210 module template indicates that this module is designed to further the teaching and learning of mathematics in the primary school. This ‘high status’ compulsory primary mathematics education module allows for infusing HIV and AIDS education in a subtle way. Pre-service teachers are given the opportunity to reflect on the issues in a ‘different’ context through examining statistical data and graphs related to HIV and AIDS. (Female instructor)

#### *Bolted-On: Communication for Mechanical Engineering*

It’s not core, however Communication Skills has to be done by all Engineering students and since I am the co-ordinator of these modules, I get to choose what the content is within certain parameters of course. And so when I am introducing communication theory one of the aspects we cover will be verbal and non-verbal communication and what I do is there, is to use a poster called “I have AIDS—Please Help Me”. And through the use of this poster I will actually be teaching verbal and non-verbal communication but the hidden curriculum there is...um...that we understood the student about AIDS and how we treat people who have AIDS, so the questions that I have set on this poster, while it will focus on communication theory, at the same time, the content is covering HIV/AIDS.... That’s why this question here: what’s public attitude that the poster sets out to change? So yes, I am teaching communication skills but I am using the AIDS poster...so that’s one way of doing it and then in the course of the Touchbook, I have just put in other things that are different facts about HIV/AIDS... you know when it comes to stats, and then these are Engineers who I teach.... They like that so that is why I put that, I had something else about it too...I took something from the Mail and Guardian and just inserted it...it

stated how many HIV/AIDS...I don't want to use the word "victims" I don't like to use that...People living with HIV/AIDS, ja...and that's true, its stats and then the students suddenly becomes aware... you know what, this is real and so its more awareness that I try to integrate when I am teaching. In the recent past other than the Touchbook, in my test papers I have included articles relevant to HIV/AIDS and I can show you some of them if you want to...and then there will be the skills I am teaching but it will all be based on that article. The last analysis we did was on 'test analysis' was on a letter written by a women who discovered that she was HIV/AIDS positive, I mean HIV Positive and how she felt about it and how she needed so much courage to admit that she had it and the support that she got. So, indirectly I was telling the student that if you are in this position that there is help for you... Most of them are first years and in the mechanical Engineering group who are older but in the others they do communication skills in the first year. I considered this part of the soft skills part of Engineering and the entire Engineering programme is so technical and scientific that there is very little time to deal with the soft skills, so my chief outcome if I had to say it in a nutshell, is to create a better human being who also happens to be a good engineer and that being the case they need to know about stuff. (Female instructor)

#### *Bolted-on: Marketing for First Year Commerce Students*

Another approach to bolting on is to take an existing compulsory course, in this case, for first year Commerce students and 'bolt on' an examinable 6-8 unit on key biomedical and social issues related to HIV/AIDS. While the commerce course itself is taught by instructors from Commerce, the dedicated unit on HIV/AIDS is managed through the university's HIV/AIDS centre which includes a division on peer education, another division on wellness, VCT and so on, and then an academic division on curriculum integration. The unit in the Commerce module is coordinated and

taught through an HIV/AIDS coordinating unit and also involves peer educators who contribute to the actual delivery of the module:

It is a first year course. It is a course called evidence based management which is compulsory for all first years within the commerce faculty but we have other students from other faculties like the humanity faculty that may take the EBM course. So in that first half of the year there are about 1000 students who enter the course and it is part of the theme around developing critical thinkers. So the commerce course is really getting students to start thinking not only within the commerce area but also if you are going to be looking at these issues in business, what does it mean etcetera? And they have given us a two week lecture slot within that piece, which we fought for I must say, and it is six lectures that cover a series of basic information of HIV around the statistics and the context, social marketing, stigma in HIV.

#### *Infusion: Business Communication*

Still others referred to a general infusion of HIV/AIDS into the curriculum. In this approach, lecturers do not develop a specific unit on HIV/AIDS but rather insert issues as they seem relevant and in a planned and focused way, in the classroom discussions and in assignments. One instructor in Business Communication says that she does not lose an opportunity to bring up the statistics in relation to the social aspects of HIV/AIDS with the various groups of students with whom she comes in contact from industry: mining, finance, entertainment, technology, insurance, the motor car industry, industrial machinery, office administrators and junior executives. Her position is that the students are a captive audience of students enrolled in short term courses and these are people who have responsibilities in the workplace, communities and families. In the interview she offered a practice-based example where she used a case study of how to target HIV/AIDS messages to various audiences in a school community.



A version of this type of infusion can also be seen in the area Food Preparation:

For instance we'll be looking at the different food groups, because (inaudible) is just food or you always try to incorporate the community development component and I would have questions around for instance the different food groups and say to them... assuming you are a community worker and you are dealing with a situation where there is a high prevalence of HIV and AIDS what kind of food stuffs would you recommend to the communities? How would you say they should prepare say vegetable A, vegetable B to retain the nutrient content and all of that? So I would more or less have a similar kind of approach. Yes, it is includable at a certain level but...only when you look at normal nutrition where you might begin to look at HIV and AIDS affecting an individual.

#### *A Hybrid Model of Bolted-On and Infusion*

Not all examples divided neatly into one approach or another. In several other areas, one might say that there is a something of a cross between bolting on and infusion depending on the topic. In waste management, for example, the lecturer spoke about taking a concept such as 'generation' and applying that to HIV/AIDS across an entire course:

It starts from generation...you know the whole integrated waste management system, (inaudible) waste generated, so you look at...I have separated this term because last year what I had seen is that if you talk about generation they will talk from generation of waste, you know from paper waste, from every type of year. But this year I have separated it. The focus is on general waste and health care risk waste.... So we talk of general health care risk where waste is generated from homes, we have...day care centres...what we call crèches'.... So you have waste generated there, so from there you have sort of a waste minimisation or

waste management processes. So where does it go to? You have storages of waste, how is waste stored, how should it be stored, how is it stored currently, what is the ideal situation of the storage of waste?... And then go to the treatment, what is the correct treatment because what happens is that our waste always lands up in the (inaudible) but we have scavenging in the (inaudible) so we want waste to be treated. How should it be treated so that it is free from any living organism or anything that might pose harm? We have like in Durban we have the sea so our water table is very high so we don't want to contaminate the water table, people drink this water. So you want to make sure that the water that lands up in the land fill site is safe for...so that even...as much as we have the best technology of our disposal sites but accidents may happen and there might be leakage, so you want to prevent harmful waste form.

Another lecturer working in human ecology speaks about the ways in which HIV/AIDS operates as a cross-cutting theme in the area of family interaction:

Yes we do this at first year level when we look at the interaction of the family with the bigger community we do give them assignments on HIV and AIDS where we look at the impact of HIV on the functions of the family particularly on the economy of the family and we do send them out to go and get information on that. Secondly we also talk about the three key pillars of the HIV policies so to speak. We look at prevention, treatment etcetera and we do that in detail and we encourage them to go and find information in the library around that and usually we will have a question on that in the exam for round about 15 marks. But like I said we don't look at the virus itself but we are just looking at how that affects the state of the family in terms of structure, functions, quality of life.... They go to various health

facilities and talk to them whether it be at a municipal level or public centre, they go there and find information in terms of what is done by those departments to address HIV and AIDS but like I said the focus is on the family as the nucleus of society so we looking at that in terms of the functioning of the family not the real impact of the virus on an individual. I remember the last time we were brainstorming with them and we used pictures to establish what HIV and AIDS means to the students and it was interesting to see what they drew.

### *Integration Across a Programme*

A number of the interviews included champions of integration who because of their position were able to talk about integration not only at the course level but across a whole programme. Moreover, because of their seniority they were also able to offer an historical perspective, speaking of the evolution of a programme over time. Speaking of Pharmacy, for example, the Deputy Dean, described the range of courses and community outreach projects that most if not all students come in contact with. She noted that this focus began in 2003 with the beginning of the roll-out of ARVS. Her comments highlighted the fact that business could no longer be as usual in the preparation of pharmacists in South Africa.

Below, we offer extensive excerpts from the interviews with champions from two areas, Nursing and Psychology, in order to give a sense of the breadth and depth of integration.

### *Nursing*

A lecturer in a senior position in Nursing outlined the range of courses and experiences that a nursing student would come in contact with over their four years. As can be seen in the notes of the interviewer below, the programme has a well planned and coherent sequence:

In first year HIV/AIDS is introduced. Students begin with practicals from the outset of first year so it is important to teach them to

be responsible nurse–universal precautions emphasized during general orientation; management of sharp objects. Of late students arrive with basic HIV-related knowledge (much better compared to students about 8 years ago; attributes this to school learning. Main aim is to teach students to be responsible so that they learn to prevent accidents in hospital (and then private) contexts. E.g. how to avoid infection via needle pricks.

During community health, IMCI (as mandated by WHO and UNICEF) introduced: forms part of nursing of ill children (IMCI is a classification system that includes noting risk factors / symptoms that could indicate HIV). Again, HIV is not discussed in detail but dragged in because it links to the module and to the topic of infectious diseases. “Every time one pulls HIV in.” During community health the social factors contributing to and resulting from HIV/AIDS are emphasized.

In the second year the nature of the HIV positive patient that the students will meet in hospital is discussed in detail which again provides a platform for discussing HIV. During this focus on the adult patient multiple HIV-related topics are discussed (available tests, timing of tests, symptoms, management, medication, ARV’s, side effects of medication, etc). Attention also given to the geriatric patient with HIV. Students are taught how to screen for HIV / HIV risks even with history taking (i.e. before any tests done).

In their third year, the roles and function of the community nurse in the age of HIV/AIDS is emphasized. Students are trained to be more than nurses; their roles encompass health care, health advocate, carer, educator, liaison officer, etc. Attention also paid to those affected (children, adults, aged) by HIV/AIDS. Relevant DoH policies are also covered. In reproductive health, HIV easily integrated. Students are encouraged to

identify available local and provincial health resources (e.g. hospitals, specialist hospitals, clinics, wellness clinics), also with regard to HIV care.

Finally, in their fourth year, students encounter all specialist activities (e.g. liver transplants) linked to the care of HIV positive patient. Palliative care is stressed. In summary: anything that can be linked to HIV (awareness, prevention, intervention, palliative care) is linked. Wellness and community health cannot be taught nearly adequately enough in the age of HIV/AIDS if this is not done. (Notes of interviewer)

### *Psychology*

This same careful sequence can be seen in a psychology programme, as can be seen in the account from the person who both teaches on this programme and is responsible for its development over a period of 10 years:

I will talk about the different modules across the different levels. So the first one is a first year module. It is not really a first year module but we developed an HIV counselling module which was intended to be able to be accessible to people from off campus who didn't have any...weren't necessarily full time students or didn't necessarily have access to university training. So this is psychology 103 HIV counselling module and what it is, is a materials rich course which is one semester course and over the 10 years or more that we have been running it, we have run it through the universities open learning network but based in the school of psychology and we have delivered the course to a range of different settings. So always in Pietermaritzburg and Durban and then over the years we have delivered it to nursing students in Queenstown, to a range of different people who have heard about the course and have applied for it in Ladysmith, Newcastle, Queenstown, East London so basically all

over and the beauty of it is, is that it is not materials based, it is materials rich, quiet facilitated sessions. We have about six to nine facilitated sessions on a Saturday morning and that is an incredibly successful course.

The other one...the two really...in third year we have a course on psychology and illness and most of us integrate some aspect of HIV within the different topics that are taught. Now some of the topics there are just traditional psychology but the last say 12 lectures of that module, it is a third year elective module for psychology students and it is a very popular one so the majority of students do take it but it is not one of our compulsory courses. And what we do in that particular course we share the 12 lectures and X does a broad understanding of the psychology of health and illness, so it is essentially health psychology learning the basic theoretical principles of health, illness, wellbeing and so on. And then I do the final 6 lectures which focus exclusively on HIV and in that I do a little bit of the epidemiology of HIV and AIDS, some of the psycho social understandings of the spread of the epidemic and some aspects of policy in relation to interventions and prevention and access to care and treatment and...and I usually focus on some of the research that we have done recognising the pivotal point that voluntary counselling and testing plays in all the strategies to address HIV and we have done quite a bit of work on VCT in the country...look at the kind of... from a psychological point of view, from a health promotion point of view, the problems of coping with a positive test result, the lack of follow up on people who test negative and in particular looking at the barriers and facilitators to uptake because the issue of uptake of voluntary counselling testing remains a problem and I think we conclude with some of the debates with some of the modules for testing and counselling...opt in, opt out, voluntary counselling and testing,

even some of the debates around mandatory testing and so on. So that is that one.

Then another third year module, also an elective psychology 303. I coordinate this course and it's the psychology of change and transformation and we do quite a range of things in that particular course but I have told to a lot of my section around HIV and health related issues. So it has its roots in community psychology, so we look at the background to community psychology and its approach to change and social change and transformation and there are four sections in the course. The first is community psychology approach to change. The second is looking at the whole field of agenda settings. So there is the use of media and communication strategies as a precursor to policy as a strategy for change...and then the final section of the module is communication and change. So you are looking at the whole range of different communication strategies...and even that we look at producing a range of different changes...but again I empathise with health promotion kinds of related issues and in that focus quite a bit on HIV. When the course gets taught next which will be next year we have just completed a literature review on strengthening prevention of mother to child transmission through communication strategy. So next year is going to include a big section on communication for change in terms of MTCT.

The fourth section in that course is taught by Y and that is on socio cultural approaches to change and anticipate (inaudible) for change. And she also uses a lot of examples from HIV and development and social conditions...the linkages are made there.

Moving on to Honours...I share a course, it is an elective course called health psychology and I share it with Dr. L and in the first part of the course it really is just teaching

quantitative and qualitative research methods and theories of health; thereafter there is a series of seminars where students have some choice in picking topics and HIV is amongst the topics so as much as a student might choose to look at the psychological risks, invariably in each year for example this year... masculinity and risk behaviour which is one of the seminars that was done on HIV stigma and strategies for reducing stigma and intervening stigma. (Male lecturer)

He then goes on to talk about the ways in which a range of HIV/AIDS issues are also covered in the Master's programme, and also how his programme in relation to workplace knowledge prepares people as counsellors.

#### *Themes and Theories*

As is noted above the various approaches and forms of knowledge covered are closely related to the types of themes and topics covered. It is perhaps easier to see commonalities when the issues are those dealing Personal Knowledge as opposed to Disciplinary Knowledge since there were such a range of disciplinary areas covered. It is also worth noting that the types of topics covered also varied according to the institution itself, and whether it was an institution that was historically white or historically disadvantaged. At one institution that is historically white, the lecturers interviewed wanted to make sure that HIV/AIDS was not seen as only a disease of people who are poor or African:

We drew this link between, you know, stigma isn't just okay be nice to them. What is actually happening if people have that burden of a secret? In our case we are amazingly lucky because we have two professors who are HIV positive. The one is in law and the other one is in paediatric infectious diseases and they are open about it and so you can immediately get rid of the myth that it is about education and they are both white. It is not poor black kids in the township only who get it and...and I

think their input is amazing and certainly the research has shown that the input from people who are HIV positive did actually change the way people thought about it. But this year I had done a review of in the past two years actual studies that had come out of the work place around what it were and it ranged from getting people to go uptake of treatment to counselling programmes to what had worked with education programmes, you know it was just a review. Here it is research that is important in work places and was hoping to get them excited about it, especially you know modern companies that had tried really creative things.

A lecturer at a former historically disadvantaged institution spoke about the ‘why’ of a need for integration and in so doing raises important points about the types of themes that she believes need to be covered.

I think that one of the key things that may guide departments or institutions would be an understanding of what is the purpose, why are we doing this? Because much as one recovers some of the aspect in human ecology for example at first year level the trend has been that many a time second year students pregnancy levels are high and you wonder why because these are students that already know, they have studied research around HIV and AIDS but still when they reach second year level the pregnancy rate is amazing. It is quite high...we spoke about that also with Sister, but it is interesting to know that people that would expect to know better are the ones that are falling pregnant and when you see a young person pregnant you get scared for them.... And probably means the message is either being ignored or they look at it as an academic thing like we need to know that one plus one is two and once you know that you get your mark and you move to the next level. (Female lecturer)

At another institution, the interviewee spoke more broadly about the philosophical underpinnings of their work in the area of integration. Speaking of the professor responsible for initiating this work as a philosopher, she observes:

He said that issues such as truth, knowledge and justification are increasingly politicised here and in the South African society as a whole. He posed all these questions: Do faculties want to teach HIV and AIDS? They are already swamped with information. Are they equipped? HIV AIDS addresses personal and behavioural issues. Do we have the ability to present this information creatively? How are we putting the messages across? Do we teach citizenry? How does the university take it on and so on...and he stressed that these HIV AIDS questions provide room for an epistemological approach. So he wants to use it for us to understand our beliefs anyway about HIV AIDS.... He is interested in what it shows us about our approaches.

Theory was also a critical issue at another institution which embarked upon a mapping strategy to find out what was working across the university and where there could be an entry point for pilot projects in curriculum integration. As the interviewee observed:

I like theory.... I come from a very post modernist frame. Then I thought let me look at critical realism, and there I began finding a much more comfortable home for theorising and fusion, and from critical realism I saw how I could begin to draw on the work of Margaret Archer. You know, a lot of it came from looking at the data that was theoretical but a lot of that came through, moving the data to look at the theory because...

She went on to explain that for many of the schools and faculties with whom she was working the idea of having a theoretical framework was, in itself, a critical entry point for ‘selling’ integration.



### *Pedagogy*

In the various literature reviews on curriculum integration, pedagogy is considered an important issue. While lecturers were not asked directly about the 'how' of their teaching, it is interesting to note that pedagogy came up in number of the interviews. In one institution the idea of narrative played an important role and although it was in the context of assessment that the idea was raised:

Say for instance the exam that is coming up now is a series of essay questions plus the multiple choice part and the essay question is about somebody who is HIV positive who comes to see a health professional and then says, you know, I don't want to tell my wife and then the health professional has to struggle with the things that they have learnt about the issues about confidentiality and human rights and things, how would they deal with that, they link it also...one of the other questions...no one is allowed to say this outside this room, you know the first years you are going to write next week...so there is a question linked to the scenario around human rights and confidentiality, there is one around different approaches to health because there is an interaction that happens between the two people in this sort of dialogue and they look at that, they look at how the different roles people take on. So they look at social roles and group roles linked to the scenario and then the other one is about containment... skills of containment and interviewing. So those are a lot of things that they in the broader course are focusing on but we will try to make the links back all the time...and there are other exercises within the course where for instance when we are doing stuff around prejudice and stereotyping, there is a wonderful exercise where each of the facilitators with their group tells a portion of a story and they have to decide who they are going to support.

Another lecturer talked about the significance of participatory work, noting that even determining the topics to be covered should be done by involving the participation of the community:

I think we must also try and do some work on the community to find out what they really think about this thing because sometimes you can just stand and talk in front of the students but the moment they go to the community they had (inaudible) maybe force them to change their minds.

In another module, the students, all health professionals are engaged in an interactive storytelling activity, where, as they go along they learn more about the social determinants of HIV/AIDS:

It is such a nice activity...and we actually stick the names up in the corners of the room and the students shift between each and as the story unfolds they kind of...I mean I am sure you probably know this where the one man is gay then that is all they know about him. One of the others is a domestic worker and the other one is what is she...oh she is a health care worker. And then they choose who should get this sort of treatment that is sort of amazing and then they choose and then the next part is...it turns out the gay man is a surgeon in a long term relationship, so are they going to shift to him, then the woman who is the domestic worker's husband died actually left her a lot of money. So all these lead to ideas that she would be really poor.

It is also worth noting that in relation to at least two of the modules, the lecturers draw on what might be described a workshop pedagogy, where the students meet for a day long interactive session or a weekend session. In the course of the workshop they meet people who are HIV positive, they interact in activities such as the one noted above, so that the exposure to integration is done in as part of a stand-alone unit within a larger module. Such an approach also means that the students are encountering the information in



a concentrated way rather than in small bits over a whole semester.

### *Assessment of Knowledge*

Regardless of the model of integration, it was interesting to observe the different forms of assessment used, especially since a number of instructors noted that it was very important that the material taught in relation to HIV/AIDS in actually examinable. In the case of a bolted-on component of a first year Commerce module, students take a multiple-choice exam. In a nutrition course in a Community Development program a number of essay type questions pertain to HIV/AIDS. And in a Natural Sciences unit within a Science Education program worth 50 per cent of the overall mark, close to 20 per cent of the mark was linked to the HIV/AIDS content. In relation to a Theology and Religion module, the instructor spoke at length about evaluation, noting the significance of trying to work in behaviour change in a very concrete way:

Because it's an elective, you tend to get the students who are interested in the issue anyway and you know, so...so I mean I can say that my students respond really positively but I need to paraphrase...I need to explain that it's an elective, so of course the students who are coming along are the ones who want to know more about the epidemic and how they should be responding and so forth. But we...I sometimes co-taught the module with one of our community...one of our staff who works in a community based research centre that has an HIV/AIDS programme and what I do is, I ask her to do a kind of exercise at the beginning of the...right at the very beginning when they come to do the course, we kind of do a sort of...a few exercises, what, like when do you respond to somebody who is positive, when you think of somebody dying of AIDS, what image do...what feeling or reaction does it constitute. And then we do the same exercise at the end of the curriculum as a way of kind of trying to just see if there is any sense of change that has happened...I did that exercise as a way of

trying to assess how students are responding because I sort of emphasise the fact that this is also a personal journey for the students that...its personal because the reality is, there are probably people in the class who are HIV Positive but it's also personal in the sense that they need to make choices about how they are going to respond but it's not the kind of course that is simply about head knowledge but that they have actually got to make it. From my evaluations because I do, do an evaluation at the end of each of every year, at the end of the module. On a whole people have responded incredibly positively towards it and ja, I think for many of the students it genuinely has been life changing in the sense that It's going to effect the ministry and churches that they are going to work in once they leave here. So, ja...certainly from my evaluations, I could say that they have responded really positively. But there are students who want to be there and so it's not as if, you know...in terms of the...in terms of the students when I do it a bit more...an integration bit more into the curriculum, you know I always feel that students are very open to hearing about it because its relevant in their daily experience and we have a lot of Post Graduate students from other parts of Africa, so It's very real in their context. I find that students feel relieved that there is a space...a safe space to talk about the issues. Ja, and with the testing campaign, we have run it over three years now, 2006, 2007 and 2008 and the numbers have gone and got tested have steadily increased. And so, I have kind of assessed that its now certainly a much more acceptable thing because... we ask them to declare that they have tested not to declare their status but we have a big news print up in the entrance of our...where people write up their names when they have been tested as a way of publicly declaring that they have tested. And that sort of disclosure, the numbers have increased from 35 onwards to where it is now, we have got

the students on Campus to declare, so its got a bit difficult in this last one to say how many were our own students. But the numbers certainly from 2006 to 2007, there is a marked increase of the numbers of students who tested. (Female instructor)

In a Commerce module, the instructors emphasized the fact that the section on HIV/AIDS is examinable. As they commented:

We started with just sort of running the workshops, then we realised if we want students to take this seriously we have got to integrate it into assessment so they're examined on it.

In a module for Health Professionals, the lecturer commented that although it is good that the component on HIV/AIDS is examinable, she is not totally happy with the approach which at the moment is a multiple choice exam. As she notes:

Look one of the things in terms of not having enough resourcing in terms of being able to pay for the assessment part, I don't think the alignment is good enough. We're sitting at the moment really with multiple choice kind of questions, so it is kind of bringing students back to the knowledge focus which is not, you know, what we wanted, and obviously the assessment should be aligning with the fact that it is more "about me". But I think at least it is meaning that they're taking it seriously. They have to attend the workshops and every student signs up for at least one workshop...I mean one of the things that I think we need to look at after this assessment is whether...because we are integrating it into the main exam paper whether we actually want to go with an essay type question which I think the fit would be better. So that is a possibility but we thought for this time let's just stick with what we know and just, you know, many steps to what we want. (Female lecturer)

*Resistance: Have You Experienced any Resistance From Either Students or Staff?*

The responses to this question were mixed, although where instructors spoke about resistance they were more likely to speak about their colleagues and the administration than the students, although there were some references to the ways in which students may have been experiencing an overload. As a one female instructor commented:

Students are students. There are always students who get more deeply involved and so engage in deep learning. In general the students are not negative. [This Interviewee could not think of one example of AIDS-fatigue.]

One male champion spoke about the fact that some of his colleagues who had tried to integrate some aspect of HIV/AIDS into their courses were met with resistance from the students. However, when he asked them what they had addressed in their classes, he found out that they were focusing on such personal issues as 'not sleeping around'. He invited colleagues to sit in on his classes so that they could see more open ended youth friendly approaches.

In other instances, management needed to be convinced that HIV/AIDS was relevant to students on this campus. As an instructor commented, this dates back to 2000. However, the interviewee noted that it was also necessary to sensitize colleagues, even though they are in nursing science. As she observes:

Currently, the faculty is positively orientated to HIV education. In 2000 when re-curriculisation was done, it was really interesting to learn that lecturers all thought they knew enough, but in fact we didn't. In the original meeting with an outside expert, opportunity was taken to informally test lecturer knowledge. Despite the fact that the staff were from health sciences and nursing, there were questions that they were afraid to answer (according to the interviewee)—this made them aware of how important it is to

know enough and to keep abreast of new knowledge. As a faculty, they meet regularly and talk informally about HIV/AIDS and in this way they keep re-sensitizing one another and keep HIV/AIDS alive as a cardinal issue. There is constant encouragement in this way for staff to integrate HIV wherever possible. (Female instructor)

The significance of management came up in the narrative of Head of School. As she noted:

I think once I started including it in our staff meetings when I was Head of Department that we should be including HIV/AIDS as part of the curriculum and that when we were doing quality assurance, we were still a Technikon then and then we had all of those criteria of how quality assurance should be judged and that's when I added the HIV/AIDS criteria to that. And so, I am talking now to say 2003, and at that point I think everybody began to ask...that we have to include it HIV/AIDS in the curriculum, how they are doing it of course will be each persons. (Female lecturer)

An instructor teaching in Mathematics Education spoke about some of the resistance of her colleagues. "When I first mentioned that I was pursuing my PhD on integration of HIV and AIDS education in mathematics, colleagues from other disciplines as well as mathematics asked 'Why in HIV and AIDS?'" Later, however, she pointed out that colleagues in the mathematics discipline began offering suggestions and comments for her research area. Mathematics education colleagues also made use of HIV and AIDS data for explorations in statistical work with in service teachers. She noted that her mathematics education colleagues have become sympathetic about her deep concerns about the devastating effects of this pandemic.

Another instructor noted again that most resistance comes from academics;

they feel it an additional burden and have not accepted it. Initially students show HIV/

AIDS fatigue but later enjoy and love it (Male instructor).

The lecturer of a course with health professionals spoke about how there had been some resistance, but that once they came to the course they found it valuable:

I think a lot of them come to the workshop with the idea that we had a lot of this at school and it is too much and we're...yet again we have to come and they come reluctantly a lot of them because they want their DP and they know that they are going to be assessed on it. So quite honestly that is how we capture them but the amazing part is the number of students who at the end of the day when they evaluate and they just say wow I really thought I knew this stuff and I didn't know anything and how their impressions have shifted over the day.

She went on to talk about how significant the addition of a bag lunch was to the attitude of the student participants in the weekend workshop approach:

This year we managed to get funding from our Dean for the students lunch. Now this was a first...I mean this was a really big thing and it might not sound like a lot but it was also because in the past they were...they would go and they would go and do their group stuff and then they would push off and try and find food where they could because the cafeteria was not open and it was disruptive and they all disappeared where as now we got...it was a little brown paper bag or plastic bag with a sandwich, a chocolate or something and a juice, you know and an apple or whatever. They were so grateful. (Female lecturer)

In another case, the lecturers spoke about a shift in the attitude of a Commerce student who had resented, at first, having to participate in a unit on HIV/AIDS:

We had a student who came here and he came here to say why he was not writing this essay

that we had set. Very articulate, very well grounded. You know this is really not relevant to me...I don't want to be nasty but I am doing Commerce and this is just totally irrelevant and the poor individual he ended up getting (inaudible) and he wrote an e-mail afterwards saying...I feel like...you know it really was life changing. I just can't believe I saw the world like that and now I get it, I get it. It is an honour to be a Commerce student, it is a responsibility and how the numbers actually equal learning about this and my role and boy am I writing this essay...and can I be a peer education? What can I do? You know just that magic of them getting it. (Female lecturer)

These same lecturers spoke about how they have managed to 'sell' the course to students by pointing out how valuable it will be to them when they graduate:

They don't want to be there but when they realise that this is going to give them the edge and we are trying to structure in saying that these are kinds of things that you want when you are a manager one day, when you are going to be employed one day. They are realising that they need this information. It is like a sort of an after thought that they felt that it was valuable...I mean you are sitting in a room of 300 students and you are talking about peer education research and they sit and they look at you...why? But it is about really getting them to have their brief information and to engage with the topics in the tutorials which is so key and I think having the facilitators who are passionate above the subject themselves help that process in the small groups.

Other lecturers also noted that they have experienced absolutely no resistance from either students or staff. As a female instructor teaching in Theology and Religion offered:

We work in a very collaborative environment and in fact a number of our...my colleagues, we are all working in the field of HIV/AIDS

in different ways including...we have got two research centres, one of which runs a programme for HIV Positive people and the other one in communities...plus other academic, colleagues who are working...who research in this field and during 2007 we actually decided to form a collaborative to intentionally work together. So we have what is Super-Collaborative for HIV/AIDS, Religion and Theology, part of which I am Director and we run sort of seminars and lunch time meetings and then in school and then we have launched a large international research project on matching the resources that have already been published in the field of HIV/AIDS interfacing them with religion. So...ja, the only...the only resistance I ever received from a colleague was right...the very first year that I introduced the idea of a public HIV testing campaign. I had...which was in 2006, I brought it to the staff meeting to get kind of buy-in from the staff to encourage the students to test and I had one staff member then resist and say he didn't think it was a good idea. He has since left but on the whole no, I receive support rather than resistance.

The issue of course evaluation came up in some of the interviews, and it is worth noting that students generally were very positive about the experience. As the lecturers associated with a Commerce course offered:

And the course we evaluate we got 10% of the student population in that grouping to fill out an evaluation form which we're completing now to see what they liked, what they didn't like, where we can improve it and things like asking questions...should this be in part of the curriculum and responses like from last year's research saying that almost 85% of the students are saying that this should be part of the curriculum whether the lecturers think so or not. So that is evidence for us to say that we need to work more in developing it across faculties but it is...the fact that it is course specific, faculty specific

and it has taken us a long journey to get to the process where we are.

One lecturer who also provides academic support noted however that it not the students but rather the staff who are likely to be resistant. As she observed:

It took me a while to click, you know, that the resistance was associated with time, it was a very bad time to try and do anything in the first term. The second term was a little bit better. The third and fourth are when people open up. I'll tell you, the first semester I was ready to give up...and most of the matter really was completed in the third and fourth terms...there were of course other resistance working...HIV/AIDS where you know attracts tremendous amount of funding and people who have been involved in environmental issues...they begin to wonder.

*What can we learn about how champions become champions?*

A key component of this study relates to how champions get to be champions. We were interested in whether there were any special aspects of their background that accounted for their passion and commitment to this work. While it is difficult to neatly categorize responses, generally their reasons fell into professional, personal and social (humanitarian) categories.

In relation to the professional, a number of instructors spoke about the ways in which their research or professional affiliations led to a serious commitment to integrating HIV/AIDS into their teaching.

My area of specialization is TB. My PHD focused on prevention of HIV and TB. I worked in the Public Health Department first at X university and then at Y where the unit was assimilated in microbiology. (Male instructor)

I received a fellowship to go to Columbia University School of Public Health so I

would say that was probably the most helpful. That was public health in general, not specifically HIV related but the kinds of conceptual tools and methodologies that are learnt during that six months or semester doing half of the Masters in public health... that was really valuable. (Male instructor)

I was doing my Masters thesis looking at the sexual behaviour of peer educators in a university setting—so now working on communication related to integration just makes sense. (Male instructor)

For me I think it is because the courses that I am lecturing in [Community Development] just force me to concentrate on this issue. I think that is...before they even asked us to integrate and also just to help the community because this is one of the challenges that is affecting all of us. (Female instructor)

It came from my postdoctoral research about an AIDS programme about researching South Africa in...because I done my Doctoral work out there, so I had spent a year at...you know sort of set in the whole HIV/AIDS work and particularly from a biomedical perspective which I had never kind of really had the opportunity to before and so when I got the full time position here in 2004. I think my Post Doc for the year was really helpful, I mean I think it has, it really laid a foundation for me to feel confident that I understood the broader issues of the epidemic both from a bio-medical and from a sociological thing, so that was very helpful for me particularly. In terms of inter...sort of curriculum work I have realised that I have actually been ahead of the game, in many ways, I have kind of...I have had people come and ask me but to be fair, the actual...the course had been run one year before I came by another colleague and it had been his idea to introduce the field placement and so when I took the module over, I just adapted it and sort of...fine tuned what



that actually meant. So I certainly think my colleague who had first started the module, that was really helpful because he did have... he did have a framework from which I then worked and developed. But ja, I...otherwise no, I have used my own initiative. (Female instructor)

Another instructor, working in Health Sciences spoke about the fact that she had served on a Provincial committee focusing on health service delivery. During the several years that she served on the committee she found herself more and more engaged in issues related to HIV/AIDS and saw that it was critical to begin to see how her own faculty could be addressing the issues. This same lecturer also spoke about the significance of the social and political context of HIV/AIDS in relation to how her own disciplinary area of Pharmacology came 'on board'. As she noted, it was only with the roll-out of ARVS several years ago that there was a critical need to begin to ensure integration of the issues in the curriculum.

Another lecturer spoke about the significance of leadership in his School, and the opportunities that arose because of strong leadership:

I suppose the biggest catalyst was a bit of research that we did in 1999. We got a tender from the Department of Health to evaluate voluntary counselling and testing sites across the country...and...actually before hand there was a leader within the school, the head of the school at the time came into the school with a high level of interest in HIV and our school has developed a strong HIV related research programme. You know we host HIV AIDS vaccines ethics group here, African AIDS Vaccine Programme and all human rights and ethics programme as well as a whole lot of the vulnerable children programme. So we have got quite a big and long standing research tradition within the school. My involvement started through involvement with in fact interestingly policy in relation to voluntary counselling

and testing. I was part of...was it 1994 or 1995/6/7, something like that developing the national minimum standards policy document for the Department of Health, that was a collaborative participatory policy development exercise around the country to develop the minimum standards for counselling in VCT...and gradually realising that the entire VCT programme was run off the backs of really poorly trained people and we started working out that there is quite a lot of need for accreditation, for training programmes and for more advanced training programmes which also led to us developing the psychology 103 programme. Our long term goal is to develop that as a more formal qualification. The policy around accrediting HIV counsellors is such a mess and we've worked on it for about five or ten years. We gave up and I (inaudible) trying to develop some kind of a qualification but it remains inaccessible to the majority of people who are counsellors at level five and the majority of people who are doing counselling don't necessarily have matric yet. (Male instructor)

Other instructors spoke more of something in their own personal lives or personal beliefs that led to their becoming a champion. As noted earlier in the case of the person working in Waste Management, it was personal in the sense that she found herself drawn into concern for the personal lives of her students. Indeed, several instructors noted that they thought it was obscene to ignore the issues when their students and their families were so clearly suffering. One instructor who prepares students for work in rural areas also made the point that she also emphasizes the same commitment with her student. As she says:

You cannot just go to someone in the rural areas and say 'I am here to do a demonstration on poultry' without taking into consideration their situation. They might need food, they may not know where to get medicine. A child may be struggling in school because they have missed so many days of



schools. You have to deal with those issues first. (Female instructor)

Several instructors in one institution noted that they themselves had lost a number of family members to HIV/AIDS. One instructor noted that he was in a good position to advise his students because he felt that he knew a lot about bio-medical knowledge because of his own experience, and further that he knew how to access medical resources, if necessary in order to get further information

Several lecturers spoke about the significance of experiences as teenagers in relation to providing motivation to study further in the area of HIV/AIDS:

It was this thing we didn't understand it he had HIV and now did she have it and so we were these teenagers and there was no information. We didn't want to tell too many people, we didn't want to ask my parents so it became this fascinating thing and the more one learnt about it and one learnt that stuff could be done about it, it became really important but what is fascinating it is the most fascinating field because of all these dimensions but the fact that we can't get it right. So many people are getting it wrong because they slap on...oh it's a health problem, you know the complexity of it and the believe that we can get it right, it is difficult and it is complex but we can. (Female lecturer)

Another lecturer spoke about her early experiences as a Girl Guide and the involvement in that organization she had with HIV/AIDS as a young person:

Well as a girl guide one of the things that we did as part of our activities is learn about health and HIV and I started learning at that point when I was very young that there is something around teaching our peers because I came from a very conservative community and I went up the ranks to guiding and eventually was the national

peer coordinator for the girl guide movement where we developed the programme ourselves there and I did at university at the same time psychology and then field on HIV and AIDS diploma issues and really again getting the reality and looking at the counselling issues and at that point when I was looking for a job this was a perfect mix. It was education, it was peers etcetera and I decided to apply for this job and really the take off for this passion has come from this team because we have had so much interaction from different areas, different aspects, reading, people's lives, et cetera and it has really driven my passion.... Okay we are making some slight research and some slight difference and it has really made a passion to drive me further. And the thing is our team members have really helped me in driving my own passion because you can see how passionate they are and they feed you thought, and one of our previous Line Managers really was passionate in this area and really gave us some food for thought and added points. (Female lecturer)

As several of the observations above highlight, however, there is often a link between the professional and then the personal and social when it comes to feeling compassion for the students:

I have seen young people in my courses dying prematurely. (Female lecturer)

There is this human basic science we will be doing human basic sciences next semester so I emphasise to them please take care of yourselves, that is why...the love of young people. The level of...the number of people who have died, people that I know who have died of HIV and AIDS. So it is in my heart to educate especially young people how to behave, how to take care of themselves because they are the future. And then some of them come here being innocent and naïve then they will find themselves being involved

in relationships with people they have met here. Others will come from their hometowns already infected and then they might infect other students...and again I think educating them about taking care of themselves and loving themselves especially...it is not about students only...it may be a young girl seeing maybe a lecturer, she will be attracted, she will fall in love with the lecturer and the lecturer will not declare that he is HIV positive and that is the (inaudible—very soft). So that is why whenever I go into my class I always say something about AIDS even about the mental health, (inaudible) taking care of themselves because it is so important...it is so painful to see a number of people lying down, young people, adults having to take care of them, can you imagine an old man in a rural area having to go and carry water because his son or grandson can't. (Female lecturer)

Several anecdotes from lecturers highlight the link between the professional and some sort of social responsibility.

There was a time when in the papers the national blood...what do you call them... the people that draw blood, the National Blood Bank, indicated that they would not come to our institution any more because the blood that they got here was round about 90% or so, I can't remember the stats...had the HI Virus and that kind of concerned me. Secondly I lost a family member to HIV and AIDS and the suffering that I had to endure and during that time it was still like a stigma and extended members saw the family would point at that aunt and that cousin as the person responsible, you know, not wanting to accept the fact that listen this is the reality. And so I guess in a way that triggered my interest in HIV and AIDS and I remember in one of the candle lit prayers here on campus one of the pastors who is a member of staff stood up and said that the work is of sinners death as though you are

HIV positive because you have sinned and that really annoyed me.

Another lecturer who works in community development spoke about the poverty and illness in the informal settlements close to the university and how she felt compelled to think of her students:

There are houses with families I used to know and HIV and AIDS wiped away all those families and when I go there, when I visit my home area, their doors are locked and if they are not locked the families, I mean the household are headed by children. So that is why I always emphasise the youngsters that are in first year.

Other instructors spoke about their own sense of humanitarian responsibility:

I don't have a specific answer except that I think that it's one's humanity which people identify, if you relate to it. I also think it's part of my Christian duty to help as a practising Christian, my opportunity is here as a teacher and if I have this knowledge and this opportunity to educate people about AIDS... HIV/AIDS then why not do it this way because that is where I am placed. So I think first and foremost would be the Christian commitment and added to that would be...I think my parents modelling that because we are in a sense a little bit privileged in our lives that we are to be doing more for others. And in 1996 I wanted to help at the Open-door Crisis Centre in Durban, home is Durban. My portfolio there is education and I teach...I train Counsellors to go out and train others. One of the issues that we have is HIV/AIDS and the centre, you can check it out on the website, the centre treats sometimes 1500 people a month and I do remember once chairing an Opening Ceremony when a doctor was our guest.... And we were opening one section of this building which is now the HIV/AIDS section; we did

the testing and so on. And so, that too was part of shaping my knowledge and commitment to it. We have a separate rule with the testing unit, we are trained nurses, we have the counselling facilities and my involvement which in the recent past has been more administrative than active since I am living here but I am still on the Board and when they have Board Meetings I am always consulted. (Female instructor)

For another instructor it was a case of being bombarded by the media and the face of AIDS all around:

The media, policy documents and colleagues are constantly talking about the devastating pandemic but, in my opinion, nothing concrete was being done about the lack of engagement and reflection in the preparation of pre-service teachers. HIV and AIDS should be a concern of every child, parent, teacher and teacher educator... Then there were the workshops that I attended at the American Embassy and on this campus that were led by a team of researchers from the University of Wisconsin Medical School. They were particularly helpful. The team leader gave a presentation of a 'step by step' plan to promote 'Community mobilization' as a useful strategy. (Female instructor)

Another instructor made a similar point. Somehow just coming to a recognition of the how dire the circumstances are is enough to move the person to make sure their teaching addressing HIV/AIDS:

I think there is such a huge need because... and I have told my students this, that the biggest danger to our society is not poverty, it's not HIV/AIDS, it's not unemployment, its ignorance. And we need to empower ourselves, educate ourselves with knowledge and when we talk about these things, ask questions, go and find out, do some research. Everything is at our fingertips, all

the resources on Campus, they can go on the internet, they can...talk to me, they can go and speak to the HIV/AIDS unit, there are so many places they can reach out, they just have to ask questions and I think that's the only correct thing to do and to talk about it freely and get over their inhibitions about it. (Female instructor)

Still another instructor linked it to the importance of teaching values as just part of her role as an educator:

Your thinking changes and develops over the years because I have realized the need for a values based approach to academic life skills. And we had a huge debate in our LM group last year because the other members were asking, on whose values do we base this on, on our own values, on Christian values, on Government values, what's to say that your values are correct and the next guys are wrong. How do you decide that? So, we started using the Heartlines DVD collection and we actually ordered that last year and those are universal values, like self control. We used the DVD, the BET with the students and that involves sexuality and choices about sexual behaviour amongst Matric students and it's not...its universal values which should be applicable to everybody. And that is where and then when the values end, every time in class the topic comes up and we talk about it almost every time. And then we bring values into it and we talk about decisions and how...a lot of what we do is integrated because emotional intelligence comes into it as well because we talk to our students. I had a group now, second Year Chemistry students and we were talking about Conflict Management and we spoke about conflict between men and women and relationships between young girls and young guys and the students are at the age of their lives where they are making decisions about their futures and they are making

decisions about their current relationships and about the kind of behaviours that they are involved in and the question came up. They asked me...one of the girls asked me how do you know whether it's right to sleep with a guy or not and on how do they decide if this is right or wrong. That was one of the questions, the other question that came up, this guy said to me...in the class, he said that he expects his girlfriend to be there for him when he needs her, he phones her at 16h00, he expects her to be there at 16h00 and not 19h00. And when she gets there three hours later, he is upset and angry because he demands respect from her and he expects her to respect him because he took her out and bought her nice things. (Female instructor)

Another instructor working in Business Communication noted that she has always integrated issues of gender and social justice into the examples she uses. Given the place of HIV/AIDS in the contemporary scene in South Africa, it became an obvious extension of the work she was already addressing.

Finally, it is worth noting the comment of an instructor in Nursing as indicative of how passionate she is about the responsibilities of academics in the age of AIDS:

We are morally obligated to give complete/thorough attention to HIV. There is no way, given today's context of HIV/AIDS, that one could not. If a lecturer were to ignore HIV/AIDS, she should be asked to leave. We (teaching staff in this faculty) all share this commitment" (Female instructor).

## Successes, Challenges, and the Meaning of This Work

### *Successes*

Interviewees commented on some of their greatest successes. Some spoke about the fact that students came back and told them that they had tested. Others

spoke about the ways in which students clearly trust them and come back for further discussion:

Students do come and open up to me and talk to me afterwards if we have had a topic in class where we talk about these things and it might be quiet in the group but on an individual bases, they will come and talk to me about these things and ask me further questions and relate some experiences to me." (Female instructor)

Another comments on success in relation to own personal development:

Myself...having become an HIV-devoted person. Sometimes I think people might think that I am HIV positive because I am SO devoted to this cause. I have a deep awareness of HIV and its impacts, its social impacts, and I experience it as wonderful that I have identified myself with this cause, that I'm committed to it. I long to start a community-university project that will spread this deep identification and enable local people, especially children and geriatrics. We need to foster intergenerational understanding and compassion. (Female instructor)

A Mathematics Education instructor spoke about the reward of seeing her students integrate what she herself had been promoting in class:

My greatest successes in the area occurred when the pre-service teachers working with me on a 'HIV/AIDS Mathematics Education Project' developed integrated activities to use in classrooms. The pre-service teachers all indicated that they themselves were surprised about how integration could be done with learners in primary school classrooms. (Female instructor)

Being able to see progress is clearly an important variable. As an instructor in Theology and Religion commented:

We are launching an Honours Programme next year in conjunction with some international funders who are going to second their students from around the world, more practitioners kind of programme on HIV/AIDS, so their focus will be on HIV/AIDS and we also had a special focus, masters focus on HIV/AIDS in 2006 and so those tend to be... we all workshop it together, how should this work and in that way the students were all in different disciplines within theology but at certain points came together around.... So, it's been a collaborative thing, its not one colleague over the other. (Female instructor)

### *Challenges*

Many of interviewees commented that although there are many successes, they continue to experience challenges. One of these challenges is simply staying up-to-date. As she comments:

But you know, I am already losing knowledge—you think you're up-to-date on the latest HIV knowledge, but I need to learn about the latest developments. You have to remain informed.

This is echoed by another lecturer in Agriculture:

My information that I knew maybe five years back, because I attended a course about HIV...some things are irrelevant, they have been proven wrong so I don't want to tell people that South Africa is that. So maybe if there could be a way of just updating our database or updating our knowledge all the time so that we can understand this is what is happening or these are the statistics and we give people (inaudible) the relevant stats, the updated stats and then we also need some information about the counselling and all that because we can't just talk about it casually, we need to talk about it and then if people are affected they could actually feel like this person we can talk to about this.

He has got information but he can give the information to others. (Male Instructor)

Another instructor commented on cultural challenges:

I think cultural barriers are huge challenges because I am not Xhosa speaking or from their culture so I think that's a challenge. And I am older and I grew up in a different generation that they did, there are different challenges than they have today. I think that's about it, I would like though, maybe not a challenge but I would like more workshops and more input to empower me. (Female instructor)

Overload, saturation and fatigue were all critical challenges:

At times one reaches a level of 'saturation'. Like you've had enough. But you go on. At one stage I decided that I had had enough of HIV/AIDS; I wanted nothing more to do with it. But then I became part of a research project that was HIV focused and that drew me in again.... The nature of our profession is scientific curiosity coupled with professionalism and an ongoing analytic criticism—this means we are morally obliged, compelled even, to go on. Fortunately every day brings new challenges (like old people confronted with HIV; children affected—when I see a new nursery school or ECD center open up in the local township I just have to go and meet the teacher and suss out what's going on. I see potential in all situations!) (Female instructor)

I think the greatest challenge has been what I was alluding to earlier, that I feel students are kind of tired of dealing with the issue of HIV and how to motivate them to see the importance of really understanding and of coming to grips with the issues with their ministry. So to keep the motivation levels high, to engage in this elective rather than say, oh

no that's too much like hard work, let me do something else that's easier. The basic successes I think have been...sort of witnessing the real personal transformation of students over the course of two months or the two and a half months that they do the course. And I think that that is evident in their engagement with the public testing campaign and how they themselves from right at the very beginning not recognising that they don't often talk about the issues to being willing to be the public representative of the campaign and going out and advertising and drawing their friends in and that kind of thing and I think its...it comes directly out of a deep kind of theoretical awareness that testing is important and that it's a starting point of prevention and all sorts of other things so I often feel the way they get involved in the testing campaign is a testimony to what they have learnt in class actually. And then ja...I suppose through the field work to see how it's transformed their lives. (Female instructor)

An instructor in Theology and Religion made a similar comment:

I think the greatest challenge is...that I feel students are kind of tired of dealing with the issue of HIV and how to motivate them to see the importance of really understanding and of coming to grips with the issues with their ministry. So to keep the motivation levels high, to engage in this elective rather than say, oh no that's too much like hard work, let me do something else that's easier. The basic successes I think have been...sort of witnessing the real personal transformation of students over the course of two months or the two and a half months that they do the course. And I think that that is evident in their engagement with the public testing campaign and how they themselves from right at the very beginning not recognising that they don't often talk about the issues to being willing to be the public representative of the campaign and

going out and advertising and drawing their friends in and that kind of thing and I think its...it comes directly out of a deep kind of theoretical awareness that testing is important and that it's a starting point of prevention and all sorts of other things so I often feel the way they get involved in the testing campaign is a testimony to what they have learnt in class actually. And then...I suppose through the field work to see how it's transformed their lives. (Female instructor)

Another challenge related to the difficulty of continuing to offer a module which included HIV/AIDS in it because of the change in staffing:

My greatest challenge is to be able to gain access to a mathematics education module where integration aspects can be fully explored. The large numbers of pre-service teachers registered for PME 210 have necessitated a number of lecturers taking 'bits' of the module content so that no opportunities for deep reflection on vital HIV and AIDS issues are available. (Female instructor)

A similar point was made by an instructor working with an Engineering faculty:

He (the Dean) is very much into it but unfortunately the way the modules are weighted, all this extra effort that we are putting into...is not with the FET's and that is one of the problems right now. I used to have... look at all of this...I used to have maybe five lecturers who are part of the Engineering team, now I am the only person and one of the strategies that...one of the solutions that the HoD has instructed me is that I cut all the communication teaching contact out by one period. So last term I taught three periods a week, this term I am teaching two periods a week. But that is also because of the "RAM" module, we don't earn enough FET to teach for more periods. (Female instructor)



At the same institution another instructor commented that it is as if everyone has left HIV/AIDS to just a couple of instructors in the School. If a flyer or anything AIDS-related comes to the Head of School he simply re-directs it to the two apparent champions. In this way no one is developing their own skills and knowledge further. As she also pointed out, it is also difficult to see anything developing in a sustainable way at the level of the whole programme.

Then there is issue of time—and the tremendous demands on the time and energy of champions:

Another challenge is time and time management—to do all that one wants to; to write up what one has done; to start an HIV-focused niche area; to provide training to people with no knowledge. (Female instructor)

It's interesting because you know the HIV and AIDS work mean that you're not only need your disciplinary but you need expertise in HIV and AIDS as well. In the time constraint because people are busy, they are developing new courses, marking...now they need to go and learn much more about HIV.

This point is reinforced in an interview with a health professional who also provides support to the academic at her institution:

The lecturer is overwhelmed then they contact us but we work well with them. So it is not just the students, the lecturers as well must have this in depth education about HIV and AIDS. I say in depth because they are not from the health side.

As a final challenge is the fact that it is still academic work that is most valued in institutions and not teaching. As one lecturer succinctly put it:

But then it is about your paper on your model of HIV AIDS, you know. You never get praised for teaching an HIV course.

### *What is the meaning of this work?*

It is obvious from the comments of the champion lecturers that they think this work around curriculum integration and HIV/AIDS is critical. A few offered additional comments on why they think this work is so valuable:

Well apart from the enormity of the problem and the social economic and political cost... when it is a current plague really...I would say that...this might sound a little bit weird... another level at which this work is really quite important and I think there is a kind of silver lining within HIV and that is that it has a capacity to produce the most trans-disciplinary, inter-disciplinary kind of thinking...and if one thinks maybe even just a little more narrowly the kind of efforts in terms of policy, service delivery, thinking...all of it...can you imagine, this is a bit garbled but can you imagine how strong the health system will be and the kind of (inaudible) of health workers that would have been trained in an era after HIV. I mean it will be absolutely remarkable and there is no other kind of stimulus that would have generated that kind of urgency and pre-activity, transforming health systems and so on and efforts for example to make clinics more male friendly. The long term health benefits of getting men to participate in health systems, getting men to participate in families and preventing mother to child transmission...all of those kinds of things are in a bizarre way and a sick way, thanks to HIV. (Male instructor)

Another lecturer, working in waste management comments on how she thinks her own passion for addressing HIV/AIDS rubs off on her students:

Maybe it is because I lecture waste and I have a passion but what I have seen is that most of them what we have a three year diploma and fourth year is a B Tech which is equivalent to Honours so you get electives.

So I have seen most students electing waste management and they develop this passion for waste management and they normally send them out to clinics, like we send them out for inspections on waste management.  
(Female lecturer)

### Strategies for the Way Forward as Identified by the Champions

The expertise of 22 passionate and committed champions must surely have something to say about ‘next steps’ for HEIs in South Africa. Interviewees were asked for their advice and recommendations: ‘what is needed to expand and sustain HIV/AIDS curriculum integration?’

One key area relates to academic support. Interviewees in an institution that already has a well resourced academic unit spoke about its success and the ways in which the senior management of the university have been so supportive. For them this meant that they felt some support for moving into new disciplinary areas such as Engineering.

Others instructors felt that it would be useful to have some sort of academic support unit, and indeed in the course of one of the interviews, the interviewee raised the point that she should perhaps offer her services to the institution since she had experienced some success.

Still others felt that the classroom is *the place* to address HIV/AIDS and through such interventions as health promotion. As one noted:

The classroom is the coal face.

Not all instructors felt that everyone in the institution should be doing integration and felt that some instructors could do more harm than good. They also felt that if the HIV/AIDS did not link directly to the disciplinary knowledge being taught that the students could become very sceptical. One male instructor in Agriculture was particularly adamant about his. In some of his courses where the focus is more on chemistry and fruits he feels that HIV/AIDS does not obviously fit and students would complain. At the same

time in another interview context which involved two participants both teaching in the same area of Food and Nutrition, the one instructor who is relatively inexperienced expressed the view that in the basic Food course it was not possible to do integration but that it would be in a follow-up course. Her colleague disagreed and pointed to at least four topics related to food handling, waste management and so on that she had included in the course in the past which would be obvious topics for integration.

Another lecturer thought that there should be more visibility within classes for student leaders in the area of HIV/AIDS:

We could use t-shirts. And you give those to the academics to distribute to their class reps. Now a class rep is someone who is voted in there, it is not someone like we put them in there, so one would hope that they are a reasonably popular person. So now you are giving something to the popular people, you are minimally going to be giving 300 shirts for the whole of the campus, give it to the lecturers and students, they will sort it out.

Concrete ideas for ‘next steps’ included the following:

#### *Supporting Local Debate and Access to Information*

I think one thing that would be really helpful would be to have easy access to the current debate in the field, because we are not primarily working in HIV/AIDS and I am interested in it, so I am constantly looking on the web whatever, but you know there are always new issues arising either around treatment or the latest issues around vaccine or micro...and sort of what those issues generate for our discipline and I think to keep the staff interested in integrating it, they need to be up to date with the current issues, so if they can get excited about it, you know, its not just the same old thing that they are kind of teaching. (Female instructor)

It would be useful if my faculty invited discussion on how current teacher educators (and other staff members) use integration strategies in modules with pre-service and in-service teachers. (Female instructor)

### *The Importance of Policy and Staff Training*

There is a need for a policy initiated by the VC and DVC academics; Staff training on how to integrate HIV into courses; during induction talks to be given on HIV/AIDS. (Male instructor)

### *The Need for Commitment and Buy-In From Senior Management*

I think it demands commitment, if one finds oneself too busy to worry about the so-called add-ons because in a sense it is an add-on even though it is still relevant but I think for many lecturers just doing their core duty is what has to be done and its all of these others that really make the difference in people's lives but how many people are committed to putting in that extra effort. So I would think that if we are driving it right from the top, from Ex-com right down to HoD's in terms of line managers and then that it's an integrated part of the quality assurance and that evidence of it has to be submitted. Unfortunately nothing will take place unless one is made accountable.... So if nobody is accountable for making this effort then the status quo will just stay and the same comes to transformation of the curriculum in other matters. And I would believe that if there is accountability, if the HoD is accountable to the Director, if the Director is accountable to the Dean, to say these are the efforts being made in the modules that my Department...the lecturers are teaching and here is evidence of it. Then at least once a term if that accountability report has to come in, then people become more committed to it. Maybe initially there will be some reluctance but once they understand

that this is a value of the University to keep the dignity of people then I don't see why not but it needs buy-in. (Female instructor)

### *Drawing on the Resources or Assets That Already Exist*

One institution that has been carrying out various forms of curriculum integration for a number of years regularly invites in staff members who have disclosed their HIV positive status.

### *Drawing on Young People Themselves as Resources*

Several institutions spoke about the involvement of peer educators in the actual teaching (along with their role in co-curricular activities). One of the challenges in HIV/AIDS education in HEIs is to make the approach youth friendly and relevant. Involving young people who are trained to working within a course as well as beyond is an excellent way of addressing the issues.

### *The Positive Impact of a Theory-Base in Relation to Curriculum Integration*

While there are several models that have been proposed by external researchers on ways that integration works (see for example Lesko, 2007), one university, at least, has embarked upon its own theorizing in relation to curriculum integration. Drawing on critical realism and the work of the philosopher Margaret Archer, a key component of a curriculum integration model that could have a positive impact on instructors in the social sciences and humanities, at least, is the idea of a theory-base.

### *Addressing HIV/AIDS Within Interdisciplinary and Transdisciplinary Frameworks*

One interviewee spoke about the significance of cross-curricular concepts as a way in to addressing HIV/AIDS in the curriculum. The concept of risk, for example, does not just pertain to HIV/AIDS but cuts across a number of areas. Working with transversal or cross-curricular concepts may make HIV/AIDS a more obvious entry point in a variety of disciplinary areas.

### *The Significance of the 'How To'*

Many of the instructors who are currently engaged in integration noted that they more-or-less had to work it out for themselves and that perhaps there could be more focus for staff development on the doing. As one instructor commented:

Policy documents and directives do not explain how integration should be facilitated in Higher Education Institutions. It is important to document what is currently being done in terms of integration of HIV and AIDS education in disciplines across Higher Education Institutions. Teacher educators may then feel more confident/willing to develop their own integration strategies or extend/develop/take up strategies already utilized. (Female instructor)

### *The Importance of Co-Ordination and Curriculum Planning*

A recurring theme in many of the interviews was the idea that there needs to be some sort of coordinating mechanisms within a faculty or school so that students are not bombarded with the same information and then missing huge areas of information (or worse subject to AIDS fatigue). The benefits of coordination were seen very clearly in the interviews with programme leaders who were able to show how to avoid AIDS fatigue and “more of the same” by carefully sequencing the topics and issues so that over the course of three or four years students would be exposed to a well-planned curriculum.

### *Bringing in Industry and the Professions*

One way to counteract the resistance of faculty members or administration who say that HIV/AIDS has nothing to do with the disciplinary or professional knowledge being taught is to draw on those who are working directly in industry or the professions. What steps are professional bodies in such areas as engineering and mining taking to address HIV/AIDS and how can their perspectives inform curriculum? In Engineering, for example, what role could associations of professional engineers play in contributing to curriculum development?

### **Conclusions**

The Rapid Assessment Survey sent out to all Deputy Vice Chancellors in the country, and completed by DVCs and Deans at 16 institutions offers a snapshot view of what is going on the country in relation to curriculum and HIV/AIDS. While there are certain limitations to the data based on the sample size and the fact that the survey was sent out quite late in this phase of the HEAIDS initiative (and hence there may have been some research-fatigue on the part of respondents), the findings from the survey offer a ‘window’ on some of the critical issues including barriers to implementing HIV/AIDS-related curriculum. At the same time, they also offer a sense of hope in that almost every disciplinary area was represented, thereby indicating that there is a great deal of scope for further work in this area.

The interviews with 22 champions of addressing HIV/AIDS in their teaching help to deepen an understanding of what needs to happen in South African HEIs? Notwithstanding the fact that there is probably no one ‘best model’, there are nonetheless several crucial points that need to be made.

### *The Caring Academic and the Personal, the Professional and Social Responsibility*

Perhaps the most important point is a recognition of the significance of the various knowledge forms (personal knowledge, disciplinary knowledge and workplace knowledge) in the narratives of the Champions. It was not enough for instructors to simply identify areas of their courses where they could find a disciplinary-related component that linked to HIV/AIDS. They had to feel strongly that this was a socially responsible thing to do. They also had to connect directly to the lives of the students and to see that building trust was critical. Many of the instructors spoke about how they worried about the future of their students and how satisfying it was when the students trusted in them. This speaks to a changing role of educators in HEIs in the age of AIDS and in particular the idea of caring professionals who see themselves as having a preventative role in relation to the students’ lives.

### *Links Between Teaching, Research and Community Engagement*

A second important point that must be made is the link between and amongst the teaching, research and community outreach of instructors. One instructor working in Community Development, for example, spoke about the kind of community outreach she does in the township right beside the university – especially in relation to her own area of Nutrition. And even though several instructors spoke about the overload and the fatigue, almost in the same breath they went on to describe some new aspect of their work and how exciting it was. Following from this, the champions are clearly future oriented in their outlook. Academically-based community engagement (which could include amongst other things students conducting HIV/AIDS-related fieldwork and project work as part of their courses) fits well within the National Higher Education policy milieu related to community engagement (Bender, 2008)

### *The Varying Roles of Champions*

One of the points about the place of champions in a particular faculty relates to the question of ‘drivers’ within a faculty or school. It is interesting to note that in many cases it was not a Commerce instructor or an instructor in Engineering who was providing instruction to Commerce or Engineering students in relation to HIV/AIDS, but rather instructors in support units such as Communication, Applied Language Skills or a specialized unit on Curriculum Integration. Clearly, as several of these instructors in support units commented, it takes a faculty champion to motivate for the inclusion of HIV/AIDS into the course or programme in the first place, but there are a variety of models that can be followed and it does not necessarily mean that everyone is integrating HIV/AIDS all the time and into all courses. This finding may make the integration process more manageable.

### *What’s Gender Got to Do With It?*

It might be tempting to see integration as something that is associated with female instructors, and indeed

there were more female than male instructors interviewed. However amongst those interviewed, the male instructors were no less passionate and committed than the female instructors. It is nonetheless worth noting that the business of integration frequently falls to service courses such as Communication and Applied Language which may of themselves be more likely to be taught by females. And while male HoDs in such areas as Commerce and Engineering may be the ones who motivate to include HIV/AIDS in the curriculum it ultimately falls to these service units to actually deliver the modules.

### *Staff Development*

The need for staff development was raised in a number of the interviews. However, what was interesting were the various possibilities for how this might take place. In one set of interviews, for example, one person who was not herself a champion but rather had an interest in being a champion sat in on several interviews and it was in the course of listening to her colleagues that she started to develop ideas on what she might do. In the same institution a Chemistry instructor who was a champion invited his colleagues to sit in on his classes so that they might learn more about how to build trust.

### *The Significance of Programme Development (vs. Single Courses)*

Notwithstanding the significance of the work of champions working at an individual level, it is clear that the most sustainable interventions need to happen at a programmatic level.

### *The Significance of Leadership*

Many times over the comment was offered that unless there was a champion for a faculty or school that currently has no integration, little change would take place. In essence, then, there is a need for a champion of champions in a university, and this should take place at senior management levels. Even HEIs which have a strong academic support unit need champions to spread their work into areas where currently little is happening.



## CHAPTER 4

# Recommendations

The recommendations in this section draw on both elements of the study, the Review of the Literature and the Situational Analysis.

- **Staff development:** what is made clear across the 3 components of the study is the need for staff development. Ideally the units of Teaching and Learning that now exist at many South African universities could work closely with the HEAIDS units. This is of key concern and requires appropriate budgets, well trained facilitators who are both knowledgeable of curriculum design particularly in relation to issues of mainstreaming and integration and in the relevant disciplinary areas.
- **Planning and leadership:** Academic units need to be supported in developing their teaching and programmatic options. Although some Deans who responded to the Rapid Assessment Survey saw this as a critical concern, others did not see this as part of the teaching mandate of their discipline. There are different models for considering how leadership and planning might be supported. One model would be to consider the role of academic coordinators in every School who could provide local leadership.
- **Curriculum design** and its link to qualifications in relationship to outcomes for addressing HIV/AIDS in teaching is key. Without any clear mandate to address HIV/AIDS in teaching, and no clear set of anticipated outcomes, it is possible that initiatives in this area will simply become watered down or not accounted for (or evaluated) in teaching.
- **Preventative role of academics:** There is a greater support needed for *the caring academic in relation to social responsibility in teaching*: Perhaps the most important point that comes out of the study is a recognition of the significance of the various knowledge forms (personal knowledge, disciplinary knowledge and workplace knowledge) in the narratives of the Champions. It was not enough for instructors to simply identify areas of their courses where they could find a disciplinary-related component that linked to HIV/AIDS. They had to feel strongly that this was a socially responsible thing to do. They also had to connect directly to the lives of the students and to see that building trust was critical. Many of the instructors spoke about how they worried about the future of their students and how satisfying they felt when the students trusted in them. This speaks to a changing role of educators in HEIs in the age of AIDS and in particular the idea of caring professionals who see themselves having a preventative role in relation to the students' lives. What support can be provided for them in their institutions to take on this role?
- **Rewarding good teaching in relation to HIV/AIDS:** At present many universities reward meritorious efforts in research through an annual prize. Many also reward meritorious teaching often in response to course evaluations. Staff could also be recognized for their role in addressing HIV/AIDS



in their teaching through assignments, through community outreach linked to teaching or for initiating new course interventions that address HIV/AIDS.

■ **Interdisciplinary research directed at teaching and curriculum development in addressing HIV/AIDS:**

While there may be support for researching teaching approaches and curriculum development in such disciplinary areas as Teaching and Learning in Higher Education or in some units in Faculties of Education, generally there is much less support (academic recognition) in such faculties such as Science, Agriculture and Engineering. Discipline-based bodies should be encouraged through, for example, NRF Research Niche Area support to conduct research into the most appropriate ways of addressing (and evaluating) HIV/AIDS interventions in teaching.

■ **Curricular and evaluative studies – the knowledge base:**

To date there are few follow up studies on the success of curriculum interventions in the area of HIV/AIDS, although the few that do exist make it quite clear that this is a critical area of study. A few conferences that have taken place in South Africa over the last couple of years point to the need for a more sustainability. This could be

an academic area within HEAIDS-related work, and could lead to further development of websites, academic conferences, and on line journal to name some of the ways that such an interdisciplinary might flourish.

■ **Pedagogical materials:** To date there is not a robust range of materials in circulation that could support academic lecturers in their teaching in order to address HIV/AIDS even though there are certain core courses such as Academic Literacy across a number of universities where staff are attempting to incorporate HIV/AIDS into their teaching. Several publishers who are already working with HEIs could be encouraged to develop materials in this area.

■ **Academically-based community outreach:** Given the increased emphasis in South African HEIs on academically-based community service and community engagement (including Service Learning), a critical area for further development, particularly in consideration of the overloaded curriculum, is to consider the ways in which HIV/AIDS teaching and learning might fall within a project-based approach to community engagement. This requires further research but it is a promising area for support.

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## APPENDIX A

# Sample Questionnaires

## DVC QUESTIONNAIRE SAMPLE

### “Rapid assessment” Questionnaire on HIV/AIDS education for DVCs (Academic)

Kindly return this questionnaire by 9 March, 2009 to: [ninon@halomail.co.za](mailto:ninon@halomail.co.za)

Please indicate to us the following:

Name of institution			
1. Is HIV/AIDS a priority area in the following institutional policies? Please click your mouse pointer in the appropriate box. (You may tick more than 1)			
	Yes	No	Not applicable
Research Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuition Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curriculum Development Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a strategy to mainstream or infuse HIV/AIDS into your academic programmes?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", please indicate which of the following strategies you will use or are currently using in mainstreaming or infusing HIV/AIDS into academic programmes:			
Stand-Alone Module on HIV/AIDS for all students	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Module which has a section on HIV/AIDS for all students	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Module on HIV/AIDS per Faculty/College	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Dedicated assignments related to HIV/AIDS per discipline	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Dedicated learning activities related to HIV/AIDS per discipline	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Dedicated learning activities related to HIV/AIDS per discipline	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Dedicated modules in qualifications related to HIV/AIDS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Inter-and multi-disciplinary qualifications in HIV/AIDS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Postgraduate programmes in HIV/AIDS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Short learning courses on HIV/AIDS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any other, please specify:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

3. What are some of the priority activities in relation to HIV/AIDS in your institutional operational plan for academic planning? Please list or describe them for us.

3.1
3.2
3.3

4. In your view, what else should be done to address the impact of HIV/AIDS in your community and society through academic planning and/ or community develop/ outreach? Please list two suggestions.

4.1
4.2

5. Could you please list for us any stand-out “champions” who have excelled in the field of HIV/AIDS around academic and/ or community development/ outreach interventions at your institution. (Please do not list people who have done personal research or work in HIV/AIDS). Please also briefly describe their area of “championship”.

Title, Name and Surname	Department/ Faculty/College	Area of “championship”

6. What kind of institutional support is available for staff members to mainstream or infuse HIV/AIDS into academic programmes and/ or community development/ outreach?

Financial support, such as additional incentives	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Training in HIV/AIDS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Academic Awards	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Opportunities to publish	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Support to attend conferences	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Showcasing through marketing opportunities like annual reports, governance reports	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Integrate into performance agreements	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Secondments and/or sabbatical leave	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other, please specify		

7. :Any additional comments


Thank you very much for your co-operation

## DEAN QUESTIONNAIRE SAMPLE

### “Rapid assessment” Questionnaire for Deans/ Executive Deans

Kindly return this questionnaire by 9 March, 2009 to: [ninon@halomail.co.za](mailto:ninon@halomail.co.za)

Name of institution			
Faculty			
1. Is HIV/AIDS a priority in teaching and learning in your Faculty? Please click your mouse pointer in the appropriate box.			
	Yes	No	Not applicable
Research Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Which of the following strategies do you/ will you use in mainstreaming or infusing HIV/AIDS into academic programmes?			
Stand-Alone Module on HIV/AIDS for all students	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Module which has a section on HIV/AIDS for all students	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Module on HIV/AIDS per Faculty/College	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Dedicated assignments related to HIV/AIDS per discipline	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Dedicated learning activities related to HIV/AIDS per discipline	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Dedicated modules in qualifications related to HIV/AIDS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Inter-and multi-disciplinary qualifications in HIV/AIDS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Postgraduate programmes in HIV/AIDS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Short learning courses on HIV/AIDS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any other, please specify			
3. In your view, what else should be done to address the impact of HIV/AIDS in your community and society through academic planning? Please list two suggestions.			
3.1			
3.2			
4. Could you please list for us any stand-out “champions” who have excelled in the field of HIV/AIDS academic and/ or community development/ outreach interventions in your faculty. (Please do not list people who have done personal research or work in HIV/AIDS). Please also briefly describe their area of “championship”.			
Title, Name and Surname	Department/ Faculty/College	Area of “championship”	



5. What kind of faculty support is available for staff members to mainstream or infuse HIV/AIDS into academic and/or community development / outreach programmes?		
Financial support like additional incentives	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Training in HIV/AIDS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Academic Awards	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Opportunities to publish	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Support to attend conferences	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Showcasing through marketing opportunities like annual reports, governance reports	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Integrate into performance agreements	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Secondments and/or sabbatical leave	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other, please specify		

6. Any additional comments:


Thank you very much for your co-operation

## APPENDIX B

# Schedule for Structured Interview with “Champions” of HIV/AIDS Curricular Integration

### SOME QUESTIONS ABOUT THE MODULE ITSELF:

- Please describe the module(s). Who are the students? In what programme is it located? Is this a Core or Elective? How long have you been doing some type of integration?
  - What issues or topics related to HIV/AIDS do you include? Which topics do you focus on the most? Why?
  - There are several approaches to infusing HIV/AIDS into the curriculum: bolting on, integrating across the whole module, a stand-alone module. How would you describe your approach? Why do you use this approach?
  - How do the students respond? Have there been changes in their responses over time?
  - Have you experienced resistance either from students or colleagues? (please say more)
- What have been your greatest successes in this area?
  - What are your greatest challenges?
  - Have you presented papers or written articles or chapters about this work? (References)

### THE WAY FORWARD:

- Do you conduct workshops with colleagues on integrating HIV/AIDS?
- Are there others in your faculty who are also attempting to integrate HIV/AIDS into the curriculum?
- What kind of support is needed to ensure that more academic staff/ instructors engage in integrating HIV/AIDS education into their programmes?

### OTHER COMMENTS

Why is this work so important?

### BACKGROUND OF THE INSTRUCTOR “CHAMPION”?

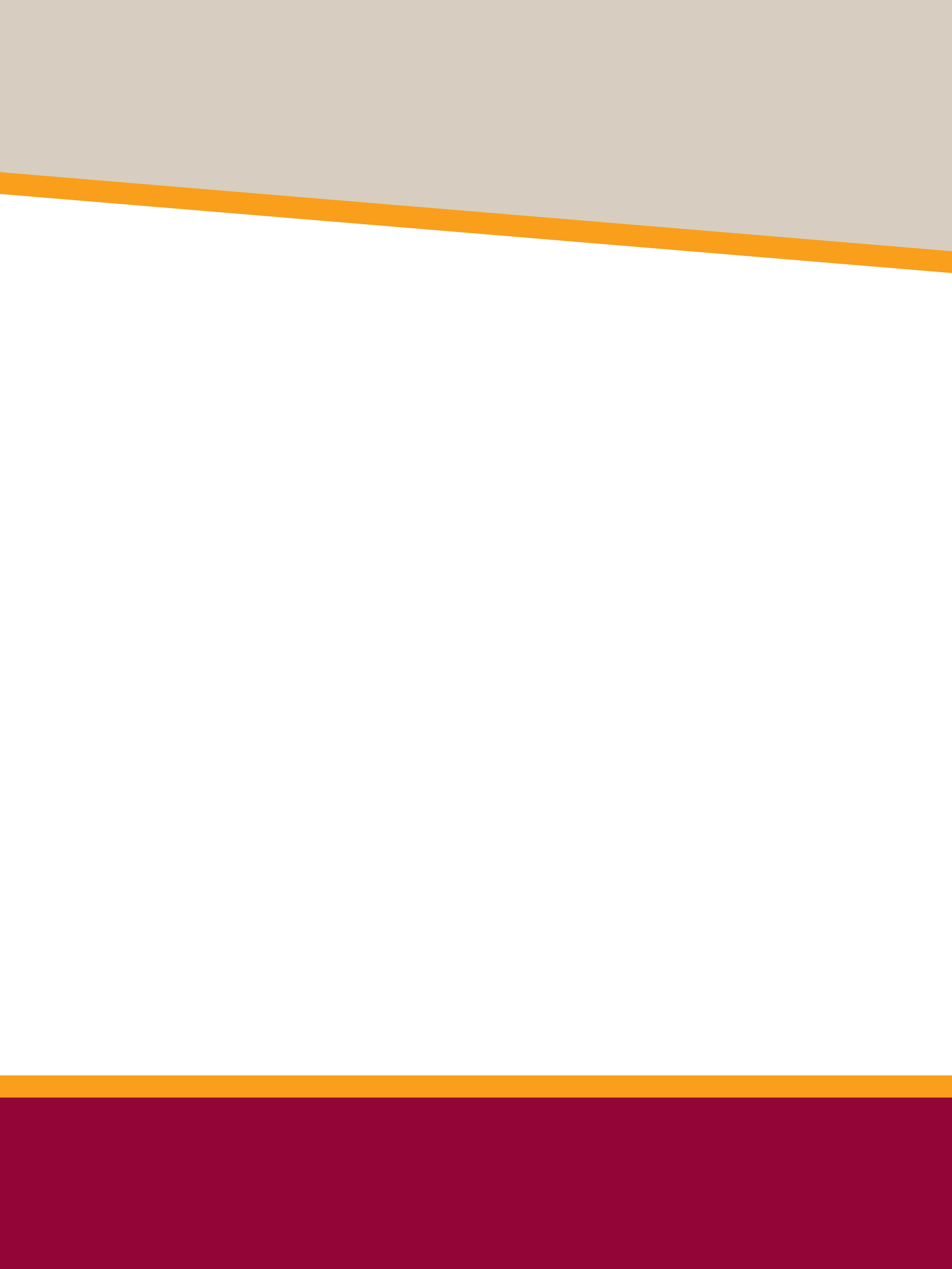
- What was the catalyst for you to start integrating HIV/AIDS into this module or others?
- Are there any courses or workshops that you had access to that were particularly helpful?

Note: If it is possible to collect any articles or references for integrating HIV/AIDS that would be good too, especially if the person being interviewed wrote them.











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